

REPORT OF A COUNSELLING INTERNSHIP AT THE  
NEWFOUNDLAND SCHOOL FOR THE DEAF,  
INCLUDING AN EVALUATION STUDY OF A  
PILOT DISTANCE CAREER COUNSELLING  
INTERVENTION PROGRAMME FOR  
TEENAGE MOTHERS AND PREGNANT TEENS

CENTRE FOR NEWFOUNDLAND STUDIES

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LENORA LORRAINE PADDOCK, B.Ed.









**Report of a Counselling Internship at the Newfoundland School  
For The Deaf, Including an Evaluation Study of a  
Pilot Distance Career Counselling Intervention Programme  
for Teenage Mothers and Pregnant Teens**

by

©Lenora Lorraine Paddock, B.Ed.

*An internship report submitted to the School of Graduate Studies  
in partial fulfillment of the requirements for the  
degree of Master of Education*

Faculty of Education  
Memorial University of Newfoundland

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I have not reached this juncture entirely on my own. From the beginning it was more of an individual effort however, it soon came to be a group project with support from all of those whom I was closely associated - family, friends and teachers.

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## **ABSTRACT**

This report provides a comprehensive account of an eleven week, full time counselling internship completed from April 15, 1991 to June 28, 1991 at the Newfoundland School for the Deaf and a two week placement from July 1, 1991 to July 12, 1991 at the Newfoundland Coordinating Council on Deafness (NCCD), St. John's, Newfoundland.

This report encompasses two areas:

1. a statement of the internship rationale and objectives, as well as a description of the internship setting and activities conducted to fulfill the objectives. Details of supervision and evaluation at the Newfoundland School for the Deaf setting are also described.
2. an evaluation study of a pilot distance career counselling intervention programme for teenage mothers and pregnant teens. A discussion of the results and a list of recommendations for improvements in the programme are also described.

The internship setting at the Newfoundland School for the Deaf was considered appropriate by the intern and supervisors for several reasons; (1) supervision could be on-going, (2) an opportunity could be provided for an experience in a variety of student counselling services, and (3) it would provide further overall experiences related to an area that the intern has great interest in and in which she will eventually be employed.

As a result of the internship the intern gained new and worthwhile insights into the helping relationship. Moreover, a feeling of greater competence in using these insights was also achieved.

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## **CHAPTER I**

### **RATIONALE**

For some time, the writer has had great interest in individuals with special needs, especially adolescents. In order for these special needs to be addressed and met, one has to be well aware of the importance of good communication, good listening and attending skills, patience, caring and the necessity of providing for an overall non-threatening situation in which to discuss these needs.

Because of an ignorance about, resulting in an interest in, hearing-impaired adolescents the intern decided to familiarize herself and expand her knowledge about their special needs by doing a counselling internship at the Newfoundland School for the Deaf. The main objective was to gain experience in counselling skills specifically, as they apply to hearing-impaired adolescents.

Since there are many other special needs areas it was decided that research would be completed in an area other than hearing-impairments. Thus, to broaden the intern's knowledge and fulfill another interest, the research component focused on the special needs of teenage mothers and/or pregnant teenagers. This work is detailed in a separate section of this report.

### **INTRODUCTION**

As a graduate student in Educational Psychology the writer chose the option of doing an internship. The internship was thirteen weeks in duration in a stimulating

environment that promoted professional development of skills necessary for counselling.

An internship was chosen for several reasons. The internship provided:

- (a) the opportunity to observe a professional in a situation comparable to those in which a guidance counsellor works and to discuss how different counselling techniques apply in different situations.
- (b) the opportunity and time to develop a more focused view of counselling in a setting where various types of counselling occur, eg., individual and group counselling.
- (c) the intern an opportunity to put into practice individual and group guidance skills acquired during academic study creating increased self-confidence in their use.
- (d) direct supervision which allowed for assessment and improvement of counselling skills.
- (e) the opportunity for the intern to learn more about using any community resources and how support systems are implemented both in the setting and outside in other areas of the province.
- (f) the intern the time to further develop her own theory of counselling.

### **THE INTERNSHIP SETTING**

The guidelines for the Internship Programme outlined by the Faculty of Education (1975) state that the intern should work with a variety of clients under conditions that protect the interest of the counselee as well as contribute to the

competence of the intern. Furthermore, the setting should provide experiences that are related to tasks judged to be part of the role contemplated by the intern in his/her 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 personal and professional growth 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 intern 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 Faculty of Education (1975) states that the field supervisor should:

1. hold a Master's Degree or its equivalent appropriate to the work of the intern; or have appropriate experiences as determined by the Faculty of Education;
2. have a minimum of two years experience in the field or its equivalent as determined by the Faculty of Education;
3. be involved full-time in the placement setting;

4. have sufficient time, as determined by the Faculty of Education to consult regularly with the graduate student.

Following 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 Faculty 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. supervise no more than one intern during a semester in which he has full-time teaching responsibilities.

The Newfoundland School for the Deaf was approved as the setting for the internship. Dr. Norman Garlie, Professor - Educational Psychology, and Mr. Jack Jardine (M. Ed.), Guidance Counsellor at the School for the Deaf, agreed to co-ordinate the internship and to provide the learning opportunities necessary to acquire the required knowledge and skills.

### **INTERNSHIP SETTING SERVICES**

The intern's placement at the Newfoundland School for the Deaf commenced April 15, 1991 and continued until June 28, 1991. In order to complete thirteen weeks, the intern also spent the following two weeks - July 1 to July 12, 1991 - at the Newfoundland Coordinating Council on Deafness (NCCD). NCCD provides support services for those who are hearing-impaired not attending the Newfoundland School

for the Deaf. The Newfoundland School for the Deaf offers a variety of educational support services to students attending the institution as well as students integrated in the regular school system. These services include the following:

- A. **Counselling Services** - this includes pre-entrance and personal counselling.
- B. **Orientation and In-Servicing of Faculty/Instructional Personnel** - in-servicing personnel on how to better facilitate an optimal learning environment for deaf individuals in the classroom, as well as instruction on how to use a group amplification system.
- C. **Group Amplification System** - individuals can be provided with a 440 - Series Phonic Ear System, along with the appropriate common cord accessories.
- D. **Note-taking Services** - notetakers are available for any deaf or hard of hearing student who relies on visual clues for understanding.
- E. **Tutorial Services** - appropriate tutorial services are provided if needed as well as arrangement of tutoring schedules to fit the needs of the individual client.
- F. **Follow-up Counselling Services** - counselling services can be provided to ensure that support services are running smoothly and that students do not encounter any difficult personal, social or academic problems during the course of their programme. Follow-up after completion of an individual's course of study can include development of job readiness skills, resume writing and assistance in job placement.
- G. **Interpreting Services** - professional interpreters who have been trained to facilitate communication between deaf and hearing people are provided.

Interpreters work closely with both the instructor and student to help create an effective learning environment for the deaf individual (NCCD Pamphlet).

The Newfoundland School for the Deaf attempts to offer as complete a service as possible to all areas of Newfoundland. All of the services offered by the Newfoundland School for the Deaf are designed to ensure that a person is offered the opportunity to reach his/her true potential. Moreover, the services are designed to offer these students the necessary support to ensure a successful integration in the regular school system.

### **INTERNSHIP OBJECTIVES**

An internship setting should provide an on-the-job experience under systematic supervision and evaluation that will increase the intern's competence level. To ensure such a competence level the following objectives and activities were stated in advance.

1. To obtain appropriate and adequate professional development.

#### **Activities:**

- (a) Meet at least once a week with the on-site supervisor to discuss clients and review audio and video tapes of counselling sessions.
  - (b) Meet on a regular basis with the university supervisor to discuss progress and to review tapes to evaluate and improve skills.
  - (c) Create a bibliography of reading material on counselling individuals who are hearing-impaired.
2. To learn more about the provision of counselling services to individuals who are hearing-impaired.



**Activities:**

- (a) Take an active part in the day-to-day counselling activities of the Newfoundland School for the Deaf.
  - (b) Discuss present programmes and how they function, with the field supervisor.
  - (c) Develop guidelines for the implementation of a peer counselling programme for the school year, 1991-92.
3. To improve, further develop and evaluate the intern's individual counselling skills.

**Activities:**

- (a) Observe various sessions conducted by the field supervisor.
  - (b) Counsel a minimum of five students on a one-to-one basis.
  - (c) Review and discuss a minimum of five video and audio tapes of counselling sessions with supervisors.
  - (d) Review and discuss the daily journal with the supervisors.
  - (e) To read new, and re-read previously read materials on counselling skills.
4. To gain further experience in group counselling and assess to what extent group counselling is an effective method of increasing self-esteem for individuals who are hearing-impaired.

**Activities:**

- (a) Lead or co-lead a minimum of one group for individuals who are hearing-impaired.
  - (b) Discuss with supervisors a variety of approaches/techniques to group counselling.
  - (c) Administer a self-esteem inventory before and immediately after a eight session group.
  - (d) To read articles and books written on group counselling.
5. To gain further experience and competence in administering different diagnostic tests used with individuals who are hearing-impaired.

**Activities:**

- (a) Actual administrations of Intelligence, Achievement and Aptitude instruments.
- (b) Scoring and interpreting the results of tests administered.
- (c) Completing at least one assessment report in detail.

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

## **CHAPTER II**

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

### **DESCRIPTION OF ACTIVITIES**

As an intern at the Newfoundland School for the Deaf there was a great opportunity given to perform many of the same duties/roles of an actual counsellor. The duties consisted of individual counselling, group counselling, assessments, observations, teacher and parent consultations, and attending formal workshops/meetings given by professionals in the area of hearing-impairment. There was also an opportunity to work and consult with a professional who is highly respected in counselling hearing impaired individuals.

The individual counselling case load consisted predominately of adolescents, with the exception of one client who was a little younger. Through assessments experience was gained in working with all ages attending school. Moreover, through group counselling the intern gained experience working with adults. Experience extended broadly from a kindergarten level to a university level and provided much diversity to the overall experiences during the internship.

Staff at the Newfoundland School for the Deaf were very supportive, gave advice and assisted in any way they possibly could in order to encourage and generate new positive learning for the intern.

Meetings were held separately, with the exception of one, with Jack Jardine, the field supervisor, and Norman Garlie, the university supervisor. Progress regarding all clients was discussed, any questions were asked, and feedback was provided during these meetings. It was also a time to gain new insights into possible approaches for each client. This was definitely a time during which much information intake and learning occurred.

Through audio and video taping and the feedback received as well as observations of sessions conducted by the supervisors, an awareness of personal counselling strengths and weaknesses became evident. Moreover, it developed an increase in the intern's confidence level, both in personal style of counselling as well as putting professional theory into practice.

### **INDIVIDUAL COUNSELLING**

During the internship six different clients received counselling. Four of them were seen regularly whereas the other two were seen for a shorter period of time. Of the six, two were male and four were female. The problems experienced by the clients varied. They ranged from problems living at the dormitory, quitting school, coping with homosexuality, boyfriend/girlfriend disputes, friendship problems, coping with homework, family relationships, career decision making, disruptive behaviors in class and at the dormitory, past suicidal attempts, to problems living at a boarding house.

Following is a brief case description of the various clients counselled during the internship.

Client number one was a 17 year old male seen for a very short period of time. He was hard of hearing with fairly good speech. He had been seeing the counsellor at various times for many years. As a result, when the internship began, he became one of the clients on this caseload. At that point, in time, he was doing well in all areas of his life except for problems at his boarding house. He wanted to move out but had no place to go and only two months of the school year left to attend. He spent most of his time alone in his room because none of the other residents wanted anything to do with him. They picked on him, at times, but generally left him alone to do his own thing. He wanted, desperately, to go to the school's dormitory to live for the rest of the year. If not, he would quit school until the next school year. At one point, in the past, he had lived in the dormitory. However, due to his problems with sexual identity and his consequent behaviors around other boys, it was decided by the counsellor and school social worker that he be put in a boarding house. As a result, there is no chance that he will be considered for dormitory placement again even though he seems to now understand his sexual identity. He has, in the past, quit school for a couple of weeks at a time. However, this time he quit for the final two months of the school year. Where he will be placed next school year has not been decided, however, he will not be placed at the school's dormitory.

Client number two was a 15 year old female. The counsellor thought she should be part of this caseload to have someone to talk with and build up a trusting relationship. She had been seeing the counsellor up through her school years. She

comes from a very low income family, in a rural community, and as a result, is placed in a boarding house in St. John's. This was done so she could attend school and gain an understanding of a normal home environment. She was placed in the dormitory. However, due to temper tantrums and aggressive behavior she was removed. She seemed happy to have someone to talk to and generally appeared quite well adjusted. Because of an unfit family life, her and her brothers and sisters were taken from the home three years ago. They were placed in Presentation House and Mount Cashel in St. John's. She felt quite burdened and responsible - at the age of 12 - to take care of her sisters. She worries that the same thing may happen again in the near future. Family life has, reportedly, not improved. She wonders what she could do to make things better at home so that her worries will not become reality. She goes home on the weekends, for visits, and spends her time cleaning the house and taking care of her younger siblings. She was, also, experiencing a break-up with her boyfriend during the last few counselling sessions. She had been seeing him for three years. He was four years older than her, from her home town and accepted by her parents, especially her mother. The relationship ended because she found out that her mother and her boyfriend had, apparently, been having an affair. This was detrimental to her and she became quite confused, upset and discouraged with everything and everyone. She is a bright student who was writing final exams at the time of the interview. She found that many of the relaxation techniques suggested to her worked to lower anxiety. She still sees her mother as being the best mother in the world, while hating her ex-boyfriend. The police recently became involved. Social

services will go to visit the family during the summer to keep a note on her actions and duties at home. As a result, she is presently burdened with this worry for the entire summer.

Client number three, a 17 year old female was referred by her senior counsellor at the dormitory because of mood swings, temper tantrums and paranoia (e.g., others talking about her behind her back). She did not like living in the dormitory and only had a few friends. She talked a lot about her boyfriend and family and reported she had real close friends at home. Initially, she reported problems with an ex-boyfriend who was also living in the dormitory. He was tormenting and hanging around her which she did not like. She tried avoiding him and ignoring him and after a few weeks it worked. In discussing her temper and paranoia, about friends talking about her, she shared about the time she tried to commit suicide. Apparently, she thought one of the girls at the dormitory was spreading rumours about her and it seemed like she had no friends, thus she felt suicide was the only way out. She said she now realizes how "stupid that was" and that she should have confronted the girls instead, as she would do now. She no longer has any of these thoughts. She also has found, to control her temper tantrums, that leaving the room and getting away from the situation works for her. She just tells the person that she will be back when she feels she can talk reasonably. Because she will soon be graduating, the issue of career choices came up. As a result the 'Choices' programme was administered and we found her to be interested in mathematics. She felt the report to be accurate and hopes to do something in this area

after graduation. She went home quite content for the summer holidays and hopes to start the next school year with her quick temper under greater control.

Client number four was a 16 year old female referred, by her senior counsellor at the dormitory, because of problems coping with her relationship with her boyfriend. The counsellor felt she needed someone outside the dormitory with whom to talk. Apparently, she has always had difficulty coping with matters related to relationships and friendships. For example, in the past, she had difficulty coping with arguments with her boyfriend over other girls in his life. She once left school and went home for 2 weeks, since she could not deal with the situation. It seems that she cannot confront issues directly and would rather avoid or ignore the person with whom she is in conflict. When the counselling sessions began her and her boyfriend had just decided to begin dating again, but only off and on. Her boyfriend, however, wishes it were more steady and said he would hurt himself if she did not go out with him. At that point, she was scared that he really would do something to harm himself and decided to date him again. Meanwhile, one of her closest friends - supposedly - started ignoring her and talking to the other girls at the dormitory about her and telling lies. She did not know what to do. She thought she would go home. It seems as though it came down to 'jealousy,' on the part of her friend, over her and her boyfriend. Her main problem was whether she should confront her friend or ignore the gossip. She was losing her friends and her boyfriend was the only one who was talking to her. She decided that her friend was not going to be in control of this situation like she usually had been in past situations. This time she would confront



the problem instead of running away and going home. From this, she learnt that having courage to confront someone, even though everyone and everything seemed against her, pays in the long run. She said she was happy that she did not leave for home because everything worked out fine. She got to prove to herself that she 'too' could be in control. This, she will remember in similar situations and use it to her advantage. She came a long way in a very short time.

Client number five was a 10 year old male referred, by his dormitory counsellor, because of his disruptive aggressive behavior both in school and at the dormitory. He has always been quite aggressive in his play with friends. He got into destroying his best friends toys at one point during the year. He seemed to be quite jealous of this friend and his toys but, at the same time, would defend his friend if he needed defending. He had always been a little lonely at the dormitory since his family lives outside of St. John's and he only visits once a month. When confronted about this specific incident he would not talk about it as such. He would not admit to it taking place nor the bad behavior at school and in the dormitory. He knew how he should behave, what was expected of him and the consequences. However, he constantly ignored it and begged the question when asked about it. The expectations and rules were reinforced and the consequences emphasized and, at the end of the school year, he was keeping out of trouble. It is hoped this will continue throughout the summer, at home, and persist in the fall.

Client number six was seen for a very short time and was self-referred. She was 17 years of age and was having a problem of deciding what she should do if her

family moves to Toronto in July. She did not want to go to Toronto because all of her friends were in Newfoundland. She did not like to think about going to school in a new, big, busy city where she did not know anyone. Her mother was unaware of her views and she was trying to decide whether to tell her mother how she really felt about the situation. Because she loved her mother and did not want to hurt her she could not tell her. As a result, she spent many restless nights trying to decide if it was best to open up and maybe hurt her mother's feelings or to keep it all bottled up inside of herself and be unhappy. After some deep weighing of the pros and cons of the circumstances and role playing the worst possible outcome, she decided to tell her mother on the upcoming weekend. She came back and said she felt like a burden was lifted off her shoulders. She looked like it, too. The expressing of feelings was not as difficult as she had thought and she soon found out that her family may not even be moving. However, if they do she will go with them. Still, in her mind she has her hopes set on staying in Newfoundland but when the time comes to make the final decision she now appears quite competent.

A record was kept of all clients and counselling will be continued in the fall if the need still exists, with the school's counsellor, Jack Jardine.

### **GROUP COUNSELLING**

The field supervisor felt that it would be a valuable experience if the intern led a support group for hearing-impaired university students rather than school age children. This was due mainly because he felt the group of university students would be more homogeneous and consistent than the school group.

Following some initial planning with the Newfoundland Coordinating Council on Deafness (NCCD), six students were located and contacted who agreed to join the group: four males and two females.

The group was held at the university on Thursday nights from 7:00 p.m. to 8:00 p.m. Sessions began on May 22, 1991 and terminated on June 27, 1991. The first meeting held on May 22, 1991 was very relaxed and ran from 7:00 p.m. to 8:30 p.m. It was important that the relaxed atmosphere be created so as to encourage and support members to fully participate. To enhance this, chairs were arranged in a circle so that each member could see every other member in order to read lips, see facial expression and make direct eye contact. This is very important, even more so, when you are counselling hearing-impaired individuals.

Several ground rules were discussed and agreed upon by all members; (1) that everything said is confidential; (2) if there is something someone would like to say during the group, say it, do not wait until after the meeting is over to do so; (3) punctuality was stressed; (4) openness was stressed; (5) that sessions would begin with a directed group activity; and, (6) that a pre- and post-test of the Coopersmith Self-Esteem Inventory (SEI) would be administered. The validity and reliability of the SEI are discussed later in this report. This instrument is often used in attempting to measure Self-Concept with individuals in this age range. It should be noted that all of the members had met each other before; however, some were closer than others.

**Session 1:** The first session began with an activity entitled "name-calling."

Everyone had to introduce himself or herself to the group by

using their first name preceded by an adjective that began with the same letter as the first initial in their name - e.g., "Patient Paul." Following one's own introduction, one had to re-introduce other members of the group. Following these introductions each member told a little about themselves - where they were from, purpose in university, interests, etc. The issue of being hearing-impaired and attending Memorial University was the first topic to be discussed. Not one member had difficulty presenting his/her ideas, concerns, and issues on this topic.

#### Session 2:

Only two members attended the session. However, ideas and concerns were still presented (this was the case throughout the sessions). The opening activity was of a check-in style where members had to tell what had been happening in their life since last session - good or bad. The issue of this session was about the ease and/or difficulty of accepting that one is hearing-impaired. Moreover, reasons and views of why various individuals accept it more easily than others were also highlighted.

#### Session 3:

The opening activity for this session was entitled "I am proud that...." Members had to complete the sentence about themselves and explain why they said what they did. Moreover,

they had to express if they found it difficult to verbally express aloud their self-statements. Some of the issues of wearing an hearing aid were discussed (the cost, the different parts and how they worked). The difficulty of socially coming together as a group of hearing-impaired university students was also addressed.

#### **Session 4:**

The activity used to commence this session involved expressing both a negative and positive aspect that one sees about oneself. The aspects were presented and discussed. Members then focused on which aspect, the negative or positive, was the least difficult to verbalize and why. This led into discussing parental support and the importance of this support to a hearing-impaired child integrated into the regular school system versus attending the Newfoundland School for the Deaf. Moreover, specific personality traits required for successful and complete acceptance of being hearing-impaired were also presented (self-confidence, determination, sense of humour and high self-esteem).

#### **Session 5:**

This final session began by brainstorming some of the characteristics that members thought were important in a true friend, peer, and family member. They then had to choose one characteristic of their best friend that they would like to have themselves. This led into how family and peers reacted to them

personally, when they were growing up, because they were hearing-impaired. They were then directed to name one characteristic about each other they would like to have themselves. The leader was very interested in the members' views about: (1) the group sessions; (2) how it could have been improved; (3) other issues they would have liked to discuss; (4) ways to keep members motivated to attend the group; and, (5) if they felt a group such as this to be beneficial to hearing-impaired university students. These views were all expressed on a questionnaire. The questionnaire "what makes a group work" - included the following questions; (1) Have you ever attended a support group before? (2) What are some other issues that could have been discussed during the group sessions? (3) What did you like about group discussions? (4) What could have been done to make the group more interesting? (5) What could have been done to keep "all" members motivated to attend "all" sessions? (6) Would you attend another such group in the future? Why/why not? and (7) Do you feel that a support group is of any benefit to hearing-impaired university students?

The questionnaire showed very positive responses as can be seen when reviewing responses to question 3, 4 & 5. The leader was especially concerned with these questions. Question 3: What did you like about group discussions? Responses

included, (a) you could share your own experiences, (b) get to criticize and receive constructive criticism, (c) think about yourself more, (d) get to be open with others and (e) it makes you realize that there are others with the same concerns and ideas.

Question 4: What could have been done to make the group more interesting?

Everyone said there was no problem with the content of the sessions. Question 5:

What could have been done to keep "all" members motivated to attend "all" sessions?

The only answer was "more direction." This was questioned, and it was felt that if, at the first meeting more direction occurred it may have made a difference to attendance. This was then opposed by one of the other members who felt that less formal sessions like we were having was much better than formal directed sessions. This issue depends very much upon the individuals involved and their self-motivation.

Through the group counselling experience the writer realized that much is involved in leading a group. Getting and selecting group members is one issue but getting and keeping group members attention is another issue in itself. This is a concern for future groups. Because of the awareness resulting from this experience, the writer is somewhat more prepared and open to such occurrences.

There were no significant differences obtained on the Coopersmith Self-Esteem Inventory (SEI) between pre- and post-test results (Table 1) at the .05 Probability level.

**Table 1****Pre- and Post-test Raw Data on SEI**

ID#	Pre	Post
A1	96	*--
B1	80	*--
C1	76	*--
D1	60	84
E1	88	96

\* did not complete instrument

Only two of the five members completed the post-test which greatly effected the overall results. The others were unable to be located for post-testing. It appears increases in self-esteem occurred in subjects D1 and E1.

The t statistic was the measure selected for the analysis of data. It seemed to be the logical statistical technique to use to show any significant differences in pre- and post-test results. From Table 2 it becomes quite obvious that significant changes did not occur as a result of the group counselling.



**Table 2****T-Test to Determine Differences in Pre- and Post-test Results on the SEI**

Instrument	t Value	Degrees of Freedom	2-tail Probability
SEI	-2.00	1	.295

As a result, it can be inferred that the level of self-esteem of the participants remained consistent (with what existed) preceding the group counselling. This was the opposite of that which was hypothesized prior to the group intervention.

**ASSESSMENT**

The whole area of assessment of the deaf and hard of hearing is affected by the fact that a large percentage of the deaf have other handicapping conditions. The interactive effects of such handicapping conditions is not clear and the effects of these conditions can be dramatic.

