

RUTGERS-SOMERSET COUNSELING PROGRAM:
PREVENTING VIOLENCE AND DECREASING RISKY BEHAVIORS AMONG
ADOLESCENT GIRLS: A TRAINING MANUAL

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ABSTRACT

The violence prevention group component of the Rutgers-Somerset Counseling Program, a prevention program for multi-problem youth based in a local junior high school, was established in response to appeals made by school staff for help addressing surges in school and community violence and the rising incidence of aggression among female students. The Program is staffed by doctoral students from the Clinical and School Psychology Psy.D. programs at the Graduate School of Applied and Professional Psychology and the Clinical Psychology Ph.D. program at Rutgers University in New Jersey. As graduate student therapists facilitate prevention groups, training is vital to the successful implementation of the violence prevention program. Thus, a training manual was developed to provide a sense of structure, support and maintain prevention focus, impart fundamental information, and facilitate consistency of implementation of these violence prevention groups. In a field that is increasingly placing more importance on evidence based treatment, this training manual is the first step in creating a program that is standardized across groups in the project and amenable to program effectiveness evaluations. Based on an extensive literature review, four years of experience leading groups within the Rutgers-Somerset Counseling Program, and collaboration with the Program's director and supervisor, a set of topics and skills related to facilitation of violence prevention groups as well as competencies felt to be essential for training graduate student therapists were identified. The manual, entitled Preventing Violence and Decreasing Risky Behaviors Among Adolescent Girls, is comprised of several parts each representing specific training areas: (a) description of the Rutgers-Somerset Counseling Program, (b) overview of the developmental period of adolescence, group dynamics and

theory, and issues and techniques associated with running groups, (c) issues associated with school-based services run by outside organizations, (d) summary of group life, including group selection, composition, and management, (e) session topics, including areas highlighted in the literature as effective components of violence prevention programs as well as crisis management, (f) supervision of groups, and (g) an appendix consisting of logistical information needed to work in the school and lead prevention groups.

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CHAPTER I

INTRODUCTION

Statement of the Problem

A Training Manual for a Violence Prevention Group

The violence prevention group component of the Rutgers-Somerset Counseling Program, a prevention program for multi-problem youth based in a local junior high school, was established in response to appeals made by school staff for help addressing surges in school and community violence, and the rising incidence of aggression among female students in the school. Due to the urgency with which the project attended to the school's concerns, prevention groups took the form of process groups within which alternatives to aggressive behaviors were discussed.

In a field that is increasingly placing more importance on evidence based treatment, creating a training manual for therapists would be a first step in creating a curriculum that is standardized across groups in the program and amenable to program effectiveness evaluations. Measurement of problems before and after an intervention is implemented is necessary in order to improve outcomes for youth; knowing what is effective and what is not helps to guide what strategies are employed in working with at risk adolescents. Without a standard or curriculum to follow in the execution of prevention groups, it would be impossible to isolate effective strategies, and without pre and post assessment data, effectiveness can only be based on perceptions.

In addition to effectiveness and standardization concerns, training matters also call for the creation of a therapist manual for prevention groups. For instance, although violence prevention has been the main focus of the group component of the program, involved students often present with multiple problem behaviors. Further, it is not unlikely for problems in other areas to arise during the course of the group. The availability of a training manual that would include information regarding these other common problem behaviors and crisis management strategies would not only prove invaluable for therapists, but lead to a more systematic handling of and enhanced resolution of such issues.

Aggression and Violence

Why is an Intervention Needed?

Aggression can be defined as any interpersonal action or behavior that is physically or psychologically harmful to another person or object (Lochman, Powell, Whidby, & Fitzgerald, 2006). These behaviors can differ extensively in severity and the degree of harm done to others and, in a broader context, to society (Campbell, Shaw, & Gilliom, 2000). According to Kazdin (2003), approximately 33-50% of the child cases referred for outpatient treatment are done so because of disruptive behaviors. Further, many schools deal with disruptive or violent behavior by suspension or expulsion without providing students with any intervention (Leaf & Keys, 2005). The most common response for youth who display disordered or delinquent behavior within the academic environment is class or school removal and placement in segregated settings (Sprague, Sugai, & Walker, 1998). These high rates of referral and school removal are usually due to the negative effects that the child's aggressive behavior has on others; peers are often mistreated,

teachers' daily goals and teaching activities are disrupted, and parents are often frustrated and overwhelmed with their inability to control their children's behaviors (Lochman et al., 2006).

Research has indicated that aggressive and antisocial behavior is fairly stable over time. There is a high level of continuity of behavior problems from childhood to adolescence and even into adulthood (Farrington, 2005; McMahon & Wells, 1998). Children who exhibit a wide range of antisocial behaviors and who display such behaviors in multiple settings are most at risk for this behavior pattern to continue and persist into adolescence and adulthood (Hill, 2002; Lochman et al., 2006). Children who display this behavior profile are likely to move along the continuum and enter the realm of a diagnosable behavior disorder. Further, children with these antisocial characteristics are at risk for a wide variety of negative outcomes and are more likely to take part in risky health-related behaviors, such as school truancy and dropout, adolescent substance use, early teenage pregnancy, delinquency, and violence (Lochman et al., 2006; Pevalin, Wade, & Brannigan, 2003). Thus, not only do aggressive and antisocial behaviors present problems for children, parents, teachers, and peers, but they serve as a risk factor for problems later on in adolescence and adulthood (Teglasi & Rothman, 2001).

Aggression and violence are significant public health problems in the United States. The homicide rate for children under 15 is 16 times the combined rate of 25 other industrialized countries (Rodney, Johnson, & Srivastava, 2005). Homicide is the fifth leading cause of death for 10-14 year olds, the second leading cause of death for 15-24 year olds, and the leading cause of death for African Americans in the 15-24 year old age-group (Amodei & Scott, 2002; National Center for Injury Prevention and Control,

2003). One in every eight people murdered in 2000 was younger than 18 (Rodney et al., 2005). Moving beyond homicide, in 2000, 128,000 12-18 year olds were the victims of nonfatal violent crimes such as rape, sexual assault, robbery and aggravated assault (Rodney et al., 2005). Schools are not immune to violence; students were victims of approximately 1.9 million crimes while in school and about 2 million away from school (Rodney et al., 2005).

Aggression is typically seen as a male problem. Although boys display higher rates of aggressive and violent behaviors than girls at all ages, aggression and violence among girls has increased exponentially in recent years (Garbarino, 2006; Maccoby, 2004). A generation ago, for every 10 boys arrested for assault, there was one girl arrested; today, for every girl arrested, only four boys are arrested (Garbarino, 2006). From 1990 to 1999, the rate of aggravated assault by girls under the age of 18 increased 57%, while for boys it decreased 5%, and the rate of weapons violence increased 44% for girls and decreased 7% for boys (Garbarino, 2006). Looking at the entire continuum of aggressive acts, during the 1990's in the United States the growth rate of cases of offenses against people was 157% for girls, whereas for boys it was 71% (Moretti, Odgers, & Jackson, 2004). Girls are the only subgroup of the population whose rates of violent crime have increased consistently over time (Moretti et al., 2004).

Despite many years of research and the vast literature on involvement in aggressive and violent behavior, little consideration has been given to this subject among girls. Aggression displayed by girls has essentially been ignored and minimized, largely because of stereotypes that perpetuate the belief that women are nonaggressive (Artz, 2004). The above statistics bring to light the growing prevalence and severity of violence

among girls and underscore the necessity and importance of dedicating attention to understanding this phenomenon specifically among females.

Aggression in Girls

Relational aggression. Relational aggression injures others through harm to or the threat of harm to relationships and feelings of friendship and acceptance (Crick, Ostrov, Appleyard, Jansen, & Casas, 2004). This type of aggression is characterized by both direct and indirect acts and verbal and nonverbal behavior in which “relationships serve as the vehicle of harm” (Puttallaz, Kupersmidt, Coie, McKnight, & Grimes, 2004, p. 112). Nonconfrontational or indirect acts make it difficult for the victim to know who is responsible for such aggression because the aggressor can remain anonymous (Maccoby, 2004; Puttallaz et al., 2004). Moreover, it makes it difficult to know if aggression is actually occurring at all. Relation aggression includes rejecting, ignoring, isolating, turning one’s friends against them, staring, threatening withdrawal of friendship, betrayal, exclusion, teasing, harassment, lying, comments on one’s sexuality, spreading rumors, name-calling, and manipulation. Appearance, clothes, body, and sexuality are often the focus of criticism, especially when girls do not proscribe to group norms. Girls frequently aggress within their networks of friends and these attacks often end in the termination of a friendship. Simmons (2002) gives a poignant description of this type of aggression:

Within the hidden culture of aggression, girls fight with body language and relationships instead of fists and knives. In this world, friendship is a weapon, and the sting of a shout pales in comparison to a day of someone’s silence. There is no gesture more devastating than the back turning away. (p. 3)

Physical aggression. Physical aggression harms another with injury to one’s physical body or threat to one’s physical safety (Crick et al., 2004). When girls express such aggression, it is often seen as unfeminine and more pathological than men

expressing similar levels of aggressive behavior. Physically aggressive girls tend to be disproportionately working-class and girls of color (Simmons, 2002). Thus, stereotypes about girls of color being more deviant are perpetuated by the combination of their increased likelihood to turn to physical aggression and society's tendency to judge such aggression in girls as pathological. In many instances, girls feel that without the use of physical aggression or "dangerous speech," their voices are ignored (Simmons, 2002).

Within the literature on aggression, a distinction is made between *reactive* and *proactive* aggression. Reactive forms of aggression are responses to perceived or actual provocation and/or threat (Hill, 2002; McMahon & Wells, 1998). Reactive aggression is thought to be a frustration response that is associated with an inability to control oneself (Dodge, Lochman, Harnish, Bates, & Pettit, 1997). Proactive aggression occurs when aggressive behaviors are used as a means of obtaining something; this behavior is typically self-serving (McMahon & Wells, 1998). Proactive aggression is thought to be more organized, calculated, and less emotional (Dodge et al., 1997). In a study investigating the differences between children displaying reactive and proactive aggressive behaviors, Dodge et al. (1997) found that children showing reactive aggression were more likely than those showing proactive aggression to have been physically abused, have poor peer relationships, to have displayed aggressive behaviors at an earlier age, and to have symptoms of ADHD.

Either/Or or both? Aggression is often provoked by overwhelming emotion resulting from the breakdown in communication and of relationships (Campbell, 1994). Girls tend to internalize the stresses of peer relationships more so than their male counterparts. So, is physical aggression a way of dealing with relational aggression?

According to Chesney-Lind and Belknap (2004), “While girls’ aggressive behavior often remains relational in nature, overt manifestations of aggression are often preceded by relational aggression. Often the rationale for a physical fight is ‘She’s talking behind my back’ or ‘she’s after my boyfriend” (p. 210). Thus, it appears that one can display relational aggression without resorting to physical aggression, while physical aggression rarely occurs without some form of relational aggression also taking place.

Development of Aggression

Normative development of aggression. Children are naturally aggressive, even in infancy (Garbarino, 2006). Infants will show some physically aggressive behavior as a result of frustration. As the infant becomes more able to move around, gain control over his/her body, and interact with others, physically aggressive behaviors occur during conflicts over toys and territory. For the first 3 years of life, boys and girls display almost equal amounts of aggression (Garbarino, 2006). Physical aggression begins to decrease in frequency after age 3 (Tremblay, 2000). At around age 4, gender differences emerge and girls become less physically aggressive than boys. Although this drop-off in aggression occurs in both sexes around this age, the frequency of girls’ aggressive behaviors drops more sharply; whereas boys’ aggressive behaviors decline more slowly. This is thought to be reflective of the earlier acquisition of productive language skills and the more rapid progress of impulse control in girls (Maccoby, 2004). Because of their development of social competence, girls are “more ready and able to exchange physical aggression for more subtle, effective, and acceptable tactics for getting what they want and for expressing themselves” (Garbarino, 2006, p. 7). This is also a function of the pressures

girls receive to give up physical aggression because it is “not feminine,” and conversely, the subtle socialization of boys to be more aggressive.

Verbal aggression tends to increase across the preschool years as children gain language skills (Vaillancourt & Hymel, 2004). Indirect and social forms of aggression appear to increase from early to middle childhood and into adolescence (Tremblay, 2000; Vaillancourt & Hymel, 2004); however, nonconfrontational aggression in girls increases robustly in early adolescence (Maccoby, 2004). It is thought that this can be attributed to the fact that it is at this time during development that “children become more sophisticated in understanding the dynamics of social networks and more motivated to achieve status within them” (Maccoby, 2004, p. 16). Further, this increase in indirect aggression parallels the development of advanced verbal and cognitive changes, specifically formal operational thought, which allow for this type of social manipulation (Vaillancourt & Hymel, 2004).

Development of antisocial, aggressive, and violent behavior. Two different developmental pathways of conduct problems have been hypothesized. Moffitt (1993) distinguishes between *life-course persistent* and *adolescent limited* forms of antisocial behavior. The life-course persistent pattern describes children with disruptive behaviors that first present themselves in the preschool and early school years (McMahon & Wells, 1998; Moffitt, 1993). An early onset of disruptive behaviors is more likely to persist throughout childhood and into adulthood (Frick, 2001; Hill, 2002; Moffitt, 1993). These children are more likely to have parents with psychopathology, antisocial behavior, and/or social processing deficits and to come from adverse family circumstances (Hill, 2002; McMahon & Wells, 1998). Kids in the early starter pathway are more likely to

have had a difficult temperament as an infant, have neuropsychological deficits, cognitive deficits, social-cognitive deficits, and coercive parenting, all of which predispose the child to aggressive, antisocial, and otherwise disruptive behavior (McMahon & Wells, 1998; Moffitt, 1993). It has been hypothesized that conduct problems develop through a transactional process between the vulnerable, difficult child and an inadequate environment (Moffitt, 1993). These processes lead to greater, enduring vulnerabilities that negatively impact their psychosocial adjustment.

The adolescent limited pattern refers to children whose disruptive behaviors start in adolescence. These children tend to show a more sudden onset of conduct problems (Frick, 2001). More children follow this pathway and those whose behaviors do not manifest until later are thought to display conduct problems of lesser severity (McMahon & Wells, 1998). These children tend to have less dysfunctional family histories, are less likely to have cognitive impairments, show greater social competence, and are less likely to have problems with impulsivity and hyperactivity than those with an early onset of disruptive behaviors (Frick, 2001). These adolescents typically do not carry over their behavior into adulthood and fare better than the life course persistent pattern (Moffitt, 1993); however, those who follow the adolescent limited pathway still display more antisocial behaviors, violence in interpersonal relationships, substance use, and express more anxiety and depression into adulthood than children and adolescents who do not display antisocial behaviors (Hill, 2002). Hypotheses regarding the processes leading to the later expression of these behaviors vary. Some researchers believe that this pattern begins in families with inadequate management skills, significant stressors, and inadequate parental supervision (McMahon & Wells, 1998). Conversely, according to

Moffitt (1993), it is thought that these adolescents acquire the antisocial behaviors as a result of social influences and as an extreme way of asserting one's separation and individuation from the family. Thus, Frick (2001) explains:

... their antisocial behavior is seen as an exaggeration of the normative developmental process of identity formation that takes place in adolescence. Their engagement in antisocial behaviors is conceptualized as a misguided attempt to obtain a subjective sense of maturity and adult status in a way that is encouraged by an antisocial peer group. (p. 602)

As cited in Maccoby (2004), in Moffitt, Caspi, Rutter, and Silva's (2002) Dunedin longitudinal study on 1000 children in Dunedin, New Zealand, there was only a small group of children who fit the life-course persistent type of aggression. In this group, boys outnumbered girls by a ratio of 10 to 1. Many more children began to show aggressive behaviors only in adolescence and among this group, boys only outnumbered girls by a ratio of 1.5 to 1. Thus, it appears that for girls, there is an increase in aggressive behaviors during adolescence.

Understanding Aggression

Many factors are associated with aggressive behavior and violence in children and adolescents and this varies across social and cultural groups. Children with disruptive and antisocial behavior problems are likely to have academic difficulties, including achievement at levels lower than expected, grade level retention, early school termination, deficiencies in specific skill areas, and learning disabilities (Kazdin, 2003; Sprague et al., 1998). Further, characteristics of a child's environment are also associated with childhood aggressive and antisocial behavior. Children with conduct disordered behaviors are likely to live in families with high levels of parental stress, conflict and aggression between parents, parenting practices that are harsh and/or inconsistent,

financial difficulties, and adversarial contact with outside agencies (Kazdin, 2003; Sprague et al., 1998). Further, it has been established by many researchers that youth who live in urban areas are at particular risk for experiencing aggression and violence and this is especially true for ethnic minority youth (McMahon & Washburn, 2003). This is related to the numerous stressors they face in their daily lives that are a function of their urban environment such as overcrowding, crime, poverty, unemployment, and gangs.