In addition to lack of tools for assessment, programming is frequently hit or miss. The overall evaluation process involves the vital components of case history, direct observation, and interviews with family and teachers who have close contact with the child(ren). It is of utmost importance to remember when testing these

children, not to assume that they have enough language to be accurately assessed by verbal means.

Several diagnostic tests were administered to children of different ages, with the majority being from ages 7-10 years. Most referrals for assessment can be summarized as follows:

- (1) Hearing loss aside, how is the child's cognitive development progressing? Do language delays reflect only hearing loss or do they indicate additional developmental problems?
- (2) What has been the impact of the hearing loss on the child's language and vocabulary based knowledge? Is language consistent with the degree of hearing loss?
- (3) How is the child doing academically? Is the child progressing as well as can be expected considering the hearing loss? Are their areas of academic deficiency out of line with expected achievements?
- (4) What is the most appropriate educational placement and programme for the child?
- (5) How can the family or school deal more effectively with problem behavior? Although deaf and hard of hearing children need not present any greater number of behavior disorders, the hearing loss may make it difficult to decide how best to deal with the situations when they arise.

Before any actual testing was done teachers were interviewed and direct observation occurred. An informal assessment scale was completed and a copy of it is found in Appendix A.

Once the scales were completed and reviewed with the field supervisor, specific tests were chosen for administration. Amongst the many diagnostic tests that can be administered to children of this age range, the following are used most often at the Newfoundland School for the Deaf. All of these tests attempt to look at basic intellectual capacity untainted by language.

- (1) **Weschler Intelligence Scale for Children - Revised (WISC-R).** It is a full scale intelligence test for children composed of a verbal and performance scale with 6 subtest for each scale (Sattler, 1988, p. 121). For the hearing-impaired the performance scale results are the ones focused on in interpretations.
- (2) **Raven's Standard and Coloured Progressive Matrices.** These two tests are nonverbal tests of clarity of thinking based on figural test stimuli. They are very easy to administer and it can be an untimed test. Children are presented with a matrix - like arrangement of figural symbols and must complete the matrix by selecting the appropriate missing symbol from a group of symbols. It has been proven to be especially suitable for children with limited language proficiency, deafness, aphasia, and other communication problems (Buros, 1949).
- (3) **Developmental Test of Visual-Motor Integration.** This test is used for measuring visual-motor ability of children age 2-15 years. Children are

required to copy up to 24 geometric forms, which are arranged in order of increasing difficulty. Testing ends after 3 consecutive failures (Sattler, 1988, p. 368).

- (4) **Peabody Picture Vocabulary Test - Revised (PPVT-R).** It is a nonverbal, multiple-choice test designed to evaluate the hearing vocabulary or receptive knowledge of vocabulary of children and adults. Examinees must indicate yes or no in some manner. Neither a pointing nor an oral response is essential. This is why it is so widely used with hearing-impaired children (Sattler, 1988, p. 349).
- (5) **Assessment of Children's Language Comprehension (ACLC).** This test assesses children's comprehension by allowing them to point to a picture of a word or phrase that the examiner asks them to point to. It begins with one word, two words, three words and a phrase of 4 words. It goes from simple words to a more complex combination of words.
- (6) **Kaufman Test of Educational Achievement (brief form) (K-TEA).** The K-TEA gives a measure of school achievement for children and adolescents through grades one to twelve or ages 6-18 years. Test questions focus on 3 areas: Mathematics, Reading and Spelling (Sattler, 1988, p. 333).

Once all of the tests were administered and scored a teacher consultation occurred during which results were interpreted and discussed as related to the child's achievement to school program and adjustment. Recommendations were made based on these results. The writer completed one formal report of the WISC-R test on a

child who is being considered for placement at the Newfoundland School for the Deaf. This report is found in Appendix B.

### **WORKSHOPS/MEETINGS ATTENDED**

Several workshops and meetings were attended during this internship, which were all held at the Newfoundland School for the Deaf. Following is a summary of each:

- (1) **Teacher In-Service** - This in-service was given by the field supervisor on April 17, 1991. The in-service material focused on general information about hearing impairments and on specific things that can be done to help these children in a classroom setting. Amongst the suggestions that would help, were the following: (1) at all times make sure the children wear their hearing aid, (2) use a phonic ear if needed, (3) seat the child(ren) with his or her back to the window, (4) make sure the classroom is always well lighted - lipreading occurs more easily when there are not any shadows caused by dim lights or when the teacher is standing in front of a window, and (5) face the child(ren) at all times. All of these suggestions will allow for more and better learning by the child(ren). Other important aspects such as parental involvement, buddy systems, and tutoring were discussed and emphasized.
- (2) **Diagnostic Testing In-Service** - Again, this in-service was given by the field supervisor on May 15, 1991. Different diagnostic tests were identified that are used most widely with hearing -impaired students and illustrations of how to

administer some of them were given. What the different tests measure was discussed as well as when it is best to use them.

- (3) **"Hearing-Impaired Students Who have Additional Learning Disabilities, Assessment and Intervention" Workshop** - Presented by Dr. Ann Powers, Professor, University of Alabama, May 16-17, 1991. Dr. Powers focused on many topics, including: problems related to definition and identification; characteristics of students who have other learning disabilities; screening and rating scales; and, informal and formal assessment procedures relative to identification and programming. Also focused on were: communication problems with these students; strategies to help these students, related to the academic areas of mathematics, spelling and writing; and, an examination of 5 children at the Newfoundland School for the Deaf who fit this classification with intervention techniques that could be implemented to help these specific children.
- (4) **Pre-School Parents Workshop** - This workshop was organized by the pre-school teacher, Beverley O'Reilly, at the Newfoundland School for the Deaf on May 27 & 28, 1991. The school's educational audiologist, Joan Gozine, began the workshop by talking about hearing aids, hearing loss, molds, how hearing aids work, what to do when hearing aids break and things children do with their hearing aids. Her presentation was followed by another, given by Dr. Cox, Pediatrician, at the Janeway Hospital. She spoke on many issues such as the causes of impaired hearing and deafness, diagnosing of the hearing-

impaired and communication and language information for teaching hearing-impaired students. Jack Jardine also gave a presentation on "Child Management and Discipline of Children," especially hard of hearing children. The presentation focused on consistency in bed times, meals and in disciplining. Rules of disciplining were discussed as well as the dangers involved. Beverley O'Reilly, at the end of the workshop, presented the importance of child's play to overall growth and development.

- (5) **Deaf Canadians Workshops** - This workshop was presented by a deaf Canadian from British Columbia on June 25, 1991, to the students at the Newfoundland School for the Deaf. The presenter's name was Dr. Clifton Carbin. He talked to the intermediate and senior students as well as to their parents. He presented slides of famous Canadians who were deaf and explained who they were, where they were from and their occupations. He showed people from a variety of occupations: soldiers, pilots, lawyers, and painters. Slides of different buildings and schools associated with the hard of hearing and deafness were also viewed. One section of the parents session was only for parents where the focus was on their children's views of being hearing-impaired, schooling and jobs after school. Because it was so personal private school staff were not allowed to attend.

In general, the workshops were all very interesting, necessary, informative, and totally devoted to providing a fuller understanding of the issues being presented to

the audience. Moreover, all were very good learning experiences resulting in a detailed understanding of the issues/problems.

### **REVIEW OF OBJECTIVES**

**Objective 1:** To obtain appropriate and adequate professional development.

The field supervisor, Jack Jardine, and the intern met at least once a week and some weeks two or three times to discuss progress with clients. Also, sessions on video and audio tapes were discussed and comments and/or suggestions were made based on the sessions.

Meetings with Dr. Garlie, the university supervisor, occurred regularly to discuss client progress. Moreover, any concerns with the internship were also discussed. A journal was submitted twice during the internship which detailed a daily schedule for the full thirteen weeks from beginning to completion. It was helpful to discuss both progress and frustrations. Dr. Garlie provided very good guidance and support in all areas of professional development during this time of learning. Through his comments and/or suggestions a greater understanding of different issues and/or problems was gained.

Both supervisors suggested and supplied reading materials in the area of education of the hearing-impaired. An annotated bibliography of materials read during the internship was organized and is found later in this report.

One meeting between Dr. Garlie, Mr. Jardine and the intern was held mid-point through the internship to discuss progress and review any areas of concern.



A review of the workshops attended during the internship was included earlier in this report. These workshops were recommended by the field supervisor to increase the intern's knowledge about and to become more aware of the issues of living as a member of a deaf community. The workshops also provided an opportunity to meet others who work with hearing-impaired individuals, in various settings, and gain some understanding from them of the needs of the hearing-impaired, as they view them.

**Objective 2:** To learn more about the provision of counselling services to individuals who are hearing-impaired.

Through regular sessions with different adolescent clients as well as through a discussion of the different programmes for the hearing-impaired with the field supervisor, it became quite obvious that adolescents who are hearing-impaired but not attending the Newfoundland School for the Deaf are at a great disadvantage. Jack Jardine has the training and education in counselling these students, whereas the majority of counsellors in the regular school system cannot provide the hearing-impaired students with the same services.

Research was also conducted relevant to peer counselling, more specifically on how to set up a peer counselling programme at the School. Guidelines for implementation were devised and are found in Appendix C. It is hoped that these guidelines will be used during the 1991-92 school year at the Newfoundland School for the Deaf. Included with the guidelines are an evaluation form, an application form, an assessment form and a compilation of references for further use during

programme implementation. The guidelines are designed in such a way as to the cover and include every aspect of peer counselling from beginning to completion of the programme.

Just as hearing-impaired students at the Newfoundland School for the Deaf receive counselling services so do hearing-impaired individuals in the community. These people receive support and counselling through the Newfoundland Coordinating Council on Deafness (NCCD). Two weeks were spent at NCCD to complete internship requirements and to become more familiar with the hearing-impaired who do not attend the School, but rather are employed or attending post secondary institutions. These individuals receive services in the area of counselling relating to personal, social and/or academic problems.

**Objective 3:** To further develop and evaluate the intern's own counselling skills.

Observing the video tapes and listening to the audio tapes and discussing them with the supervisors so as to improve weaknesses was very beneficial. Reading Dr. Garlie's suggestions and concerns written on the daily journal proved to be a great asset to improving counselling skills as well.

The text, **Becoming a Helper** (Corey and Corey, 1989) was very useful to re-read as were lecture notes taken during the course of study. New material was also read specifically related to counselling hearing-impaired students. This also proved to be very useful. Modeling and observing the field supervisor conducting different sessions, meetings, and testing situations, proved to be tremendously beneficial.

By counselling the different students, the intern was able to put into practice that which was learned from both the field supervisor and university supervisor as well as information found in the various readings.

**Objective 4:** To gain further experience in group counselling and assess to what extent group counselling is an effective method of increasing self-esteem for individuals who are hearing-impaired.

A university group of hearing-impaired individuals was established through the NCCD during the internship period. Before leading such a group, extensive reading was done both on group counselling and hearing-impaired individuals. The group was held at Memorial University. The field supervisor suggested running a support group for university students because it would provide a good experience in group counselling as well as a great opportunity for these students to get together to voice any concerns and issues. He also felt that running a group for university students would be good because of their homogeneity and consistency as a group.

The Coopersmith Self-Esteem Inventory was administered pre and post group counselling. Even though all members who did the pre-test did not complete the post-test, of those who did, their self-esteem level did go up. This in itself made the group effort seem more worthwhile. Group members also verbally stated that they felt the group to be a benefit and a continuation of it in the future would be a definite asset.

Group approach and techniques were discussed with the supervisors especially when the problem of members not attending occurred. Certain aspects had to be altered somewhat as a result. The intern had hoped to videotape sessions in order for

evaluation to occur. However, due to such a small number in the group, members preferred not to be recorded. Despite the small numbers, leading the group gave both the experience being sought as well as the awareness of some of the setbacks that can occur in group counselling. Problems encountered included scheduling problems, motivation of members and, some members wanting more of a social group than personal development group.

**Objective 5:** To gain further experience and competence in administering different diagnostic tests used with individuals who are hearing-impaired.

As described earlier several diagnostic tests were administered, scored and interpreted. A complete WISC-R report is included in Appendix B.

Since assessment will be one of the major roles in the intern's future employment, the experience gained from assessments conducted at the Newfoundland School for the Deaf was quite valuable. Moreover, practice of assessments is important since with experience comes competence.

As a result of the internship experience there is a stronger commitment to ongoing self-evaluation as well.

## CONCLUSIONS AND RECOMMENDATIONS

This internship has provided an opportunity which has led to new and valuable insights into the helping relationship. Moreover, there has been an increased awareness of the value of professional consultation in the ongoing development of professional competence.

An increasing interest in counselling adolescents who are hearing-impaired has been developed and highlighted by exposure to all ages at the Newfoundland School

for the Deaf and by consultation with the field supervisor who is a professional in this field.

Time was provided to read and discuss various programmes and theories being used both in individual and group counselling. These were also discussed with the field supervisor. Leading a support group for university students who are hearing-impaired was a very rewarding experience in and of itself. The reduction of self-doubt and the increase in confidence of two group members was somewhat supported on the pre- and post-test results from the Coopersmith Self-Esteem Inventory (SEI).

The internship ended with the writer feeling more competent in using her counselling skills and in being an effective helper to others. Employment as a guidance counsellor is looked forward to, with a tremendous awareness of the need for good counselling skills and a keener sense of professional confidence.

The intern sees it appropriate to make three recommendations for others when considering the internship option for the Master's degree. The following should be considered:

1. All students in the Master of Education Programme in Educational Psychology should have extended full-time practicum experiences.
2. The duration of an extended practicum should be increased from thirteen weeks to approximately twenty weeks.
3. The setting for the extended practicum should be one where the intern has the opportunity to develop the competencies viewed necessary for future vocational placement.

### **Annotated Bibliography**

Altmann, H. A., Nysetriold, I., & Dowse, A. (1986). Evaluation of peer counselling in the elementary school. Canadian Journal of Counselling, 20(2), 85-89.

This is an excellent article on the evaluation of an elementary peer counselling program. It is quite positive. The article identifies some of the evaluation instruments used in peer counselling as well as essential aspects of evaluation.

Anderson, W. (1989). A summer camp for peer counsellors. Canadian Journal of Counselling, 23(1), 133-135.

Anderson talks about a summer camp held at the Victoria City-Wide Peer Counselling Program. Other cities in British Columbia sent students to Victoria to do summer training. There was a total of 300 students, in training for two full weeks, with sessions four hours in length each day.

There were two levels of training. Level I (basic training) which followed a set curriculum and Level II (extended training) which is offered to students who already have basic training completed. Students were, also, grouped by age as well as the training being received.

The camp was not all intensive training but involved extracurricular activities such as: video night; volleyball; and, dancing at a teenage night club. The students returned with many new skills and insights to share with their own school and own students.

Buck, M. R. (1977). Peer counseling in an urban high school setting. Journal of School Psychology, 15(4), 362-366.

Buck focuses on a 32-session training program for peer counselling. This specific program focused on five areas: team building and the development of group cohesion; development of understanding and awareness of self and others; development of more effective communication skills; development of effective feedback procedures; and, development of leadership, problem solving and intervention skills.

In this study the peer counsellors were assigned between five and ten students, for counselling, for a nine week period. Overall, the counselees gained an ability to relate more effectively with both peers and adults and increased problem solving and communication skills. This is another study to support peer counselling and its benefits for all involved in it.

Bullis, M., & Egelston-Dodd, J. (1990). Priorities in the School-to-Community Transition of Adolescents who are deaf. Career development for exceptional individuals, 13(1), 71-82.

There is a great amount of interest in this area today. There has been many articles written and studies conducted in the area. This article addresses deaf adolescents' transition problems.

Often, the absence of personnel skilled in deafness and manual communication could negatively affect some individual's transition and ultimate success in the community.

This study's goal was to identify important problems in the transition of adolescents who are deaf as they move from school to community settings and adult life. Data was gathered by surveying all members of the American Deafness and Rehabilitation Association (ADARA). The problems were reviewed by all members involved. They found some overlap between problems identified. Concern existed over the transition linkages among schools, rehabilitation agencies and postsecondary education programs. Different ranking, of importance of the various problems, showed various levels of importance for different members. The article suggested that the perceptions of parents of deaf adolescents in transition should be sought at some point in a study.

Campbell, D. S., Neill, J., & Dudley, P. (1989). Computer-aided self-instruction training with hearing-impaired impulsive students. American Annals of the Deaf, 134(3), 227-231.

This article focuses on the use of computer-aided, self-instruction training for enhancing reflective problem-solving among impulsive hearing-impaired adolescent students.

Thirty-two subjects were involved in the study, 16 in a control group and 16 in an experimental group. The experimental self-instruction treatment group



consisted of training to solve visual problems, using a modified version of the LOGO computer language and videotape feedback. The control group consisted of LOGO problem-solving without self-instruction. It took place for 12 weeks.

Results showed that the impulsive thinking behavior of some hearing-impaired children can be modified by the use of self-instruction training with LOGO. In the classroom this may enhance these students' ability to learn reflective problem-solving skills.

Such studies have not been conducted very often and it is hoped that this particular article will lead to various other studies leading to similar results.

Carr, R. A. (1984). Theory and Practice for Peer Counselling. Educational and Vocational Guidance, 42, 1-9.

Carr gives the rationale, origins and practice of peer counselling. The training of peers are presented in great detail and specific applications are described. The focus is on involving adolescents as peer counsellors.

Carr pushes the view that teenagers have basically been ignored as a source of positive help to other teenagers and that they can be trained to help other teenagers to make more effective decisions of all kinds.

Peer counselling definitely involves much detail and planning by all involved - teachers, counsellor and parents. However, it has been shown time and time again that peer counsellors are very helpful and quite effective.

Carr, R. (1989). The Peer Counselling Project Newsletter, 6(2).

This newsletter deals with peer counselling only and includes much information on this subject. It is a great asset when developing an outline for a program and it, also, gives results of such peer counselling programs.

Carr, R. A (1990). The Peer Counselling Project Journal, 7(1), 1-20.

This particular issue focuses on peer counselling programs accountability and evaluation. Standards have been devised to help guide program development and baselines for evaluating program quality. This allows for program leaders to assess how closely their own programs match the standards recognized by experienced practitioners and leading experts in the field.

Sample evaluation tools are provided at the end of the journal. These are to be completed by students who have gone to see a peer counsellor. Questions deal with the peer counsellor.

According to Carr, "by conducting evaluations of the programs, then decision-making skills are being modelled as well as a caring attitude being demonstrated."

Chan, L., & Lui, B. (1990). Self-concept among hearing Chinese children of deaf parents. American Annals of the Deaf, 135(4), 299-305.

The article focuses on a study of Chinese children, in Hong Kong. It compared the self-concepts of hearing children of deaf parents with those of hearing parents.

In the study there were: 70 hearing children of deaf parents; 82 hearing children of hearing parents; and, 84 deaf parents and 82 hearing parents.

Questionnaires were administered by trained interviewers.

In overall self-concept, no significant differences were found between the two groups of children. In perceptions of their parents, the hearing children of deaf parents saw their parents as less warm. There was a positive correlation between the children's perception of their parents and the children's self-concept. Moreover, the self-concept of the hearing parents was found to be higher than that of the deaf parents. A very interesting study!...

Cooker, P. G., & Cherchia, P. J. (1976). Effects of communication skills training on high school students ability to function as peer group facilitators. Journal of Counselling Psychology, 23(5), 464-467.

Cooker's and Cherchia's study focused on the effects of communication training on the functioning of high school students and the ability of trained students to function as peer group facilitators.

The training group consisted of 40 students and the control group consisted of 20. Training was divided into three areas: (a) orientation utilizing didactic techniques; (b) experimental role playing; and, (c) modelling by the trainer.

Results showed: that trained students functioned at a higher level than untrained students in terms of making written responses; trained students functioned at higher levels in facilitating small group discussions than did untrained students; high

school students trained in this mode functioned significantly higher as group leaders; and, facilitators than did untrained students in the same setting.

Quite an extensive study with very interesting results.

Corey, G. (1990). Theory and Practice of Group Counselling. California: Brooks/Cole Publishing Co.

This text presents an overview of various theoretical models and describes how these models apply to group counseling. It also outlines the basic elements of group process and deals with ethical and professional issues special to group work.

Corey, M. S., & Corey, G. (1989). Becoming a Helper. California: Wadsworth Inc., p. 18-37.

Pages 18-37 are entitled "Getting the most from your education and training." The authors recommend that a student take an active role in fieldwork and study. They write about the value of field work as bridging study and practice. They even offer strategies to use during fieldwork placements. The material is quite helpful, especially, if one is doing an internship as a requirement for the M.Ed. programme.

Corey, G. (1991). Theory and Practice of Counselling and Psychotherapy. California: Brooks/Cole Publishing Co.

Corey provides a description of various counselling theories in this text such as Psychoanalytic, Adlerian, Existential and Gestalt. It is important to become quite

familiar with these theories to help in the development of one's own theory for use during the internship as well as later on during work.

Cornelius, G., & Hornett, D. (1990). The play behavior of hearing-impaired kindergarten children. American Annals of the Deaf, 135(4), 316-321.

This particular study examined 20 hearing-impaired kindergarten children's cognitive and social play behaviors. Ten children attended a program that emphasized an oral/aural language approach and ten others were in a class that utilized a sign system along with oral language.

Four types of play were documented by using "The Peer Play Scale": (1) functional play involving simple muscular activities; (2) constructive play involving manipulation of objects; (3) dramatic play pretending to be someone else by imitating another; and, (4) social play.

Results showed that hearing-impaired children communicate on a very physical level. Thus, use of a sign system with oral expression seems critical for them in initiating and sustaining communication in play.

The children in the sign-based class demonstrated higher levels of social play behavior and lower levels of aggression than the children in the oral-based class. Guidelines and techniques to help children initiate and sustain play are suggested at the end of the article.

David, M., & Trehub, S. E. (1989). Perspectives on deafened adults. American Annals of the Deaf, 134(3), 200-204.

David and Trehub deal with adults who are deaf. These are people who acquired their profound hearing losses in adolescence and adulthood. Other than 'deafened,' they are also referred to as, 'adventitiously deaf,' 'postvocally deaf,' 'sudden severely deafened,' and 'late deafened.'

The deafened are compared to the congenitally or prelingually deaf. Such a deafness entails an extreme sensory deficit from early life and therefore, has serious consequences for the acquisition of language and for the incidental learning of mainstream cultural norms.

The article gives four different cases of adults who are deaf and how they tried to cope with this sudden problem. These individuals need help in restructuring their world and affirming their role in that new structure. The prelingually deaf persons need help to develop social and employment skills and to enlarge their limited concept of the world and to find their appropriate place in it.

Basically, the article is trying to focus on the fact that these two groups of people are alike yet quite different. There needs to be an increase in the understanding of and an empathy for persons who are deaf!

de Rosenroll, D. A. (1986). A peer counselling centre for school-based peer counselling: An experiment in progress. Journal of Child Care, 2(6), 107.

This article is in full support of peers helping peers. It suggests that peers are already there as their own "natural" support system and that, with appropriate training and guidance, they can effectively work with one another in school and social settings.

The article focuses on one approach to training student peer counsellors. This was a Peer Counselling Centre set up in 1985. Basically, the purpose of the Centre was three-fold: to train students from local high schools and return them to their local schools for their practice; to generate research concerning the Centre's activities; and, to act as a consultant to interested parties.

Egan, G. (1990). The Skilled Helper. California: Brooks/Cole Publishing Co., p. 106-148.

These two chapters focus on the important communication skills of Attending, Listening, Empathy and Probing. These are vital, in the helping relationship, and knowing what is involved in order for each to successfully occur in a session is required. These 2 chapters should be read by everyone entering the guidance profession and anyone else for that matter. It is good to re-read these chapters to refresh one's memory.

Ettin, M. F. (1989). The use and abuse of structure and exercise in ongoing group psychotherapy. Small Group Behavior, 20(2), 279-286.

This article deals with introducing structure and exercises to an ongoing group. Ettin talks about how such introductions controls directly the course of events in the group and how it affects the members view of the group as well as the group leader.

A five step model is provided to handle the use of exercises in a group setting:

- (1) Preparation - an exercise should be completely introduced to the group before proceeding;
- (2) Exercise - create an atmosphere to carry out the exercise properly;
- (3) Processing - group dialogue after the exercise is completed;
- (4) Generalizing - generalize awareness and behavior to members real outside life; and,
- (5) Remembering - important in the process of change. In order for exercises to be important, they must be incorporated within the bounds of the ongoing group.

Gougeon, C. (1989). Guidelines for special issues training sessions in secondary schools peer counselling programs. Canadian Journal of Counselling, 23(a), 120-125.

Gougeon examines the growing trend of special issues training sessions for peer counsellors. A number of guidelines for special issues training that were used in the Victoria Peer Counselling Centre's 1985 training program were described. Gougeon focuses on basic helping skills as well as the special issues training in suicide and death/loss. Other special issues include; alcohol and drugs; family relationships;



and sexually transmitted diseases. Many other issues may develop as important in the experiences of the peer counsellors and their trainers.

It is noted that role play activities will help students to experience what it is really like to relate to a fellow student about the specific issue at hand.

Moreover, it is important that the trainer remain aware of what each trainee is experiencing during the sessions of training in these special issues. The article is full of ideas for trainers of peer counsellors.

Guttman, M. A. J. (1987). Verbal interactions of peer led group counselling.

Canadian Journal of Counselling, 21(1), 49-51.

The study examines the value of peer counsellor training and group counselling. It specifically asks the question, "does the amount of training (high training vs. low training) received by peer counsellors influence the type of group interaction in structured peer groups?"

Two pairs of co-leaders (three males and one female) received extensive training (high training) and two pairs (three males and one female) received minimal training (low training). Group counselling sessions met for eight sessions for a duration of one and half hours to two hours per session (12-16 hours) during a weekend retreat.

The assumption that there would be significant differences in the verbal interactions from peers led by extensively and minimally trained peer counsellors was not maintained by this study. Moreover, the other major finding of this study

indicated that there were no differences in the levels of therapeutic interactions of both training groups. This study suggests that peer counsellors, with minimal training, can be effective in counselling groups. Moreover, it shows that selection factors are as important as training factors in determining peer counselling effectiveness.

Johnson, G. S. (1989). Emotional indicators in the human figure drawings of hearing-impaired children: A small sample validation study. American Annals of the Deaf, 134(3), 205-208.

It seems that very little research has been done on drawing techniques as being indicators of emotional functioning.

This present study focuses on 32 hearing-impaired boys, ranging in age from 7-12 years. The purpose was to try to establish concurrent validity for the Koppitz scoring technique. The number of emotional indicators should not be considered as a "score" but that the presence of emotional indicators be considered.

Each boy was asked individually to draw a whole, real person - whomever he wished to draw, he could.

Results showed that Human Figure Drawings do have merit as techniques for personality assessment among the hearing-impaired. It is suggested that these drawings not be used alone, but be supplemented with information from another measure, from observation, from interview or from an objective type test.

A very interesting and informative study and one that does not take very long to conduct but which yields quick results.

Katsiyannis, A. (1991). Communication methods for hearing-impaired students: The role of the judiciary. The Volta Review, 83(2), 97-101.

Providing an appropriate education for qualified handicapped children has been and still is, a complex issue. Defining the parameters of what constitutes an 'appropriate education' adds more to the complexity as well.

This paper provides a legal update on the role of the judiciary in determining an appropriate communication method in teaching hearing-impaired students. It appears that decisions regarding communication methods indicate that courts may dictate a particular methodology in assuring an appropriate education for hearing-impaired students.

The term 'communication methods' refers to cued speech, oral-auralism, simultaneous communication, auditory-verbal, and American Sign Language. Much of the debate existed over a signing method vs. cued speech. The cued method, primarily an oral method and the signing method used together, is called total communication.

Lynn, D. R. (1986). Things that work: Peer helpers - increasing positive student involvement in school. The School Counselor, 34(1), 62-66.

The study deals with a peer program at Randallstown, Maryland which involves students growth in three major functions in the school: peer tutoring; peer counselling; and, articulation.

However, the writer's interest was in the peer counselling area. Fifteen students were trained for 30 hours. The Carkhuff model of communication skills was used in training the peer helpers. Some peers were trained with emphasis on practicing specific counseling skills by using immediate feedback and role play or real situations. Some peer counsellors may receive more specialized training if they are to work in a resource centre, or guidance office.

Lynn stated that almost without exception graduating peer counsellors rated their peer-counselling training and work as one of their most valuable high school experiences. Peer counselling is definitely a successful program and one that seems to be getting more popular with time.

Michael, M. G., & Paul, P. W. (1991). Early Intervention for Infants with Deaf-Blindness. Exceptional Children, 57(3), 200-210.

This article focuses on individuals labelled deaf-blind. Many of these individuals have residual sight and hearing.

Different intervention theories are identified for effective early sensory training in using these senses effectively. What such training entails is consistent reinforcement in the natural social contexts.

It is very important that teachers become aware about the high-quality programming available to increase the abilities of these students with dual-sensory impairments -in mobility and communication. Moreover, to help them develop into independent, responsible adults.

Meadow, K. P. (1980). Behavioral problems of deaf children (Chapter 5). Deafness and Child Development. California: University of California Press.

Most of the questions raised in this chapter revolved around a concern with environmental influences on deaf children that may lead to differences in their emotional development reflected in problematic behavior.

There are several main ideas that exist in the chapter: (1) any classification system that attaches labels to children without regard for the independent consequences of the labelling process, could have many dangers involved; (2) there are many difficulties in collecting adequate data on deaf children; (3) deaf children are more likely to be described as "immature," "hyperactive," and "aggressive" than are children with normal hearing; and, (4) recognition of the high levels of behavioral disturbance in deaf children is a first step toward the provision of mental health services to treat the problems.

This chapter was very good in informing the reader about the various behavioral problems that accompany hearing impairments.

Morgan-Redshaw, M., Wilogosh, L., & Bibby, M. A. (1990). The parental experiences of mothers of adolescents with hearing impairments. American Annals of the Deaf, 135(4), 293-298.

Because little research has been done on the mothers' experiences of having an hearing-impaired child(ren), Morgan-Redshaw et al., conducted a study using five hearing mothers. The mothers seem to be the primary care givers, so finding out their experiences as mothers of the hearing-impaired should contribute somewhat to understanding hearing-impaired adolescents.

Six situations were easily drawn from the mother's experiences. They can be summarized as follows: (1) the mother's personal growth; (2) the mother-child relationship; (3) parent-professional relationships; (4) concerns about educational programming; (5) the importance of fluent communications; and, (6) support systems available to the mothers.

This study was hoped to be a starter for other future studies in this area since so few have been done.

NCCD. Services offered through the NCCD. St. John's, NF. (Pamphlet).

This pamphlet provides a detailed list of services offered through the NCCD for hearing-impaired individuals in post-secondary institutions and/or job seeking situations.

Paul, V. P. (1989). Depth of vocabulary knowledge and reading: Implications for hearing implications for hearing-impaired and learning disabled students.

Academic Therapy, 26(1), 13-21.

Paul focuses on the need for direct, systematic, rich vocabulary instruction for the hearing-impaired and learning disabled students. The goal of such instruction is to improve reading comprehension, as well as general language comprehension abilities.

Paul says that these abilities would result from knowledge based instruction and a large number of opportunities for reading, combined.

Paul also focuses on the teachers' attention to vocabulary-learning strategies, when and how to use them, and why they are helpful. Paul points out that teachers need to change their attitudes about vocabulary instruction. Teachers should not ask what the children do not know, but how they can use what they already know and how the new concepts are like the old. He, also, focuses a little on semantic features and overall concept development. Dealing with semantic fits and semantic elaboration leads to the most effective vocabulary instruction for these students.

Plapinger, D., & Kretschmer, R. (1991). The effect of context on the interactions between a normally hearing mother and her hearing-impaired child. The Volta Review, 93(2), 75-85.

The purpose of this study was to examine how context effects interactions between a normally-hearing mother and her young hearing-impaired child. Previous studies have found that mothers of hearing-impaired children often use communicative strategies that are non-facilitative to the child's communication development.

The results of the present investigation reveal that for this particular mother-child pair, the conversational context in which the interaction took place played a key role in determining the discourse style. Two distinct interactional styles were identified: "labelling" and "dialoguing." The labelling style included strategies that were similar to those found by other researchers for mother/hearing-impaired child interactions. In contrast, dialoguing was less controlling, and very similar to the interactions between mothers and normally-hearing children.

There needs to be more research in the area and more emphasis on context in intervention programs.

Quinsland, L. K., & Ginkel, A. V. (1990). Cognitive processing and the development of concepts by deaf students. American Annals of the Deaf, 135(4), 280-284.

Quinsland and Ginkel present a very well written and informative article on a critical component of experimental learning models-processing. They define



processing as an activity that encourages students to reflect, describe, analyze and communicate in some way that which they have just learnt. The communication can be written, signed, or oral.

The authors also look at Bloom's taxonomy of cognitive levels and how it is helpful in planning and sequencing processing activities. They relate this then, to hearing-impaired students.

An approach to cognitive processing is also presented and they explain how beginning processing sessions should begin at one of the lower cognitive levels. The authors also give suggestions for using cognitive processing such as sequencing, audience characteristics, missed opportunities and journal writing activities.

A final note mentioned that teachers of the hearing-impaired be aware of the possibility that students may be limited in explaining their emotional responses to an experience. Teachers may often have to supply the word for an emotion they are expressing. This could prove to be somewhat difficult since some emotions are not easily distinguished.

- Roark, A. E., & Sharah, H. S. (1989). Factors related to group cohesiveness. Small Group Behavior, 20(1), 62-29.

The study tests the relationships of group cohesiveness to self-disclosure, empathy, acceptance and trust. Three groups were compared on measures of cohesiveness. The results showed that personal growth groups had a significantly

higher level of cohesiveness than the other two groups. All factors correlated highly, with trust being the underlying independent factor.

Rodriguez, G., Meyers, G., & Holmes, A. (1991). Hearing aid performance under acoustic and electro-magnetic coupling conditions. The Volta Review, 93(2), 89-95.

One of the major obstacles for the hearing-impaired is telephone communication. Even with the use of amplification, many people who use hearing aids report increased difficulty understanding speech during telephone conversations.

The article focuses on an experiment that explored hearing aid functions under acoustic versus telecoil coupling conditions. The Audiometer Telephone Interface (ATI) was developed to reflect the average output, frequency response, and line noise of a standard telephone receiver.

Results showed that changing from acoustic to electromagnetic coupling affected hearing aid performance characteristics negatively rather than positively.

Roller, B. (1989). Having fun in groups. Small Group Behavior, 20(1), 97-100.

Roller talks about how fun is not often perceived as one of the elements of group therapy. He says that there are at least three elements of group therapy that make groups entertaining and fun: (1) Irony: a disparity between human intention and actual consequences; (2) Paradox: a statement the opposite of which you would expect to be true; and, (3) Absurd: difficult to grasp and to laugh at because its scary.

This is definitely an article that should be read by everyone who ever considers running a group of any kind.

Rugel, R. P., & Barry, D. (1990). Overcoming denial through the group: A test of acceptance theory. Small Group Research, 21(1), 45-58.

The article is centred on the Rogerian Model where by the therapist creates an environment that contains unconditional positive regard and empathy. The client will feel more accepted, moving toward greater congruence or self-acceptance. The article investigates the relationship between group acceptance, self-acceptance and changes in denial in groups of alcoholics.

Twenty-eight participants in alcohol treatment groups showed decreases in denial of drinking problems and decreases in psycho-pathology following 12 weeks of group counselling. The Rogerian Model predictions above came true. Greater self-acceptance was associated with greater decreases in denial.

Sattler, J. M. (1988). Assessment of Children. San Diego: Author.

Various sections were read to complete a WISC-R Report on one of the children. Moreover, it was also used to find information related to various diagnostic instruments before administering them to the children. Furthermore, recommendations are also given for WISC-R and WAIS-R subtest deficiencies. A very beneficial text to have and read. A great resource for use during assessments.

Schirmer, B. R. (1989). Relationship between imaginative play and language development in hearing-impaired children. American Annals for the Deaf, 134(3), 219-222.

Schirmer had two specific research questions in mind when he began the study: (1) do hearing-impaired children exhibit imaginative play behaviors which are more comparable to language development level or to chronological age level; and, (2) are the correspondences between their imaginative play and language development the same as those observed in normally developing children?

There were 20 subjects who ranged in age from 3-5 years. The children's play was analyzed along three dimensions:

- (1) percentage of time engaged in imaginative play;
- (2) use of planned pretend;
- (3) use of story line.

The 'overall' results showed that hearing-impaired children do engage in imaginative play behaviors which are comparable to their language development level and not their chronological age. The correspondences between their imaginative play and language development are similar to those reported for normally developing children.

Schive:shel:ner, W., & Walberg, H. J. (1976). A peer counseling experiment: High school students as small group leaders. Journal of Counselling Psychology, 23(4) 398-401.

The authors focus on a method where 16 peer counsellors were trained in human relations techniques, group dynamics, and decision-making skills applied to 122 potential dropouts.

Peer counselling was conducted in small groups at approximately 20 one-hour meetings. The counsees improved significantly in attendance and decisiveness over the control group. However, the results were inconclusive in demonstrating the efficacy of the program on the counsees. Furthermore, these results were based on an evaluation of the first year of the project, during which the program was in its developmental phase.

Swigny-Skyer, S. C., & Dagel, D. D. (1990). Deafness simulation - a model for enhancing awareness and sensitivity among hearing educators. American Annals of the Deaf, 135(4), 312-315.

The authors focus on a deafness simulation project that was set up at the Rochester Institute of Technology in the College of the National Technical Institute for the Deaf (NTID).

Such simulated deafness allows hearing people to step, for a short while, into the world of the deaf. It gives them a realistic environment for beginning to understand what it is like to be hearing-impaired.

Participants were given hearing aid devices for both ears that produced a constant sound like a running shower in both ears. The project/study was called "Keeping in Touch" and lasted for several months.

Participants wore buttons and t-shirts and also kept a journal of their personal objectives and experiences. They were encouraged to inform students about the project.

At the end of the study, participants shared very similar views. Included were statements such as "I felt closer to my students because now I was one of 'them' and they could accept that" and "It helped me to experience the frustrations of inadequate communication and feelings of isolation." Participants also stated that student support was very positive during this time.

An excellent programme that all educators should experience or at least read about.

Shukla, R. S. (1989). Phonological space in the speech of the hearing-impaired.

Journal of Communication Disorders, 22(5), 317-325.

Shukla focuses on a study of 30 hearing-impaired individuals and 30 hearing individuals. The study aimed at measuring the phonological space of these individuals who speak Kannada as their language. The hearing individuals were included to obtain normative data and to serve as controls.

In the Kannada language /a/, /i/, /li/ forms the extreme points of vowel triangle. First and second formant frequencies of these vowels were measured in this study.

The phonological space was found to be reduced in the speech of the hearing-impaired subjects and this was due primarily to the lowering of the second format of the vowel /i/.

Skukla also gives implications for therapy of the hearing-impaired individuals. The main one being, the position and shape of the tongue which leads to changes in the quality of the vowels being spoken.

Stoel-Gammon, C., & Otomo, K (1986). Babbling development of hearing-impaired and normally hearing subjects. Journal of Speech and Hearing Disorders, 51(1), 33-41.

This study includes babbling samples from 11 normal hearing subjects, age 4-18 months, compared with samples from 11 hearing-impaired subjects, age 4-28 months. The study focused on two measures of babbling, (a) variety of consonantal phonemes, measured by the number of consonantal types in the babbling samples, and (b) proportional occurrence of consonant-vowel utterances

For type "a" babbling, after 8 months, the repertoire of phonemes produced by hearing-impaired subjects was more limited than the repertoire of hearing subjects at the same stage of babbling development.

For the second measure, it appeared that hearing-impaired subjects as a group produced a lower proportion of consonant-vowel utterances than hearing subjects.

These findings help to indicate again, that "a" typical babbling patterns are associated with hearing-impairment. Hearing-impaired babies suffer not only from an inability to hear the language of the community in which they are raised, but also from a lack of auditory feedback.

An excellent study in comparisons of hearing and hearing-impaired subjects.

Varenhorst, B. B. (1974). Training adolescents as peer counselors. Personnel and Guidance Journal, 53(4), 271-275.

Varenhorst focuses on the training of adolescents to be peer counselors. She talks about the formal training and gives a outline of the curriculum used. Applying the training and the types of assignments that could be used are also discussed.

Varenhorst does a very good job on presenting the difficult issues that result when training adolescents to be peer counsellors. For example, problems with assignments given, difficulties with supervisor trainees and leaders, and evaluation concerns.

Welsh, W. A., & Foster, S. B. (1991). Does a college degree influence the occupational attainments of deaf adults: An examination for the initial and long term impact of college. Journal of Rehabilitation, January/February/March, 41-48.

The article examined the effect of a college degree on occupational attainments of deaf adults. The article relates and includes many studies already conducted in the area.

Overall, a college degree usually meant lower unemployment, better jobs and much higher earnings. Results were based on survey research and data related to job satisfaction.



Data on job satisfaction showed that many college graduates were dissatisfied with elements of their work experience, especially in areas that involved much communication and social interaction with coworkers.

The overall data offers clear support for making post-secondary education as accessible as possible to deaf persons.

Wright, I. L., & Duncan, D. (1986). Attraction to group, group cohesiveness and individual outcome. Small Group Behavior, 17(4), 487-492.

This article focuses on the thought that group cohesiveness is both a prerequisite to and a natural consequence of successful therapeutic group process. A research method was designed to study the relationships between (1) attraction to group and individual outcomes in groups and (2) group cohesiveness and individual outcome in groups. Comparisons between these two relationships were designed to determine whether group cohesiveness contributed to the prediction of individual outcome beyond attraction to the group.

Four groups of 27 graduate students took part in 12, weekly experimental training sessions. Outcome was assessed by self-report measures of help and harm. Subjects used a five point Likert Scale. Cohesiveness, attraction to group and the outcome measures were assessed at midgroup and at the end of group, and cohesiveness was indeed related to individual outcome. The results were very supportive and clearly demonstrate the predictive power of a straight forward assessment of attraction to groups in predicting individual outcome in groups.

### **CHAPTER III**

#### **RESEARCH COMPONENT**

##### **PURPOSE**

An accompanying research component to the internship report was also necessary to complete the requirements for the Degree Master of Education (Educational Psychology). The applied research component focuses on an evaluation of the 'overall' self-esteem of teenage mothers and/or pregnant teenagers. The writer conducted an evaluation study as part of a larger ongoing pilot project entitled "A Distance Career Counselling Intervention Programme for Teenage Mothers and Pregnant Teenagers" (Garlie, 1990-91).

An objective was devised for the research component just as was done for the internship setting previously discussed. The objective was stated as follows: to conduct an evaluation study of a Pilot Distance Career Counselling Intervention programme for Teenage Mothers and Pregnant Teens.

##### **Activities:**

- (a) Review literature on teenage self-esteem, self-assertiveness and stress management skills.
- (b) Read materials on group counselling.
- (c) Review literature on the use of teleconferencing systems, especially in group counselling situations.

- (d) Choose six instruments to assess participants' levels of self-esteem, assertiveness, locus of control, parenting stress, ways of coping and identify characteristic behaviors during human interaction. The instruments chosen were the: (1) Coopersmith Self-Esteem Inventory (SEI); (2) Ways of Coping Questionnaire; (3) Parenting Stress Index - Short Form (PSI/SF); (4) Modified Rathus Assertiveness Schedule (MRAS); (5) Fundamental Interpersonal Relations Orientation Behavior Scale (FIRO-B); and, (6) Locus of Control Behavior Scale (LCB).
- (e) Read manuals and other materials relating to each chosen instrument.
- (f) Administer the instruments before and after the intervention programme.
- (g) Devise hypotheses pertaining to differences in self-esteem, assertiveness, stress management skills, and locus of control due to the intervention programme.
- (h) Compare pre- and post-test raw data scores for each participant.
- (i) Conduct and discuss a t-test analysis of the pre- and post-test raw data scores.
- (j) Provide a list of recommendations to aid in the completion of the final intervention programme.

Each activity is addressed separately in the upcoming sections of the research component.

## **REVIEW OF THE LITERATURE**

### **Introduction**

From a review of the literature it becomes quite obvious that adolescence is a time when numerous self-doubts persist, especially if one is pregnant or a mother (Shilling, 1986; Eskilson, et al., 1986, and Ortiz and Bassoff, 1987). The evaluations that adolescence put on these self-doubts are known as self-esteem, which during these times are very low (Schilling, 1986). The low self-esteem usually is combined with many stressors, negative self-descriptions, anxieties, poor social skills, passiveness, and incompetence (Schilling, 1986). These occur in different combinations depending on the adolescent. Moreover, the self-esteem is affected by existence of any and all of these factors.

### **Teenage Mothers/Pregnant Teens Expectations**

Ortiz and Bassoff (1987) noted that teenage mothers are considerably less optimistic and less hopeful about the future than their non-parent peers. It seems that the experience of early parenthood significantly alters perceptions of reality and causes lower life expectations and aspirations. For many of these teenagers there is a general feeling that school is irrelevant to the present and many drop out of school as a result. Many pregnant teens abandon completely the search for a specific career goal (Ortiz and Bassoff, 1987). Moreover, they feel uncertain how they would even attain a career goal, being pregnant or being a teen mother, anyway. Instead they lose all

interest in school and drop out. At this point in their lives the level of self-esteem is quite low and many self-doubts persist in all areas of their lives.

### **Support of Teen Mother/Pregnant Teen**

One repeated research finding is that support from mother, father or friends is correlated with adolescent self-esteem and well-being (Hoffman, et al., 1988). It is during this time of pregnancy that these supports usually break down thus, leading to a lowered self-esteem. By internalizing adult (parent) standards, teenagers attempt to regulate their own behavior, reacting with positive or negative self-feelings to the imagined evaluations of significant others. According to Erikson, et al. (1986), the negative or low self-esteem is thought to arise from (a) self-perceptions that one's behavior does not meet personal standards - that getting pregnant is not what they want for themselves and (b) self-perceptions that important others do not positively value one's self, i.e. - that parents do not see getting pregnant as being positive.

It should also be noted that if a pregnant teen does not get support from the parents then she will go to a peer. However, based on Hoffman's, et al. (1988) study, "peer effects on self-esteem are not disjoint from parental ones, but rather are intertwined with them" (p. 313). Often times, a peer may feel the same about pregnancy as the girl's parents. This leads to self-esteem being lowered even more and feeling that there is definitely no support at all for her during this time. The pregnant teen, as a result, does not know where to turn for help - leading to a great amount of added stress.

Peers and parents are the significant others in a teen's life and "significant others are viewed as the most important factor in the development of self-esteem" (Juhasz, 1989, p. 584). Thus, if support does not exist the self-esteem is lowered.

### **Undesirable Outcomes**

Self-esteem has been related to almost everything at one time or another whether it be high or low (Gecas, 1982). For example, if a pregnant teen is experiencing low self-esteem, her interests, aspirations, achievements and behaviors will be lowered and changed. Things like conformity, interpersonal attraction, moral behavior, educational orientations and different aspects of personality and mental health are usually negatively affected. In most research areas, low self-esteem is associated with such undesirable outcomes.

### **High Self-Esteem**

According to Schilling (1986), in order to have high self-esteem one must feel (1) capable - one must possess skills and be able to achieve, (2) significant - that what one thinks, says and does matters to those around one, (3) powerful - that one has some control over what happens to one and (4) worthy - to feel that one has value and so a worthwhile human being apart from whatever one may or may not accomplish (p. 302). These particular teenagers have experienced such a great impact because of the responsibilities and stressors on their personal and social identity, that they feel they are in a world of their own, alone and isolated.

### **Enhancement of Self-Esteem**

The vital question is "how can the self-esteem of pregnant teens and teen mothers be changed?" Group counselling may be one process whereby the problem of low or negative self-esteem can be resolved for adolescents willing to invest their time (Bergen, 1989). Evidence has shown that group counselling is indeed a vehicle that is a worthwhile approach in developing self-esteem. These girls are all in the same group, can easily relate to each other, are experiencing many of the same feelings and stressors, receiving similar reactions from others and have similar levels of self-esteem, assertion and competence.

### **Assertiveness of Teen Mothers/Pregnant Teens**

According to Stake, et al. (1983, p. 435) the adolescent period is problematic for these girls because they receive conflicting messages about the goals they should pursue and as a result they often have a low level of confidence in their abilities. The pregnant teen definitely receives conflicting messages from those around her. Stake, et al. (1983) recommends assertiveness training as a way to decrease these conflicting feelings and improve feelings of confidence in herself and her abilities. The elements that are considered crucial for promoting assertive behaviors are; modelling, behavioral rehearsal and feedback. This assertiveness training relates back to the level of self-esteem. In many studies the level of self-esteem has improved significantly leading also to more positive levels of competence (Stake, et al., 1983). As a result, much of the confusion disappears and the pregnant teen can focus and relate to those around her better. She feels also, like she is more in control of things around her.

Piers and Harris, (1969; cited in Waksrainb, 1984), states that, "assertiveness training significantly improved the girls locus of control and anxiety" (p. 278).