Much of the research in this area supports a cognitive understanding of aggression where children have deficits and distortions in perceiving, processing, and responding to social situations; aggressive and antisocial children often have poor social skills and social processing deficits, such as attributional biases related to interpersonal relations (Kazdin, 2003; McMahon & Washburn, 2003; Sprague et al., 1998). When interpreting an event, aggressive children tend to attend to fewer relevant social cues and perceive cues in the environment in a hostile manner (Lochman & Dodge, 1994). Aggressive children have difficulties discerning the intentions of others. Also linked to aggressive behavior are difficulties with impulse control. Aggressive children will often respond immediately to the first thought they have and will “respond to potentially threatening situations by activating a limited behavioral repertoire that is congruent with their emotional state and often select aggressive behavior without fully evaluating it” (McMahon & Washburn, 2003, p. 45). Further, these children have difficulty with perspective taking, verbalizing their feelings, and developing empathy, which has been linked to decreases in aggressive behavior and increases in prosocial behavior (McMahon & Washburn, 2003; Teglasi & Rothman, 2001).

Peer rejection has also been associated with the development of aggressive behaviors. Rejection by peers leaves antisocial children without normative socialization experiences (Dodge et al., 2003; van Lier, Vitaro, Wanner, Vuijk, & Crijnen, 2005). Further, antisocial children's aggressive acts are reinforced when other children respond by backing away or stopping whatever behavior they were engaged in (van Lier et al., 2005). Dodge et al. (2003) investigated the relation between peer rejection and antisocial behavior in four separate studies and found that social rejection by peers during early elementary school is associated with later aggressive behavior. There are several models for the development of antisocial behavior related to peers. In the selection model, a child chooses a deviant peer group because they act in similar manners. The socialization model, on the other hand, contends that it is the rejection of non-deviant peers that predicts the development of antisocial behavior because the child begins to resent the normative peers that he/she was rejected by. The enhancement model combines the two aforementioned models and asserts that antisocial behavior is worsened by both the rejection by nonantisocial peers and the selection of antisocial friends. A study by van Lier et al. (2005) addressed whether there were gender differences in the development of antisocial behavior in relation to peer relationships. Results showed that the affiliation with deviant peers was less strongly related to maladjustment in girls. The authors asserted that this finding "suggests that the socialization model of development of antisocial behavior may be more applicable to girls" (p. 852). Thus, regardless of which model one prescribes to, it appears that peer rejection acts as a stressor that increases one's tendency to react aggressively among children who are at risk for such behavior.

American Society and Aggression

Consistent with postmodern idea that the understanding of a phenomenon occurs through different lenses that are colored by one's experiences and the social, political, and cultural context of the times, it is important to consider the historical, societal, and cultural context surrounding the development, expression, and maintenance of aggression.

Relational aggression. Girls have traditionally channeled their aggressive impulses into relational aggression. Conway (2005) stresses that "gender norms are deeply embedded yet often invisible within American culture" (p. 337). Gender socialization occurs at an early age; very young girls learn that they are supposed to be nice, sweet, passive, and focus on others' needs (Conway, 2005; Putallaz et al., 2004). Messages about expectations of appropriate gender-based behavior are communicated through parents, siblings, relatives, peers, teachers, television, books, and movies. Many parents encourage sex-typed activities and push gender specific toys, use physical punishment more with boys than girls, show disapproval when female infants and children show anger while supporting the expression of anger in male children, and accept their sons' anger and retaliation as an appropriate reaction to another's anger, while encouraging their daughters to work out their anger in more passive ways and mend the harmed relationship (Zahn-Wasler & Polanichka, 2004). Girls' expressions of strong feelings are labeled bossy and confrontational, while similar expressions in boys are identified as assertive and competitive (Brown, 1993). Further, aggression in girls is often not tolerated by those who care for children. Girls are either more harshly punished for aggressive behavior or conversely, they are not rewarded for the expression of aggression

(Chesler, 2001). Teachers, for example, tend to respond to boys when they show aggressive behavior, while ignoring girls when they display the same behavior (Campbell, 1994). This lack of response proves effective at socializing girls, deterring them from expressing aggression.

Females are discouraged from expressing negative emotions, being aggressive, and resolving their differences through fighting and so, their innate aggression gets translated into words and taken out on safe targets – other girls (Brown, 2003; Conway, 2005; Simmons, 2002). For girls, society brands physical aggression as deviant behavior and thus, girls develop anxiety around expressing anger through aggression (White & Kowalski, 1994). When girls feel the need to aggress, they tend to go underground with their anger because they have gotten the message that such an emotion and reaction is wrong or unacceptable for nice, good girls (Brown, 2003). Based on findings that high levels of negative emotion minimization are associated with problematic behavioral outcomes in girls behaviorally at risk, Conway (2005) proposes:

...the socialization of emotional inhibition and suppression in young girls may result in an accumulation of disadvantage in the development of certain emotional regulation strategies and behavioral competencies. Specifically, socializing girls to inhibit anger and aggression may indirectly limit the development of a flexible emotional repertoire of strategies that they can use to regulate and express various emotions, such as anger.
(p. 337)

Prohibited from outwardly expressing their aggression, anger, and ill-feelings, girls use intimacy and its withdrawal as an outlet for their expression (Simmons, 2002).

Relationships are central to a girl's self-concept. Girls' friendships are set apart from those of boys in that relationships among girls are characterized by self-disclosure and the sharing of secrets, rather than common group activities (Putallaz et al., 2004).

These relationships can provide them with “psychological safety nets” (Brown, 2003). However, since girls define themselves by relationships, the fear of the prospect of losing relationships and being alone is so strong that relationships become the target of aggression. Friendships and social interactions are rooted in the nature of connection and so inclusion and exclusion have incredible meaning to girls (Putallaz et al., 2004). Maccoby (2004), asserts that the “greater intimacy of girls’ friendships makes them more vulnerable to betrayal when friendships break up and the social networks shift” (p.16). According to Simmons (2002), “Since relationship is precisely what good, ‘perfect’ girls are expected to be in, its loss and the prospect of solitude, can be the most pointed weapons in the culture of aggression in girls” (p. 31).

Moreover, girls torment other girls through relational aggression over things that the dominant culture systematically encourages as important (Brown, 1993). Brown (1993) found that these things fall into three categories: “fat-talk”, “slut-bashing”, and “bitch-ing.” Using these labels, girls can assert their status within the social hierarchy. Brown asserts that these are judgments based on dominant cultural ideals of femininity, including ideals of beauty, containment of heterosexual sexuality, and passive nondisruption, and are directed at girls who call into question these feminine archetypes.

Physical aggression: Times are changing. With the strides made during the women’s movement has come an inflation of girls’ involvement in physical aggression and, in its severe form, criminal behaviors that historically were predominantly perpetuated by boys (Garbarino, 2006). What exactly has led to these increasing rates of female physical aggression? Is the surge in violence and aggression among girls a

byproduct of the attack of the modernist representation of women and the liberation achieved during the women's movement?

Although a completely egalitarian status has not yet been achieved, women, no longer stifled by the political and societal confines of femininity, have slowly been exposed to a more equal and less restricted social and occupational world. Women are no longer at home and are trying to make it in traditionally male dominated areas; they are now competing with men. Many more opportunities are open to females today and girls are now empowered by the many possibilities and roles that they see in their future. According to Garbarino (2006), there is a "*New American Girl*" that has a new assertiveness and physicality that is unlike the girls of previous generations. He asserts that the expansion of the bounds of femininity that resulted from the women's movement is evident in increased assertiveness, participation in sports, and active rather than passive coping strategies. Girls are learning that their bodies can be physically powerful in ways that are not sexual (Garbarino, 2006). Garbarino (2006) believes that "increasing violence among troubled girls and the generally elevated levels of aggression in girls are unintended consequences of the general increase in normal girls' getting physical and becoming more assertive" (p. 4). It is difficult to make a change in one domain, as in the workplace, in the military, or on the sports field, without having it spill over into other areas. In addition, women and girls who have been traumatized and victimized by men in their assertion of power (more common and accepted during pre-feminist patriarchy), are now realizing that anger, defiance, and fighting back are options.

According to Garbarino (2006):

As the conditions that cause girls to learn to be socially competent change and the

pressures to give up physical aggression decline, girls can and will become more and more likely to hold on to physical aggression in their early years and make use of it later on. They will also become more likely to behave violently when they are troubled and socially ineffective. (p. 7-8)

Aggression, within the context of American pop culture and the way it is presented through media images, is portrayed in a positive, prosocial light (Garbarino, 2006).

Recently, there has been a surge in the media portrayal of aggressive women as very powerful and sexy. Aggression is rewarded on television and in the movies. Girls are now getting the messages that hitting is good, sexy, and justified, that they must fight for their honor, and hitting connotes power (Garbarino, 2006). According to Garbarino (2006), this media exposure begins to desensitize our youth, increasing the risk of aggressive behavior. The effects of television violence on children's aggressive behavior have been widely researched and a link has been found between violence on television and aggressive acts in children (Garbarino, 2006).

Further, the culture that girls are being liberated into has been described by Garbarino as a "toxic social environment" that can contribute to the expression of aggressive behavior. Garbarino (2005) asserts:

The elements of this social toxicity include the spirit-deadening superficial materialism, reduced benevolent adult authority and supervision, civic cynicism, and fragmentation of community, all promulgated through the vehicle of pop culture that often undermines legitimate adult authority and promotes a vivid linking of assertive sexuality with explicit aggression. All these social toxins stimulate aggressive behavior. This is decisive, when coupled with the fact that girls have the innate capacity to be aggressive and that the cultural pressures for girls to give up physical aggression early and seek alternatives have been declining. (p.10)

Opponents of the belief that the increase in physical aggression is a consequence of the women's movement support their contention with findings regarding female victimization. Violent girls report significantly greater rates of victimization and abuse

than their nonviolent counterparts. As cited in Chesney-Lind and Belknap (2004), in her analysis of violence in girls, Artz (1998) found that 20% of violent girls stated that they were physically abused in their home, compared to 10% of violent males and 6.3% of nonviolent females. Roughly one out of four violent females had been sexually abused, compared to one in ten nonviolent girls. According to Chesney Lind and Belknap (2004), “These findings would provide little ammunition for those that would contend that the ‘new’ violent girl is a product of any form of ‘emancipation” (p. 211). However, I would assert that those who believe the women’s movement has had an effect on aggression would highlight the fact that had the women’s movement not occurred, these abused women would have sat with their silence and continued to be abused whereas with the sense of freedom gained from the movement, they were more likely to realize they could fight back. Thus, it appears that there may be an interaction between the freedom communicated by the movement and girls’ histories of victimization.

CHAPTER II

PREVENTION AND INTERVENTION

Relational aggression is not likely to be reported to authorities, such as administrators or teachers, and when reported, nothing is done about it because there is not enough time to deal with what appears to them to be benign “girl stuff.” By dismissing gossip, ridicule and other forms of relational aggression as things that girls “just do,” we are doing a great disservice to our children, as well as potentially perpetuating physical aggression, as these girls may turn to such behavior if they do not foresee other options. According to Chesney-Lind and Belknap (2004), “by addressing the relational aspect of aggression early and often, practitioners working with youth are in essence conducting overt violence prevention” (p. 211). Physical aggression and violence must also be directly addressed, but it must be done in a way that preserves the empowerment of girls and does not discourage the expression of negative emotion or assertiveness.

Feminist postmodernists believe that universal assertions about women and gender should be avoided; they prefer that multiple perspectives be taken, none of which claim objectivity (Anderson, 2003). Consistent with postmodern views, White and Kowalski (1994), propose that the best way to understand gender related patterns of aggression is through the embedded perspective, which proposes that behavior is the result of the interplay of individual characteristics and various social and cultural factors. Thus,

“aggression can be best understood by considering the interaction of factors at several levels, the ontogenetic (intrapsychic), microsystems (dyadic level of interaction), exosystems (social structures that define appropriate behaviors), and macrosystems (the larger social context, including cultural norms and values)” (White & Kowalski, 1994, p. 503).

Interventions for Aggression: Treatment Effectiveness

There is a substantial body of research on the effectiveness of *treatment* interventions for aggression; however these studies have almost completely focused on boys. Cognitive-behavioral treatments have been shown to have the strongest impact on antisocial behaviors when compared to other treatments (Losel & Beelmann, 2003). Cognitive-behavior therapy (CBT) has been increasingly used to help decrease antisocial behavior in children since the development of cognitive-behavioral anger control programs for adults (Bennet & Gibbons, 2000). Several interventions have been found to be effective for the treatment of aggressive, antisocial, and conduct disordered behavior, including contingency management programs, parent management training, and cognitive-behavioral skills training (Frick, 2001). Due to the many social processing deficits common in children who display antisocial behavior, CBT interventions typically focus on socio-cognitive deficits and biases. These interventions try to help children perceive ambiguous events in a non-hostile manner, to generate more prosocial responses to social problems, and consider the consequences to the potential responses before helping the child to act on their decision.

Most child-based CBT interventions include cognitive-behavioral skills training which focuses on the aforementioned socio-cognitive deficits and biases. Skills training

programs for aggressive and antisocial behaviors typically target social-problem solving, anger management, social skills, assertiveness, and coping skills (Taylor, Eddy, & Biglan, 1999; Teglas & Rothman, 2001). An emphasis is placed on how children approach situations. Children are taught to use a step-by-step problem solving approach to manage interpersonal difficulties (Kazdin, 2003). As part of the problem solving training process, prosocial behaviors are fostered through modeling and direct reinforcement. Treatment often incorporates the use of structured tasks involving games, academic activities, and stories. Over the course of treatment, the cognitive problem solving skills are increasingly applied to real-life situations. The therapist plays an active role in these training programs often modeling, role-playing, prompting, giving corrective feedback, and praising the child for the appropriate use of skills (Frick, 2001). A meta-analysis conducted by Bennet and Gibbons (2000) shows that child based interventions have a small to moderate effect in decreasing antisocial behavior and these interventions appear to be less effective than parent training. However, there appeared to be an interaction effect between intervention and age as results suggested that child-based CBT interventions were more effective for older elementary-school aged children and adolescents than for younger school aged-children. Further, Bennet and Gibbons (2000) suggest that child-based interventions may be most effective for children who exhibit high rates of *reactive* (as opposed to proactive) aggression.

Violence Prevention Programs

Given the prevalence of violence among teens and the increasing rates of aggression within schools, prevention programs are an important ingredient in the efforts to decrease violence among youth. McMahon and Washburn (2003) examined the impact

of a violence prevention program among 156 African American students in inner-city schools in Chicago. The program, Second-Step, was administered to students in the fifth through eighth grades and was aimed at increasing knowledge about violence, increasing prosocial behavior, and decreasing impulsive and aggressive behavior. The curriculum was made-up of fifteen sessions, each lasting 50 minutes, and consisted of five units. The first unit focused on helping the students to understand the problem of violence by presenting statistics, describing the general factors that contribute to violence, and discussing how youth behavior provides risk and protective factors for violence. During the second unit, empathy was defined, described, and presented as the basis of prosocial behavior. The third unit focused on anger management and provided techniques for reducing stress and managing angry feelings in a prosocial manner. Sessions focused on avoiding stereotyping and labeling others and learning communication skills. This unit also highlighted anger as an appropriate and potentially positive emotion, stressed that anger does not need to lead to aggression, and described alternative responses to aggression. The fourth unit focused on problem solving and the last unit concentrated on applying the knowledge and skills obtained in the previous units to specific situations. These situations were making a complaint, dealing with peer pressure, resisting gang pressure, dealing with bullying, and discussing a fight. Outcome evaluations conducted immediately following implementation of the program indicated increases in self-reported knowledge and skills, self-reported empathy, and teacher-reported prosocial behavior. Further, increases in empathy significantly predicted less aggressive behavior. However, there were no significant overall changes in aggressive behavior and impulsivity, and the authors suggested that “although the students may learn the concept

in the program, the strong environmental norms supporting aggression in the community may interfere with the program goals of reducing aggression” (p. 56).

The Resolving Conflict Creatively Program (RCCP) is a universal, school-based violence prevention program (Abner, Jones, Brown, Chaudry, & Samples, 1998). The goal of the program is to change the processes and strategies that lead to aggression and violence through the teaching of conflict resolution and the promotion of positive intergroup relations. The objectives of RCCP are to decrease violence, promote cooperative behavior, and increase skills in conflict resolution and intercultural understanding, as well as to create a positive climate that will facilitate student learning. The program includes classroom-based social and emotional learning curricula, staff development, parent workshops, and a peer mediation program. During classroom implementation of the curricula, there is an emphasis on anger management, analyzing conflict situations, confronting bias and stereotyping, communication, and negotiation. Parent workshops were held to reinforce the concepts being taught to their children, such as conflict resolution and effective communication. Evaluation of this program shows that positive effects, specifically smaller increases in hostile interactions, were found for students who had teachers that had moderate levels of training in the curricula and taught many of the curricula’s lessons. Thus, results indicate that there was a significant reduction in the rate at which the problem behaviors increase and higher levels of exposure to the curriculum lead to changes in the socioemotional development of these children.

Amodei and Scott (2002) conducted a violence prevention program that used a modified version of the “Violence Prevention Program for Adolescents” curriculum

developed by Deborah Prothrow-Smith. This program was conducted in an alternative school and delivered for ten weeks to a group of 200 primarily Hispanic female students, and to 70 teen mothers whose children attended the day care that was part of the school. The program emphasized the detrimental and disadvantageous aspects of violence, centered on interrupting and preventing the things that lead to violence, such as certain behaviors or involvement in certain situations, and taught nonviolent ways of resolving conflict often using role-plays to learn and apply negotiation skills. The curriculum developed by Prothrow-Smith was adapted in two ways: first, epidemiological data was revised to make it more relevant to the population targeted in this program and second, the role-plays and vignettes were modified to make them more appropriate and similar to situations the target population would encounter. An evaluation conducted upon completion of the program revealed significant decreases in the use of weapons, gateway drugs, and total violence-related behaviors.