Assertive behavior involves many different facets including standing up for one's rights, refusing to comply with unreasonable demands, asking for favours or making requests, initiating and terminating conversations and expressing positive or negative feelings to others. Such behavior tends to be quite low in teenage mothers and pregnant teens and a training program would increase their level of assertion. They are receiving all kinds of suggestions and concerns from friends, teachers, parents and strangers with whom they may need to be more assertive. "Lack of assertiveness often has been conceptualized as inhibitory anxiety in interpersonal situations" (Wolpe, 1969, cited in Yul Lee, et al., 1985, p. 55). The interpersonal situations for these girls are often quite confusing, unsupportive, and stressing. Moreover, they do not consider themselves socially desirable and look for approval of others in their lives. Thus, they often do not defend themselves and stand up for what they believe in and truly feel.

### **Stress Management**

Teenage mothers and pregnant teens tend to experience quite a lot of responsibility. Our society today demands of our children to be more and more responsible (Ortman, 1988). With this responsibility comes much stress, concern, and confusion. Many of these teenagers do not know what to expect or what is expected of them. The great stressful aspect during adolescence is the importance of peers, avoiding social ridicule which often, as a result, develops uniformity in appearance



and behavior. The added stress for teenage mothers and for pregnant teens is the baby. There is lack of uniformity caused by the pregnancies. During this period in their lives these young women need to have "cognitive control" - learning to think about oversize experiences differently (Taylor, et al., 1984 cited in Ortman, 1988). According to these same authors, cognitive control may be the type of control that would be the most successful in reducing stress and producing a more positive affect. Since stress has been found to "affect almost every major organ system" (Price, 1985, p. 36), it is quite evident that some type of intervention needs to be introduced to help these young women. It becomes important to increase awareness of; (1) the stress in their lives, (2) identify the cause of the stress, (3) try and deal with the stressful events, and (4) to get these events under control to the point that it does not interfere with normal functioning.

Stress affects several areas of functioning;

- (1) physical - colds, minor infections, hypertension, and ulcers.
- (2) mental - depression, drug abuse, and suicide.
- (3) social - crime and impaired academic performance.

As can be seen, stress can have a multitude of harmful effects in adolescents (Price, 1985).

Again, low self-esteem is significantly related to stress. When the person who has several stressors and feels out of control (that is, no cognitive control), his or her perceptions of self are very low and self-doubts are very high. Price (1985) states that an increase in knowledge would lead, automatically, to attitude and behavior change.

Therefore, exposure to stress management techniques, in the present programme should lead to greater coping skills and less stress. Even when exposed to stressors they will be better able to deal with them.

Being a pregnant teenager or a teen mother is a "major life event" (infrequent in occurrence and highly undesirable). It is regarded as one of the most challenging occurrences to personal coping strategies and as a result increased skills in how to cope are needed.

### **Group Counselling**

One important aspect of how pregnant teens and teen mothers appraise stressors is the perceived available social supports. Social supports consist of interpersonal ties with individuals who share familiar values and status and who can be depended upon to provide emotional support, help and needed feedback. The present intervention programme specifically attempted to meet these requirements.

Peer relationships are highly significant at this age level, and the group situation may well provide a "comfort zone" for these girls to speak of their concerns (Gergen, 1989, p. 20).

Omizo and Omizo (1986, 87,89) 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 divorce. The results clearly stated that participants of group counselling have a higher measure of locus of control and self-concept than those who did not receive counselling. Schilling (1986) suggested group discussion to help increase feelings of significance.

As stated by Corey (1990):

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. (p. 9)

Gazda (1989) states that group members typically receive more feedback on how others perceive them in group counselling, than they do in individual counselling or daily living situations. Simultaneously, they are able to model other's behavior and perhaps find appropriate role models. In such an environment as this, they are able to practice any new behaviors and learn that they are not alone in having such problems. The apparent supportive atmosphere that results cannot be ignored.

In general, it seems that interaction in a small, safe, professionally led group would be a start to try and resolve some of these teen issues. The group counselling intervention programme, was intended to result in the development of a more stable teenage mother and pregnant teen with greater overall self-awareness and more positive self-esteem.

### **Distance Group Counselling**

Teleconferencing is one form of distance education that is gaining widespread support. Teleconferencing is defined "as interactive group communication using an electronic medium" (Parker & Monson, 1980). Olgren and Parker (1983) define teleconferencing as "two-way electronic communication between two or more groups, or three or more individuals, who are in separate locations" (p. 34).

Audio-teleconferencing was the type used in the pilot distance career counselling programme for the teenage mothers and pregnant teens. Basically, the audio-teleconferences can occur amongst three or more participants in several locations linked anywhere along the telephone network with graphic, written or video materials provided by mail in advance (Younghusband, 1990). This type of teleconferencing has received much support. Edison-Swift (1983) found there is more private conversation among participants and a greater chance of active involvement. The use of audio teleconferencing does not de-personalize interactions as much as often thought when compared with face-to-face groups (Elliott, 1989). There is also slight evidence of greater task orientation and participants are generally more well prepared than in face-to-face meetings. The major asset of teleconferencing is its flexibility in providing the exchange of indispensable information to meet the needs of participants.

There have been very few studies identified on group counselling via telephone and none via teleconference. Elliott (1989), hypothesized "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

(Elliott, 1989). Elliott (1989) conducted an initial study using volunteer Memorial University undergraduate students. His work supported that the same process development occurs in both types of groups.

Pregnant teens and teen mothers seemed to be an ideal population to benefit from this system. It was hoped that the distance career counselling programme offered via teleconference would offer anonymity, thus creating great amounts of trust and support for all participating.

## **METHODOLOGY**

### **Participants**

The pilot study involved a group of nine teenage mothers ranging in age from 15 to 20 years old, from rural areas of the Province of Newfoundland and Labrador, Canada. The average age was 18.7 years. Eight had children and one was expecting. One had two children. The children's age ranged from 14 months to 3 years. They were located in four different teleconferencing sites. Participants, initially, met together, in a small group, for a half day session. This was followed by seven, one and one half hour sessions via teleconference. They were also invited to a social and follow-up meeting after the last teleconference session. The pilot project group was the only group used in the study.

### **Instruments**

Six instruments were used to collect pre and post data. They included the: (1) Coopersmith Self-Esteem Inventory (SEI); (2) Ways of Coping Questionnaire; (3) Parenting Stress Index - Short Form (PSI/SF); (4) Modified Rathus Assertiveness

Schedule; (5) Fundamental Interpersonal Relations Orientation Behavior Scale (Firo-B); and, (6) Locus of Control Behavior Scale (LCB).

The Coopersmith Self-Esteem Inventory (SEI) measured the self-esteem levels of the participants. The SEI measures "the evaluation a person makes and customarily maintains with regard to himself or herself" (Buros, 1985). The SEI is among the best known and most widely used of the various self-esteem measures. Moreover, the theoretical rationale and purposes are based on sound reasoning and are logically presented (Buros, 1985, p. 298).

Each questionnaire presents respondents with generally favourable or unfavourable statements about the self, which they indicate "like me" or "unlike me." The adult form questionnaire has 25 statements on it and a total score of 100 can be achieved. The higher the score out of 100 the higher one's level of self-esteem is considered to be. The SEI has adequate internal consistency and overall temporal stability. Moreover, studies have also shown reasonable concurrent validity and construct validity (Kokenes, 1974, 1978 and Simon & Simon, 1975). One advantage of using the SEI as reported by Shaver and Robinson (1973) is the multidimensionality of the Inventory. That is, it covers many areas of self-esteem yet, very generally. Furthermore, normative samples vary greatly between subjects aged 8-17; middle and lower socioeconomic classes; males and females; Black, Spanish - surnamed, American Indian and Caucasian; and from rural and urban areas. Overall, authors in the field report, age and sex are insignificant factors; race and population density account for some variance and socioeconomic status account for considerable variance.

The Ways of Coping Questionnaire assesses thoughts and actions individuals use to cope with the stressful encounters of everyday living. It measures coping processes not coping styles. Coping is directed toward what an individual actually thinks and does within the context of a specific encounter and how these thoughts and actions change as an encounter unfolds (Folkman & Lazarus, 1988, p. 2).

Respondents respond to each item - a total of 66 - on a 4-point Likert Scale, indicating the frequency with which each strategy is used: 0 indicates "does not apply and/or not used," 1 indicates "used somewhat," 2 indicates "used quite a bit," and 3 indicates "used a great deal." The strategies are being applied to a specific situation in which the respondent is presently dealing with or just previously dealt with (Folkman & Lazarus, 1988, p. 11).

The Ways of Coping Questionnaire can be completed in about 10 minutes and raw scores are the sum of the subject's responses to the items that comprise a given scale. There are a total of eight scales: (1) Confrontive Coping; (2) Distancing; (3) Self-Controlling; (4) Seeking Social Support; (5) Accepting Responsibility; (6) Escape-Avoidance; (7) Planful Problem Solving; and, (8) Positive Reappraisal. Each scale is very explicit in title (Folkman & Lazarus, 1988). A sum greater than 90 shows a significant level of stress and should be assessed clinically.

Reliability alphas for the Ways of Coping Questionnaire are reported to be higher than for most other measures of coping processes. With respect to validity, there is definitely face validity since the strategies described are those that individuals have reported using, to cope with the demands of stressful situation. Evidence of

construct validity is found in the results being consistent with theoretical predictions: "(1) coping consists of both problem-focused and emotion-focused strategies, and (2) coping is a process" (Folkman and Lazarus, 1988, p. 14).

The Parenting Stress Index - Short Form (PSI/SF) was designed to be an instrument whose primary value would be to identify parent-child systems which were under stress and at risk for the development of dysfunctional parenting behaviors or behavior problems in the child involved (Abidin, 1990). The Index consist of a total of 36 statements which are rated by the mother on a 1 to 5 Likert-type scale (strongly agree, agree, not sure, disagrees, or strongly disagree). A total stress score is calculated by adding 3 scores together; (1) Parental Distress (total score 36), (2) Parent-Child Dysfunctional Interaction (total score 27), and (3) Difficult Child (total score 36). The total stress score is designed to provide an indication of the overall level of parenting stress an individual is experiencing within the role of parent and only that role.

The PSI/SF, by itself, does not possess a body of independent research that supports its validity. However, because it is taken from the full-length Parenting Stress Index (PSI) it is found to be correlated with it on concurrent validity. Moreover, there is evidence indicating content, concurrent, and construct validity (Buros, 1989, p. 602).

Adequate internal consistency and stability coefficients are reported for the PSI and again because the PSI/SF is part of the PSI, it too is considered to be adequately reliable (Buros, 1989, p. 602).



The Modified Rathus Assertiveness Schedule (MRAS) is a paper-and-pencil instrument, for use with the adolescent population, to measure levels of assertive behavior. The Rathus Assertiveness Schedule (RAS) was selected for modification because, "in addition to its established validity and reliability, it could be efficiently administered by one person to a class or large group. In addition, the RAS had previously been validated for a group whose lower age limit was high school" (Del Greco et al., 1981, p. 322).

The MRAS is composed of 30 items, 17 of which are scored in reverse, according to the established procedure by Rathus. Values of +3, +2, and +1 are assigned to Very Like Me, Rather Like Me, and Somewhat Like Me responses, respectively. Negative values of -3, -2, and -1 are assigned to Very Unlike Me, Rather Unlike Me, and Somewhat Like Me responses, respectively. Certain items are to be reversed when scoring. The score is obtained by simple summation of all 30 signed values. Scores range from +90 to -90. "High Positive Scores indicate assertive behavior, while low negative scores indicate nonassertive behavior" (Del Greco et al., 1981, p. 325).

The MRAS has been shown to have established reliability and its preliminary estimates of validity, "may well be suitable for the task of assessing an adolescent's level of assertion and changes in assertion levels pre- and post- treatment" (Del Greco et al., 1981, p. 325). The reliability and validity studies conducted seem to have very similar results to the Rathus Assertiveness Schedule (RAS).

**The FIRO-B (Fundamental Interpersonal Relations Orientation Behavior Scale)** is considered to be one of the most widely used interpersonal questionnaires in the world (Musselwhite and Schlageter, 1985). It is one of seven FIRO Scales that are concerned with the assessment of interpersonal relationships. The purpose of the FIRO Scales is to aid persons in developing an awareness of themselves and of their relations to other people. Specifically, the FIRO-B "assesses a person's characteristic behavior toward other people" (Buros, 1985, p. 578).

The primary purposes of the FIRO-B Scale are: (1) to measure how an individual acts in interpersonal situations and (2) to provide an instrument that will facilitate the prediction of interaction between people. Two aspects of behavior in each dimension are assessed: the behavior an individual expresses toward others (e) and the behavior s/he wants others to express toward him/her (w).

The FIRO-B is based on three behaviors; (1) Inclusion (I) - the need to establish and maintain a satisfactory relationship with people with respect to interaction and association, (2) Control (C) - the need to establish and maintain a satisfactory relationship with people with respect to control and power, (3) Affection (A) - the need to establish and maintain a satisfactory relationship with others with respect to love and affection. The FIRO-B therefore comprises six scales: Expressed and wanted behavior in the areas of Inclusion, Control and Affection (Schutz, 1967, p. 5).

The FIRO-B includes 54 single statement items to which one's responses are based on a 6-point Guttman type scale. Different scores can be obtained for each of the six scales:

1. 0-1 are very low scores; the behavior described will be rarely displayed by the person.
2. 2-3 are low scores; the behavior described will not be noticeably characteristic of the person.
3. 4-5 are borderline scores; although not extreme the person may display a tendency toward the behavior for the lower (4) or higher (5) score.
4. 6-7 are high scores; the behavior will be noticeably characteristic of the person.
5. 8-9 are very high scores; the behavior will be strongly characteristic of the person.

These scores estimate the levels of behavior that individuals feel comfortable with regards to needs. Moreover, individuals gain a significant understanding of how to make their relationships with others work better. In the present study the sum ( $\Sigma$ ) and difference (d) scores were used. High sum scores mean a strong desire to interact, confront and embrace people and have them do the same to you. Low scores mean a preference for avoiding any kind of interaction. High difference scores means a strong preference for taking the initiative in any human relating regardless of the area of relationship. Low scores mean a strong preference for waiting for other people to take the initiative toward you.

The FIRO-B shows good stability over time with test-retest coefficients ranging from .71 to .82. Content validity is implied if not established and strong concurrent validity is suggested. Moreover, there is evidence to support predictive validity with

construct validity being very weak (Buros, 1985, p. 579). The scale has been administered to a wide variety of people and it ranks 'best' of all other FIRO Scales psychometrically.

The LCB Scale (Locus of Control of Behavior) was designed to measure the extent to which subjects perceive responsibility for their personal problem behavior. The LCB Scale includes 17 items to be completed based on a 6-point bipolar Likert-type scale. This Likert Scale was chosen in order to enhance sensitivity to change. The test is scored by summing the scores for all 17 items with a highest possible score of 85. High scores indicate externality and low, indicate internality of personal behavior.

Test-retest scores indicate stability of the personal control construct over time in subjects not receiving treatment. It also has satisfactory internal reliability. Construct validity has been inferred from a number of studies, correlating substantially with Rotter's I-E general expectancy scale ( $V=0.67$ ) (Craig et al., 1984, p. 179).

The 'externality' of this scale, as with all locus of control scales is referred to when the subject attributes a relation to be caused by luck or powerful others. Whereas 'internality' would result when a subject believes a relation to be attributed due to some personal effort.

In addition to the formal instruments, subjects were to record after each session what they liked or disliked. A sample of some of the evaluations are found in Appendix D. From reviewing the evaluations, the fact that subjects appreciated knowing that others share the same concerns and experiences became quite evident. Moreover, great interest in the various sessions was also reported.

### **Hypotheses**

The hypotheses pertain to differences in self-esteem, assertiveness, stress management skills, and locus of control of each individual in the group.

**Hypothesis 1:** Subjects participating in the intervention programme will show a significant increase in positive self-esteem after completing the programme.

**Hypothesis 2:** Subjects participating in the intervention programme will develop increased assertiveness after completing the programme.

**Hypothesis 3:** Subjects participating in the intervention programme will increase their stress management skills from commencing to completion of the programme.

**Hypothesis 4:** Subjects participating in the intervention programme will develop a more internal locus of control than was present at the beginning of the programme.

**Hypothesis 5:** Subjects participating in the intervention programme will demonstrate a greater awareness of themselves in terms of what they uniquely need to feel correct, comfortable or secure in relationships.

### **Procedure**

The intervention programme focused on the development of many of the skills that the literature suggests this group of teenagers tend to be lacking (Ortiz and Bassoff, 1987; Eskilson, et al., 1986). Included are: communication skills, stress management skills, high self-esteem and locus of control and assertiveness. Each

weekly session was intended to focus on a different objective of the programme (see Appendix E).

The pilot study group were involved in a variety of activities during the sessions as well as after the sessions at home; they listened to and spoke with guest speakers, via teleconferencing from Paris and Malaysia and viewed videos dealing with relevant topics. The writer feels it to be an advantage for the reader to understand the content of each session, and how such content could possibly lead to change in the proposed areas. As a consequence, samples from the content of the programme are provided in Appendix F.

### **Limitations of the Study**

There were questions concerning whether such a minimal number of eight sessions would provide any change in the participants behavior in the areas purposed. Walksman (1984), indicated an 8 session assertion training programme with even shorter sessions than in this study had very positive results. Moreover, "the assertion training group had maintained their improved scores over the one-month follow-up period" (p. 280).

There were also questions regarding whether to use a control group. Since this was the pilot programme and was conducted with the intentions of making any amendments for the final programme, it was seen as not being beneficial to the present purpose of the study. Moreover, the control group would have had to be located in some 'other' rural area of the province, and obtaining a matched sample would have led to many more problems.

The participants all lived within the same region of the province. However, there were problems in transportation. Some of the participants could not at times attend the sessions because they had no way to commute to the next community in order to use the teleconference system.

The participants were in four small, separate groups connected via teleconference and it was suggested that maybe they would not want to take part in discussions because of the small numbers. This was a major concern.

Like any group of this nature there were also questions about confidentiality and this had to be addressed and its importance emphasized. There were also some problems with the teleconferencing system itself - malfunctions and unplanned interruptions.

There were questions about whether to provide babysitting and transportation costs for the mothers to make it easier for them to attend the sessions. The fact was that someone had to take care of the children while the mothers were attending the sessions. This problem was solved by families intervening, so funds were not needed from the project. However, monies were needed for transportation costs.

### **ANALYSIS OF RESULTS**

Pre- and post-test responses to the following six instruments were scored and computed: (1) Coopersmith Self-Esteem Inventory (SEI); (2) Ways of Coping Questionnaire (WCQ); (3) Parenting Stress Index - Short Form (PSI/SF), (4) Modified Rathus Assertiveness Scale (MRAS); (5) Locus of Control of Behavior Scale (LCB); and, (6) the FIRO-B Scale (Fundamental Interpersonal Relations Orientation

Behavior). All nine participants completed the pre-testing; however, only six participants completed the post-test. As a result, the analysis of the results will be based on the responses of these six participants.

Areas of focus were self-esteem level, amount of coping effort, level of parenting stress, level of assertiveness, locus of control and one's characteristic behavior towards others. Participants were also asked to evaluate each session attended. The results of only three participants were received. These evaluations are found in Appendix D and include quite positive comments.

The t-test for independent instruments (Hopkins, et al., 1987) was used to determine any significant differences between the pre-test and post-test scores on each of the instruments completed by the participants. All statistical tests were evaluated for significance at the .05 probability level.

## RESULTS

Participants' pre- and post-test results are presented in Tables 3 and 4. Individual identification numbers allow for clear raw data comparison for each participant. Observation of the data reveals no significant differences in pre- and post-test raw scores. The small sample size contributed to the problem of trying to find significant change between pre and post testing.



Table 3

Pre-test Raw Data

ID#	SEI	LCB	MRAS	PSI/SF	WCQ	FIRO-B
A1	56	21	1	65	80	s=12, d=0
B3	80	23	57	48	83	s=26, d=0
B4	60	23	0	73	88	s=26, d=-6
B5	60	20	9	72	91	s=14, d=-4
C6	84	21	21	54	113	s=15, d=-5
C7	68	31	-15	--	133	s=27, d=-11
D8	72	17	-8	86	88	s=16, d=-4
D9	64	27	1	106	88	s=14, d=0
D10	24	43	-17	88	84	s=16, d=2

\* sum of responses; \*d - sum of difference; -- did not complete instrument

Table 4

Post-test Raw Data

ID#	SEI	LCB	MRAS	PSI/SF	WCQ	FIRO-B
A1	--	--	--	--	--	--
B3	60	33	27	65	93	s=17, d=-3
B4	68	25	14	70	86	s=31, d=-3
B5	48	20	27	84	96	s=22, d=-12
C6	92	18	34	39	83	s=19, d=1
C7	--	--	--	--	--	--
D8	68	13	-39	80	82	s=11, d=-6
D9	60	26	13	101	69	s=11, d=-3
D10	--	--	--	--	--	--

\* sum of responses; \* sum of differences; -- did not complete instrument

Using the  $t$  statistic as a measure, it is apparent that comparisons between pre- and post-test results (in tables 5 and 6) show significance at the .05 level on three instruments. These three instruments include; (1) the PSI ( $p=.000$ ), (2) the WCQ ( $p=.008$ ), and (3) the FIRO-B scale ( $p=.038$ ).

**Table 5**

**T-test to determine differences in pre- and post-test results for each instrument (N=6)**

Instrument	t Value	Degrees of Freedom	2-tail Probability
SEI	.89	5	.415
LCB	-.32	5	.759
MRAS	.11	5	.91
PSI	0.0	5	1.0
WCQ	-1.14	5	.31
FIRO-B-sum	0.0	5	1.0
d	-0.58	5	.59

**Table 6****Differences in Pre- and Post-test Mean Results for each instrument**

Instrument	Pre-test Mean	Post-test Mean	(d)
SEI	70.0	66.0	-4.0
LCB	21.83	22.5	.67
MRAS	11.67	12.67	1.0
PSI	73.17	73.17	.00
WCQ	91.83	84.83	-7.0
FIRO-B-sum	18.5	18.5	.00
d	-3.17	-4.33	-1.16

Since there were no significant differences between pre and post-test results on any of the measures, it could be inferred that overall the level of self-esteem, amount of coping effort, level of parenting stress, locus of control, the level of assertiveness and, the participants characteristic behaviour towards others did not change, at least as measured by these instruments. This will be discussed in more detail below.

### DISCUSSION

There was a slight, but not significant decrease in the scores of the SEI. It is noted that the pre-test scores, on this instrument, were already in the average range. Although evidence has shown that group counselling is a successful approach to raising self-esteem (Bergen, 1989) it may have been overly optimistic to expect significant changes in this group of teen mothers.

The PSI scores did not change at all. The scores of 73.17 fall at the 60th percentile. Scores above the 90th percentile are considered clinically significant. Since the pre-test score indicated only moderate stress levels in the group one could probably expect little change from the intervention program.

Data from the WCQ, with a mean difference of -7.0, are illustrative of an overall increase in the amount of coping effort given to a specific problem situation by the participating teenage mothers and pregnant teens. Being a teen mother or pregnant teen is a major life event and an added challenge to one's personal coping strategies. It was hypothesized that through the present intervention, greater coping skills would result. Although not a significant change, there may be a trend toward improvement in the amount of effort put into coping and the development of skills needed to cope with such life situations. The literature indicates (eg., Price, 1985 and Taylor, et al., 1984), increases in learning how to deal with experiences, in a variety of ways, has proven to be very beneficial. Moreover, Gazda (1989) suggests that group counselling provides an environment where members can practice different behaviors and ways for coping with stressful experiences. Again, this view was not supported in the present study.

The two scores analyzed from the FIRO-B did not change significantly from pre to post-testing. The sum ( ) score remained at 18.5. The score is often used as a "Social Interaction Index." Average scores range from 20 to 38. Our participants were slightly below the average range which would indicate they are less likely to be people who are comfortable in social interaction. This poses an interesting question as to their comfort level for participating in this group counselling project. Furthermore, were they more comfortable using a system where they could not see other participants. This has been suggested by other writers. The question remains unanswered at this point. The FIRO difference (d) score was low at pre-test (-3.7) and lower at post-test (-4.3). This would seem to indicate that our participants, as a group, have a strong preference for waiting for other people to take the initiative in relationships. This will need to be explored, in more detail, in the future.

It was hoped the group counselling situation would provide a "comfort zone" (Gergen, 1989, p. 20) for participants to communicate concerns freely and openly and give the participants an opportunity to express behaviors toward others and, also, relay behaviors they would like expressed from others.

The test data does not support Gergen's (1989) previous findings or the hypothesis that participants would, through this intervention, demonstrate an increased awareness of their behaviors in relationships and what they need to feel correct, comfortable and secure in such relationships. However, the self report of the participants and the observations of the group leader do seem to report a positive change.

There was little change on the LCB between pre and post-testing. Since the scores were quite low (21.8 pre/22.5 post) in comparison with the highest passible score of 85, it appears our participants had a higher internal locus of control than would be expected from reviewing the literature. Their scores, in fact, were lower (more internal) than those reported for university students (28.3); nurses (27.9); stutterers (31.0); and agraphobics (39.4) (Franklin and Andrew, 1984). Therefore, little change in the score is not surprising. It was hypothesized that upon completion of this program, the participants would have a more internal locus of control. Previous studies conducted by Omizo and Omizo (1986, 87, 89), showed the participation in group sessions and group discussions increases feelings of significance and develops a higher internal locus of control. The intervention programme did not reconfirm these previous findings.

MRAS score can range from plus 90 to minus 90. The participants in this program scored 11.67 on the pre-test and there was no significant change on the post-test (12.67). Since they fall near the middle of the possible range of scores it appears, at least as a group, that they were normally assertive before starting the program.

Group counselling allows the opportunity for the existence of such elements as modelling, behavioral rehearsal and feedback (Stake, et al., 1983). Because these elements are ultimately beneficial for promoting assertive behaviors, it was hypothesized that there would be an increased participant assertiveness level following the intervention programme. However, there were no significant difference found. Moreover, because there were no significant difference in self-esteem levels, it follows that there would not be an increase in assertiveness since it relates back to one's level of self-esteem.

Several observations concerning the group were made by the writers: (1) All participants expressed how important they felt such a group was for support and as an outlet to express various similar concerns and issues. There were no complaints from participants concerning the group counselling received; (2) There were problems with consistent attendance and punctuality as several participants attended very few sessions and would leave early during sessions; (3) Participants reported being very comfortable, safe and motivated to communicate to their peers; (4) Participants also reported being interested in asking questions regarding various session topics and in using the teleconferencing system.

## **RECOMMENDATIONS**

Several recommendations can be suggested to improve the overall intervention programme. Included in such a list are the following:

1. An increase in session number would allow greater chances for a significant change in all proposed areas.
2. If the participants were all located in one rural community rather than three or four, there would not have been any confusion and problems with transportation.

3. To overcome the issue of poor attendance and/or early leaving during sessions, maybe some type of incentive should be given to the participants, e.g., credit as part of their family living course at school.
4. With this specific group of teenage mothers, all had family members who would babysit. However, if in future groups, participants are unable to attend sessions due to no one to babysit, a babysitter from the community should be provided.
5. One could arrange the intervention programme during the school day when most of the participants would be in school so as to increase attendance.
6. A more indepth analysis of some of the test results needs to be carried out.
7. All session were audio taped. An analysis of this material will be carried out to see if any changes on the variables predicted to change can be observed.

### SUMMARY

A group counselling intervention programme offered via teleconference with techniques for moving these teens from the negative toward the positive was the focus of this programme. These young women were encouraged to further develop their feelings of self-confidence and self-worth and begin taking control of their lives.

Skills taught in the intervention programme attempted to directly relate to the concerns of the pregnant teen and teen mother. Concerns such as, parenting health, counselling, career knowledge, and finances were addressed. The test data collected did not support the hypotheses as stated. Further analyze of the test results and audio tapes collected will be carried out to determine in what ways, if any, the program should be revised. It appears more likely that the method of collecting data on the participants will have to be modified.

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**APPENDIX A**

# Informal Assessment Plan Education of the Hearing Impaired

Dr. Ann R. Powers

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Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ CA \_\_\_\_\_

Current Date \_\_\_\_\_ Current Educational Placement \_\_\_\_\_

Coordinator of IAP \_\_\_\_\_ Position \_\_\_\_\_

Etiology \_\_\_\_\_

## Visual Behaviors

Screening Results:

Date Administered \_\_\_\_\_

Description of visual behaviors:

## Audiological Information

Date of most recent audiological evaluation \_\_\_\_\_

Attach copy of audiogram and report.

Describe student's use of residual hearing:

Describe student's response to speech (when accompanied by sign language vs.  
when not accompanied by sign language):

**Assessments Administered**

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**Intellectual:**

**Date(s) Administered** \_\_\_\_\_

**Name(s) of Test(s):**

**Description of Results:**

**Comparison with Classroom Performance:**

**Achievement:**

**Date(s) Administered** \_\_\_\_\_

**Reading: Name of Test(s):**

**Description of Results:**

**Comparison with Classroom Performance:**

**Achievement (Concluded):**

**Date(s) Administered** \_\_\_\_\_ 111

**Math: Name of Test(s):**

**Description of Results:**

**Comparison with Classroom Performance:**

**Spelling: Name of Test(s):**

**Description of Results:**

**Comparison with Classroom Performance:**



**Metacognitive Abilities** (Informal observations)

*Ability to plan effectively for problem solving*

*Ability to self-monitor/self-correct*

*Ability to organize and reorganize*

**Communicative Abilities**

*Name(s) of language test(s)*

*Date(s) Administered* \_\_\_\_\_

*Description of Results:*

*Describe the student's communicative functioning relative to:*

*Receptive sign language skills*

***Expressive sign language skills******Preferred system of sign language*** \_\_\_\_\_***Reception of speech:******Expressive speech:******Pragmatic Abilities:******Semantic Abilities:******Syntactic Abilities:******Written Language Abilities:***

**Social Emotional Behavior:**

**Date(s) Administered** \_\_\_\_\_ 114

**Name(s) of Test(s):**

**Description of Results:**

**Comparison with Classroom Performance:**

**Motor (Fine and Gross):**

**Date(s) Administered** \_\_\_\_\_

**Name(s) of Test(s):**

**Description of Results:**

**Comparison with Classroom Performance or Summary of Informal Observations:**

**Memory Processes:**

**Date(s) Administered** 115

**Name(s) of Test(s):**

**Description of Results:**

**Comparison with Classroom Performance or Summary of Informal Observations:**

**Perceptual Functions (Auditory and Visual)**

**Name(s) of Test(s):**

**Date(s) Administered**           

**Description of Results:**

**Comparison with Classroom Performance or Summary of Informal Observations:**

**Attention Deficits** (describe student's ability to attend providing specific examples as appropriate)

**Other Relevant Assessments**

**Description of Student's Learning Problem**

**Description of Student's Most Difficult Learning Environment:**

**Description of Student's Most Comfortable Learning Environment:**

**Plan for Assessment** (Describe informal procedures to be used. Include time frame for completion).

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**APPENDIX B**



Name: Pamela  
DOB: August 31, 1980  
C.A.: 11-8

Date of Examination: May 30, 1991  
Date of report: June 10, 1991  
Grade: 5

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#### TESTS ADMINISTERED

Wechsler Intelligence Scale for Children-Revised (Wisc-R)  
Raven's Standard Progressive Matrices  
Peabody Picture Vocabulary Test-Revised (PPVT-R)  
Kaufman Test of Educational Achievement (K-TEA)

#### REASON FOR REFERRAL

Pamela has a profound hearing loss and is integrated into the school system in Grey River School. She is doing poorly in school work and showing no improvement at all.

#### BACKGROUND INFORMATION

Pamela, a 11 year, 8-month-old girl is hearing impaired. Based on the psycho-educational report from her school she seems to understand concepts taught in class when visuals accompany the verbal.

The report states her reactions and experience of the death of two (2) of her friends. Other than this, we know very little about her.

#### BEHAVIORAL OBSERVATIONS

Pamela willingly came to the testing room. She was very pleasant and attended quite well. She did not show any signs of frustration or boredom and did exactly as she was asked without any hesitation. Overall, Pamela's level of activity was age appropriate and she reacted very appropriately to her ~~successes~~ and failures.

#### ASSESSMENT RESULTS AND CLINICAL IMPRESSIONS

On the Wisc-R - a test of general intelligence - Pamela, at the age of 11-8, achieved a performance scale classified in the mid borderline range.

Pamela's scaled scores on the performance subtests were:

Picture Completion	7
Picture Arrangement	6
Block Design	6

Object Assembly	8
Coding	5
Mazes	7

These results appear to be reliable and valid.

No significant differences exists between subtests scores. Pamela's strengths seem to be in concentration, perceptual organization and synthesizing concrete parts into meaningful wholes. Pamela also has weaknesses in reproducing new material with speed and accuracy; difficulty in analyzing a whole into individual parts for reproducing and in sequencing.

It should be noted that Pamela's scaled score on arithmetic was significantly different from all other verbal subtest. This reinforces her strength in concentration.

#### RECOMMENDATIONS

Pamela should be considered for enrollment at the Newfoundland School for the Deaf as early as the next school year - September 1991- in order for her needs to be met.

There are more specific recommendations that can be used with Pamela to improve her identified weaknesses on the Wisc-R.

(1) To increase her speed and accuracy in reproducing new material, the following are recommended:

- a. use sewing and lacing cards to reproduce designs in a given length of time.
- b. put geometric shapes through appropriately shaped openings in a box in a given length of time
- c. complete various puzzles and keep a record of time
- d. reproduce a set of designs from memory as quickly as possible
- e. write/print words as fast as possible
- f. organize items in color or shape groupings in a given time
- g. play "Talk About"

- (2) To increase her ability to analyze a whole into its individual parts for reproducing, the following can be considered:
  - a. reproduce designs/patterns from paper using colored blocks or colored board
  - b. reproduce designs using pegboards, marble boards, etc.
  - c. reproduce forms with matchsticks, toothpicks pick-up-sticks, etc.
  - d. arrange letters into words from a list of words
- (3) To improve sequencing skills, the following suggestions may be helpful:
  - a. arrange cut up cartoon stories in the proper order
  - b. complete activities with blanks in them
  - c. arrange colored/numbered cards in sequence
  - d. arrange parts of cut up sentences in the correct order
  - e. arrange a jumbled list of daily events into the proper order

All of these should be implemented in the classroom and at home as well.

#### SUMMARY

Pamela, who is 11-8 years of age, was referred because of poor academic achievement. She is hard of hearing and is integrated into the regular school system at Grey River. Her cooperative behavior and other factors suggest that the testing results are reliable and valid. Pamela's performance subtests scores were very consistent and in a mid-borderline range. Pamela has shown very little, if any, improvement in a long time at school, she is functioning approximately 2 years below her grade level. She has strengths in concentration and perceptual organization and weaknesses in

reproducing materials with speed and accuracy.

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Recommendations are that she be enrolled at the Newfoundland School for the Deaf, as well as, suggestions of activities to be carried out at home and school to improve on her weaknesses.

Lenora Paddock  
Lenora Paddock

**APPENDIX C**

**GUIDELINES FOR A PEER COUNSELLING  
PROGRAMME  
- SENIOR STUDENTS -**

**Definition of a peer counsellor:**

- a trained and supervised peer who listens, supports, and offers an alternative frame of reference for consideration, as being integral to the concept of peer counselling.
- a facilitator of growth and development of others in the same group by "listening, supporting and offering alternatives, but gives little or not advice" (Altmann, et al., 1986).

**Needs Questionnaire:**

- Before a goal can be decided on and thus a plan implemented, it is important to know what the student's need vs what they do not need.
- The Department of Education has designed a survey for Senior High students for guidance services that can apply to peer counselling needs as well.
- It should be noted however, that some statements may need to be revised.

**Introducing the Programme:**

- The guidance counsellor and/or the peer counselling trainer, hold an open forum for school personnel, parents and students, etc.
- Basically, the purpose of this would be to explain the peer counselling programme, i.e., what is involved in it; their reasons for wanting a

programme (based on the needs questionnaire) and the advantages of such a programme.

- It is up to the counsellor if he or she sends letters home to parents and designs posters to introduce the programme.
- Once the programme is introduced, students can volunteer their names to be selected.

**Selection of Peer Counsellors:**

Selection should be based on "several" of the following:

1. Similarity to targeted students.
2. Recommendation by a teacher/principal.
3. Asking members of the class who they feel, would make effective counsellors.
4. Collect data from volunteers regarding their preferences of areas they would like to work in.
5. Class standing.
6. Interest in helping others.
7. Ability to communicate with peers.
8. Social maturity.
9. Positive self-concept and sense of personal identity.
10. Willingness to reach out to other peers.



- Students must complete the application form as a way to ensure they meet the criteria.
- Volunteers can then be chosen - a maximum of 12.

**Roles of a Peer Counsellor:**

- Pass out a list of roles to those chosen to be peer counsellors. The list should include:
  - A. Be a Friend and Helper
    - listen and provide an atmosphere of trust and care.
    - provide a voice to air what a peer cannot communicate for himself or herself.
    - assist a peer in taking an action.
  - B. Be a Tutor
    - classroom aid.
    - help peers after school.
  - C. Be an Orientation Guide
    - for new students.
    - giving tours to people first coming to the facility/school.
  - D. Be a Role Model
    - modelling a person who is successful and independent.

E. Be a Co-leader

- in counsellor led groups.
- doing correspondence, paperwork and assignments in the guidance office.

F. Be a Referral Person

- referring peers to the guidance counsellor if/when the situation arises.

Training of Volunteers:

- Training is based on the needs identified by the survey, however, there are nine general areas in which all students should be trained - one hour per session.
  1. The Helping Relationship - it explores the basis of helping and giving feedback.
  2. Active Listening - having empathy.
  3. Meaning - explore the clients needs and feelings.
  4. Self-Disclosure - lead to exploring problems and issues.
  5. Loveliness - exploration of it with the clients, especially, those in the dorm.
  6. Building Relationships - exploring social networks and building relationships.
  7. Learned Helplessness - develop strategies for enhancing self-esteem in others.

8. Emphasizing the Positive - in different issues.
  9. Being Supportive - being respectful and genuine.
- Once students decide on an area of interest they can attend "special sessions" on;
    - suicide
    - depression
    - grief
    - alcohol and other drugs
    - family relationships, etc.
    - STD
  - Activities used during the sessions;
    - brainstorming
    - discussions
    - role-playing
    - modelling
    - note taking
    - guest speakers
    - videoed demonstrations
    - readings
    - field trips
    - mini-lectures.

#### **EVALUATION OF THE PROGRAMME:**

- Get peers to complete an evaluation form. It gives feedback about how the students view the programme. It can be revised to find out the staff's opinion of the programme as well.

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**"PEER COUNSELLING APPLICATION"****Name:****Age:****Sex:**

1. If you are chosen to be a peer counsellor which areas would you work? Circle one.

1. Education - study in school.
2. Careers - outside job information.
3. Social/personal issues.

2. What courses are you presently taking?

3. What are your grades in each course?

4. How would you say you get along with others your age?

5. Do you like helping people?

How have you helped others in the past?

(others = peers)

6. Would you say you are an outgoing person or a quiet person?

Do you like being part of a group?

7. Does it make you happy when you help others your own age?

8. If you had to give two of your strengths and two weaknesses, what would you list?

1. \_\_\_\_\_ 1. \_\_\_\_\_

2. \_\_\_\_\_ 2. \_\_\_\_\_

9. Ask a friend to recommend you for peer counselling.

Friend's signature: \_\_\_\_\_

10. Teachers/principals recommendation:

## GUIDANCE SURVEY

1. Grade Level: Level I  
                   Level II  
                   Level III
2. Sex: Male  
           Female

The following questions list a number of services that might be offered in a senior high school guidance program. They fall into three main areas, Education, Career, and Personal-Social Counselling. We are interested in the importance you attach to each service. Please read each statement carefully and respond on the five-point scale provided. The scale ranges from 1, "least important" to 5, "most important", and you should respond with the rating which best describes your feelings with regard to each statement.

## Section A: Education

I feel my needs would be best met if counsellors . . .

	Least Important					Most Important				
1. Helped me to understand school rules and regulations.	1	2	3	4	5					
2. Taught me skills to help me study.	1	2	3	4	5					
3. Taught me examination-writing skills.	1	2	3	4	5					
4. Kept an accurate record of my credits.	1	2	3	4	5					
5. Informed me of graduation requirements (for Diploma)	1	2	3	4	5					
6. Helped me plan my high school program	1	2	3	4	5					
7. Assisted me to resolve problems if I select the wrong course	1	2	3	4	5					
8. Provided my parents with an opportunity to discuss my progress in high school	1	2	3	4	5					
9. Kept track of my progress and met with me if I was underachieving	1	2	3	4	5					
10. Provided information on course selection, course sequences, course descriptions, time-tabling and credit values at registration time	1	2	3	4	5					
11. Assisted me in making changes in my high school program	1	2	3	4	5					
12. Provided information about alternative sources for taking high school courses. (Correspondence, summer school, adult classes)	1	2	3	4	5					
13. Made available materials detailing programs and requirements at post-secondary institutions (Universities, Colleges, Technical Schools)	1	2	3	4	5					

	Least Important			Most Important		
14. Assisted me in registering at post-secondary institutions	1	2	3	4	5	
15. Arranged for speakers from post-secondary institutions	1	2	3	4	5	
16. Arranged for tours of post-secondary institutions	1	2	3	4	5	
17. Supplied information about student financing, scholarships, bursaries and loans	1	2	3	4	5	

### Section B: Career

I feel my needs would best be met if counsellors . . .

	Least Important			Most Important		
18. Provided information about part-time jobs and summer jobs.	1	2	3	4	5	
19. Provided information about careers and occupations such as educational requirements, job descriptions, salary, opportunities, etc.	1	2	3	4	5	
20. Helped me to decide on a suitable post-graduation plan.	1	2	3	4	5	
21. Told me where to find information about jobs.	1	2	3	4	5	
22. Offered information about job applications, interviews, resumes and job seeking skills	1	2	3	4	5	
23. Provided job placement help within the school or outside (Canada Employment)	1	2	3	4	5	
24. Provided me with all results from ability, aptitude or interest tests that I write and discussed the implications of these results	1	2	3	4	5	
25. Provided information about national testing programs for college entrance and scholarships	1	2	3	4	5	
26. Provided my parents with an opportunity to discuss my career plans	1	2	3	4	5	
27. Held programs of career aptitude and interests testing for anyone interested, and interpreted these tests.	1	2	3	4	5	
28. Provided opportunities for me to talk to people in different careers (Career Days)	1	2	3	4	5	
29. Provided opportunities for me to explore career possibilities	1	2	3	4	5	

### Section C: Personal/Social

I feel my needs would best be met if counsellors . . .

30. Helped me to develop personal communication skills.	1	2	3	4	5	
31. Helped me to develop decision-making and problem-solving skills.	1	2	3	4	5	
32. Helped me to understand myself.	1	2	3	4	5	

33. Assisted me in resolving conflicts between myself and others (teachers, parents, friends).	1	2	3	4	5
34. Presented my point of view to teachers and administrators to resolve conflicts	1	2	3	4	5
35. Communicated with my parents on my behalf	1	2	3	4	5
36. Helped me to develop a better self-image	1	2	3	4	5
37. Provided information on drugs	1	2	3	4	5
38. Directed me to outside agencies for particular concerns (social assistance, sex education, legal aid, birth control, child abuse, Alateen, pregnancy, etc.)	1	2	3	4	5
39. Provided an opportunity to work with other students to learn how others see me	1	2	3	4	5
40. Provided an opportunity to discuss other personal problems	1	2	3	4	5



# Program Evaluation Form

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We are eager to know your opinions. Students who have talked with a peer counsellor (PC) are being asked to complete this form anonymously. Please return this form to the Book Return slot outside the Library. Thanks for your help!

**A. Please check (✓) your answer, or fill in the blank.**

1. I am: ☐ male; ☐ female
2. I am in grade: \_\_\_\_\_
3. I have had contact with a PC: ☐ Yes; ☐ No.  
(If you answered "No," you do not need to continue.)
4. My PC was: ☐ Older than me; ☐ Younger than me;  
☐ Same age as me; ☐ Not sure
5. The idea to see a peer counsellor came from:
  - ☐ a teacher
  - ☐ a friend
  - ☐ one of or both of my parents
  - ☐ my own idea
  - ☐ advertising bulletins
  - ☐ other \_\_\_\_\_
6. The first meeting I had with a peer counsellor was arranged by:
  - ☐ a teacher
  - ☐ a counsellor
  - ☐ the peer counsellor
  - ☐ a friend
  - ☐ no one, we just started talking
  - ☐ other: \_\_\_\_\_

**B. For each of the following statements please put an X through the number which indicates your degree of agreement: ①=strongly agree; ②=somewhat agree; ③= uncertain; ④=somewhat disagree; and ⑤= strongly disagree. Remember PC=peer counsellor.**

- ①②③④⑤ I felt the PC was interested in my concern.
- ①②③④⑤ I felt comfortable with my PC.
- ①②③④⑤ I would have felt more comfortable if my counsellor was an adult.
- ①②③④⑤ The PC helped me see my concern more clearly.
- ①②③④⑤ The PC helped me decide what to do about my concern.
- ①②③④⑤ Meeting with a PC has helped me feel better about school.
- ①②③④⑤ Talking to a PC has helped me to understand things better.
- ①②③④⑤ I would see a PC again if I had a concern.
- ①②③④⑤ I would recommend a friend see a PC if I thought the friend had
- ①②③④⑤ It is easy for students to go to a PC if they want to.

**APPENDIX D**

**PARTICIPANTS' EVALUATIONS****- LIKES AND DISLIKES -****Participant 1****Session 1:**

Likes: "I thought that everyone being together in Baltimore was very interesting. It was very easy talking with the other mothers about their lives and their children. Also, Denise and Daphne were very easy to get along with."

Dislikes: "I thought it was short. The three hours felt like one hour. I could have talked all day."

**Session 2:**

Likes: "We were just starting to get the feel of the equipment and it was all so interesting. I saw this equipment before but it was very interesting."

Dislikes: "We didn't have much time to talk about things. We spent a lot of time talking about the equipment."

**Session 3:**

Likes: "I liked being able to talk to other girls about myself and trying to get to know myself."

Dislikes: No Comment.

**Session 4:** Absent

**Session 5:**

Likes: "I liked talking about what's important to my values and how they related to my child. Linda's and my values were nearly alike. What meant the most to us was happiness as number one."

Dislikes: No Comment.

**Session 6:** Absent

**Session 7:** Absent

**Session 8:**

Likes: "I found this session very interesting because we got to talk to women who have gone into male-dominate careers and it showed how much they liked it. They told us how challenging it was. They are both very determined."

Dislikes: "It was too short. I enjoyed listening to them."

**Participant 2****Session 1:**

Likes: "We got a chance to meet some of the other participants before beginning teleconferencing. This gave me some idea what the others were like."

Dislikes: "It was too long."

**Session 2:**

Likes: "It was our first chance to use the teleconferencing system. It was a lot of fun. It was also amazing how we all could communicate and listen to others at the same time. Also, we got a chance to participate in each issue that came up."

Dislikes: "I was all alone in my studio."

**Session 3:** Absent

**Session 4:**

Likes: "Arleen and I were there together so I had someone to discuss ideas with before telling everyone. I began realizing that there is a lot more people out there that are in the same circumstances I am in. I believe this is helping me gain self-confidence in speaking out about my situation."

Dislikes: "Talks too long on one issue."

**Session 5 & 6:**

Likes: "I found the sessions very interesting and would have liked to have gotten more involved."

**Session 7:** Absent

**Session 8:** Absent

**Participant 3****Session 1:**

**Likes:** "I really enjoyed the first session. I think I was really surprised that the other mothers understand what I was saying. It made me feel good to know that there are other people feeling and thinking the same way I was. I always felt there was nobody going through what I was, now I know there are. I don't feel alone all of sudden."

**Dislikes:** "The time seemed to go so fast, and there was so much to be said. I wish that we could have spent more time together and relate our experiences. It actually made me feel bad to leave. I felt like I was heading back with a better knowledge of my feelings but when I got home, it was the same situation and the same problems. Nothing changed."

**Session 2:**

**Likes:** "It was really interesting using the teleconference. I found it very enjoyable and relaxing to let off my feelings about my week. I really look forward to my next session."

**Dislikes:** "Although I enjoyed using the teleconference, I wish that all the girls could talk face to face. I also think it would be better to talk face to face so you could get reaction to things being said."

**Session 3:** Absent

**Session 4:**

Likes: "We had more of a chance to talk about a lot of different topics today. We are really starting to appreciate other members of the group opinions and feelings. That is really important."

Dislikes: "It never seems long enough, it would also be better to be face to face."

**Session 5: Absent****Session 6:**

Likes: "Although there were only two people in the group today, it gave us a lot of time to discuss specific topics and happenings during the week."

Dislikes: "Well, there were only two participants today and unfortunately we missed out on a lot of the other girls opinions."

**Session 7:**

Likes: "This session was great! Although, I was the only participant, I learned a lot. The Women's Enterprise gave me a whole new outlook on career opportunities. It was almost as if a new door opened even if I didn't choose that direction."

Dislikes: "I was a little embarrassed that I was the only participant. However, it just goes to show that there are people willing to learn new ideas as well as tell them."