Farrell, Meyer, Sullivan, and Kung (2003) conducted an evaluation of Responding in Peaceful and Positive Ways (RIPP), a universal, school-based violence prevention curriculum for 7th and 8th graders, which was designed to strengthen and extend the effects of the 6th grade RIPP curriculum. The RIPP curricula were created to provide students with conflict resolution strategies and skills. The RIPP-6th grade program's structure was based on the link between aggression and social cognitions and emotional processes and was primarily centered on a problem solving process that weaves in these components. Throughout the program, students learned about the development that occurs during adolescence, discussed the consequences of personal choices on health and well-being, learned that they have nonviolent options when conflicts arise, and thought

about the benefits of being a positive role model. The 7th grade curriculum focused specifically on conflict resolution and included skills based on the following: (1) respecting others, (2) speaking clearly, (3) listening to oneself, and (4) valuing friendships. Seventh grade classrooms in two urban middle schools where RIPP had been administered the year before were randomly assigned to a control and intervention group. Outcome assessments conducted upon completion of the program and six and twelve months following program completion measured problem behavior frequency, anxiety, and knowledge of the RIPP material. Results of the evaluation provided mixed support for the program's effectiveness. Students in the intervention group were found to have fewer disciplinary code violations than the control group during the 8th grade year at both 6- and 12-month follow-up assessments. RIPP-7 participants showed a significant increase in their knowledge of curriculum material during post-treatment as well as follow-up assessments. Significant main effects were not found for measures of physical aggression or anxiety; however these effects were moderated by pretest scores indicating that students who benefited most from the intervention tended to be those who reported higher pretest frequencies of problem behaviors. Further, an interaction effect was found at the 6-month follow-up assessment between gender and treatment with boys reporting lower rates of nonphysical aggression, attitudes more supportive of nonviolence, and receiving higher scores on the RIPP knowledge test, suggesting that the impact from treatment was stronger for boys than for girls. No hypothesis was given as to why this interaction effect occurred.

Based on the lack of research on the effectiveness of both preventive and treatment interventions for girls and evaluations from combined gender programs showing that

effects were found for boys, but not for girls, the Earls court Child and Family Center developed a gender-based specific intervention program, Earls court Girls Connection, for girls ages 7-12 (Pepler, Walsh, & Levene, 2004). This program was more of a treatment intervention than a prevention program as Earls court is a family focused treatment center for aggressive children. The program consisted of three components, a child-focused intervention, a parent group, and a mother-daughter group. The parent-focused intervention focused on teaching effective parenting and anger management skills. The mother-daughter group was aimed at relationship building and opening mother-daughter communication. The child-centered portion of the program focused on learning effective emotion regulation, anger management, and problem solving strategies. What distinguished this from gender combined programs was that it contained gender specific elements. For example, triggers for girls are different from boys and often focus on appearance or social status within her peer group. Activities were centered on situations that a girl would be more likely to face such as role-plays in which a girl was walking down the hall and heard a group of her friends talking about her. The program then helped each girl identify her triggers and develop coping responses for situations in which that trigger button was being pushed. Evaluation of the effectiveness of the program during six month and twelve month follow-up assessments showed significant improvements in a wide range of behavior problems as measured by pre and post intervention parent ratings. On the whole, there were significant decreases in parent reports of aggressive behavior and negative behaviors during anger regulation, peer interactions, and interaction with adults. Further, the quality of the girls' interactions with

peers and adults, specifically parents and teachers, showed significant improvement at the 6- and 12-month follow-up.

The Ophelia Project, a national, nonprofit organization that is dedicated to raising awareness about relational aggression, provides resources and programs in this domain, and advocates for healthy peer relationships, responded to a middle school's requests for interventions to reduce relational aggression by conducting a pilot study of two different types of interventions (Nixon, 2005). The study examined the effectiveness of and compared a 2-day intervention, a 10-week intervention, and a group receiving no intervention. In the 2-day program, high school mentors met with the students for 2 days whereas in the 10 week intervention, college mentors met with small groups of five to eight girls for 40 minutes every week for 10 weeks. The 10-week program was created in a way that was meant to challenge the girls' current behavior and normative beliefs about relational aggression through role-plays, interactive games, behavioral contracts, and small group discussions. The specific goals of the program were to educate girls about relational aggression and to provide practical tools to address this, such as equipping the girls with ways to intervene in a constructive manner. The results of their evaluation indicated that while the 2-day intervention showed a reduction in relational aggression, it did so for only a brief period of time. The 10-week intervention, however, was successful in reducing relational aggression in girls over the 10 weeks and the girls in this condition were less tolerant of relationally aggressive behavior and reported fewer aggressive beliefs at posttest. This suggests that for relational aggression interventions to be effective, the students should meet regularly with older, same-sex mentors, challenge

normative beliefs about relational aggression, and use activity-based learning for at least 10 weeks.

Using the Literature to Inform a Violence Prevention Program

Based on the research, it appears that social-skills training is effective in preventing aggressive behavior; well implemented, cognitive-behavioral programs targeting at risk youngsters who already exhibit some behavioral problems seems to be particularly effective (Losel & Beelmann, 2003). Other areas highlighted throughout the literature that were a part of effective prevention programs are learning about violence and its consequences, building empathy, anger management, stress reduction, problem solving, conflict resolution, discussions on consequences of personal choices, confronting bias and stereotypes, communication, and negotiation. Some girls behave aggressively because they have deficits in the basic skills needed to relate to others, initiating and maintaining relationships, and managing emotions (Underwood & Coie, 2004) and so, the above mentioned program components that have already been tested through previous efforts would be appropriate for girls. However, as discussed in the Earls court intervention, it would be more beneficial for girls if the intervention components were gender specific and applicable to their lives as females. Further, it is clear that girls behave aggressively in many different ways and this behavior can have seriously negative consequences not only during childhood and adolescence, but as they enter adulthood, become involved in romantic relationships, and become parents (Underwood & Coie, 2004). As girls progress through school, it seems likely that physical aggression will be preceded by relational aggression and thus, successful interventions will need to focus on relational aggression as well (Underwood & Coie, 2004). As the Ophelia Project's

evaluations indicated, much of the work in this area will need to be focused on challenging the girls' beliefs regarding relational aggression and providing them with assertiveness training.

Implications for Violence Prevention

With behavior problems, specifically aggressive behaviors, children and adolescents are likely to have many other school-based difficulties and thus, the prevention of aggressive responses and promotion of social competencies are important, as they will hopefully have a ripple effect and lead to healthier, more adaptive functioning overall. Based on the above findings, violence prevention programs should focus their efforts on education and skills building, including building empathy, anger management, stress reduction and the use of coping mechanisms, problem solving, conflict resolution, confronting bias and stereotypes, and communication. It is important to understand that there is not one answer to the question: "What leads to aggressive behavior in girls?" Nor is there one treatment or intervention strategy that works best for each child. There is no one, objective, external reality in the world of female aggression. Thus, guided by findings in treatment effectiveness and a pragmatic examination of the familial, economic, societal, political, and cultural ecology surrounding the school, an individualized program should be developed.

CHAPTER III

ADOLESCENCE

Adolescence is a transitional stage in one's development where physical, psychological, emotional, cognitive, and social growth and change occur. An adolescent is no longer a child, now dealing with issues of identity, affiliation, and separation, but he/she is not yet an adult, lacking the full cognitive and emotional regulatory capacities necessary for insight and maximal ego strength. They are caught in a stage between the security that one feels during childhood and the complete autonomy experienced by adults (Santrock, 2004). Further, each adolescent matures and negotiates the challenges of this transitional period at a different rate and often regresses to earlier stages of development in the process, frustrating the adolescents as well as the adults in his/her life. Adolescence is a vulnerable phase fraught with challenges, insecurities, and confusion. A summary of developmental changes can be found in Table 1.

Table 1
Developmental Changes During Adolescence

Change	Description
Physical	Pubertal maturation and sexual development
Cognitive	Development of higher level cognitive skills (e.g., abstraction, consequential thinking, hypothetical reasoning, perspective taking)

Table 1 continued
Developmental Changes During Adolescence

Change	Description
Relationships	Transformation in parent-child relationships, increase in family conflict, peer relationships become increasingly important and intimate
Identity	Self-image, self evaluation, determination of values, understanding of competencies and weaknesses
Autonomy	Self-control, self-reliance, and independent decision-making all increase

Note. References for information presented in Table 1 are Holmbeck, Greenley, & Franks (2003) and Wolfe & Mash (2006).

Physical Maturation

Adolescence is marked by a period of rapid physical maturation including hormonal and bodily changes such as growth in height, weight gain, and the development of secondary sex characteristics. Changes in one's appearance have "profound social and psychological implications" and "sensitivity about one's appearance and its relationship to peer-group affiliation are potential sources of emotional stress" (Malekoff, 2004). Further, adolescence is a time of sexual exploration and incorporation of sexuality into one's identity (Santrock, 2004).

Cognitive Development

According to Piaget's theory of cognitive development, adolescents move from concrete thought to more formal operational thought, characterized by thinking that is more abstract, logical, and idealistic (Santrock, 2004). During adolescence, one becomes

more capable of rational and hypothetical thought and perspective taking (Wolfe & Mash, 2006). This stage is also characterized by adolescent egocentrism, heightened self-consciousness marked by a sense of uniqueness, invulnerability, and the overestimation of their significance to others (Santrock, 2004).

Psychosocial Development

According to Erickson's model of psychosocial development, adolescents confront questions of identity and are preoccupied with self-reliance and self-understanding, along with discovering values and beliefs that are important to them (Santrock, 2004). Before adolescence, children tend to espouse the morals and beliefs of their parents; during adolescence these ideals and mores are questioned while their own value system is being created (Carrell, 1993). Additionally, relationships with others are of utmost significance to the adolescent. As teens develop the capacity for intimacy, the importance of peers and interest in romantic relationships increases considerably (Wolfe and Mash, 2006). With this change, as well as the adolescent desire for autonomy, teens begin to pull away from their parents and the parent-child relationship changes. According to Robin and Foster (1989):

The independence seeking behavior of young teenagers interrupts these previously established homeostatic patterns of family relations. The system reacts to these changes by attempting to reestablish control and balance....In light of these developmental changes and challenges, it is not surprising that families are confronted with transitions during this period...These transitional processes set the stage for the etiology of conflict. (p. 9-11)

Identity and Self-Esteem

In addition to all these changes, adolescence itself is a very intolerant period. Being different is not accepted; being different is bad and conformity means belonging. Peer acceptance and identification with a peer group are of supreme importance to adolescents (Carrell, 1993). At this age, reputation, respect, and image are vital and although teens are very attached to their friends, friendships and alliances, and even fights, can be relatively transitory. Teens identify strongly with their peers and want to spend as much time with them as possible, yet compete with them vigorously (MacLennan & Dies, 1992). Adolescents experience changes in how self-evaluations are made, focusing more on social comparison as standards for evaluation (Wolfe & Mash, 2006). Body image, appearance, peer values, and accepted activities are of extreme consequence and pressures felt may lead to risk taking behaviors and perilous experimentation (MacLennan, 1998).

Self-esteem fluctuates and self-identity transforms throughout adolescence. According to Wolfe and Mash (2006), self-esteem is an indication of one's judgment of their own personal competence. In adolescence the areas of competence emphasized include acceptance by others and social status, attractiveness, athleticism, and intelligence and achievement. One's self-image is vulnerable during adolescence and self-esteem may be deflated with the many psychical changes experienced. Not only do these changes affect one's view of self, but it changes their behaviors and interactions with others as well as inducing changes in responses from others (Wolfe and Mash, 2006). According to Wolfe and Mash (2006), "Self-identity becomes more solidified as young adults develop a coherent picture of their capabilities and limitations and select

and commit to their personal choices related to sexual, occupational, and social roles”(p. 13). During adolescence, “individuals form lasting constructs regarding how they value themselves and understand their ability to master developmental change in their lives” (Garrick & Ewashen, 2001, p. 169).

Separation-Individuation

Adolescents struggle with issues of autonomy, authority, and independence (Garrick & Ewashen, 2001). Adolescence is frequently identified as the second stage of separation-individuation where teens struggle for emotional independence and separation from their childhood and their parents (Richmond, 2000). Adolescents desire a sense of control over their own lives; they rebel from the adults in their lives (Carrell, 1993; Omatseye, 2007). Yet, adolescents still want guidance. They will push the limits, but see limits as a sign of caring and concern (Carrell, 1993). They struggle for autonomy, yet they need the security “of being able to fall back on adults when life becomes difficult” (MacLennan & Dies, 1992, p. 44). A summary of the developmental tasks of adolescence, including separation-individuation, can be found in Table 2.

Table 2
Developmental Tasks of Adolescence

Task	Description
Separation/Individuation	Rebels against parents, but needs reassurance of parental presence; control issues (e.g., conflict over curfews)
Personal value system	Previously adopted system of parents, but with increasing autonomy, now faced with decisions and choices where he/she is confronted with value- or morality-based choices
Self-identity	Development of a consistent self-identity, including ethnic/racial identity, gender identity, religious identity, etc., that continues as the adolescent begins to clarify own values, ideas, beliefs, opinions, etc.
Peer-group identity	Peer acceptance and identification with a peer group is paramount, formation of intimate relationships with peers, understanding value of friendship
Sexual identity	Accepting one's body, management of sexual feelings, formation of sexual values, sexual orientation
Future life goals	Thinking of future (e.g., academic, career, social, family)

Note. Information presented in Table 2 taken from Carrell (1993) and Malekoff (2004).

Stages of Adolescence

Although adolescence is characterized by all of the aforementioned issues, different stages of adolescence are marked by specific developmental challenges. Different struggles are more salient in early, middle, and late adolescence. Micucci (1998) has defined early adolescence as ages 11-13, middle adolescence as 14-16 years old, and late adolescence as 17-19 years. According to Micucci (1998, p. 55), the following challenges are salient in each stage:

- (1) Early Adolescence: pubertal changes, use of new cognitive abilities, peer acceptance and popularity, increases in gender-related expectations, focus on self and how they are alike and different from others
- (2) Middle Adolescence: sexual maturity, making moral decisions, evolving social relationships, need to feel squarely rooted in peer and cultural norms, autonomy, and responsibility for decisions and behavior
- (3) Late Adolescence: more cohesive self-representation, strengthening of identity, intimacy with parents, peers, and romantic interests, leaving home.

It is important to realize that development does not proceed at the same time, in the same order, and in the same direction in each adolescent. Each individual takes different steps at different rates in different directions. Further, the rate at which each area of change takes place within an individual is not the same. According to Wolfe and Mash, 2006, this leaves “a gap between physiological changes on the one hand, and cognitive and emotional maturity on the other” (p.11). For example, Micucci (1998) asserts, “The youngster whose body has not yet physically matured may be capable of sophisticated reasoning while the adolescent whose body appears similar to an adult’s may be unable to

appreciate the perspective of another person” (p. 57). These differences may explain risk taking behavior in adolescence and may have implications for expectations placed on an adolescent (Micucci, 1998; Wolfe & Mash, 2006).

The 21st Century Adolescent

It is important to be aware that the 21st century adolescent lives in a technological era. A significant influence on adolescents is the media and the availability of information technology. According to Malekoff (2004), a consequence of the proliferation of and increased availability of technology is that “younger children are gaining an uncanny familiarity with the intricacies and accoutrements of the older world without the accompanying emotional and cognitive equipment necessary to manage this information” (p.5). With television, video games, and the internet, children are inundated with information that can impact their behaviors, decisions, and values. Messages are given in critical areas such as violence, sexuality, drugs, food choices, etc., during a time when adolescents are exposed to and trying to create their own value system with regard to societal and peer pressures.

With access to the internet, the 21st century child is also exposed to an increased number of dangers, such as online sexual predators. Other cyberinfluences, such as instant messaging, chat rooms, and My Space web pages, combined with the increased access to telephones and the text messaging technology of cell phones, have facilitated gossiping and bullying. Gossiping and bullying can now follow a child home. Bullying has become more public and pervasive, and rumors spread quicker and to many more peers in the social network than ever before.

The 21st century adolescent is a radically different teenager than even the teenager of one decade ago. Never before has a child been exposed to the types of messages put forth by the media or the increased dangers associated with the Cyberworld. Never before has a child had to worry about bullying entering their home through technology. Never before has a child had to maneuver so many avenues of technology in order to interact with their friends, or worry about how quickly and the different ways information could be spread. The 21st century adolescent is being thrust into the adult world sooner than ever before. Adolescence is starting earlier and 7th and 8th graders are having problems that have typically been associated with high school. As practitioners, we must revamp our view of adolescence.

CHAPTER IV

METHODS

Development of a Group-Based Violence Prevention Facilitator Manual

A training manual was developed that addresses the unique training needs of the graduate student counselors who facilitate prevention groups as part of the Rutgers-Somerset Counseling Program. This manual is needed to provide a sense of structure, support and maintain prevention focus, impart fundamental information, and facilitate consistency of implementation. Further, counselors need a resource to consult that includes information regarding topics likely to arise in groups, descriptions of the challenges inherent in group work, and counselor management strategies that could be employed when such issues present themselves. Overall, the manual makes available a guide for the provision of effective, pragmatic, and relevant services. Methods used in the creation of this manual include: discussions with past group facilitators, close collaboration with the program director and primary supervisor, examination of and reflection on four years of work with Rutgers-Somerset counseling groups, review of group counseling session notes, and literature reviews in many fields. The literature informing the development of this manual was drawn from many fields, mainly the areas of aggression and violence, adolescent development, group theory and leadership, prevention, risk and resilience, school-based services, and cultural competency.

The manual is comprised of several parts each representing specific training areas. There are six main sections of the manual, including an Appendix. The first section describes the Rutgers-Somerset Counseling Program, including the history and philosophy of the program, the targeted population of the selective prevention component of the program, and the goals and desired outcomes of the prevention groups. The second section speaks to the issues associated with school-based services run by outside organizations. The third section outlines the process of group selection and decisions regarding group composition. The fourth section provides an overview of group life, including group dynamics and theory, typical issues and concerns that arise during groups and with group members, and issues and techniques associated with running groups. The fifth section provides a summary of group life from the initial session to the completion session. Further, areas highlighted in the literature as effective components of violence prevention programs (e.g., anger management, stress reduction techniques) are detailed in this section. The last section discusses supervision of prevention groups. The Appendix consists of the logistical information needed to work in the school, including permission slips (Appendix A), a list of resources (within and outside of the school) and references for useful literature (Appendices B and C), and an individual interview template (Appendix D).

CHAPTER V

THE RUTGERS-SOMERSET COUNSELING PROGRAM

History and Philosophy

The Rutgers-Somerset Program, a collaboration between the doctoral departments in psychology at Rutgers University and the guidance department at Franklin Middle School, promotes school-family-community based partnerships via prevention and intervention services. The program was established in 1993 to provide services to an underserved community through the local middle school. At its outset, the program provided in home counseling as well as individual counseling in the school to at-risk youth and families. Counselors are doctoral level graduate students in psychology from Rutgers University who receive supervision from the directors of the program and licensed psychologists. Since its inception, the program has evolved in response to changes in the community. Within Franklin Township, rates of fights, detentions, and suspensions because of “insubordination” and physical altercations have risen exponentially over the last ten years. Recently, there has been an upsurge in gang activity, physical aggression, and violence within the community that has manifested itself within the schools. Although there has always been a fairly high level of incidents among the boys in the school, the number of girls involved in physical altercations within the school has caught up with and surpassed the boys over the past few years. In response to the increasing rates of aggression among girls in the school, the guidance counselors

requested that the Rutgers-Somerset Program expand to include groups that would address this. Approximately eight years after the birth of the program, violence prevention groups for girls were established and added to the program. In 2004, the group prevention component of the program expanded to include a group for boys.

The program has three main service components and procedures: (1) school-based prevention groups for at risk students, (2) school-based student counseling, and (3) home-based family and individual therapy. Groups are student driven focusing on significant concerns from students' daily lives, in addition to tackling the issues of tolerance, conflict resolution, resolution of fighting and aggressive behavior, leadership development, communication skills, relationship difficulties, and the development of future goals and dreams. A strengths-based approach is utilized in which personal strengths are identified and concrete steps are taken to develop individual positive attributes

Target Population

Franklin Township is a racially, ethnically, and socio-economically diverse town. Within the Middle School there are 1034 7th and 8th grade students. Forty-eight percent of the student body is black, 24% is white, 16% is Hispanic, and 13% is Asian (New Jersey Department of Education, 2006-2007). Populations primarily served by the prevention program are Black, including youth of African American, African, and Caribbean descent, and Latino, usually including youth of Puerto Rican, Dominican, or Honduran descent, and typically are of lower socio-economic status. For the group prevention component of the program, girls who are at risk for violence are selected by guidance counselors in consultation with Rutgers personnel to participate in small group sessions led by two female graduate students. "At risk" girls are described as girls already

involved in relational aggression, those who have been exposed to violence, those who have detentions or suspensions for insubordination or aggressive behavior, or girls who have been involved in physical altercations. Teachers, guidance counselors, and administrators identify these girls and this identification process typically begins one month after school begins. Girls are interviewed individually by two Rutgers doctoral student counselors to gather information and determine if the girls would be able to work well in a group setting. Once group selection is complete, groups start (typically in November or December), meet once a week during a predetermined class period, and continue until the end of the school year.

Goals and Desired Outcomes

The goals for the program are preventing youth violence among females and increasing and strengthening cognitive, social, and emotional competencies. The desired outcomes of the program are increased use of conflict resolution and anger management skills in managing conflict, increased use of social problem solving skills and prosocial responses to social problems, and a general increase in empathy among the participants. It is hoped that more globally, the impact of the program is a decrease in aggression in the school, disciplinary action within the school related to aggression, and youth violence within the community.

Our Approach

In the Rutgers-Somerset Program, group sessions are approached pragmatically. Group sessions combine the use of empirically supported anger management and motivational interviewing strategies. To address relational aggression more intensively, group members learn to use empathy to help them resist becoming involved, to make

fewer hostile attributions, and to employ assertiveness skills to help them defend peer victims and interrupt malicious gossip. Role-plays and vignettes are used so that the girls can apply the strategies learned and these activities are created specifically for the girls at this school with the information gathered during the interview and assessment phase. Thus, activities are chosen to best serve the girls in the group that year.

Although these are violence prevention groups, aggression is not the sole focus of the groups, as there are concerns in other areas of the girls' lives, such as in the academic arena. Group leaders provide space in the sessions for the girls to bring their own problems and concerns to the group and for conflicts between group members to be resolved within the group, allowing for the experiential learning of appropriate strategies for managing conflict and deescalating a situation before it reaches a physical level. Therapists often comment on process and self-disclose feelings regarding what is going on in the room, providing the space for interpersonal learning to occur. Keeping in mind the tendency to pathologize aggressive behavior in females and the societal stereotypes that females should not be aggressive, an important component to our program is emphasizing the utility of anger, validating it as an emotion, and normalizing its expression, making it more acceptable and accessible.

By allowing the girls to talk about their own lives and the social climate of the school, we target appropriate, relevant factors, bolstering the effectiveness of our intervention. Simply teaching the empirically supported strategies without giving thought to the context would be futile in helping these girls. Interventions need to be tailored to their experience. The issues that come out in the group are not always the matters that are discussed in the literature. For example, in researching the literature, only one

investigator listed “reputation” as a factor involved in the maintenance of aggressive behaviors; however, this is one of the most important and consistent factors brought up by the girls in our groups each year. For a lot of these girls, fighting is seen as a necessity. Artz (2004) has focused her research on understanding adolescent girls’ use of violence. The girls in her study “described a world in which they needed to struggle and compete for social survival, where even if they had a reputation for dominance and regularly intimidated others, they felt that they had to watch their backs and constantly defend their reputations and social positions” (p. 110). No empirically supported program addresses this issue.

Strengths-Based Interventions

In order to empower youth, attention is brought to each girl’s strengths and how these strengths are important and can help them navigate through adolescence. In a similar vein, methods of positive self-expression and communication are taught and these skills, combined with the opportunity to share her unique strengths and abilities with others, provide an experience firmly believed to contribute to progress in school. Working in groups provides students with the opportunity to learn from peers and have others learn from them, which contribute to character and leadership development. In addition, group work provides students with a real life arena to negotiate their various demands as adolescents and work out social problems with each other, increasing empathy, listening skills, communication, and mutual understanding among the group. Although naturalistic learning activities and therapeutic tools are utilized to address prevention objectives, enough flexibility exists in the curriculum to address student concerns, giving the students a sense of ownership of the group.

CHAPTER VI

WORKING IN SCHOOLS

Schools are an important setting for the prevention and reduction of youth violence as they provide easy access to children for the delivery of services (Leaf & Keys, 2005). A school's culture communicates expectations and assumptions through norms and values shared by those who are a part of this organization, including teachers, administration, students, parents, and other staff (McMahon & Washburn, 2003). Because of this, there is the potential that systematic prevention efforts can affect a school's ecology (Leaf & Keys, 2005). Thus, the Rutgers-Somerset Counseling Program is a *collaboration* between the doctoral departments in psychology at Rutgers University and the guidance department at Franklin Middle School.

Entering a School

Entry into a school by outside agencies is not an effortless task. The manner of entry and subsequent collaboration between the home and outside system contribute to the quality of program implementation and decisions regarding program adoption (Dumka, Mauricio, & Gonzales, 2007). Outside health and mental health professionals must take the time during the entry process to cultivate interagency relationships and explain the program to be implemented, including how it will be beneficial not only to the students, but to the faculty and administration.

According to Boyd-Franklin and Bry (2000), three conditions facilitate smooth entry into a school system. First, it is helpful to be brought in and presented to school administrators by someone they trust (e.g., teachers, child study team members, members of the Board of Education, important community figures, such as ministers, etc.). Second, administrators must recognize and admit that current resources within the school are not sufficient and children's needs are not being met. Lastly, school faculty and staff must feel that their work will be made easier by the program's presence. School personnel will not support a program that adds to their workload. Boyd-Franklin and Bry (2000) also recommend establishing a "school liaison". One staff member from the outside agency involved with the school program should be appointed liaison between program staff and school personnel. This can facilitate school entry and program implementation in several ways. A program liaison can lessen the load on individual program workers freeing them up to focus on the intervention. Further, a liaison can facilitate contact between program and school personnel, ensuring that concerns are heard, communicated, and taken care of. Having one person responsible for program logistics, communication, and management of school concerns can streamline program implementation and procedures, making it less chaotic and burdensome of school personnel.

It is important to bear in mind that when we enter a system, we want to make things easier for those working within the system; in the case of school entry, we want to be sure to support the adults within the school. We must not be a burden on the people we are trying to help. Act and interact in a way that communicates that we, individually and as an agency, are there to help, not to take their authority away or replace them. Be a presence in the school. Be friendly. It sounds simple, but outside organizations so rarely

take the time to just be in the school and get to know those who work with the children daily. Just as in therapeutic relationships where the clinician takes time to build rapport with the client, it is equally critical to join with school faculty, staff, and administration. Join with the guidance counselors, meet the teachers, and take time to sit down with the principals. During this relationship building time, it is necessary to find out what the adults in the school need and learn about the difficulties they face. Most importantly, validate those who are working with and for the kids. This communicates appreciation for their work and dedication and, hopefully, will translate to adult validation of the children within the school.

Collaboration

Leaf and Keys (2005) assert that “collaboration between health professionals and educators is a key building block for effective health promotion programs and mental health services in schools” (p. 283). Collaboration is at the heart of comprehensive services for children. Without cooperation among service providers (including health and mental health professionals, teachers, guidance counselors, administrators, child study teams, secretaries, and security personnel), the needs of children within the schools will not be met. However, Leaf and Keys (2005) emphasize that “simply placing services within the school building does not guarantee that educators and health professionals will actually work collaboratively or that programs will be effective or sustained” (p. 283).

Programs run by outside agencies must be integrated into the school’s culture (Berkovitz, 2001). Similar to school entry, if school administration, faculty, and staff do not understand or see the need for the program, are burdened by the program, or do not have adequate relationships with program staff, the program will not survive. When

programs from outside agencies are implanted into a school, problems with collaboration arise from many sources:

1. Organizations instituting programs within a school may not have a full understanding of the school's culture (Leaf & Keys, 2005).
2. The school's structure and operating procedures may not facilitate communication and collaboration between school personnel and agency staff (Leaf & Keys, 2005).
3. School personnel may have different goals and/or feel the need to defend their territory as outside agencies pose threats to the traditional hierarchy of power and established methods of operating within the school (Leaf & Keys, 2005; Weist, Ambrose, & Lewis, 2006).
4. School staff may view programs as adding to their workloads (Weist et al., 2006).
5. School personnel may decide not to invest in the program and collaborative relationships due to expectations regarding length of time outside organizations will be in the school (Weist et al., 2006). Weist et al. (2006) point out that school personnel may see programs come and go and that "this cycling can foster a jaded attitude about the 'outside' people and programs" (p. 47).

There are things that can be done to prevent the aforementioned problems from interfering with collaboration between schools and community agencies or universities and, ultimately, program implementation. A strong partnership between leaders of the school and the outside program where expectations are formalized and leaders convey mutual support and commitment is the foundation from which collaboration can grow

(Weist et al., 2006). Communication begins even before school entry and is imperative in the development and maintenance of effective collaboration (Weist et al., 2006).

Professionals in these different service areas must not only interact with each other, but they must teach and learn from each other in order to work together effectively (Weist et al., 2006). Common goals and concerns, reciprocal exchange of resources, and the possibility of progress contribute to the success of collaborative efforts (Dumka et al., 2007). Effective collaboration requires that school personnel take the lead, because of their expertise surrounding school issues, structure, and members, and that outside professionals learn about how the school operates and systems that are in place, e.g. disciplinary practices (Dumka et al., 2007; Leaf & Keys, 2005; Weist et al., 2006). Programs should be incorporated into the existing organization and mode of operation within the school and use only resources that are available within the school (Leaf & Keys, 2005).

The process of maintaining relationships with the school is continuous. The aforementioned strategies for school entry and collaboration should be carried out not only during the birth and infancy of the program, but throughout the program's lifespan in the school. As the Rutgers-Somerset Counseling Program has been operating within Franklin Middle School (formally the Sampson G. Smith School) for 16 years, there is an established, trusting relationship between school personnel and the directors of the program. To maintain this relationship yearly with each new set of prevention groups, three meetings take place throughout the year. The first meeting, an Orientation Meeting, takes place in September between school guidance counselors, the program's director, and the graduate student school liaison. The purpose of this meeting is to initiate contact

with the school and join with staff, recap the purpose of the groups, and outline the selection criteria for potential members to guide their referrals. Approximately one month later, a Selection Meeting takes place where the director and all Rutgers counselors in the program meet with the guidance counselors to discuss their referrals to the group. This meeting is collaborative in nature, as the school counselors present their reasons for referral and a discussion ensues regarding the student's appropriateness for the group. Often, the school's principal and vice-principals will join the meeting briefly in order to meet the Rutgers counselors and offer their opinions on referrals or the atmosphere in the school that year. It is also recommended that after groups are chosen, Rutgers counselors make contact with the child study team to gather information on any children that receive special education services. The last meeting occurs in June, after the completion of prevention groups. This debriefing meeting involves all of the Rutgers counselors, the program director, and the school guidance counselors. During this meeting, the progress of each group member is discussed. The Rutgers counselors discuss with the team the main themes prevalent in their groups and helpful interventions. Additionally, the referrals are reviewed and appropriateness of referrals revisited. If at the end of the year, it is clear that a member should not have been referred to the group, the reasons for this are discussed with the entire team. Organizational issues (e.g., discipline practices, school changes, complaints about logistics or structure of groups) are also broached and if possible, problem solving takes place.

Ethics

Confidentiality

Confidentiality is a notion founded on ethical principles that has gained legal support and status over the years (Sealand, Schwiebert, Oren, & Weekly, 1999).

Confidentiality allows the client to expect that information discussed in therapy sessions will not be disclosed, and is critical to the formation of a therapeutic relationship and the establishment of trust (Sealand, et al., 1999; Stromberg, Lindberg, Mishkin, & Baker, 1993). According to Stromberg et al. (1993):

Because confidentiality plays a central role in the therapist/patient relationship, the law recognizes the importance of respecting the confidences exchanged between psychotherapist and patient. Without legal protection, patients would be reluctant to share their most sensitive thoughts and fantasies, and their therapy would not progress. (p. 4)

Privacy and confidentiality are even more critical in a therapeutic relationship with adolescents; doubts about the management of sensitive information may make it less likely that adolescents will rely on therapists for assistance (Reamer, 2005).

The complexity of confidentiality in psychotherapy with adolescents is well documented in the adolescent literature. Issues contributing to the complexity are (1) the developmental stage of adolescence (including related rapid cognitive, emotional, physical, and social changes), (2) the issue of parent as client, adolescent as minor, and parental access to information, and (3) the danger to the therapeutic relationship, which is more important at this stage than at any other, that comes with disclosure (Koocher, 2003). This complexity is aggravated when the therapeutic relationship is placed within the school setting.

Breaking Confidentiality

While confidentiality is vital to establishment of a therapeutic relationship and progress, there are legal boundaries put on a minor's privacy. Legally mandated breaches of confidentiality have been established to protect children from harm; in these instances, society has determined that certain values (i.e., the need to protect children) take precedence over confidentiality and thus, must be broken (Behnke, 2004). Confidentiality does not extend to cases of suspected child abuse or when there is imminent danger to the child; child abuse reporting laws require professionals to report *suspected* maltreatment (Zellman & Fair, 2002; Sealander et al., 1999; Stromberg et al., 1993). Another exception to confidentiality is in the case of imminent danger to the self, intent to commit suicide, or reasonable suspicion that the client is likely to commit suicide unless protective measures are taken (Sealander et al., 1999). Therapists have the duty to warn parents if they have information of intent to commit suicide and the threat is imminent, and the responsibility to take reasonable steps (including emergency precautions, if necessary) to prevent suicides (Sealander et al., 1999). Confidentiality must also be breached in the case of harm to others. Therapists have a legal obligation to warn intended victims that they may be in danger of physical harm (Sealander et al., 1999). Lastly, confidentiality does not apply in cases where release of information is mandated by law, for example, in the form of a court order. It is important to consult state laws as specifics regarding mandated reporting differ by state.