**Session 8:**

**Likes:** "I found the discussions very interesting that these women went into non-traditional jobs."

**Dislikes:** "I had wished to see something along the lines of a single teenage mother make a career move such as this and become successful. I think it would have given a stronger attitude toward the achievement of their success."



**APPENDIX E**

**TEENAGE MOTHERS INTERVENTION PROGRAMME****- SESSION OBJECTIVES -****Session One: Getting to Know Each Other****Participants will:**

1. share ideas and concerns which affect their daily lives;
2. examine common experiences to create a sense of unity within the group;
3. identify the internal and external sources of stress for teenage mothers, particularly the difficulties posed by role conflict in their personal lives;
4. assess their personal needs and those of significant others which create difficulties for the teenage mother in finding a balance between the demands of these varied roles;
5. focus on the strengths and interests that can provide a solid base for long-term career planning;
6. be encouraged to put their self-concepts into words (i.e., to clarify their actual role and their role aspirations);
7. be asked to continually evaluate program objectives against their own expectations as the programme progresses;
8. begin to consider the need for long-term planning as a necessary first step to fulfilling aspirations in all areas of their lives.

**Sessions Two and Three: Discovering Me, Myself, and I.****Participants will:**

1. become aware of their interests and skills through various exercises and group discussion;
2. assess their personal values and how they affect decision-making about parenting and career choices;
3. develop an understanding of the physical and psychological barriers to effective communication;
4. develop effective listening and responding behaviors and opportunities to give positive feedback to family members (children and parents), and employers
5. identify barriers women face, both in personal relationships and in the job search;
6. be able to define a traditional vs. non-traditional occupation;
7. demonstrate an understanding of sex-role stereotyping;
8. become aware of the need for assertiveness training;
9. to be able to distinguish between assertiveness and aggressiveness in terms of the attendant behaviors and feelings;
10. recognize their own pattern of behavior and decide whether they would prefer an alternate response;
11. use role-play situations to develop assertiveness techniques which they might consider appropriate for use in their personal or job situation;

12. share their knowledge and understanding of how to foster their child's health, safety and behavior and how their career will impact in this area;
13. determine the level of need for additional resource materials and/or human resources on responsive parenting;
14. evaluate their present strategies of dealing with stressful situations;
15. compare their support systems to highlight deficiencies and additional sources that may not have been considered by some participants.
16. complete an inventory called "Assessing Your Strengths" which focuses on personal qualities;
17. examine, through a guided fantasy exercise, the lifestyle they would like for themselves and their children in five or ten years.

#### **Session Four: Exploring Career Options**

Participants will:

1. examine possible career options in the Newfoundland labour market as well as global job trends;
2. brainstorm list of possible work settings which might be suited to the teenage mother's interests and skills;
3. brainstorm possible occupations in these work settings and examine broad lists of job profiles;
4. become aware of the growing numbers of women who are choosing non-traditional career occupations, and their advantages to single mothers;

5. examine a budget plan for their current needs, develop a similar plan for the next five and ten years;
6. relate the level of financial support they anticipate requiring to various job options, and examine the education/training necessary to qualify;
7. consider the opportunities that currently exist in rural areas to upgrade their qualifications, and the factors to be addressed if the only choice is to move to a larger center;
8. have the opportunity to consider the possibility to self-employment through exposure to representatives from the Women's Enterprise Bureau of Newfoundland as well as successful female entrepreneurs who are resident in rural areas;
9. examine the relationship between their personal values and the satisfaction they seek from a career, and the importance of prioritizing one's value set;
10. discuss the research methods by which one can find information about occupations.

#### **Session Five: Career Planning/Goal Setting**

Participants will:

1. discuss the "feminization of poverty as revealed in visual presentation and print material;
2. consider their hopes for a future lifestyle in view of their reality picture above;
3. familiarize themselves with a decision-making process and apply it to their personal situation.

**Sessions Six and Seven: Strategies for Implementing Career and Life****Goals****Participants will:**

1. examine some of the stresses in their lives and develop awareness of how their bodies respond physically and emotionally;
2. analyze different coping strategies in terms of their practical application to conflict resolution;
3. discuss strategies to cope with change;
4. assess what "balance" means in their lives; compare their present and preferred lifestyles;
5. create and prioritize a list of daily duties and the time required for each;
6. discuss how prioritizing their roles can minimize role conflict and enhance self-esteem;
7. use body rhythm charts to assess times of the day that are more suitable for high energy tasks;
8. reflect on how these time management strategies can assist the individual to implement her career plan;
9. examine their role in creating a "safe, secure, loved" environment for their child;
10. be exposed to specific strategies that benefit their child's intellectual growth and self-concept;

11. engage in a final discussion of how the strategies presented in this programme can address the common barriers faced by teenage mothers when considering career planning.

**Session Eight: I Can Do It!**

Participants will:

1. be exposed to examples of female role-models in non-traditional occupations in Newfoundland;
2. discuss the barriers they are faced with in seeking this type of employment; the opportunities available; and the advantages of working in non-traditional jobs;
3. view the locally-produced video funded by the project which chronicles the struggle of a teenage mother to attain a satisfying employment situation that adequately supports herself and her child;
4. discuss the connections they see between her plight and their own, and the factors affecting the evolution of her career path;
5. with assistance from the leader will develop a networking system which meets their needs;
6. receive encouragement from the group to move towards at least one goal before their first monthly teleconference follow-up call.

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**APPENDIX F**



## TEENAGE MOTHERS INTERVENTION PROGRAMME

The first session is intended to provide the participants with their only all-group face-to-face meeting. We hope that this will greatly accelerate the establishment of commonalities among participants, and group interaction that is supportive rather than stressful. It is also important to develop guidelines for group behaviour. Respect for others, confidentiality towards information revealed, and honesty are important for encouraging the sharing of their ideas and concerns.

Because future sessions will be conducted via teleconferencing, participants should become comfortable verbalizing both the satisfying and the troublesome aspects of their lives. Therefore, there will be a strong emphasis on group interaction, and a sharing of the personal narrative.

WELCOME

INTRODUCTION

QUESTIONNAIRES - Lenora will explain the questionnaires  
Distribute one type at a time  
Assist and collect

## COFFEE BREAK

### WARM-UP ACTIVITY

If participants have not already done so, they should introduce themselves, hometown, children, etc.

(Distribute sheets of paper).

Divide into pairs - each member is to introduce the other to the group. They are to gather as much information as the other is willing to give about their interests, their background, their school years, etc.

After 5-10 minutes, they share with the group what they have learned. After each pair has been represented once, the other member of the pair takes her turn, until all participants have been introduced by someone.

SESSION ONE	Getting to Know Each Other
SESSIONS TWO AND THREE	Discovering Me, Myself, and I
SESSION FOUR	Exploring Career Options
SESSION FIVE	Career Planning / Goal Setting
SESSIONS SIX AND SEVEN	Strategies for Implementing Career and Life Goals
SESSION EIGHT	I Can Do It!

## DISCUSSION OF OBJECTIVES

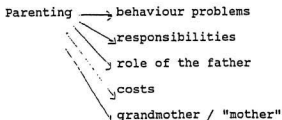
Refer to the sheet in their binders which outlines the topics to be addressed in the upcoming sessions. Briefly discuss the ideas and activities that will be included in each session.

It is important to stress that this is only an outline. We will be incorporating, as much as possible, ideas from the topic sheets which they previously completed, and will also try to respond to suggestions which arise during our upcoming discussions.

One method that will illustrate our interest in obtaining input from them is the following:

FLIPCHART - Record their responses /reactions to the list of sessions

BRAINSTORM by webbing certain topics, e.g.



A subsequent analysis of these suggestions will enable us to evaluate the relevance of the material we have already prepared.

DISCUSS ground rules    - confidentiality  
                             - equality  
                             - honesty

DISTRIBUTE Nfld. Lifestyle Magazine and read orally the story "A 16 Year Old Mother" (This can be done by the counsellor, or they can divide into pairs or threes to read and discuss).

ASK them to identify

- 1) external sources of stress
- 2) internal sources of stress
- 3) how she copes with the responsibility of being a single mother (her coping strategies/skills)

FLIPCHART a webbing diagram

REFER to their manual pages 5 and 6, " My life as a teenage mother"  
and "What I need in my life"

These items are to be completed privately but can be the basis of  
a public discussion focusing on the needs of significant others,  
who create demands on the teen mom.

#### COFFEE BREAK

VIDEO: "Playing For Keeps" NFB of Canada 44 minutes

##### Method of Presentation:

- (a) a single viewing without interruption
- (b) split into two segments; discussion after each  
section concerning
  - teen mother's needs
  - stress factors
  - interests
  - long-term planning considerations

SEE the attached sheet entitled "Examining the Role of Women"

SOURCE: Discovering LIFE SKILLS VOL. I. (1986). Toronto: YWCA.  
p.33-34. Reprinted by permission.

This exercise could be modified, using fewer discussion questions  
and eliminating the poker chips. But it would appear to be helpful  
in developing a sense of trust, as well as a recognition that they  
may very well share the same philosophical base from which emerged  
their values set and understanding of the role of women.

EXAMINING THE ROLE OF WOMENSELF

This complete lesson can be inserted anytime - or one discussion after a heavy session.

Resources:

Pokerchips, flip chart, paper and pencils.

Goals:

- To get to know one another.
- To learn something about groups and our behaviour in groups.
- To learn something about how we develop our attitudes about women.

Activity:

1. Divide into groups of 5 or 6. Write down names of each woman in the group. From a scale of 1-10 pick a number which says how well you know each person.

Mary	2	
Ann	1	etc.
Susan	5	
2. Begin a discussion of 15 minutes on topic: "How did my family see the role of women? for my mother? for me and my sisters?" (15 minutes)
3. Ask each person to look at their papers again and change any numbers as a result of the discussion.
4. Hand out 3 poker chips to each student. In the following discussions each time a person speaks, she must throw in a chip. After all chips are in, she must not speak. All chips must be spent. If all chips are in, pick them up again and continue.

Discuss 3 more topics, 10 minutes each, using poker chip controls.

- a. What kind of roles do women play in the media - in commercials, in programs? What kind of personalities do they have?

- b. Where do men get their idea of manliness?  
What is society's view of it?
- c. What are the various societal, institutional  
and cultural views on women and money? In  
your experience, are they accurate? Why?

Then ask students to change marks on their page. Ask questions:

In what way did two systems, open and poker chip, differ?

Was the poker chip one harder? More satisfying?  
Is change easy?

What did you learn from your paper?

Evaluation:

Did we accomplish our goal?



Discovering Me, Myself, and I

INTRODUCTION TO TELEWRITER - representative from TETRA will conduct this segment

WARM-UPS                      Tic-tac-toe / Hangman / Snoopy

OR      the Snoopy picture could be included in the manual, and you can ask them to describe how they feel at that moment.      Maybe you can return to this at the end of the session.

Reframing

EXERCISE              Begin by having participants study the picture of the Young Lady / Old Lady.  
Discuss how viewing it a certain way can change our perspective.

Introduce concept of REFRAMING - that it is based on the premise that relabelling a behaviour changes a person's perspective.

"Reframing" can also change the statements we make about



HAPPY

JUST  
OK



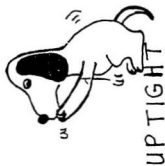
TIRER



GROUCHY



SAD



UP TIGHT

HANGOVER



SICK



an old woman or a young girl...  
which do you see?

ourselves and therefore, affect our feelings and behaviour too. This process of relabelling should involve some element of truth, be positive in connotation and be acceptable to the individual.

SOURCE: Discovering Life Skills. Vol. (1986). Toronto: YWCA. p. 8.  
Reprinted by permission.

ACTIVITY: Refer to sheet in manual and have them list examples of negative labels and encourage each other to practice reframing them.

(see examples on page 8)

WRITE their suggestions on the TELEWRITER and the same labels reframed in a positive way.

DISCUSS    1)    how negative labels affect your self-esteem.  
            2)    what we can do to increase our self-esteem.

ACTIVITY - Use "Happiness Is..." to share with group one thing that makes them feel good about themselves.

RECORD on TELEWRITER.

DISCUSS: Why?

How can they apply their definitions to their daily lives.

SOURCE: Adapted from Discovering Life Skills. Vol. III. (1986).  
Toronto: YWCA. p. 9-11. Reprinted by permission.

Exercise 1: Reframing

The coach introduces the concept of "reframing," explaining that it is based on the premise that relabelling a behavior changes a person's perspective. Reframing can also change the statements we make about ourselves and, therefore, affects our feelings and behaviour too. This process of relabelling should involve some element of truth, be positive in connotation and be acceptable to the individual.

To demonstrate this, the coach and the group list examples of negative labels and encourage each other to practice reframing them.

Example:

withdrawal	- taking care of one's self
passive	- ability to accept things as they are
impulsive	- ability to let go and be spontaneous
difficult	- challenging
manic	- energetic
busybody	- helpful, interested.

Exercise 2:

The coach asks each participant to think of two destructive labels they have used to describe somebody in their life right now. They are then asked to think of two such labels others have given them or which they have given themselves. In groups of three, participants work together to reframe these labels. It may be important for participants not to identify which labels are theirs. In the process of reframing, it is important that the individual be able to accept the reframing of the label.

Exercise 3:

Participants are encouraged to practice the reframing of the destructive labels over the next week.

The coach may wish to check back with participants on how this process is working or not working for them.

EVALUATION:



Exercise 2.

Coach explains that since we are used to hearing put-downs, this exercise gives us a chance to practise esteeming ourselves and others. It is recommended that the coach demonstrate this exercise for the group. Participants pair up and identify themselves as A and B. They repeat each segment until coach calls time. Coach allows 1½ minutes for each segment.

## Segment 1:

A: "Something I like about myself is....."

B: "Something else I like about myself is .....etc."

B: Acknowledges (e.g. "That's great. I hear you.")

## Segment 2:

B: "Something I like about you is ....."

A. "Thank you."

## Segment 3:

B: "Something I like about myself is....."

A: Acknowledges

## Segment 4:

A: "Something I like about you is....."

B: "Thank you."

The following questions are considered in the total group:

1. What were some of the feelings you experienced during this exercise? How do you feel now?
2. What did you learn about yourself?
3. Which was easier? To esteem yourself? Or another person?
4. Were you able to accept what you heard?

The total group brainstorms ideas for raising self-esteem. Ideas are flipcharted. The following are some examples that may be added to the list of ideas drawn from the group:

- talk to a friend
- do something you know you will be complimented for
- write down your gains and successes
- ask for positive strokes
- acknowledge positive strokes - don't discount them
- picture your moments of well-being and satisfaction
- seek activities that give you pleasure
- get involved in a new activity
- help others

DISCUSS with participants what their answers would be if they were asked to complete the following statements -

- TELEWRITER - I am really keen about.....
- I know a lot about.....
  - I get a great deal of pleasure from .....
  - I am very good at.....

DEFINITION: An affirmation is a positive thought that is consciously applied to achieving a goal.

When you focus your mind on a positive thought about yourself, you can train your mind to believe that you really can achieve what you want out of life.

ACTIVITY: Have participants give examples from their experiences that illustrate the power of positive thinking.

Refer to Manual - pages headed "Things I have done that make me proud" and "Interesting and fulfilling things that I would like to do in the future"



What can I do?

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Who am I ?

What do I  
want?



What will I do?

#### AFFIRMATIONS

I am the most important person .

I can do whatever I set my mind to.

I am a strong, happy and creative person.

I let go of the negative things in my life.

I am a worthwhile human being growing in goodness and love every day.

I make the best possible choices for myself and my child.

I understand my needs and know how to meet them.

DISCUSS: Ask them to rank the values listed on the sheet in the manual

QUESTIONS TO CONSIDER: Did they have difficulty ranking them?

Might they have chosen different rankings 5 years ago?

What influences in their lives have affected the formation of their values?

Which ones would be important in choosing a career?

How does the value ranking affect their view of mothering?

Using the following values, ask the participants how our choice of lifestyle determines the type of vocation we prefer.

working outdoors

helping other people

earning a high salary

having job security

persuading other people to agree to your ideas

having constant challenges

SOURCE: The following material adapted from Discovering Life Skills, Vol. I. (1986). Toronto: YWCA.

GOAL: Participants develop understanding of helpful behaviours which can improve their listening skills.

These questions can be an introduction to the activity which follows.

What do we mean when we use the word "communicate"?

listening, speaking (other answers would be writing, reading)

(Refer to their manual as they complete the section on "Different Ways We Communicate". You can use the TELEWRITER.)

If you had to give a percentage to each of the four forms, how much time do you think we spend on each one on a given day?

(The actual figures are assumed to be 9% writing, 16% reading, 30% speaking, and 45% listening)

Is "hearing" the same as "listening"?

Does it come naturally?

Can you think of someone who really listens to you?

What skills do you think a good listener must have?

## Introduce concept of ATTENDING BEHAVIOURS

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-Skills which can improve our ability to listen, but which must be practised

The following attending behaviours are skills which we can learn and practise to improve our ability to listen. An easy way to remember them is to remember the formula B R I E F:

- B body posture including movements and gestures which communicate attentiveness.
- R respect for the other person's right to speak and be heard.
- I intimacy involves creating a safe, caring environment in which ideas and feelings can be expressed freely.
- E eye contact communicates interest and attention.
- F following is both verbal and non-verbal. It is an invitation to say more. Verbal following includes statements like, "I see" or "Tell me more about it." Non-verbal following is communicated by nodding, touching or smiling.

An active listener:

- a) defers judgement
- b) resists giving advice until the speaker is finished speaking
- c) encourages the speaker to discover her own solution by helping to diagnose the issues related to the problem (if there is one).

SOURCE: Discovering Life Skills, Vol. II, (1986). Toronto: YWCA.,  
p. 115. 172

(COUNSELLOR) assists them to record B,R,I,E,F on their manual sheet.

Next question in their manual - What actions indicate to you that a person is not listening?

The following from Discovering Life Skills, Vol. I. (1986). Toronto: YWCA., p. 28.

Give an explanation of why listening is important.

Important:	because without a listener, talking is not communication.
Difficult:	Because most people want to talk and express their own ideas, rather than listening to the ideas of others.
Neglected:	because most people consider listening a passive rather than an active communication skill.

DEMONSTRATE the active nature of listening by the following exercise:

REFER to their manual page "My Drawing #1".

ASK who in Mobile has the page with instructions - should be Claudia. She can be the one to read the directions to the participants. Remember - NO REPEATS, NO QUESTIONS ALLOWED.  
Everyone can complete this , even the girls in Mobile.

COUNSELLOR asks every site to draw a sample pix on the  
TELEWRITER. IT WILL PROBABLY BE AWFUL!

COUNSELLOR then repeats instructions , answering questions, and  
allowing feedback.

Then ask them to draw on TELEWRITER their drawings.

BRING UP ON TELEWRITER GRAPHIC IMAGE ALREADY ON HARD DRIVE.

DISCUSS the skills they used the second time - can record on  
TELEWRITER.

REFER to their manual -

#### BARRIERS TO COMMUNICATION

##### Physical

tiredness  
distractions  
noise

##### Psychological

- preconceived notions about  
the ideas expressed (assumptions)
- dislike the communicator
- not interested

DISCUSS: How these barriers can affect the parent-child  
relationship

(In their manual is a page on examples of problems they've had in  
communicating with their child. They can use this now or

Stimulus:

Coach distributes paper, rulers and pencils and gives the following instructions for drawing a picture.

1. Starting 2" from the left hand side of the paper, draw a 4" horizontal line near the bottom of your paper.
2. From the left end of the line, draw a 3" vertical line up towards the top of the paper.
3. From the right end of the line, draw a 3" vertical line up towards the top of the paper.
4. Join the tops of the vertical lines.
5. From the left corner, draw a 3" diagonal line upwards.
6. At the top of that 3" line, draw another 3" diagonal line down to meet the top right hand corner.

Repeat this exercise twice. The first time through, give the instructions quickly, give no eye contact and allow no questions (this does not allow for active listening). Discuss problems.

The second time through, go slower, and allow time for questions. Contrast to first time through.

Show what the picture is supposed to be.

Coach discusses with the group what skills they used when the exercise was repeated and flipcharts responses.

SOURCE: Discovering Life Skills, Vol. IV. (1986). Toronto: YWCA.  
p. 72-73. Reprinted by permission.

complete later.)

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## VERBAL AND NON-VERBAL COMMUNICATION

BRAINSTORM using TELEWRITER for examples of how we communicate non-verbally. Encourage examples of parent-child interaction.

REFER to Manual - "How Does Your Body Express These Feelings?"

DISCUSS: How does our "Body Language" indicate to others how we really feel?

EXAMPLES - looking away

- tone of voice, etc.

However, some people have difficulty making eye contact. They may be interested but not show it in this manner.

REFER to the Manual - "Verbal and Non-Verbal Communication Inventory". Six examples are provided to aid discussion of verbal and non-verbal cues. This inventory taken from Discovering Life Skills, Vol. IV., p. 77. Reprinted by permission.

REFER to Manual - "Non-Verbal Cues Summary Sheet" .

SOURCE: Discovering Life Skills, Vol. IV, p. 78.

Reprinted by permission.



Verbal and Non-Verbal Communication Inventory

Situations

Using Words

Without Using Words

---

1. When you feel bored with what is going on in a discussion, how do you usually express your feelings?
2. When you feel very annoyed with another person with whom you want to build a better relationship, how do you express your feelings?
3. When another person says or does something to you that hurts your feelings deeply, how do you express your feelings?
4. Someone asks you to give them money and this has happened repeatedly. You don't want to give them any money. How would you express yourself?
5. You feel affection and fondness for someone but at the same time you can't be sure the other person feels the same way about you. How do you express your feelings?
6. Your close friend is leaving town for a long time and you feel alone and lonely. How would you express your feelings?

Non-Verbal CuesSummary Sheet

We communicate non-verbally (without words), as well as verbally (with words).

Some of the ways in which we communicate to others non-verbally are:

Body language

Facial expression

Eye contact

Often we give very definite messages to others without saying anything. These messages can be either positive or negative. Try, always, to give POSITIVE messages.

- Look at the other person
- Smile (when appropriate)
- Look interested in what they have to say

Remember: An individual's personal space is important to them. Respect this, and don't get too close when speaking to someone.

SOURCE: Discovering Life Skills, Vol. IV. (1986). Toronto: YWCA. p. 78.  
Reprinted by permission.

DISCUSS: What does that word mean to you?  
How do we become an encouraging person?  
What skills do we need to learn?

REFER to Manual - "Aspects of Encourager/Discourager"

SOURCE: Discovering Life Skills, Vol. III, p. 73.

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#### FEEDBACK

Part of being an encouraging person is being able to give  
and receive positive feedback.

DISCUSS: What is feedback?

How can we give positive feedback?

EXPLAIN Conditional vs. Unconditional (See page 40 - "Giving  
Feedback" - SOURCE: Vol. I, p. 40. Reprinted by permission.

ASK participants to give examples of positive conditiona~~a~~l and  
unconditional strokes.

REFER to Manual - Discuss "Rules of Feedback".

ACTIVITY: Maybe pair two girls on the line and have one pretend

OFENCOURAGERDISCOURAGER

Effective listener

Communicates respect and confidence  
i.e. "you can do it"

Is consistent

Focuses on the positive  
i.e. assets and strengths

Optimistic - enthusiastic

Co-operative - works in harmony

Accepting

Uses humour

Recognizes effort - improvement

Sincere - listens to feelings

Bases worth on being  
i.e. recognizes no one is perfect

Guides and supports others

Ineffective listener

Communicates lack of respect and confidence  
i.e. "you should know better"  
"you'll never be able to"  
"how many times have I  
told you"

Is inconsistent

Focuses on the negative  
i.e. nitpicker - flawfinder

Pessimistic

Competitive - comparing - over-ambitious

Threatening - demanding - correcting

Uses intimidation - dominance

Recognizes only tasks well done

Insincere

Bases worth on performance and perfection

Lectures and moralizes

SOURCE: Discovering Life Skills, Vol. III. (1986). Toronto: YMCA. , p. 73.  
Reprinted by permission.

SELF

This lesson should be offered close to the beginning of the course, as it is vital in maintaining relationships inside and outside the group.

Resources Required:

- Flip chart
- 1 copy of The Process of Confrontation for each student.

Goal:

To understand more about feedback.  
To learn to give and receive positive feedback.

- (A) 1) Define feedback - get suggestions from the group.

Talk about and put on flip chart:

STROKES

POSITIVE:

Conditional	I love you mummy because you make such good oatmeal cookies.
Unconditional	I love you mummy.

NEGATIVE:

Conditional	You did a mean thing when you kicked the dog.
Unconditional	You are lazy. (labelling)

We should be giving lots of unconditional positive strokes and NO unconditional negative strokes.