When working with children and adolescents, confidentiality and deliberation regarding what and how much to reveal to parents are continuous and important concerns. Legally, children are not permitted to keep information from their parents

unless their parents allow it; parents have the right to information regarding their child's treatment (Behnke & Warner, 2002; Koocher & Keith-Spiegel, 1990; White Kress, Drouhard, & Costin, 2006). Thus, one cannot promise to keep secrets from a parent (Behnke & Warner, 2002). However, unless the child is in danger, information revealed to parents should be only that which pertains to treatment (Koocher & Keith-Spiegel, 1990).

Confidentiality Issues in Schools

The difficulties surrounding issues of confidentiality are complicated for school counselors due to their multiple responsibilities. Accountability extends to students, parents, and school administrators, and the counselor needs to be constantly mulling over when access to confidential information is appropriate (White Kress et al., 2006). As staff of an outside agency working within a school, the question of confidentiality is even more difficult due to the ambiguous nature of his/her role within the school and issues of confidentiality must be managed carefully. He/she will be privy to large amounts of confidential information from many sources, including school personnel, school records, and the students themselves. Students may be more likely to reveal sensitive information such as details about pregnancy, sexual activity, substance use, suicidal ideation, cutting, victimization, etc., to their group leaders than to others in the school.

It is important for counselors to discuss issues of confidentiality both with the students and with school personnel. In order to do our work with these adolescents, a certain amount of confidentiality is required. However, this may be at odds with school desires and notions about outside involvement with the school. Discussing the nature and limits of confidentiality, including the specific instances in which this confidentiality

must be broken, should be done as soon as possible. The counselor's relationship to each party (e.g., student, school, and parent) should be clearly delineated as well as how disclosure of information would occur (Behnke & Warner, 2002; Fisher, 2003; Reamer, 2005). With students, this should be done in the first group session and revisited throughout the group's life. With school staff, this topic should be broached prior to the start of groups.

Koocher (2008) proposed guidelines for discussions of confidentiality with parents and children prior to the start of treatment. These guidelines can be adapted for use within the schools. According to Koocher (2008) discussions regarding confidentiality with minors should include the following:

- Communication of the fact that therapeutic rapport is contingent upon trust that is created, to some extent, through privacy of information revealed during sessions.
- Recognition of authority and legal rights of parents and their concern for the health and safety of their child and his/her progress in treatment.
- Discussion leading to an understanding of confidentiality to which all (i.e., parents, child, therapist) can agree and when disclosures to parents or significant others may prove warranted. These limits can be negotiated.
- Acknowledgment that adolescents may want to discuss sensitive issues (e.g., relationships with friends, romantic interests, substance use, sex) that they may not want to broach with parents at that time.
- Therapists will need to reflect on the types of behaviors and the threshold (including frequency, severity, and duration) that necessitate disclosure.

Breaking confidentiality is perhaps never more difficult than when working with adolescents. Developmentally, privacy and trust are important issues for the adolescent and, as such, adolescents will test clinicians' trustworthiness (Koocher & Keith-Spiegel, 1990). Further, it is during adolescence that the tendency to engage in risky behaviors increases and social pressures escalate to extraordinary levels (e.g., experimenting with drugs or alcohol, sex, the future, joining gangs). The increased importance of the maintenance of trust and privacy to the therapeutic alliance and treatment, the ambiguity regarding what constitutes harm to self, and the legal rights of parents lead to much doubt regarding when to breach confidentiality. Many of these behaviors do not constitute reportable behavior (i.e., due to frequency, severity, intention, duration), however others are questionable and require clinical judgment (e.g., cutting, occasional marijuana use vs. daily use, one time use of cocaine vs. social use, sex with one partner vs. sex with multiple partners, sexual activity vs. victimization; Behnke & Warner, 2002). When deciding whether or not to report, many consider the degree of dangerousness of the behavior. Isaacs (1999) reported that counselors see serious drug use (crack cocaine), abortion, suicide intent, robbery, and sex with multiple partners as constituting danger to self or others and calling for breach of confidentiality, particularly with younger adolescents. With such ambiguous issues, one must have a good understanding of mandatory reporting laws, consult local statutes and regulations, obtain supervision, and consult with other mental health professionals and child welfare officials (Behnke & Warner, 2002; Reamer, 2005). See Table 3 for a brief summary of actions to take when ambiguous issues arise.

Table 3
What to do When Sensitive or Ambiguous Issues Arise

Action	Description
Consultation	Review ethical standards, consult with colleagues, obtain supervision.
Disclosure	When disclosure is necessary, work with child to help her recognize the need for disclosure. Give child a choice in how to tell, not whether to tell. Within the school, one's duty is to inform the student's guidance counselor and help him/her with any necessary steps.

An ambiguous and difficult situation that has arisen several times in our work with the Rutgers-Somerset Program is the case of pregnancy. What does a clinician do when a 14-year-old girl reveals that she is pregnant or thinks that she is pregnant? Legally, the pregnancy itself does not constitute a harm to self or other, however what happens if the teenager decides to keep the pregnancy, not tell her parents, and isn't receiving prenatal care? Does this not then fall into potential harm to self or other? Is the danger imminent? What about the case of the teenager who decides to get an abortion, but will not tell her parents? What if the teenager reports that if her parents find out about the pregnancy and/or abortion, her father (whose temper you have witnessed) will beat her? These are all difficult questions and one can make a case for either side of any question presented. Each case will need to be considered individually as the context always differs. In our work, we have maintained privacy and confidentiality for several weeks to help the

teenager emotionally and cognitively process the pregnancy. The adolescent is made aware that she is physically at risk and at some point this information will need to be shared in order to keep her and her child safe. Further, the adolescent is given choices surrounding how to disclose her pregnancy. She can choose to tell her parent, nurse, or guidance counselor. She can choose to tell them with the clinician, have the clinician tell, or tell on her own, with clinician follow-up.

The Process of Disclosure

In less ambiguous situations where the clinician believes the child/adolescent should share information revealed in session, but the behavior has not yet reached the threshold for what constitutes reportable behavior, the clinician should try to empower the child to share information with their parents (or when working in schools, with their guidance counselors/school psychologist). The clinician should ask the adolescent if he/she agrees that the information should be shared. The clinician should discuss with the adolescent the advantages and disadvantages of such disclosure. If the adolescent agrees to share the information, discussion regarding disclosure ensues. The adolescent should take part in decisions pertinent to disclosure, be allowed to control main aspects of disclosure, and be the one revealing the information (Behnke & Warner, 2002; Koocher & Keith-Spiegel, 1990).

In some cases, the child/adolescent does not agree that the information should be shared, but the clinician feels that, ethically or legally, confidentiality must be broken. In these situations, prior to breaking confidentiality, the clinician should discuss disclosure with and attempt to obtain permission to disclose from the child/adolescent. While permission is not required, this attempt communicates respect for the adolescent and the

therapeutic relationship. It is important to discuss with the adolescent the extent of information to be shared, when disclosure will occur, to whom such information will be given, and, most importantly, the reasons for disclosure (Koocher & Keith-Spiegel, 1990). The clinician should discuss with the adolescent his/her fears regarding disclosure and the ramifications likely or possible following disclosure, including the effects on the therapeutic relationship. The clinician should acknowledge and validate the adolescent's feelings, especially the anger towards the therapist. Discuss with the child how disclosure should occur so as to reduce the negative consequences that may ensue. The choice here is not whether or not to tell, but how to tell (e.g., the clinician can tell alone, the clinician can tell with the child in the room, the child can tell with the clinician in the room).

What Any Practitioner Needs to Know About Schools

It is extremely important that practitioners recognize that there are several systems working within a school. Any practitioner from an outside agency must be knowledgeable about the structure of the school being entered, the function of the systems within the school, and how the systems within the school work together. In any school, there is an administration consisting of a principal and vice principal(s), a faculty of teachers (including teacher's aides), a guidance department, a child study team, a school nurse, staff (secretaries, maintenance, cafeteria workers), and a student body. In addition, many schools have a security staff. These components may function differently in any given school district or individual school. It is also important to keep in mind that schools function under a governing board, another system that impacts the climate in the school and the functioning of systems within the school.

Franklin Middle School

Students

- T-Sets: Students assigned to a grade 7 or grade 8 T-Set. There is a group of teachers in different subjects who make up a T-Set. Students are assigned to a specific T-Set. So, teachers in the same Set will have the same students.

Administration:

- Principal
- Two vice principals (one for 7th grade and one for 8th grade)
- Administrative secretaries

Faculty

- 7th grade
- 8th grade
- Regular education and special education

Staff

- Librarian
- School Nurses (2) who are at the school daily
- Custodial Staff
- Reception
- Cafeteria
- Security Guards
 - Security guard at the front door
 - Several security guards present in the school
 - Security guards know the students as they are in the “battleground” with the students. They know what goes on between classes, at the lockers, in the cafeteria, and outside of school.

Guidance Department

- Three guidance counselors. Students are assigned to guidance counselors alphabetically by last name.
- Student assistance counselor
- Intervention & Support Services
- Two secretaries
- Several groups run out of guidance office
- Manage student schedules and maintain cumulative records.
- All aspects of the school’s testing program are carefully planned and supervised by the guidance department
- Counselors maintain contact with parents and encourage parental involvement to aid the student’s adjustment process
- Counselors meet on a regular basis with each T-set to insure comprehensive communication about (*and with*) counselees;
- Organize orientation programs for the upcoming 7th graders and assist the high school counselors with orientation programs for the 8th graders.

Child Study Team

- Two school psychologists (assigned by grade)
- Only students who receive special education services or evaluations are involved with the child study team.
- According to the New Jersey Association of School Psychologists: New Jersey Coalition of Child Study Teams (2008), Child Study Teams in New Jersey consist of:

(1) School Psychologist

- a. functions as a specialist “with training and expertise in psychology as it is applied to education”
- b. involved in psychological assessment and counseling “students with behavioral, emotional, and educational concerns through consultation, prevention, intervention, crisis management, evaluation, and program development”

(2) Learning Disabilities Teacher-Consultant (LDT-C)

- a. functions as “educational diagnostician and instructional programmer”
- b. involved in “educational assessment,” “teacher/student consultation, preventative pre-referral intervention, coordination of services, and program development”

(3) School Social Worker

- a. functions as the “link between school, family and community” to “eliminate barriers to learning by being pro-active within the academic community and providing early intervention, prevention, consultation, counseling, crisis management, and support services”
- b. involved in “social assessment” including communication with parents, evaluation of the “family, social, and cultural factors which influence the student's learning and behavior in the educational setting”

(4) Speech-Language Specialist

- a. functions as an expert in “all areas of communication”
- b. involved in speech and language assessments, “analyses and classifications of students' communication competencies and characteristics,” and preparation and delivery of treatment for children with communication disorders

CHAPTER VII

GROUPS WITH ADOLESCENTS

Nichols-Goldstein (2001) described working with adolescents as “trying to stop a waterfall: nothing stays the same – loyalties, lifestyle and preferences change, sometimes in the course of five minutes” (p. 13). Much of this instability and attraction/repulsion behavior stems from the developmental need to separate from their parents, while at the same time needing to know that their parents are still there and will be there when difficulties arise (Nichols-Goldstein, 2001). The adolescent group is a distinct entity and its members are navigating through a confusing stage of human development and a time of vulnerability. Adult or child models cannot be applied to adolescent group work. It is a culture all its own.

The Adolescent Group

I will use my experience in leading groups of adolescent girls to help support the points made and include clinical illustrations to bring certain issues to life. The clinical illustrations are amended excerpts from group session notes taken over the course of four years. All identifying data has been changed to protect client anonymity.

In navigating through the turbulent waters, adolescents turn towards their friends for support, reassurance, and commiseration. Because adolescents are negotiating a new level of intimacy with their peers, working in groups can be a beneficial method of treatment, prevention, and interpersonal learning (Abraham, Lepisto, & Schultz, 1995).

Much social learning takes place during this period and teenagers are able to hear things more, whether it is advice, constructive feedback, or alternative viewpoints, when it comes from their peers. Group therapy with one's peers thus provides an adolescent with a venue to solve problems and understand and cope with the developmental challenges he/she is facing through interpersonal learning. Group work provides members with a place where positive, supported relationships can be experienced, which is especially important for girls considering that being able to form meaningfully connected relationships is a significant part of adolescent development (Calhoun, Bartolomucci, & McLean, 2005). Within this format, girls can develop a sense of pride in being women, as well as mutually confront issues that they are experiencing due to their stage in life (Calhoun et al., 2005). Overall, in groups, members are connected with a "sense of universality" and group work "enables healthier perspectives that empower adolescents to be active agents of change in their lives" (Garrick & Ewashen, 2001, p. 169). Due to the developmental, transitional stage adolescents are in, one can expect that certain themes will arise during the group's life cycle. Issues of identity development, separation and individuation, sexuality and sexual attraction, friendships, body image, self-esteem, emotional regulation and management of anger are common and so group therapists should be aware of and knowledgeable in these areas and prepared for their emergence in the group.

Although the benefits of group work for adolescents are well-documented, group practice models have originated from the study of adults and few models have been proposed that are tailored to adolescents (Garrick & Ewashen, 2001). This poses a

challenge to those who work with adolescents because teenagers are not “mini-adults” and cannot be treated as such in therapy settings (Wood, 2001). According to Garret & Ewashen (2001):

It is crucial to consider the target adolescent population as well as the developmental and contextual factors in order to make appropriate group therapy modifications, since most group models originate from the study of adult practice and thus may expect and interpret behaviours according to adult norms. (p. 166)

Group Stages

Adolescent groups undergo a life cycle similar to that of an adult group, however there are some clear differences (Wood, 2001). Pre-group preparation is especially beneficial with groups of adolescents, especially younger adolescents, because they are particularly self-conscious when they enter a group for the first time (MacLennan & Dies, 1992). When adolescents are provided with the opportunity to ask questions and time is taken out before entering the group to give the members a more thorough understanding of the group, of what is expected from them, and of what can be expected from others, including the leaders, the adolescents are provided with some structure for group. This may help to overcome obstacles, such as resistance, that are often present with adolescents and can increase one’s willingness to enter, a task that would usually be done with great suspicion and reluctance.

Dies (2000), defines five stages through which an adolescent group develops following the pre-group preparation. The first phase, “*initial relatedness*,” revolves around the facilitation of the connection among members and the clarification of the expectations and nature of the group (MacLennan & Dies, 1992). Group members should be made aware that the group is the agent of change and it is the process of self-disclosure and feedback that is important (Wood, 2001). The instillation of a positive

climate for group is important and much of this can be accomplished through the modeling of behaviors the therapist hopes to see within the group, for example active listening, providing support, avoidance of “shoulds” and “musts”, and taking risks (Dies, 2000). It is important to monitor process comments made. An observation or confrontation that would be taken well in an adult group, such as one asking the group why they are avoiding a topic or why they are allowing something to happen, may be seen by adolescents as castigatory, creating a negative atmosphere in the group (Wood, 2001). More structure is needed in the early stages of development and activities, such as ice breakers, that foster positive affiliation and the discovery of similarities between members can be useful. The following is an excerpt from session notes from the Rutgers-Somerset Counseling Program that illustrates this point:

...all girls arrived on time. Many of the girls knew each other and it took awhile for them to settle down. When the final girl, Mary, entered, Samantha and Stephanie made it obvious that they weren't happy that she was a part of the group. Mary noticed this and was visibly uncomfortable and quiet. The group leaders began by explaining the group's purpose. It was acknowledged that the girls may not know or like every person in the group and the leaders encouraged them to give each other a chance. At this point, Lucy said that she liked and respected everyone and then asked Mary if she was uncomfortable. Mary stated this was because of the girls' reactions to her when she entered the room. She handled this confrontation maturely and calmly. A few of the girls said that they didn't dislike her, but they also didn't like her because they had heard things about her. The leaders asked the girls questions that lead to a discussion about judgments based on one's own experience with someone rather than on the things they have heard. We then presented the BINGO Ice Breaker as a way for the girls to get to know each other and get passed some of the rumors. With the ice breaker, leaders were hoping to make self-disclosure and participation voluntary, comfortable, and unstressful. The BINGO board includes boxes, each of which has as a question (e.g. do you order ice cream in a cup or a cone, if you could change one thing about your school what would it be). Group members must find a person in the group to answer each question, but aren't able to ask the same person more than three times. The girls fully engaged in the activity and exhibited self-control. For the most part, they stayed in their seats, did not get distracted, and respected one another. Throughout the session, Ashley remained quiet, but all of the girls were confident in approaching others and in sharing information about themselves. When the activity

was over, we asked the girls if they had learned anything new or surprising about each other. Samantha said that she had learned that Mary was actually very nice and not at all like what she had expected. A couple of other girls echoed this remark. Stephanie then revealed that she didn't like Mary or Jen at first because of things she had heard and because she didn't like Jen's sister, but that she realized that they are "mad cool."