Ask group for examples of each. Today we will deal with positive strokes.

- 2) Divide into groups of 4 - ABC & D

A and B - give each other a conditional positive stroke  
C and D  
- then an unconditional positive stroke

SOURCE: Discovering Life Skills, Vol. I. (1986). Toronto: YWCA. p. 40.  
Reprinted by permission.

(5) Rules of Feedback:

- 1) Put rules on flip chart. Discuss each one - give examples.

All are based on respect for the other person.

Feedback should:

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1. Relate to the other person's needs as well as my own.
2. Describe my own reaction only, NOT analyze the other person's motives.
3. Deal with specific behaviour, not the person.
4. Be as soon as possible after the incident.
5. Be most helpful if person requests it - ask her.
6. Be given when the person is in position to do something about the feedback.
7. Be checked when I have given it, to be sure that I communicated clearly.

- 2) Role Play: Establish a situation such as the following -

Notes for Role Play: Ann has been working in a clothing exchange run by Mary. Ann is regular and willing. Mary is very anxious that everything be perfectly ordered in the shop and often rearranges things after the volunteer has done them. This has been irritating to Ann. She discusses it with other volunteers who have had the same experience.

Play the roles with Coach as Ann. Choose another person as Mary. (Coach does feedback all wrong - by phone, months later, etc. etc.)

- De-role - ask participants how they feel.  
- ask group to identify rules of feedback which were broken.

SOURCE: Discovering Life Skills. Vol. I. Toronto: YWCA. p. 41.

Reprinted by permission.

to be the mother and the other the child.

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USE THE FOLLOWING SCENARIOS:

The mother is very pleased because the child has

- (a) not wet the bed for two nights
- (b) put away his/her toys
- (c) received a high mark on a math test

ASK to give examples of NEGATIVE conditional and unconditional strokes using the following scenes:

- (a) the child spilled a whole container of juice
- (b) the child bit another child
- (c) (Grandmother to mother) You are too lenient with your child - you should give him more rules

COUNSELLOR needs to emphasize the importance of giving positive unconditional strokes to the people we care about. The impact of unconditional negative feedback should be discussed.

DENISE - Do you think you and I could roleplay the example on p.41 - Ann and Mary ? We could do it all wrong and have participants critically analyze it using the rules in their manual.

HOMEWORK: Give a positive unconditional stroke to each member of their family before next session.

EXERCISE: Bring up the graphic image of the BOX as they perform the exercise of sketching their perception of the worker in 4 categories.

(See attached page from Manual)

DISCUSS their choices -evidence of stereotypes?

- a female nurse?
- a male dentist?
- a \_\_\_\_ plumber?

DISCUSS examples of trad/non-trad occupations (see manual)

e.g. A Traditional occupation is one that has traditionally been held by workers of one sex

A Non-Traditional occupation is one in which the workers are not the sex that has traditionally held that occupation.

Do they know of women who have chosen careers in non-traditional occupations?

Do they still consider these women to be "feminine"?

DISCUSS their own stereotypical expectations of women.

- could refer to the impact of their family, friends, media, culture on their view of their role
- leads into sex-role stereotyping



**WHO IS THE WORKER?**

<b>NURSE</b>	<b>PLUMBER</b>
<b>DENTIST</b>	<b>BUSINESS MANAGER</b>

- expecting someone to act a certain way because of their sex.

DISCUSS the advertisements they have viewed recently and the image they portray of women, both those at home and those in the work force.

e.g. NON-TRAD - Christine, the woman who sells steel and advertises SECRET deodorant.

TRAD - Madge in Palmolive commercials

QUESTIONS: What effect do they think this has on young women today?

What is the reality - are there really many executive women and how does their earning power compare to men?

DISCUSS EMPOWERMENT OF WOMEN

(The following adapted from Discovering Life Skills, Vol. V, p. 177-178. Reprinted by permission.)

Refer to a story called The Paper Bag Princess by a very well-known Canadian author, Robert Munsch. It is one they may wish to introduce to their children during their pre-school years.

Briefly describe the story - set the scene (pages 1,2,3) and recap the adventure. Skip to the last two pages in which

Elizabeth encounters Prince Ronald, his criticism of her appearance, and how he totally neglects the danger she has endured in rescuing him. 186

Read the last page."Ronald,"said Elizabeth, "Your clothes are really pretty and your hair is very neat.....'"

REFERENCE: Munsch,Robert. (1980). Paper Bag Princess.  
Toronto: Annick Press Ltd.

DISCUSS how this female had no problem being assertive.  
Do you have difficulty?

(The following questions taken from page 60,  
Discovering Life Skills, Vol. II. Reprinted by  
permission.)

1. When someone is very unfair to you, do you call it to her attention?
2. Do you find it difficult to make decisions?
3. Do you frequently avoid people or situations for fear of embarrassment?
4. When a salesperson makes a special effort to be helpful do you find it hard to say no even though you may not want the item?
5. Are you reluctant to speak up in a discussion or debate even

- when you have strong opinions on the subject?
6. If a friend has borrowed money, a book, or clothing and is late in returning it, do you mention it to her?
  7. Do you continue an argument after the other person has had enough?
  8. If someone keeps bumping your chair in a movie do you ask that person to stop?
  9. Do you often step in and make decisions for others?
  10. When a person you respect disagrees with you are you able to defend your viewpoint?
  11. Are you able to refuse unreasonable requests from your friends?
  12. Do you finish other people's sentences for them?

REFER to MANUAL for labels of assertiveness as described on page 63, Discovering Life Skills, Vol. II. Reprinted by permission.

NON-ASSERTIVE

AGGRESSIVE

ASSERTIVE

DISCUSS how they might feel when they are

NON-ASSERTIVE - nervous, insignificant, irritated

AGGRESSIVE - pent-up anger is expressed violently or  
inappropriately (at the wrong person)  
out-of-control, angry, self-conscious

Assertiveness training distinguishes between assertiveness (expressing your own thoughts and feelings without anxiety and without imposing on others) and aggressiveness (expressing your thoughts or feelings at the expense of others.) The total group brainstorm characteristics of the non-assertive, aggressive and assertive person. The following are some examples that may be added to the list of ideas drawn from the group:

#### NON-ASSERTIVE PERSON

denies herself, puts herself down  
does not express her real feelings  
often feels hurt and anxious  
allows others to choose, seldom gets what  
she wants  
message is "I'm not O.K. -- You're O.K."

#### AGGRESSIVE PERSON

achieves her own ends at the expense of others  
expresses her feelings but hurts others  
makes choices for others  
message is "I'm O.K. -- You're not O.K."

#### ASSERTIVE PERSON

honestly expresses her feelings  
chooses for herself what she wants and  
can usually achieve this  
does not hurt others intentionally  
allows others to achieve their goals  
respects herself and others  
message is, "I'm O.K. -- You're O.K."

ASSERTIVE - in control, respected, self-confident

REFER to question in MANUAL on how they would react if they were being assertive.

ACTIVITY: Work through the ASSERTIVENESS INVENTORY WORKSHEET.

SOURCE: Discovering Life Skills, Vol. II. (1986). Toronto: YWCA., p. 64-66.

Situation 1.

You have been waiting for 45 minutes in an open-backed gown in your doctor's office. You are very cold and angry by the time the doctor bursts into the room with a cheery smile and a "Well how are you today, Mrs. X?"

You answer:

- a) "Fine."
- b) "How do you think I am after waiting all this time?"
- c) "Frankly, Doctor, I'm angry. I've been undressed and in this cold room for 45 minutes. I would appreciate not having to wait like this again."

Situation 2.

You are lost. You finally ask directions from a bus driver. He gives them in a very condescending way calling you "honey" and "dear". You do not like this tone and his familiarity; you feel he would have answered a man quite differently. You:

- a) meekly thank him, complaining to yourself about his attitude.
- b) explode by saying, "Who do you think you are calling me 'honey'?"
- c) say, "Thanks for the directions, and I don't like being called 'honey'."

Situation 3.

You are at a party and are stuck with a talkative person. You are bored and want to go over to the other guests.

- a) You are so concerned with hurting the person's feelings that you just stay there saying nothing or very little.
- b) You interrupt the conversation and say "look there's a friend of mine I want to talk to. See you."
- c) When he/she takes a breath, you smile and say something like "That's interesting" or "I never knew that" and quickly follow it with "Let's go over and say hello to Mary and John."

Situation 4.

A friend was to call for you at 7:30 for a movie that starts at 8:00. It is now 8:30 and your friend has finally arrived full of apologies explaining that she/he

couldn't get off the phone even though the phone call wasn't important. You feel angry about having been kept waiting. You say

- a) "Oh, that's all right, I understand."
- b) "I hope that you're happy now that we've missed the beginning of the movie."
- c) "I'm disappointed and frustrated that you talked that long because we've missed the beginning of the movie. Let's go tomorrow night at 7:30 sharp."

#### Situation 5.

You've spent 2 days finishing a project that you are very proud of. A friend stops by and compliments you on your work. You say

- a) "Oh, this thing. I'm not very good at it."
- b) "Since when are you the expert?"
- c) "Thank you. I've spent a lot of time working on it and I'm pleased. You really make me feel good."

#### Situation 6.

You're out shopping for a blouse. You have decided you want a blue one. The salesperson insists you choose a green blouse, saying, "You look much better in green. Take my word for it, get green." You say

- a) "Oh, all right. You probably know best."
- b) "Do you have to be so pushy? I've said twenty times I want blue."
- c) "I appreciate your interest. However, I've thought about this and I definitely prefer blue. I would like to pay for it now."

#### Situation 7.

You're at a party. Nearly everyone is getting high on marijuana or alcohol. You don't object to this behaviour, but prefer not to smoke or drink yourself. Someone starts to hassle you about being "square". You say

- a) "Gee, I'm sorry but I just don't feel well tonight."
- b) "It's none of your business. Leave me alone."
- c) "I'm enjoying the party and I prefer not to smoke or drink. Thank you."

#### Situation 8.

You're walking along the street and someone bumps into you. The person looks at you accusingly and says "Watch where you're going, stupid." You say



- a) "Oh, I'm sorry."
- b) "Who's calling me stupid? I didn't run into you. You ran into me. Watch where you're going."
- c) After considering the fact that the person might have had a bad day or is always rude and that saying anything probably won't achieve a positive result, you say nothing and walk on.

SOURCE: Discovering Life Skills, Vol. II. (1986). Toronto: YWCA., p. 64-66. Reprinted by permission.

The following material adapted from Discovering Life Skills, Vol.V.(1986). Toronto: YWCA. p. 185-188. Reprinted by permission.

DISCUSS the meaning of the word "Coping" and RECORD the various words or phrases on TELEWRITER.

DISCUSS the meaning of the word "Stress"

- RECORD responses on TELEWRITER.

REFER TO MANUAL for discussion on the emotional signs of stress  
e.g. nervousness, depression, anxiety, crying, etc.

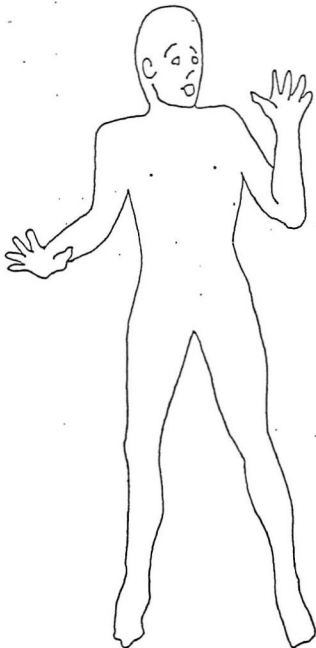
REFER TO MANUAL - "Naked Body" worksheet - Participants indicate  
on TELEWRITER their stress points. ( They do not have the labelled one,  
p. 109)  
Source: Discovering Life Skills, Vol. III.(1986). Toronto:  
YWCA. p. 108. Reprinted by permission.

DISCUSS Stressful situations REFER TO MANUAL

e.g. adjustment faced by the teen mom in her dual role as  
child/mother especially if still living at home

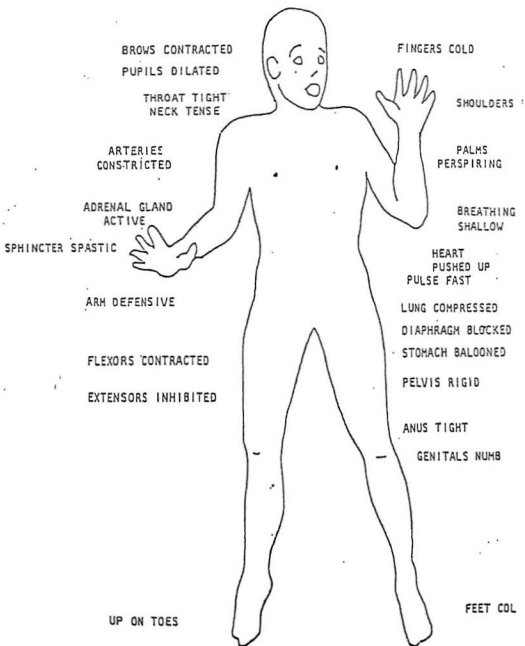
e.g. peer pressure from friends who minimize the burden of  
her added responsibilities

Identify those parts of your body which show physical stress symptoms.



## BODY STRESS WORKSHEET

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Source: Discovering Life Skills, Vol. III. (1986). Toronto: YWCA. p. 106  
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DISCUSS - Participants BRAINSTORM their own techniques for managing stress. Could enter on TELEWRITER (keep it brief)

Counsellor leads discussion to other techniques not already mentioned.

The attached sheet reprinted from Discovering Life Skills, Vol. V, gives details of coping strategies, which you may find useful to include in the discussion. However, there are other strategies for maintaining mental health which should be considered. For example, the importance of a proper diet, adequate rest and exercise are worthy of mention.

REFER TO MANUAL - there is a section in which they could record any of the above strategies if they so wish.

EXERCISE: Tina's Distress (see attached)

Read aloud and discuss questions

DISCUSS Quote in manual - Do they agree?

DISCUSS the following strategies on the system -

1.) social support system (see attached sheet)

DISCUSS questions at bottom of questionnaire. Encourage participants to compare their support systems to highlight deficiencies, and to discover additional sources of support not

## THEORY BOX

## COPING STRATEGIES

- A. Stay calm. It will help you think clearly. This is your life. No one can cope for you. Though others can and will help, the initiative must come from you.
- B. Take responsibility for yourself. Taking on more than your fair share can be overwhelming.
- C. Know your strengths and your limitations. Don't sell yourself short and don't expect the impossible.
- D. Set realistic goals. If your goals are unrealistic and too much to ask, you won't be able to meet them and you will set yourself up for feeling like a failure.
- E. Take one step at a time. It works!
- F. Consider all your choices.
- G. Change what you can change and accept what you cannot.
- H. Ask for help when necessary.
- I. Be flexible and maintain a sense of humour.

Tina's Distress

Tina is a single working mother with two children, a 5 year old and a 3 year old. She is employed as a bookkeeper by a small automotive parts firm. One of the reasons she chose this job was because of the flexible hours it provided. However, lately her boss has been requiring her to stay late and/or work weekends. This is causing her problems with child care, and she is feeling tired and anxious.

She is afraid to complain - it is hard to find employment that offers her the flexible hours she used to enjoy. But there doesn't seem to be any chance that the workload will lighten in the near future.

-----

What alternatives does she have to cope with this stressful situation?

What would you say to her boss if you were Tina?

A real friend is one who walks in  
when the rest of the world walks out.

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Walter Winchell

Social Support System Questionnaire

1. Who would you go to if you had a personal problem that you wanted to talk about?
2. Who would you talk to if you were confused about making plans for the future?
3. Who would you see if you wanted to go to a movie, a concert, or share an interest such as a hobby or sport?
4. Who would you seek out if you were feeling lonesome and needing a little loving?
5. Who would be the first person you would turn to in a "crisis" situation?
6. Who makes you feel worthwhile and good about yourself?
7. Who stimulates you to get going when you're in a rut or need to make a change?
8. Who would you keep in contact with if you picked up roots and moved to another city or country?
9. Who could you go to when you want to ventilate your feelings and blow off steam?
10. Who makes you feel good and just gives you a lift to be with that person?

Source: Discovering Life Skills, Vol. III. (1986). Toronto: YWCA. p. 111.

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already considered.

2) Relaxation and Visualization Exercises

While the students are in a "fantasizing" frame of mind, they could engage in an exercise to visualize the kind of lifestyle they would like for themselves and their children in 5 to 10 years.

Options:

- 1) Guided Fantasy - "Typical Workday in the Future" (see attached)

NOT TO BE REPRODUCED WITHOUT THE PROPER CREDIT CITATION

- 2) My Life in Five Years (see attached sheet)

- they could discuss their answers on the system, but may decide to wait and complete at home.

## GUIDED FANTASY

### Typical Workday In-The-Future

**Purpose:** To provide participants the opportunity to permit their fantasies about their lifestyles to emerge.

**Read to participants:** ("..." indicates a 1½-second pause).

Close your eyes, take a few deep breaths and relax. Remove all feelings of tension from your body, and erase all previous thoughts and worries from your mind...

Imagine that you are getting up on a typical workday...You're sitting on the side of your bed trying to decide what kind of clothes you are going to wear. Take a moment and look over your wardrobe. What type of clothing do you finally decide to wear?...

Imagine yourself getting ready for work...Any thoughts while you're getting ready about the day to come?...What kinds of feelings do you have as you look forward to your workday?...Do you feel excited? Bored? Apprehensive? ...What gives you these feelings?

It's time for breakfast now. Will you be sharing breakfast with someone, or will you be eating alone?...

You've completed your breakfast now, and are headed out the door. Stop for a moment and look around your neighbourhood...What does it look like? ...What does your home look like?...What thoughts and feelings do you experience as you look around?...

Fantasize now that you're heading toward work. How are you getting there?...How far is it?...What feelings or thoughts are you experiencing?...

You're entering your work situation now...Pause for a bit and try to get a mental picture of it. Think about where it is and what it looks like...Will you be spending most of your time indoors, or outdoors?...How many people will you be working with?...

You are going to your specific job now. Who is the first person you encounter?...What does he or she look like?...What is he or she wearing?...What do you say to him or her?...What feelings are you having...

Try to form an image of the particular tasks you perform on your job...Don't think about it as a specific job with a title such as nurse or accountant. Instead, think about what you are actually doing, such as working with your hands, adding figures, typing, talking to people, drawing, thinking, etc.

In your job, do you work primarily by yourself or do you work mostly with others?...In your work with others, what do you do with them?...How old are the other people?...What do they look like?...How do you feel towards them?...

Where will you be going for lunch?...Will you be going with someone else? Who? What will you talk about?...

How do the afternoon's activities differ from those of the morning?...How are you feeling as the day progresses?...Tired?...Alert?...Bored?...Excited?...Anxious?...

Your workday is coming to an end now. Has it been a satisfying day?...If so, what made it satisfying?...What about the day are you less happy about?...Will you be

taking some work home with you?...As you think back through the day, what caused you the most anxiety?

How has your workday fit into your total day?

(Pause here to allow participants to finalize their fantasy experience. Then bring them back to the present and begin a discussion about what they experienced.

As each person shares their fantasy, ask the following questions as probes for thought:

1. What new information did your fantasy send to you concerning yourself?
2. How realistic or attainable were the elements of your fantasized work day?
3. What is your general, overall feeling response to your fantasy? Confused? Happy? Sad? Concerned? Indifferent?
4. What general sorts of occupational areas fit the situation described in your fantasy?

Additional data gained from the experience regarding values, interests, goals, etc. should be summarized and included on the students' Summary Sheets for future reference.

Complete the sentences as if you were describing yourself to someone.

In five years I will have \_\_\_\_\_ child / children.

I expect to live in (city, town, etc.) \_\_\_\_\_.

I expect to live (in a house, apartment, on a farm, etc.)  
\_\_\_\_\_.

I plan to be married / single \_\_\_\_\_.

I expect to further my education by enrolling in  
\_\_\_\_\_.

My career / occupation will be \_\_\_\_\_.

I will own a car (yes / no) \_\_\_\_\_.

I will be able to support myself and my child / children  
(yes/no) \_\_\_\_\_.

(Have the participants seen "Down the Road"? It would be good if they could all report back this week with their impressions.)

REFER TO MANUAL-

Students can refer to page 16 "Interesting and Fulfilling Things That I Would Like to Do in the Future". This activity sheet should indicate some of their interests and skills.

In addition, they might take time to consider the attached statements on the sheet entitled "My Growing Strengths", and complete if not already done.

REFER TO MANUAL - Participants should consider the values ranking they completed on page 17, and then complete the work values exercise attached.

SITES should have copies of the following:

Job Futures: An occupational Outlook for Nfld. (1982)

Government of Newfoundland and Labrador.

OR Job Futures: (2 vol.) (1990). Ottawa: Supply and Services Division. This one gives a national perspective.

ASK participants to consider possible work occupations that would incorporate their work values. Use the references listed above, if available.

Sometimes the demands of being a teenage mother can seem overwhelming. But as we cope with each day's responsibilities, we are developing new skills and strengths and improving on existing ones.

To help you focus on yours, please complete the following statements.

## KNOWLEDGE

I know a lot about \_\_\_\_\_.

## SKILLS

I'm really good at \_\_\_\_\_.

## VALUES

I believe that it is important to \_\_\_\_\_.

## ATTITUDE

I have been told by people that I am particularly  
\_\_\_\_\_.

## ENJOYMENT

I really get a lot of satisfaction from  
\_\_\_\_\_.

INTERESTS

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I am really interested in \_\_\_\_\_.

LOVING RELATIONSHIPS

I care very deeply for \_\_\_\_\_.



You have already considered the values that are important to your lifestyle.

Work values are those qualities in a work situation that help to create a feeling of compatibility with the job. If your values are at odds with your responsibilities, you may feel quite uncomfortable.

Consider the following work values and circle which ones are important to you.

work alone

security

recognition

meeting people

status

helping others

money

creativity

independence

flexible hours

friendship

variety of tasks

DISCUSS how non-traditional occupations can be advantageous to these teenage mothers.

REFER to "Down the Road" video which they should have seen by now.

#### BUDGETING

The participants are directed to review their Guided Fantasy sheet (Life in 5 Years) and to use their projected lifestyle to estimate their budgetary requirements.

SEE ATTACHED SHEETS - My Monthly Budget

- Sample Budget of Marci
- Ways to Save

The last one could be used by getting them to offer suggestions for each category. Perhaps they have tips they can share with the group.

The attached guidelines may be useful to add to the discussion.

ASSIST students to offer suggestions on their wasteful and thrifty spending habits, using the attached sheet entitled My Poor and Good Spending Habits.

If they can be honest and supportive, this exercise may provide assistance to group members who are finding difficulty living on a limited income.

My Monthly Budget

## HOME

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Rent/mortgage  
Taxes  
Insurance

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_

## UTILITIES

Heat  
Telephone  
Electricity  
Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_

## HOME MAINTENANCE

Laundry  
Repairs

\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_

## FOOD

\$ \_\_\_\_\_

## PERSONAL (clothing, etc.)

\$ \_\_\_\_\_

## CHILDCARE

\$ \_\_\_\_\_

## HEALTH CARE

\$ \_\_\_\_\_

## AUTO/ LIFE INSURANCE

\$ \_\_\_\_\_

## EDUCATION (books, tuition, supplies)

\$ \_\_\_\_\_

## TRANSPORTATION

Car, (gas, oil, repairs)  
Bus, taxi, other

\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_

## ENTERTAINMENT

\$ \_\_\_\_\_

## MISCELLANEOUS

\$ \_\_\_\_\_

TOTAL

\$ \_\_\_\_\_

Marci, 30 years old, is a single parent with 3 children ages 11, 8, and 5 years old.

Income sources:	\$729.	Family Benefits Allowance
	94.	Family Allowance Baby Bonus
	<u>100.</u>	Child Support (from husband)
Total:	\$923.00	

Monthly expenses:	\$350.	Mortgage Payment
	90.	Hydro
	15.	Phone
	<u>350.</u>	Food
	50.	Transportation
	13.	House insurance
	<u>9.</u>	Water
Total:	\$877.00	

This leaves \$46. per month for everything else which includes clothing, entertainment, school expenses, presents, furniture, household items and savings.

Source: Discovering Life Skills, Vol. IV. (1986). Toronto: YWCA.  
p. 137. Reprinted by permission.

Under each heading can your group think of ways a person can save?

CLOTHES:

PHONE:

HAIR:

GIFTS:

HOUSEHOLD ITEMS:

FOOD:

HYDRO:

ENTERTAINMENT:

OTHER IDEAS:

Source: Discovering Life Skills, Vol. IV, (1986). Toronto: YWCA. p. 136.  
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# GUIDELINES FOR THE COACH

Participants may have difficulty getting started with this exercise so the following suggestions may be offered:

- CLOTHES: From family, friends, Salvation Army
- PHONE: No long distance calls - write letters
- HAIR: Find a skilled friend, use hairdressing school
- GIFTS: Garage sales, bargain hunters press, make your own
- HOUSEHOLD ITEMS: Baking soda, vinegar works well
- FOOD: No convenience foods, use leftovers, shop with a list don't make impulse buys
- HYDRO: Keep temperature at 68°F.
- ENTERTAINMENT: Games at home, pot luck parties, cinemas that show second run movies.
- OTHER IDEAS: No charge cards,  
"If I can't afford it, I don't buy it."

SOURCE: Discovering Life Skills, Vol. IV. (1986). Toronto: YWCA. p. 135. Reprinted by permission.

My Poor and Good Spending Habits

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Poor Habits

Good Habits

SOURCE: Discovering Life Skills, Vol. III. (1986). Toronto: YWCA. p. 101.  
Reprinted by permission.

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After an analysis of their budgetary requirements, participants can then avail of publications which provide occupational profiles and appropriate salary ranges. The source Job Futures previously mentioned, would be a handy reference, but participants need guidance in locating information within.

They should also explore other ways of finding out information about occupations - SEE MANUAL

1) How to get written information

- from CEIC
- libraries
- school board resource centres
- Career Information Hotline 1-800-563-6600

Other sources of print information

e.g. calendars from post-secondary institutions,  
pamphlets or brochures from various companies or  
industry associations regarding career opportunities, magazines,  
newspapers, professional journals

2) talking to people - friends, neighbours, relatives -  
asking others to keep alert for news of openings.

Networking - asking others to offer names of people who  
might be able to help you.

3) actual experience on the job -could be volunteering,  
job-shadowing, or part-time work.



EDUCATION UPGRADING

DISCUSS situation in a rural setting; and factors to be considered in moving to a larger centre for training.

Ask for examples from participants -

e.g. correspondence courses (Linda O'Leary)

Cabot Institute (Lisa Jackman) and other post -  
secondary institutions

Memorial University (Claudia Puddester, Linda  
O'Leary)

High school upgrading (Adult Basic Education  
courses - offered at community colleges and some  
high schools)

G.E.D. (see below)

G.E.D. (General Education Diploma)

- a certification program that gives Grade 12 equivalency ;  
accepted by a number of post-secondary institutions in the  
province, but not Memorial University of Nfld.

- 5 subject areas included; designed to recognize general  
educational development and personal work skills

- candidates usually take the test first without any study;  
if they do poorly, it is recommended that they complete Adult  
Basic Education upgrading, which treats the actual high school  
components and has its own certification.

- G.E.D. has no course materials and hires no instructors.  
So there is no instruction or content material provided.

## ENTREPRENEURSHIP

June 11, 1991 - Guest Speaker

Bonnie Woodland

Women's Enterprise Bureau

TOPIC: "Business As An Option For Women"

Ms. Woodland has been scheduled for this session. She is planning to supply us with some packaged material, which we will distribute to the groups beforehand.

- OPTION: 1.        Invite a businesswoman from the Southern Shore area  
                 e.g. Michelle O'Brien (Southern Comfort Inn)
2.        a participant or an instructor from the course being presented at Durrell's, Twillingate, by the Central Nfld. Community College entitled "Small Business Tourism".

Participants will be able to question the guest speaker after the presentation.

See participants' manual for examples of questions they might ask.

Stimulus:

1. Participants should have had the opportunity to view No Way! Not Me! prior to this session.
2. Counsellor may refer to the book entitled The Cinderella Complex and invite comments as to what the title means.

DISCUSS

1. The myths under which females are reared
  - e.g. "White Knight" will come along to care for and protect them forever
  - e.g. women don't do "dirty" jobs
  - e.g. women are better care-givers of children than men
2. The major themes of the video (their implications for themselves and their children)
  - dependency
  - role conflict
  - feminization of poverty

Considerations / Barriers to Developing Short-term / Long-termGoals

1. Personal (could relate these to the previous items discussed)
  - psychological barriers - shyness, low self-esteem

problems adjusting to changing situations e.g. moving to a different community to further one's education)

e.g. coping with the difference in age group of school classmates if returning to complete education.

- her age (e.g. 14-15 is very young to be rearing child on her own - she is likely to have parental support)

## 2. Social

-their support systems

-arrangements concerning child care

-conflict in relationship between grandmother / mother if baby being reared by grandmother

-peer pressure (pressure to return to "pre-baby" lifestyle)

-friends insisting that the responsibility for childrearing be transferred to others so that they can once again be a major influence in the teen mother's life

## 3. Environmental

- how one's location affects the opportunity for upgrading/training

e.g. is Adult Basic Education offered nearby?

other post-secondary training

- job opportunities in the Nfld. labour market - sometimes mobility is essential

## DECISION-MAKING

ASK students to consider one important difficult decision they had to make in the past year e.g. staying in school rather than

dropping out after the baby is born.

ASK them to describe how they made a particular decision. 221

- the choices, alternatives
- the circumstances of the problem

DISCUSS with participants how they feel about making decisions.

REFER TO MANUAL for statements they can complete about the decision-making process. ("How I feel about making decisions")

REFER TO MANUAL for list of decision- making steps.

Have participants reflect on the decision mentioned on prior page, and associate the 6 steps with the process they used to resolve the problem and come to a decision. Or could use the story of "Tina's Distress" (p.40 Participant's Manual)

## STRATEGIES FOR IMPLEMENTING CAREER AND LIFE GOALS

Participants will examine some of the stresses in their lives and develop awareness of how their bodies respond physically and emotionally.

REFER TO SESSION 2 & 3

- coping with stress
- stress symptoms
- stress reduction techniques

Using strategies such as:

1. social support system
  2. relaxation / visualization
  3. diet / exercise
- Guided Fantasy "Workday in the Future"

How to Cope with Change

DISCUSS with participants major and minor changes that have occurred in their lives.

1. They should think about what strategies worked for them in the past  
(e.g. go for walks, take time to think and plan, visit a special place, etc.)

2. Who provides them with social support - their external support system which they use to share their troubles
3. How do they create an internal support system - maintaining a positive self-concept. DISCUSS examples of the kinds of negative thoughts we have about ourselves which weigh us down.

e.g. I don't know how \_\_\_\_\_

I'm not good enough \_\_\_\_\_

I can't \_\_\_\_\_

Emphasize the importance of appreciating yourself.

#### FINDING BALANCE IN OUR LIVES

Purpose: To identify the roles and activities we participate in.  
To determine whether we are juggling too much in our  
lives.

To design a balanced lifestyle that is appropriate for  
us.

The following material is adapted from Discovering Life Skills,  
Vol. V, (1986). Toronto: YWCA, p. 25-31.

DISCUSS: Have each participant complete the following statement:  
"What I really need in my life right now is more  
.....

ENTER ON TELEWRITER.



NOTE: If participants respond "more time", ask them to be more specific - such as "more time for myself".

BRAINSTORM: signs and symptoms that indicate they are having trouble keeping pace with their lives-

e.g. forgetfulness, irritability, health problems, sleep problems, feeling pressured/ overwhelmed/ distracted

COUNSELLOR - Using TELEWRITER - LIST the following areas of life and ask participants to prioritize them

COMMUNITY (Volunteer work, relationships, politics)

WORK (career, volunteer, school)

FAMILY (friends, relationships)

SELF (inner self, beliefs, personal development)

LEISURE (recreation, fun)

Then ask participants to prioritize them in terms of the time spent in each area.

- QUESTIONS:
1. How did your lists compare?
  2. What do they tell you about the way you spend your time and set your priorities?

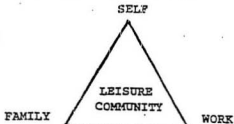
## THEORY BOX

Do we live to work or work to live? Are we so busy "getting there" that we don't stop to enjoy the trip?

Two concepts will be discussed here. One is the 3 point Balance system, and the other is the concept of serendipity. Both concepts are derived from the book Life Balance by Linda and Richard Eyre.

If we look at the areas of self, family and work as being most important to us, then it follows that we need to set priorities in each of these areas. These can be illustrated by using the model of an equilateral triangle.

A triangle has a firm base, which supports the sides and keeps the triangle in balance. If you put it on any side, the balance is still maintained.



As each corner of the triangle supports the other sides and provides balance, so do the areas of our lives.

We develop our sense of self and self worth through our work and families. We work in order to provide support for families and for self-fulfillment.

In families we are taught the importance of work achievements and personal development.

If we take the time to set priorities around the things that are most important to us (including ourselves) then we take the first step to putting things in balance. We often put ourselves at the bottom of the list resulting in frustration in never having the time for personal things.

SOURCE: Discovering Life Skills, Vol. V. (1986) · Toronto: YWCA. P.28-29.

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Priorities set on a daily basis around self, family and work will ensure that there is time for things we choose. The things that we have to do will always be there. It is easier to cope with them when you know you are also going to do something that you want to do. See Balance Planner.

The second concept is that of serendipity. The word was coined by Sir Horace Walpole in 1754. According to Funk and Wagnall, serendipity is defined as "The faculty of happening upon fortunate discoveries when not in search of them".

To encounter serendipity means that you have a direction in mind (ie, a goal) and also that you develop an awareness of the world around you. This quality, which can be developed by anyone, allows you to be able to "smell the roses" or encounter a wonderful experience while in pursuit of something else.

Not only do we need to make things that are important a priority, but we need to allow flexibility in our daily routine to seek out or take advantage of moments of serendipity. In these things one begins to attain a sense of balance.

REFER TO MANUAL - Explain the BALANCE PLANNER and ask participants to choose three important things to do tomorrow, one in each of the areas of Family, Work, and Self.

Tell them that these are now their priorities for tomorrow.

Then ask them to complete the TO DO column - things that will HAVE to be done.

They are recorded on their Balance Planner after they occur. They may be replaced / postponed if an event of serendipity occurs.

#### WHAT IS "SERENDIPITY"?

- moments when you digress from whatever you are doing, to see or experience something else.

Often referred to as "Taking time to smell the roses".

The important thing to remember is that you make the choice.

#### REFER TO MANUAL

In the following situations, they are to consider ways of introducing serendipity.

RE #1 - a child comes home from school upset while you are busy doing laundry and housework. What do you do?

e.g. You stop what you are doing to talk to him, and are rewarded with a feeling of closeness.

RE #2 - You are stuck in traffic and can feel yourself getting tense. What do you do?

e.g. listen to a special radio program; study other

people in their cars; prepare a list for groceries, household jobs; take a "power break" - a short period in which you concentrate on relaxing every muscle while visualizing yourself in a tranquil location.

REFER TO MANUAL "Personal Prescription"

EXPLAIN that these are to be filled out individually now or later. If they wish to share their plan with the group at this time, they may do so.

R

## PERSONAL PRESCRIPTION

I HEREBY PRESCRIBE FOR MYSELF  
THE CHALLENGE OF DOING SOMETHING  
DIFFERENTLY TO BRING MORE BALANCE  
OR TO RESTORE BALANCE IN MY LIFE  
I WILL \_\_\_\_\_

---

SIGNATURE

(Prior to session, have participants complete two copies of the Time Sheets - one for a typical working day, and one for a typical weekend day. If they are not working outside the home, just complete one.)

#### TIME MANAGEMENT

The following material is adapted from Discovering Life Skills, Vol. V. (1986). Toronto: YWCA., p. 168-176; and Vol.III, p. 95-100.

Warmup: Counsellor asks participants to complete the sentence "If I had more time on my hands, I would....."

#### DISCUSS 1) Familiar quotes on time

Time is money

Time flies (Tempus fugit)

No rest for the wicked

Idle hands

Many hands make light work

Don't waste time

Stitch in time saves nine

Life is what happens to you while you're busy

making other plans (John Lennon)

There is no time like the present

Time will tell

Time is a great healer

Time and tide wait for no man

- 2) How our culture and our values affect our view of time
- 3) How we deal with the conflicts between the "should" messages about how to spend time versus what we would rather be doing.

BRAINSTORM      A definition of Time Management

RECORD ON TELEWRITER

- e.g. 1. Getting everything done in the shortest time with the most efficiency.
2. Setting lifetime goals and analyzing what you do in relation to those goals.
  3. Selecting the most important task from a number of possibilities and doing it in the best possible way.
  4. Getting control of your life.

(from p. 95, VOL. III)

From these definitions, you may suggest that #1 reflects an assembly line approach with no selection on the basis of priorities. The remaining three reflect a better definition of time management.

DISCUSS: Which one feels right for them?

REFER TO MANUAL - Prior to session, participants should have completed the two copies of the Time Sheets.



Briefly discuss the types of activities listed.

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REFER TO MANUAL - Have participants divide the PIE into sections, allowing bigger sections for those activities that take up significantly more time.

#### QUESTIONS:

1. What does the time pie say about you? Are there any surprises?
2. What areas of the time pie are not receiving as much attention as you would like?

#### REFER TO MANUAL

Participants will prioritize those activities already considered, using the Priority Activity Sheet in the manual.

#### PARENTING ACTIVITIES

It is important to encourage participants to develop a perspective on the priority of parenting activities. The Parents booklet in the Nobody's Perfect series produced by Health and Welfare Canada and the provincial Departments of Health in New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador has good ideas for maintaining a balanced view of time organization and child nurturing - that time spent with a child is always more important than cleaning the house.

REFER TO MANUAL - Participants can BRAINSTORM and share ideas on time management; jot them down in manual.

DISCUSS how prioritizing these roles can minimize role conflict thereby reducing stress and raising self-esteem.

## TIME/LIFE MANAGEMENT STRATEGIES

1. Negotiating for uninterrupted time ahead of time.
2. Asserting yourself; knowing how to say no.
3. Carrying around a calendar.
4. Colour coding different types of activities, ie, priorities bright yellow.
5. Doing daily To Do lists.
6. Doing priorities first.
7. Breaking down tasks into small steps and establishing deadlines.
8. Setting long and short term goals (including the dates for review).
9. Reviewing and refining goals once a month.
10. Reading with highlighter for quick review later.
11. Learning how to skim read.
12. Handling papers no more than twice.
13. Putting important but not urgent reading in a place designated for later review.
14. Giving up total responsibility, delegating appropriately.
15. Rewarding yourself at the end of completed tasks.
16. Organizing clothes, relevant papers the night before a hectic day.
17. Taking reading along when visiting doctors or travelling.
18. Grouping activities, ie, phoning everyone at once.
19. Visualizing doing your best, just as you fall asleep the night before.
20. Mentally reviewing what you'll be going in the day as you are waking up.

SOURCE: Discovering Life Skills, Vol. V, (1986).  
Toronto: YWCA. p. 172-3. Reprinted by permission.

21. Checking periodically that your activities are balanced for optimal mental, physical and spiritual well-being.
22. Finishing jobs completely so you can bring closure to them.
23. Doing something everyday consistent with your lifestyle goals and fantasies. (ie, making sure your life is meaningful and purposeful)
24. Avoiding procrastinating, doing something on a major project each day rather than none.
25. Taking stock periodically of how you are using time because it is the most precious resource you have.

DISCUSS with participants the items from the above list that they find helpful.

REFER TO MANUAL - suggest that they begin a new habit each day -

Use a TO DO list such as the one in the manual

- make a list of the things they need to do each morning, and place a number beside each one to indicate its order of priority.

Place a check beside each item as it is finished.

HOMEWORK Have them try it for a week to see if it helps keep them on track.

CLOSER:

DISCUSS with participants

1) The fantasy exercise they did in a previous session in which they made some long-range goals

2) How the time management skills we've discussed can help them focus on specific activities needed to work towards that goal, i.e. their career plans.

(See Section on Fantasy exercise which includes homework preparation before participants can engage in this activity)

## REALITIES IN PARENTING

- an extended look at the day-to-day responsibilities of caring for a child with special emphasis on the parent's impact on the psychological and intellectual development of the child.

The Dept. of Health series Nobody's Perfect is a valuable resource for our participants to help them maintain their physical and mental health and develop physically and mentally healthy children. A number of concepts from these books will be explored, but material will be altered if participants have already been exposed to the series.

The provincial Dept. of Health has given us permission to use their material, but they insist that a public health nurse actually give the teleconference presentation.

For the purposes of the pilot programme on the Southern Shore, the session can be conducted by the District Public Health Nurse, Moira O'Regan Hogan. She has access to all the resource materials that are used in the series, and can also provide each participant with copies of all the booklets.

TOPICS TO CONSIDER

1. How they go about creating a "safe, secure, and loved" environment for their child
2. An emphasis on the positive parenting skills they currently have
3. The feelings of babies and children and the influence of the

- parent's behaviour on those feelings
4. How these feelings help children grow intellectually, emotionally and socially
  5. Specific strategies that benefit their child's intellectual growth and self-concept

GUEST SPEAKER: Child psychologist Gary Jeffries who will engage the participants in a Fantasy Exercise.

Purpose: 1.To promote understanding of the role they play in fostering the child's emotional, intellectual, and physical development

2. To use this increased awareness of the parent's role to motivate participants in the selection of and movement towards a career path.

HOMEWORK: Participants prepare for the fantasy exercise by pretending that they could design the perfect child for them. They are to consider the traits that they would most like to see in their child.

Relate this activity to buying a new car and choosing options.

Dr. Jeffries will lead them through the exercise, having them consider desirable traits at 2 years, 4 years, 6 years, etc. The aim is to lead to insights such as the realization that what they most want for their child is really what they want for themselves.

1. A discussion on the importance of play ( inexpensive home-made toys)
2. Books for the very young child
3. How we unconsciously promote sex-stereotyping (could refer to previous sessions that dealt with the Empowerment of Women and books such as the Paper Bag Princess)
4. How to nurture individual personality differences
5. Tips on how to accommodate these needs in the limited family time of the single working mom.

DISCUSS: General discussion on the effect of these strategies on the common barriers faced by teenage mothers when they consider career planning.

HOMEWORK: Preview "Wise Choices"



Have they viewed "Wise Choices" prior to the session?

**WARMUP:** Refer to earlier session (#3) in which advantages and disadvantages of non-traditional occupations were discussed.

**TELECONFERENCE LINKUP** planned with women from "Wise Choices" video -

Nancy Hawkins, Kuala Lumpur, Malaysia (food technologist)

Sadie Sellars, Paris, France (engineer)

Mary Neville, St. John's (auto mechanic, mother)

Some questions to consider:

1. Why did you choose this career path?
2. What are your qualifications? (include here work experience, education and training)
3. What opportunities have you had since you completed your training that might have led you to your present position?
4. What do you feel are the advantages for women in holding a non-traditional job in terms of salary, opportunities for advancement, work hours, benefits, job satisfaction?
5. What type of responsibilities are included in your job?
6. Do you have to deal with sex stereotyping in your job?  
How are you treated by men in your work?
7. What are some aspects of your occupation that you really

8. What are the areas of your job that pose the most headaches?
9. Is it a job that accommodates the roles of mother, career person, and homemaker?
10. How do you personally cope with the multiple roles in your life?
11. Any suggestions for us (teen moms) as we start down the road on a career plan?

After the discussion with the teleconference participants is ended, the counsellor spends some time discussing teen mothers' career development.

DISCUSS developing a networking system which meets their needs

- e.g. - sharing telephone numbers and addresses
- assessing what post-course community support would be useful - e.g. counsellor, teacher, etc.
- assess enthusiasm for a newsletter or some other mechanism for maintaining contact among participants
- provide a list of resources

SUMMARY

CONCLUDING REMARKS (PARTICIPANTS)

GOODBYES

POST-EVALUATION QUESTIONNAIRE (preferably to be completed at

their teleconference sites after the last session. If not possible, then as soon after that date as is convenient)

Formative evaluation consisted of single index cards inserted after each session's material which were to be completed by the participants. These should be submitted along with the summative evaluation questionnaires.

**APPENDIX G**

**NEWFOUNDLAND SCHOOL FOR THE DEAF**

425 Topsail Road  
St. John's, Newfoundland  
A1E 5N7  
709 364-1234  
Fax: 756-5848

July 29, 1991

Dr. Norm Garlie  
Department of Education  
Memorial University of Newfoundland  
Elizabeth Avenue  
St. John's, Newfoundland

Dear Dr. Garlie:

I am writing regarding Ms. Lenora Paddocks internship at the Newfoundland School for the Deaf.

Before commenting on Lenora's internship per se, I would like to first make mention of her strength in deciding to pursue an internship with our school in the first instance. To approach any internship can be quite disconcerting, however to enter a whole new area such as deafness takes considerable courage on the part of a person.

Lenora started her internship at NSD on April 16, 1991. Due to time constraints and a desire to offer her a full overview of programming for the deaf it was decided that she would spend 2 weeks in July at Interpreting Services of the Newfoundland Coordinating Council on Deafness focusing on the vocational placement aspect of the service.

Lenora approached her placement with enthusiasm and energy. She was offered the opportunity to work in as many different components of the guidance program as possible. She was introduced to the workings of our school and given information regarding our day to day operations. During her first week she sat through a teacher inservice which is given to all teachers who work with hearing impaired children in the regular school program. Also during this time period an attempt was made to make contact with a number of individual students who would benefit from counselling sessions with Lenora.

A major concern for Lenora during her internship was to gain some experience in a group counselling situation. This was accommodated through linking Lenora with several post secondary hearing impaired students currently enroled at MUN. Other areas dealt with during Lenora's internship included career awareness with individual students, work with CHOICES and development of a peer counselling module for NSD. During Lenora's internship, she was offered the opportunity to do a number of assessments with both students enroled at NSD and children with hearing impairments in

the regular school system. She was also involved in the documentation of students for a workshop held at NSD on Learning disabilities. When not directly involved in the program at NSD, Lenora spent considerable time reviewing the literature and becoming more familiar with deafness.

During Lenora's internship at NSD she was able to take part in two major workshops being offered. Dr. Ann Powers presented on learning disabilities and the hearing impaired during May and during the last week of school, Dr. Roger Carver from Gallaudet University spoke to parents and students about deafness and deaf culture.

Lenora worked diligently at all of the tasks presented. When given a client to work with or information to obtain from teachers or students she applied herself to the task at hand. I feel she gained some insight into the requirements of a guidance counsellor and some of the situations which may present themselves during her career.

I feel that this internship was beneficial to both Lenora and NSD and I look forward to working with her as a colleague in the future.

Sincerely,

Jack Jardine

Guidance Counsellor

cc Lenora Paddock

P. O. Box 9125  
St. John's, Nfld.  
A1A 2X3

July 11, 1991

Dr. Norm Garlie  
Faculty of Education  
Memorial University  
St. John's, Nfld.  
A1E 5R9

Dear Dr. Garlie:

Re: Lenora Paddock

As a requirement of her internship, Lenora spent two weeks here at the Newfoundland Co-ordinating Council on Deafness (N.C.C.D.). N.C.C.D. is a non-profit agency which provides vocational, rehabilitative and interpreting services to the deaf and hard of hearing adults throughout Newfoundland and Labrador. In addition, we offer a variety of educational support services to students attending post-secondary institutions.

Prior to coming to N.C.C.D., Lenora spent 11 weeks at the Newfoundland School for the Deaf. The Newfoundland School for the Deaf is a residential school for children who are deaf. Spending time here at N.C.C.D. was a complement to her internship at the Newfoundland School for the Deaf as the school is only for students where as N.C.C.D. provides services to adults.

During her 2 weeks here, Lenora gained valuable information regarding the needs of the deaf adults, such as unemployment and underemployment, communication difficulties and accessibility issues, to name a few.

This information was gained through reading material, discussions with various staff members, questioning and observation of counselling situations. It was impossible for Lenora to do a counselling session herself as the majority of our clients are profoundly deaf and rely on American Sign Language for communicative purposes. However, she did have the opportunity to participate through observation and follow-up discussion.

It has been a pleasure to have Lenora here. I found her to be extremely open-minded and without pre-conceived notions of people who are deaf, which is a refreshing change. Prior to her placement, she knew very little about deafness and its implications. One of her goals during her internship was to learn as much as she could and I believe she achieved this. Although her time here was brief, she made good use of her time by learning all she could and I am sure what she learned through this experience will stay with her for life. Undoubtably, she will come in contact with other deaf people both in her future professional and personal life and when she does I am confident she will be completely comfortable with the situation. As many times in life, when we encounter people who are "different" from how we perceive what is "normal", we are often uncomfortable and unsure as to what to say or do. I am sure her experience here will benefit her with not only deaf people but people with other disabilities as well.

In conclusion, I am pleased we could provide this experience and I am certain Lenora will make a fine addition to the field of counselling.

Sincerely,

Jeanne Leonard  
Vocational Evaluator

JL/lr