The second stage is "*testing of the limits.*" Adolescence is often marked by dichotomous thinking and behaviors as exemplified by the push and pull pattern that most adolescents exhibit in their quest for separation and individuation (Dies, 2000). Adolescents are likely to resist and test the limits of the group and the leader. Underneath their behavior lies the question, "It's easy to care for me when I'm good, but will you still be there when I act out" (Dies, 2000, p. 104). Adolescents are attempting to determine whether the therapist will be available to them and are committed to the group and its members, or if they are like other authority figures in their past who have let them down (Wood, 2001). The issues that need to be resolved in this stage include interpersonal trust and resolution of the suspicions about adult (the leader) behavior, attempts for intimacy, and authority over the group. The following group excerpt illustrates this process:

...the girls kept bringing up other topics. For instance, Ashley told a story about feeling deaf until her ear popped this morning (after a plane ride three weeks ago), Samantha brought up that something about her was written on the bathroom wall about her, Stephanie was talking about getting her hair done, and Lucy talked about girls she was having trouble with. The girls also carried on many side conversations when others were talking, including when counselors were addressing the group. Specifically, Samantha, Stephanie, and Lucy were often involved in their own conversations, would run off topic, and interrupted the group leaders and each other. It seemed as though the group was not only saying that they didn't yet feel safe in the group, but were testing the leaders to see what kind of authority the group leaders would demonstrate. Were the leaders like teachers or administrators in their school? Would they take disciplinary action? Would they support the topics that they wanted to speak about or would they dismiss their topics as superficial or unimportant?

Once adolescents feel that the therapist can withstand the challenges the group may present, the group moves into the third stage of development, “*resolving authority issues*.” The members may challenge rules, deny that leaders are a part of the group, and will turn to the leader when issues arise between members. It is important that group leaders be able to tolerate acting out while maintaining structure and boundaries; Dies (2000) comments, “The group leader walks a fine line between intervening to uphold structure and stepping back to allow members to take responsibility” (p. 107). By empathizing with the members, having open discussions surrounding the issues the teens bring up, and giving explanations of the reasons why things must be a certain way, boundaries are maintained while at the same time recognizing their feelings and letting them know that they can assert themselves without fear of punishment (Wood, 2001).

Due to the discussion the previous week about it being hard to be a teenager, the group leaders planned an activity where the girls would separate into two groups to discuss what was good and bad about being a girl. Group 1 would focus on the challenges girls face and group 2 would focus on what they liked about being a girl. Immediately after the leaders mentioned splitting into groups, the girls began rolling their eyes and challenging the leaders, stating: “That’s a stupid idea,” “We don’t want to do that,” “Why do we have to split into groups?” The leaders then asked questions regarding what they were thinking and feeling about their request. After this discussion, it was decided that the group would still talk about the difficulties and advantages of being an adolescent girl, but we would do so as a whole group instead of splitting up, acknowledging and respecting the girls opinions while maintaining boundaries between leader and member.

The fourth stage in the adolescent group’s life cycle is “*work on self*.” It is during this stage that the here and now learning takes place and therapists can decrease their level of active involvement. It is important to allow the adolescents to take on greater responsibility and since they are more comfortable learning from their peers than from adults, stepping back allows them this opportunity. Mutual exploration, self-disclosure, feedback, sharing of emotional reactions, and the sharing and acceptance of different

opinions take place during this stage increasing understanding, providing a learning experience, and increasing one's ability to cope (Dies, 2000). Most of the group's work takes place during this phase; central to this stage is increased interaction between members, acquisition of interpersonal skills, enhancement of self-understanding, and transference of learning to their lives outside the group.

There was obvious tension as the girls walked in- especially between Lucy and Samantha. Samantha told the group that she had learned from Stephanie that "people" were talking about her and was frustrated that they were being "phony." After talking in generalities about how the phoniness affected her, Stephanie finally spoke out and confronted Lucy, saying that she was the person they were talking about. Samantha was upset because Lucy, Stephanie, and two other girls had laughed at how Samantha was dancing during dance class. The thing that made Lucy "phony" and not Stephanie was that Stephanie told Samantha that she was laughing. Samantha said that Lucy could have helped her to learn to dance better, rather than just laugh at her. Samantha kept saying that she didn't care, but when pressed, expressed that she was affected by the laughing only because it was her friend. Tracy echoed Samantha's sentiments about not caring and empathized with how it's easier to not care after awhile. When the group leaders asked the group for ideas on how to resolve this conflict, Tara expressed that she didn't feel comfortable giving suggestions because it was their issue to resolve and she didn't want to become part of or add to the conflict. Ashley and Tara spoke about similar situations in which people they were friends with acted "phony," which caused problems in their relationships. They also shared a story about how last weekend Tara felt that Ashley was being "phony" and "straight out" told her so. Tara helped Ashley to understand how what she had done was "phony" and Ashley was able to apologize. Ashley felt that now that she knew how Tara felt, she would put forth effort to make sure she didn't act in the same way again. Tara said that everyone has been "phony" at some point in his/her life. This point was well taken by the group. She felt, however, that friends could help each other by telling the other when they are acting "phony" because sometimes the person may not realize that their behavior is being perceived as "phony." Once a friend points it out, the person is more aware and can refrain from "acting phony" in the future. The girls were all able to agree with this and reflect on how being "phony" interfered with showing their real selves. The leaders had minimal input during this conversation, making comments that would facilitate the discussion and members' involvement in the discussion, but did not structure how the discussion.

The final stage of the group is "moving on" where the goal is to separate successfully while maintaining gains made during therapy. During this stage individual

and group progress is reviewed to consolidate learning. Feelings of loss are explored, adolescents deal with emotions that arise with the termination of group, and denial is confronted. Leaders continue to model for the group with self-disclosure of his/her own emotions.

Strengths-Based Work

Strengths-based work is the backdrop for all work with adolescents in the Rutgers-Somerset Counseling Program. It is the context within which all prevention and therapeutic work occurs. According to Malekoff (2004), principles of strengths-based group work include, but are not limited to, forming groups based on adolescent needs and desires as opposed to diagnoses, structuring groups so that the entire adolescent is welcomed as opposed to just the problematic and weak parts of the person, turning control over to group members, and respecting the developmental life of a group. Kisthardt (2006) proposes additional components of strengths-based work, including focusing on the client's strengths and potential for growth, forming a therapeutic relationship based on collaboration, and provision and utilization of services that are community-based. These elements combine to send a message of empowerment to adolescents.

This second group session focused on building group comfort, cohesion, and identifying what members want the group to be. An ice breaker was presented – we passed around a ball of ribbon and asked the girls to tie a piece of ribbon around their wrists and share a personal strength and an expectation for the group. Once a member was finished tying the ribbon, they were to throw the ball to another girl.

Kelly's strength: I'm crazy fun

Shamaya's strength: I'm smart

Ariel's strength: I'm a good swimmer

Darcy's strength: I'm a good dresser

Stephanie's strength: I'm pretty

Cecilia's strength: I have power, I'm strong

Gina's strength: I have a good voice

When the ball came to Alison, Gina helped her tie the ribbon while the others just looked at her struggling for a few seconds. Alison wouldn't speak and when asked what her strength was, she shrugged her shoulders. The Group Leader then stated that she thought Alison was strong because it took a lot of courage for her to sit there and stick with the group when she was upset. Thus, Alison's strength was determined to be her ability to continue to work at something even when the task was difficult.

There is a danger in undermining strengths-based work with curriculum-based manuals. When manuals lead to group sessions that are inflexible, concern arises that collaboration between leader and members and among members may be hampered. This inflexibility may discourage group decision making and diminish members' feelings of ownership of the group (Lietz, 2007). Thus, if manuals are to be used, they must confront the issues of rigidity and inflexibility. According to Galinsky, Terzian, and Frazer (2006) manuals can be effective when they are organized in a way that supports group process. The Rutgers-Somerset Counseling Program utilizes a structure that takes these concerns into account. The manual put forth in this paper combines the use of empirically supported prevention and intervention techniques with the adolescents' needs, allows for the tailoring of interventions to the group members' experiences, leaves enough flexibility in the curriculum to address student concerns, and allows for the picking and choosing of specific modules by group leaders based on the composition of their particular group. This combination of factors provides ample flexibility, giving the students a sense of ownership of the group. These elements support strengths-based work while ensuring the provision of interventions that have been established as efficacious in the literature.

Calhoun et al. (2005) perfectly summarize the importance of strengths-based work for the development of hope and self-agency in adolescents:

They are clearly survivors who possess many strengths and yet, they struggle on almost a daily basis to be seen and heard. They appear to be doing the best they can to be respected; however, their choices frequently fail to demonstrate the skills necessary to keep them from further jeopardizing themselves and their futures. Group leaders then, seeking to connect with the healthy spirit underneath the unhealthy behaviors, serve not as behavior monitors but rather as encouragers who believe in the girls and their abilities to create and achieve their dreams. (p. 26)

Cultural Considerations

According to Malekoff (2004), “Group work is a special arena in which problems of diversity may be confronted openly, honestly, and safely and in which the richness of diversity may be celebrated” (p. 228). However, in order to effectively and sensitively approach issues of diversity, prejudice, and stereotyping in groups, leaders must have training in cultural sensitivity and cultural competence (Boyd-Franklin & Bry, 2000).

Cultural Competence

Cultural competence is defined as being able to recognize, appreciate, and value different cultures, as well as possessing the knowledge and clinical skill necessary to adequately work with specific cultures (Singh, Williams, and Spears, 2002; Sue, 1998). According to Sue (1998), there are three factors necessary for cultural competence. The first, “scientific mindedness,” stresses the importance of generating hypotheses about clients from different cultures, rather than working off of presumptions. Many fall into the trap of the “myth of sameness” and fail to perceive and appreciate the differences between cultural groups as well as within a cultural group (Singh et al., 2002; Sue, 1998). A culturally competent psychologist generates hypotheses, comes up with ways to test hypotheses, remains open to revising hypotheses, and acts based on the data collected.

The second factor necessary for cultural competence is “dynamic sizing.” This encompasses the ability to be flexible in terms of the application of generalities; there will be times when it is acceptable to generalize and be inclusive and there are times when generalize is inappropriate and unacceptable. A clinician must not fall prey to stereotyping, avoid concluding that individual or cultural differences are abnormal, and continue to accept the differences within a culture (Singh et al., 2002). The third factor necessary for cultural competence is “culture-specific expertise,” or gaining specific knowledge related to the cultural group with which one will work. This includes gathering detailed information related to the specific racial, ethnic, or cultural groups of group members, including language, ethnic and cultural patterns, and the sociopolitical factors influencing their lives (Canino & Spurlock, 2000).

According to Canino & Spurlock (2002), clinicians must also be knowledgeable about the role of culture in help- and health-seeking behavior and symptom expression, aware of the importance of culture and ethnic/racial identity in development, and “consider acquisition of ethnic group patterns and his or her sense of belonging to that group” (p. 9). Further, when working with adolescents, the definition of cultural competence can be extended to include gaining knowledge about and tailoring clinical strategies to the customs of urban adolescents and the context of their daily life (DeCarlo & Hockman, 2003). One must consider a child’s family, environment, and community in order to work effectively with youth (Hines & Boyd-Franklin, 2005). For example, research shows that the “chronic nature of stressors in poor urban communities may predict unique patterns of coping” including the use of avoidance coping by urban African American youth rather than active coping, as in the context of uncontrollable,

chronic, and severe stressors, avoidant coping proves to be more beneficial and protective (Gaylord-Harden, Gipson, Mance, & Grant, 2008, p. 11).

In addition to the aforementioned factors necessary for cultural competence, clinicians must become aware of their own culture and, most importantly, their own stereotypes and biases. Without such awareness, prejudices are likely to pervade, often unconsciously, work with clients. Also important in joining with families cross culturally is what Boyd-Franklin (1989) describes as the “use of self.” The “use of self” is rooted in the idea that a therapist must have a good understanding of herself or himself and take the time to learn about and connect with clients, and requires a therapeutic style characterized by honesty, sincerity, and flexibility (Boyd-Franklin & Bry, 2000). Boyd-Franklin and Bry (2000) further assert that the “use of self” may “include the ability to acknowledge racial or cultural differences openly and nondefensively, and to discuss areas of common ground” (p. 150).

Although many different racial and cultural groups have been represented in Rutgers-Somerset Groups, I will discuss African American and Latina cultures as they are the most frequently encountered in our work. Where appropriate, I will solely discuss cultural traditions/values as they relate to adolescent females, the population served by our prevention groups.

African American Families

As is true with all races and ethnicities, African American families include those “from many different countries and are therefore very diverse in terms of geographic origin, acculturation, religious background, skin color, socioeconomic status, and in the

implementation of strategies employed to cope with racism and discrimination” (Hines & Boyd-Franklin, 2005, p. 87).

Racism continues to impact the lives of African American families and, over time, African American families have developed a “healthy cultural suspicion” because of the long history of racism, prejudice, and discrimination they have experienced, as well as the invasion of agencies (i.e., governmental, social service, law enforcement) into their lives (Boyd-Franklin & Bry, 2000). This “healthy cultural suspicion” often manifests itself in the privacy and secrecy of African American families (Boyd-Franklin & Bry, 2000). Because of their history with racism and discrimination, as well as fears of governmental abuse (e.g., “Tuskegee Study”) and concerns that mental health practitioners will act as other agencies, African American families may present as “unresponsive” to mental health services (Boyd-Franklin & Bry, 2000; Hines & Boyd-Franklin, 2005). Boyd-Franklin and Bry (2000), recommend that clinicians not take such a reaction as a personal insult and rather, “reframe it as an attempt by the family to protect its boundaries” (p. 13). African American families have developed survival skills over time and these survival skills are an important strength that clinicians should acknowledge and stress (Boyd-Franklin & Bry, 2000). Another system in which African American families have experienced discrimination over time is the school system, and thus, parents may be distrustful of the school system (Boyd-Franklin & Bry, 2000). Clinicians should try to separate themselves from the school in order to join with the family. Once the clinician has joined with the family, the clinician can use this relationship and her relationship with the school to facilitate the building of a good working relationship (Boyd-Franklin & Bry, 2000).

Boyd-Franklin and Bry (2000) emphasize that clinicians should be mindful of and recognize the cultural strengths African American families, including importance placed on family, the desire for education, and religious and spiritual connections. An important cultural value and strength is the strong kinship bond and emotional tie among families, which extends beyond blood relatives (Boyd-Franklin & Bry, 2000; Hines & Boyd-Franklin, 2005). Extended family members and non-relative kin play an important role for an African American family and clinicians should be sure to consider and include the extended family system in conceptualization and treatment, especially as important family members who hold power in family decision making may not be in the nuclear family (Boyd-Franklin & Bry, 2000; Hines & Boyd-Franklin, 2005). For example, it is important to recognize the role of the grandmother in African American families as she holds a central organizing role in the family (Hines & Boyd-Franklin, 2005).

Religion and spirituality are a great strength for African American families; however, one should not presume that such are present in all families (Boyd-Franklin & Bry, 2000). For families where the church and spirituality are an important part of their lives, it should be considered in the treatment process. The church provides a social outlet for families as well as an important role in raising youth as they provide many religious and non-church-related activities and positive role models for children (Boyd-Franklin & Bry, 2000). Further, rather than seeking out help from social service agencies, many African American families turn to the church for help or look to their religious leader for guidance in many aspects of their lives (Boyd-Franklin & Bry, 2000).

Parenting practices among African American families vary and include preaching, threats of consequences, and physical punishment (Boyd-Franklin & Bry, 2000). Boyd-

Franklin and Bry (2000) assert that many parents “fear that they will lose their children...to violence, drugs, incarceration, or early death” (p. 21). Thus, many parents will either adopt an extremely strict parenting style or give up on parenting altogether (Boyd-Franklin & Bry, 2000). Further, parents often rely on daughters to care for younger siblings and help out with household responsibilities, which may make it more likely that female adolescents will act out against rules or when parental commands and family responsibilities interfere with developmental tasks of adolescence (Boyd-Franklin & Bry, 2000; Hines & Boyd-Franklin, 2005). With regard to messages about fighting, African American parents often relay to their children that they should not initiate a fight, but “should defend themselves and fight back if provoked” (Boyd-Franklin & Bry, 2000, p. 22). However, urban African American youth live in communities plagued by violence. In environments where walking down the street is a risk taken every single day, many teenagers are persuaded to join gangs as a means of protection. Boyd-Franklin and Bry (2000) stress the importance of sensitivity to “the reality-based fears of these families” (p. 22).

Latino Families

Again, the term “Latino” is an umbrella term used to describe those from countries in South America, Central America, North America, and the Caribbean and hides the differences in cultures between these countries. Most Latinos will identify themselves in terms of their nationality/country of origin (i.e., Puerto Rican, Mexican) rather than as Latino or Hispanic (Boyd-Franklin & Bry, 2000; Garcia-Preto, 2005). While one must always clarify and discuss the ethnic identity of a client/family, there are several commonalities that can inform the work of mental health clinicians (Garcia-Preto, 2005).

The first factor is immigration. There are many reasons for immigration to the United States including economic hardship, lack of educational opportunities, political oppression, and war and trauma in the country of origin (Garcia-Preto, 2005). Each person comes with their own story and each of the reasons for migration listed above comes with its own emotional, physical, and psychological consequences (Garcia-Preto, 2005). The conditions and events surrounding pre-migration, the process of migration, and adjustment during post-migration are all things to consider when working with people of diverse backgrounds. Some come from war-torn countries, such as El Salvador, and have seen horrible atrocities; they come to the United States having experienced trauma and having lived in constant fear for their lives. Regardless of the reason for immigration, all are experiencing loss - loss of their country of origin and familiar surroundings, loss of family members through migration or death, loss of social relationships, loss of economic security, and the loss of living with others with similar cultural values (Garcia-Preto, 2005). Once in the US, immigrants face a harsh reality of economic stresses, racism, social isolation, a lack of resources, and, for many, an inability to communicate and procure resources due to language barriers. With this in mind, therapists should gather information regarding all aspects of one's immigration experience; however, this should be done only after a strong therapeutic alliance has been built (Bean, Perry, & Bedell, 2001).

Related to immigration, one must consider acculturation levels of the entire Latino family system. Acculturation is the process of change and negotiation that occurs when one's culture of origin interacts with the mainstream culture of the new country (Hernandez, 2005). Latino families often include members at different levels of

acculturation, including those who are living in the United States sates illegally (Boyd-Franklin & Bry, 2005). Differences in acculturation can spawn conflict in families, particularly when children become more acculturated than their parents. For example, it is likely that children learn English first and then become responsible for family interactions (e.g., assuming roles of translator, bill payer, etc) within the new culture (Boyd-Franklin & Bry, 2000). This threatens the traditional hierarchy within the family. Children, who are given large amounts of responsibility for adult matters at home and are more acculturated, become more assertive (what they learn in school and the community is valued in American culture), rebelling against parental limits, becoming resentful of amount of responsibility given, and demanding freedoms consistent with their new culture (Boyd-Franklin & Bry, 2000). Parents resent this as it is discordant with traditional roles and the cultural value of *respeto* (i.e., respect for authority and elders which typically keeps one from asserting oneself), and conflict ensues. Research has documented that families with different levels of acculturation have more parent-child conflict and youth with lower self-esteem (Gil & Vega, 1996). Therapists should keep in mind that it is not recommended to use children as translators in therapy as it disrupts the family hierarchy (Bean et al., 2001; Boyd-Franklin & Bry, 2000; Garcia-Preto, 2005). It is important to gather information related to each family member's level of acculturation, the reasons for immigration, and the plans for remaining in the country so the therapist can have an idea of if and how to address acculturation in therapy.

Of utmost importance is awareness and consideration of the values held by different cultures. Most Latino cultures share the cultural values of *espiritismo*, *familismo*, *machismo* and *marianismo*, *respeto*, and *personalismo*, and these not only

affect how they live their lives, but may impact the therapeutic relationship (Garcia-Preto, 2005). Personalismo, for example, is a value that stresses interpersonal connectedness, warmth, and closeness over individual achievement (Bean et al., 2001). This value has implications for therapy as the formal, non-disclosing, professional psychologist who focuses on boundaries is off-putting to Latinos and the therapist may have a difficult time forming a therapeutic alliance with Latino families. Paniagua (1998) found that when therapists self-disclosed, Latino clients were more likely to trust their therapist. Thus, self-disclosure by the therapist may be in line with their cultural value of personalismo, thereby facilitating the establishment of a good therapeutic relationship and commitment to therapy.

As aforementioned, families with members at different stages of acculturation have higher levels parent-child conflict (Gil & Vega, 1996). In addition to the previously discussed contributors to conflict, several other factors play a role in parent-child conflict. First, girls are traditionally raised with the value of marianismo, which promotes following the model of the Virgin Mary and creates expectations of self-sacrificing behavior and sexual abstinence until marriage (Boyd-Franklin & Bry, 2000). Thus, girls typically do not date, may be heavily chaperoned, usually marry at a very young age, and may be forced by her family to marry if pregnant (Boyd-Franklin & Bry, 2000). However, these conventional gender roles are typically discordant with mainstream American cultural values and American adolescent traditions and can lead to conflict within the family. This difficulty is compounded by the expectations Latino families have for their teenagers. According to Boyd-Franklin and Bry (2000), for many, the “stage of ‘adolescence’ did not exist in the same form in their homelands” and so parents continue

to expect a high “level of responsibility and maturity from their children” (p. 26).

Additionally, another culture clash arises with regard to education. Traditional immigrant families may not place much value or emphasis on the education of their daughters pushing them to remain home to look after siblings and household responsibilities rather than going to school or focusing on academic responsibilities; girls are expected to marry young and become mothers (Boyd-Franklin & Bry, 2000).

With regard to issues of mental health, rather than seeking mental health services, Latinos many seek help from their families, religious leaders in their community, physicians, espiritistas or santeros (faith healers) or curandos (herbal healers) (Garcia-Preto, 2005). Further, for illegal immigrants, social service agencies and schools may be viewed as a threat and so fearing deportation, they do not seek help from outside agencies (Garcia-Preto, 2005).

CHAPTER VIII

GROUP SELECTION AND COMPOSITION

Selection of Students

Group members are selected by guidance counselors in consultation with Rutgers personnel. Several weeks after school starts, the director of the program and one of the advanced graduate student counselors (typically the program liaison) meet with guidance personnel and administration. The purpose of this meeting is to join with school staff, re-introduce the purpose of the groups (one group for boys and two groups for girls), and outline the selection criteria for potential members. With regard to the groups for girls, those who are at risk for violence and other risky problem behaviors are described as girls already involved in relational aggression, those who have been exposed to violence, those who have detentions or suspensions for insubordination or aggressive behavior (but are not on the verge of expulsion), and girls who have been involved in physical altercations. School personnel are reminded that students for whom they have begun to see a pattern of behavioral difficulties should be referred, as opposed to students who have only been involved in one big incident. Obvious other rule-outs are those students who are withdrawn, passive, and socially isolated. For these children, intervention groups for depressed, anxious, and socially isolated children within the school run by Dr. Brian Chu, another Rutgers University faculty member, would be a more appropriate referral. In the service of the program's broader goal of outreach to underserved populations, the

guidance counselors are asked to consider students who are not receiving other services in the school. While several group members may ultimately be involved in child study team activities, the majority of students in the group should not be receiving such services. Important to our mission is reaching out to students who do not have access to other resources in the community.

The message to convey during this meeting with school personnel is that these groups are aimed at the *prevention* of more serious risk taking behaviors. This intervention is aimed at students who are showing some problem behaviors and have several risk factors, such as those previously mentioned, but who have not developed severe problems, such as delinquency, complete gang involvement, or school drop-out. The goal is to “reduce these risk factors, on the assumption that the probability of severe problems will likewise be reduced” (Boyd-Franklin & Bry, 2000, p. 132). Group members should have manageable difficulties in the aforementioned areas without being so disruptive, antisocial, or disrespectful to authority that the group cannot function. Thus, the best candidates are those adolescents who are at risk, but not so entrenched in problem behaviors that they cannot be pulled back without intense therapeutic services. Students who are open to being helped and want to try to change some aspect of their behavior are particularly good group members.

Over the next month, group members are identified by guidance counselors in collaboration with teachers and administration. The guidance counselors send out an e-mail to all of the teachers and administrators describing the groups and asking for referrals. Sometimes, guidance counselors will contact the guidance office of the elementary school to gather information on 7th graders who are new to the middle school.

Approximately one month after the initial introduction meeting, the guidance counselors meet with the program director and all of the graduate student counselors who will be leading groups. During this meeting, 10-12 potential group members for each group are identified. More students than will ultimately be placed in the group are referred as several will most likely be ruled out after individual screening interviews. During this meeting, the guidance counselors provide the reason for their referral of a particular student as well as any other information that would be helpful for group leaders to know. Especially important to the strengths based approach of the groups, school personnel are asked to give at least one strength for each of the referred students.

Interviewing and Presentation of Group to Potential Members

Screening interviews begin at the end of October and continue throughout November. It is recommended that two counselors pair up for the interviews; if possible, a veteran counselor should be paired with a new counselor for training purposes. Having more than one person in the room and experiencing the student helps during the group composition process. The purpose of the individual interview is not only to screen the girls, but to give them an anchor, someone familiar with whom they could touch base if necessary. The interviewers should make an effort to be approachable and help the girls feel comfortable.

When introducing the group to the students, it is important to phrase involvement in group in a positive way. These youth often receive critical messages from adults in their school. Informing the girls that they are in the group because of their discipline record would be punitive as well as create an interaction that mirrors those they are accustomed to receiving within their school. Being seen as having strengths and the

potential to do better is not only an empowering message, but lays the groundwork for a relationship with an adult that is based on mutual understanding and respect.

During the interview, interviewers should attempt to determine if the adolescent will work well in a group, whether she will benefit from the group, and whether she will interfere with others' benefiting from the group. In this vein, there are several things that should be kept in mind:

- How does she relate to the interviewers?
- Will she be able to hold her own in group?
- Take note of the types and nature of issues brought up during the interview.
- How open she is to talking about things?
- How do you think others will perceive her?
- Does she seem as though she would be antagonistic in group?
- Will she be heard? Or will she be scapegoated?

There are certain points that are important to cover in every interview. An interview outline and listing of important initial interview/screening questions are provided in Appendix D; however some points will be highlighted here.

The interview should start out with an introduction. The interviewers should start out by giving information about themselves (e.g., that they are graduate students at Rutgers University) and the group (e.g., the purpose, time, location). To convey empathy and understanding and build a connection, it is useful for the interviewers to emphasize that they understand how difficult it is to be a teenage girl. Next, the group should be framed as a vehicle to help them talk about their struggles, learn strategies to help navigate middle and high school, and help each other solve problems they are facing. The girls should be asked about the kinds of issues they feel would come up in a group (i.e., what are difficulties that girls their age face in their communities and in their school). This will highlight some areas of concern for each particular child. Some "Get to Know

You” questions should be asked in order to increase comfort with the interviewers and the interview format (e.g., things she likes to do for fun, favorite movies/music, etc.).

Important areas to touch on in an interview include:

- What she would like to get out of the group?
- Comfort regarding sharing information and feelings with others.
- Things she likes about herself and things she wishes she could change about herself (i.e., strengths and areas of growth).
- Adults within the school she feels comfortable approaching if she has problems.
- Family (Pay special attention to immigrant/bilingual children)
- Position in the school social climate/hierarchy
- Who are her friends? (Ask for names. Be sure to explain why you are asking for names because the girls will be suspicious.)
- Who does she dislike? Who does she fight with?
- Would she be able to be in a group with someone she dislikes?
- Have student walk through an episode when they were last angry and reflect on it, e.g., how did it start, what made her angry, does she think she could have acted differently? (Try to assess for insight and ability to reflect on own behaviors.)
- Have you ever had an experience where you were going to fight, but then you didn’t? Have you ever had an experience where you fought even though you didn’t want to? (Try to assess for capacity for self-restraint. Take note of the strategies used to avoid fighting.)

Inevitably, even if a student does not vocalize this concern or ask this question, she will be wondering, “Why me?” At some point during the interview, the strengths outlined by the guidance counselors should be mentioned (e.g., “Ms. X said that you would be great in the group because you are a real leader”). There should also be some mention of the teenager’s difficulties, followed by highlighting their potential and the group leader’s desire to help them overcome their difficulties and achieve their potential.

At the conclusion of the interview, the students should always be asked if they would like to be involved in the group. It is extremely important to give the girls a choice. Allowing the girls to decide whether they would like to join the group, rather than making the group mandatory, not only increases their feelings of group membership and ownership, but it conveys to the girls that their needs will be considered and their opinions will be heard. When interviewing students who were members of the group the previous year, they should still be given a choice regarding whether to be a part of the group, however returning to the group should be framed as an expectation. It is important to address their feelings and concerns about returning to the group as well as their thoughts about the group last year, including what they liked and did not like and suggestions for future groups.

Lastly, the students should then be informed that groups will not be beginning until the end of November or beginning of December, and they will be sent a consent form (See Appendix A) by the guidance counselors to inform their parents of their participation in the groups. If during the interview, the interviewers are sure that the student would not be appropriate for the group, the information about group logistics should not be provided. Further, if it is determined that this student would benefit more

from individual counseling, the interviewer should explain this and ask student if they would be open to individual work. If a student agrees to participate in individual counseling, a consent form is sent home for the parent to sign (Appendix A). If the student is not deemed appropriate for the Rutgers-Somerset group or individual work and/or the student does not agree to individual work, the interviewers should discuss with the guidance counselors if more appropriate services within the school are available. If the issues with a particular student are severe, referrals to outside sources should be made.

Group Size

According to Waterman and Walker (2001), “smaller groups do not allow for as much diversity of opinion and discussion, while larger groups do not allow time to accommodate all members”. With this and our target population in mind, the ideal size of a group is between seven and eight members. Eight members are ideal so that in the event that one member is absent or decides to leave the group, the group is still large enough to conduct activities and hold discussions with a variety of opinions.

Group Selection and Composition

As previously mentioned, the target population is girls who are at risk for violence and other risky problem behaviors and are described as girls already involved in relational aggression, those who have been exposed to violence, those who have detentions or suspensions for insubordination or aggressive behavior (but are not on the verge of expulsion), and girls who have been involved in few, but not many, physical altercations.

With this definition in mind, there are several characteristics or problematic behaviors that would exclude one from group involvement. The following are “Rule Outs”:

- Girls who are generally good students and have only been involved in one big incident (e.g., fight, conflict with one teacher)
- Girls with possible serious psychological problems (e.g., actively suicidal, manic).
- Girls who are anxious, shy, withdrawn, and/or depressed
- Girls who are experiencing a crisis or who are going through so much in their lives that the chaos will prevent them from really being present in group
- Excessive hyperactivity (e.g., those who are so distractible that they cannot focus or who distract from group activities/discussions consistently)
- Those who only want to be in group to get out of class
- Girls who are sexually active should not be excluded unless this defines their identity or is their only concerning behavior (e.g., no relational or physical aggression present)
- Girls with many absences
- Girls who are very confrontational
- Other children who don’t do well in groups: “the bully,” “the intimidator,” and “the monopolizer”

The primary concern when selecting members and forming groups is group cohesion. Groups should be defined by balance. It is important to find a balance between individual group member needs and personality styles as well as between placing the

girls in a group where their individual needs can be met without hindering group needs and vice versa. Generally, when selecting members for a group, it is important to choose members with personality characteristics that will help and not hinder the group process. With each individual adolescent, it is important to consider whether this child would be an asset to the group, whether the group would be good for the child, and how the child would fit in the group considering the other members (i.e., will she fit into the chemistry of the group). Thus, children who are extremely disruptive or confrontational may prevent others from benefiting from the group and should be excluded and referred for individual treatment (Waterman & Walker, 2001). Additionally, children who are often absent will presumably miss many group sessions and may thwart the formation of group cohesion (Waterman & Walker, 2001).

Another important concern is whether the student will be scapegoated in the group. Although this often cannot be predicted based on one interview, it warrants thoughtful consideration due to the effects of repetitive scapegoating on an individual, especially an adolescent who may not be able to understand the process. In view of the target population's difficulties with relational and physical aggression, it can be expected that conflict will arise in group. An optimal balance in this realm is one where there is room for conflict, but where conflict will not be extremely disruptive or hinder the group process. It is important to recognize that it is likely that girls with longstanding or current conflict will be referred for prevention groups. According to Waterman and Walker (2001), these students should be placed in separate groups. This is important to remember when composing groups as such conflict will affect group cohesion, comfort, and process. However, with only two groups for adolescent girls, separating all students who

have difficulties with each other may be impossible. Further, having some conflict in the group will be beneficial in providing a real-life context for conflict resolution. In this case, it is important to consider the intensity, frequency, and recency of the conflict as well as each student's potential for benefiting from the group. When placing two girls who do not like each other in the same group, it may be useful to have an individual meeting with each girl to find out if they have a problem with group members prior to first session. Important questions to ask include:

- (1) How do you feel about this?
- (2) Is there any difficulty you may anticipate having? How would you handle it?
- (3) Could you be in a group with this person? How would having this person in the group affect your participation in group?

Another important group composition issue is grade level. In some instances it may be more beneficial to combine 7th and 8th graders in the same group, while in other cases it may be most helpful to keep the grade levels separate. With 7th graders in a majority 8th grade group, it is important to consider whether the 7th graders know each other and feel comfortable and connected. Other issues to consider are whether the 7th graders will be intimidated by the 8th graders, contribute to the group process, and be able to benefit from the 8th grade perspective. In cases where there are enough 7th and 8th graders to form grade specific groups, this option may be preferable and most beneficial as maturing occurs between grade levels. According to Waterman and Walker (2001), groups at different grade levels are developmentally dissimilar and the difference among maturity levels is especially prominent in middle school as children go through puberty. Additionally, the possibility of continuing for a second year with a group of 7th graders

would allow for a deepening of group cohesion, review of and repeated practice of skills, and more opportunities for learning. Similar issues to consider are the ages and maturity levels of the girls (even within the same grade level). It is good to have several girls in the group who are more mature, can engage in perspective taking, and who are not afraid to express their conflicting opinions.

Other important group composition issues to be aware of and consider are alliances between friends and ethnic and racial issues. While it is inevitable that there will be friendships among group members, one should be cautious about having too many friends or a large group of friends in one group. Certain alliances may undermine the group process and it is important to consider whether friendships will be a hindrance. For example, while having several friendship dyads may not impede the formation of group cohesion, having four very close friends in a group (half of the group members) may delay or prevent development of group cohesion. With regard to ethnic and racial issues, it is vital to reflect on how each group member will experience the group as a result of her culture and her own individual experiences. While Rutgers-Somerset group members have been predominantly African American, recent groups have seen an increase in Latina and African members as well as inclusion of Caucasian adolescents. Thus, consideration must be given to ethnic and racial make-up of the groups. According to Waterman and Walker (2001), “groups with members of a single ethnicity tend to develop trust more quickly and to disclose more deep and meaningful material earlier the process” (p.2). However, mixed racial and ethnic groups grant the opportunity for members to develop relationships with members of other ethnic groups and learn about other cultures and experiences of members based on racial/ethnic membership. Such a

group would provide a vehicle for discussions of discrimination, prejudice, individual differences, and tolerance.

Group Structure

Once groups have been chosen, the guidance counselors at the school are provided with the names of each student in each group. The school then provides each student with a passive consent form to provide to her parents. This form explains the purpose of the group, provides contact information for the guidance counselors, and explains that unless parents actively oppose membership (i.e., call the school, return the form with prohibition of membership noted, etc.), their child will be automatically enrolled in the group.

Group sessions typically begin at the end of November or beginning of December and last throughout the school year, ending several weeks before school ends in June. Meetings take place once a week during a regularly scheduled class period. Sessions last the entire period, approximately 40 minutes. Groups are usually held in unused rooms in the guidance office. Privacy is vital so that students will feel comfortable disclosing and participating in group discussions. During sessions, when tables are not called for by session activities, it is recommended that chairs be arranged in a circle, with chairs for group leaders included in the circle. Group leaders should come prepared to sessions with markers and poster board; important topics should be written on poster board and taped to walls in order to facilitate learning. Poster boards created in each session should be placed on the walls in subsequent sessions. This not only allows members a visual of the amount of work they have done, but allows for review of material and facilitates consolidation of learning and memory. Further, it may remind the girls of things they

have done between sessions related to things learned in group, allowing them to discuss examples with the group and receive positive reinforcement and feedback.

Once a group has been formed, membership in the group is closed. Although it is possible for members to drop out, no new members are added to the group. According to Waterman and Walker (2001), “Closed membership provides the best arena for the evolution of group process because participants can become acquainted without the distraction and disruption of sudden comings and goings of fellow group members” (p. 11).

Groups focus on conducting prevention of multiple problems with a focus on violence prevention. Malekoff (2004) reminds practitioners who work with groups, “Each good group has a life of its own, each one with a unique personality” (p. 52). Given that each girl is different and each year, the mix of girls results in different issues that are salient or problematic, a blending of structure and flexibility is vital. There are some topics, for example, anger management, that are central to the program and *must* be covered; however, it is important to have the flexibility to ask questions and discuss topics that come up organically. This has the dual purpose of making sure that issues pertinent to each group are discussed and in the vein of strengths-based work, giving the girls ownership of the group. Thus, modules and activities are chosen by the group leaders each year based on the topics chosen by group members and the risky behaviors deemed important to target based on the mix of girls in the group. Topics that must be included in each group’s curriculum are anger and anger management, fighting and conflict resolution, and relational aggression. Topics strongly encouraged include the future (e.g., goals and dreams and obstacles to goals) and cultural diversity.

At the completion of the program, students are provided with a packet detailing all issues covered throughout the year, including specific comments, concerns, and resolutions made by the group and activity answers provided by specific members. The group leaders have the freedom to incorporate other information based upon the topics covered in their group or other areas of concern that were not covered (e.g., articles, reading materials, questions to think about, etc.). Members who have returned to the group for a second year have stated that they have referred back to and completed the exercises in this packet after the group has ended and have found it helpful. This packet serves a booster function for group members. An additional unique component of group termination includes an end-of-the-year group trip. The trip occurs after school hours between the hours of 2:30 pm and 5:30 pm. With parental consent (via permission slips; see Appendix A), the group members are transported by group leaders to Rutgers University. Group leaders give a tour of the campus to the students and provide food and drinks. This trip serves several purposes. First, it is a fun way for the girls to celebrate their participation in and the completion of the group process. Second, the girls get a chance to see where their leaders spend their days and what their school is like. Lastly, many of the girls are familiar with Rutgers due to its proximity to their houses, however many have never been on the Rutgers campus, or any college campus for that matter. For some girls, this experience inspires thoughts about college as a possibility for their future.

Individual Sessions

An integral and unique component of the Rutgers-Somerset Counseling Program is the individual time provided to the students. Individual counseling takes one of the following forms: ongoing individual counseling and ad hoc sessions held as needed

throughout the course of the group. Ongoing individual counseling occurs either in conjunction with the group (i.e., the student is involved both in prevention groups and individual counseling) or in isolation (i.e., as determined during initial interviewing and selection, the student would benefit from therapeutic services, however, is not an appropriate candidate for the prevention group). Unless therapeutically contraindicated, one of the group leaders is assigned to work individually with a student who is receiving individual counseling in conjunction with participation in prevention groups. Students who are not involved in prevention groups may be seen either by a graduate student therapist who facilitates groups or by another Rutgers University graduate student who may have more expertise with the issues requiring therapeutic attention. Additionally, it is essential that interviewers, group facilitators, and individual therapists be aware of issues requiring more intensive or specialized treatment (e.g., suicide, self-harm, delusions or hallucinations, mania, severe drug abuse, etc.) and refer out for services as needed. Individual counseling sessions also occur in an ad hoc manner, typically for one of three reasons. First, group facilitators meet with group members for “check-in” or monitoring purposes. All members should be met with individually at least two times throughout the course of the group to check-in with the student on relevant or concerning matters (e.g., academics, discipline records, etc.) and discuss any issues the student has brought up during the course of the group, the member’s thoughts and feelings about the group, and any suggestions the student may have with regard to making the group more meaningful for her. A group facilitator may also decide to have an individual session for exploratory purposes. For example, based on group, school-wide, or individual behavior, a group leader may get the sense that something is wrong. In this case, individual

sessions with a group member(s) would include questioning, offering help, or simply letting a student know that the group facilitator cares and is available to talk if needed. Lastly, impromptu sessions may occur for purposes of crisis intervention. In addition to issues of maltreatment, suicide, and self-injury, adolescents often encounter situational crises (e.g., family, academic, relationship crises) that require discussion, support, and guidance.

Students for whom it has been decided that weekly, individual counseling is needed and who agree to participate, are assigned to an individual graduate student counselor to work with throughout the year. These students' names are given to the guidance department. The school then provides each student with an active consent form to provide to her parents. This form explains the purpose of the individual support, provides contact information for the guidance counselors, and explains that for their child to participate in this program and receive individual support from Rutgers graduate students, they must sign and return the consent form to the guidance office. Of note, due to the stigma associated with the terms therapy and counseling, the term "individual support" has been used. Once forms have been returned, graduate student counselors should contact the students' parents to explain the purpose and goals of individual support and gather from the parents any related information or concerns.

Once individual sessions begin, the therapist should clarify that anything talked about individually will be kept confidential, with the exception of information that would evoke mandated reporting laws. For girls who are also involved in the group, it should be explained to the student that the therapist will not bring the content of individual sessions into the group. However, the student is free to bring anything she wants back to group.

Additionally, topics discussed in the group may be brought up by either the therapist of student in individual meetings.

Individual counseling should proceed as any other therapeutic relationship, with time taken initially to learn about and get to know the adolescent. It should be made clear to the student that individual time is about counseling and support. The therapist should have a conversation with the student about the therapist's role and distinguish between counseling and friendship. The student should outline personal goals to work on throughout the year. Individual counseling sessions may or may not be targeting areas covered in the group sessions; however, sessions allow for the student to discuss and explore issues they may be having that are unrelated to group topics. Further, students who are not participating in the group prevention component have their own therapeutic needs and a treatment plan should be created to target these needs.

CHAPTER IX

RUNNING GROUPS

Groups provide a sense of belonging, give members the opportunity for meaningful participation, and foster resiliency. Thus, groups are an important vehicle for prevention and intervention. Running groups in a manner that promotes the program goals and provides the greatest benefit to members is not an easy task. Although adolescent girls desire affiliation and connection, they will only participate fully when ample trust, comfort, and safety have been established in the group (Springer, 2006). To this end, counselors should be prepared to be challenged and tested by members, learn to challenge members in a respectful way, encourage communication of differing opinions, promote support and assistance among group members, and foster group cohesion (Malekoff, 2007). Group leaders must be equipped with a toolbox of skills and prepared to handle all aspects of group behavior, including crises, conflict, and challenging.

Group Leadership

A significant difference between adult and adolescent groups lies in the leadership style of the therapists. Leaders of adolescent groups “require a degree of flexibility and a capacity to negotiate with members in order to convey a commitment to structure without a rigidity that turns teenagers off” (Dies, 2000, p. 104). Therapists must be prepared to be action-oriented and comfortable in being directive, taking responsibility for much of the flow of the group in its initial stages as the developmental stage of adolescence requires

more structure than adulthood (Richmond, 2000). Structure reduces ambiguity, which most adolescents are unable to tolerate (Nichols-Goldstein, 2001). The therapist should be well versed in adolescent culture, eager to relate with and communicate clearly with teens, and willing to learn from them (Richmond, 2000). Modeling is particularly important to this developmental stage and this role is played by therapists working with adolescents, particularly in the areas of stability, dependability, interpersonal interactions, and management of conflict (Dies, 2000; Richmond, 2000). Through my experience with adolescent girls groups, leaders are not only a role model, but a person they can quote and whose actions they can imitate; leaders in a sense become a borrowed ego (N. Boyd-Franklin, personal communication, January 2006).

A noteworthy difference between therapists who lead groups of adults and those who lead groups of adolescents is in self-disclosure. Honest and open self-disclosure by the therapist is particularly important in groups with adolescents (Wood, 2001). According to Dies (2000), leaders can disclose emotional reactions as they may “have the potential to open the door for the exploration of a breadth of emotions associated with the difficult life experiences of the young people” (p. 108). Adolescents are very concerned with “phoniness.” Thus, while maintaining appropriate boundaries, it is important for adolescents to know the group leader as a real person (Carrell, 1993).

The adolescent group therapist faces several challenges in leading groups. It is important for the therapist to be friendly and empathize, but careful not to become a peer. The therapist must be an authority figure, but often not authoritative (Richmond, 2000). The therapist must often be an educator and provide factual information, but allow the teens enough space to think and resolve issues for themselves. One of the main lessons I

have learned in running girls groups over the years is that the group leader cannot lecture. Adolescents do not hear this and they will shut down (N. Boyd-Franklin, personal communication, 2004). Because of the risk involved in some of the topics brought up by the teens, it is common to have the impulse to preach because our initial reaction is fear for the members of the group. The adolescent therapist must be creative in managing such issues and elicit help from other members. The adolescent group therapist, thus, has many roles. Richmond (2000) provides a comprehensive summary of the varied tasks of the leader:

These include being a coach to give advice and constructive criticism; to be a traffic cop in order to direct the interactional flow; to be an interpreter, particularly in clarifying communication between group members and their family; to be a director in leading the group to meld into a functional unit; a lion tamer to maintain control; a gardener to help cultivate growth, and a chess master to plan future moves in therapy. (p. 116)

A question that often comes up when leading groups of adolescents is how much process should take place in the group. Martsch (2005) conducted a study comparing two group treatments for aggressive behavior in male adolescents. The distinction focused on between the two groups was the level of process. One group, the low process group, was based on cognitive-behavioral skills training, and the other, high process group integrated cognitive-behavioral training with group interaction. The older adolescents (15-18) responded better to the high process groups and the younger adolescents (12-14) fared better in the low process groups. The authors suggested that the cognitive and social developmental differences between the older and younger participants may have played a role in the different responses to treatment, emphasizing that the “older adolescents’ greater capacity for abstract thinking, perspective taking, and independence may have

allowed them to better conceptualize and understand the curriculum and the cooperative emphasis of working together as a group” (p. 16).

Another major difference between therapists working with adolescents and those working with adults is that the teenager’s tendency for action often leads to many crises requiring urgent intervention (Richmond, 2000; Wood, 2001). Thus, the adolescent therapist must be more available and knowledgeable about crisis intervention; he/she must be ready for anything. With this in mind, it may be helpful to have co-therapists with groups of adolescents in the event that one member comes to session in crisis mode and requires urgent intervention outside of the group.

We reviewed the “phoniness” group work from last week and then started to talk about fighting. The first question we asked was, “Why do people fight in this school?” Their answers included: to be popular, because people run their mouths too much, to protect or defend their family, because people start to get mad and just “hook off,” because they just want to fight, due to “he said/she said,” and just because someone thinks they can beat the other person up. Jen entered group half way through this discussion. When Jen entered, she muttered that she was not going to stay because something had happened, but still sat down. A couple of minutes after she sat down, she leaned over to one of the group leaders, said that she needed to talk to someone, and started crying. Jen said that it was a personal issue that she didn’t want to talk about in group. Because this was obviously distressing and important, one of the group leaders left with Jen. When we asked if she wanted to talk to us about what went wrong, she said that it wasn’t a big deal and would sound stupid. She then revealed that her mother was to undergo a four hour surgery the next day and she was worried. She didn’t have any idea about what the surgery was for and said that she didn’t even know her mother had been sick. This was a situation requiring the immediate attention of the therapist, throwing leaders into crisis intervention mode.

Overall, when working with adolescents, we should expect to be challenged.

Accordingly, Malekoff (2007) suggests that therapists leave their egos behind when entering the therapy room and learn about teenagers, not from what they show externally, but from what is going on inside. Further, Malekoff (2007) states: “We all must be prepared to recognize kids’ voice(s). It is the most legitimate source of knowledge in

identifying individual needs, mutually determining a group purpose and deciding on the proper introduction of group content” (p. 90).

Group Behavior and Challenges

Generally, behaviors that occur in adult groups occur in adolescent groups, however there are some areas that differ or are more prevalent in adolescent groups and pose significant challenges for the adolescent group leader. MacLennan and Dies (1992) highlight that one such area is “facing difficulties” that arise in the group. If an adolescent feels mistreated in the group, it is very likely that she will threaten to leave the group, actually leave group, or even miss a few groups, which may leave the rest of the group feeling guilty or anxious. This may prevent members from expressing their feelings, disagreeing with others, or working things out in the group. Ideally, therapists should help to foster a culture where group members are able to recognize and appreciate their differences, which would help them to stay with a problem until it is figured out (MacLennan & Dies, 1992). Being non-defensive can be modeled by the therapist through discussions of his/her own behavior, specifically admitting to making mistakes in the group and discussing these mistakes with the group (MacLennan & Dies, 1992). Having the therapist, an adult and a type of authority figure, admit to a mistake can be a very powerful intervention with adolescents and can hopefully help members to face their own mistakes and work through their problems.

Competition within adolescent groups is a constant throughout a group’s development, with members competing with the leader, for the leader, and for the attention, dominance, approval, and admiration of the group (MacLennan & Dies, 1992). Comparing oneself to peers is a normal characteristic of adolescence and will occur,

mostly covertly, throughout the group. Members will attempt to establish a “pecking order” in the group, with some competing for leadership and others settling into weaker roles (MacLennan & Dies, 1992). Competition can take many different forms: being good and perfect for the leader, acting disruptive, being boastful, or being silent, to name a few.

Adolescents often display their feelings and attitudes non-verbally through posture, gestures, facial expressions, etc. and use physical activity as a means of releasing tension (MacLennan & Dies, 1992). Group members are often restless and boisterous, especially when issues are anxiety provoking. When such movement and activity does not interfere with the group or members ability to relate to one another, it can be tolerated in the service of tension release (Wood, 2001). When the energy level is too high, it may be beneficial to pull on the reins and become more directive and structured with pre-planned activities.

The girls were unable to concentrate or listen to one another speak. When asked if there was something going on, Stephanie brought up her recent suspension. There was excitement about her fight in which she fought her best friend and hit the vice principal. She claimed to have hit the vice principal because she came at her in a threatening way and felt that she needed to defend herself. She was suspended for four days and had just come back to school on Friday. After processing the fight with the girls, the leaders were unable to get the girls attention and calm them down. They were “off the wall” walking around the room and switching seats during group, so we broke the girls into two groups to continue work on a previous topic. In the smaller groups the girls were able to concentrate on the task at hand.

Similar to physical restlessness, adolescents often display, what I call, communication restlessness. Due to the egocentrism that characterizes adolescence, members tend to be self-focused, talking at the same time or over others, cutting each other off, and ultimately not listening to what fellow members have to say (Wood, 2001). They may demand the attention of the leader as if he/she were the only adolescent in the

room. In this situation, the therapist must encourage active listening skills and encourage others to respond to what other members are saying (Wood, 2001).

Adolescents may avoid involvement in the group and display resistance through many means. Superficial, seemingly pointless chatting, coming to group late, silence, and monopolizing the group's attention are some ways in which individual members may display resistance (MacLennan & Dies, 1992). Members may also demonstrate group resistance through verbal or physical fighting (MacLennan & Dies, 1992). Dies (2000) describes the leader of adolescent groups as the gatekeeper of conflict and asserts that the leader is "advised to take every opportunity... to demonstrate, through personal action and instructional guidance, the productive ways in which conflict can be used to clarify, confront undesirable behaviors, and lead to a heightening of cohesion among group members" (p. 107). In my experience with at risk adolescent girls, this has posed a challenge, as conflict often arises early in the group's life cycle before trust, safety, and sometimes even group rules have been established. The most important challenge for the group leaders is creating an atmosphere in which each member feels emotionally and physically safe enough to participate (Calhoun et al., 2005). Not only have many of the girls in the group learned over time not to trust, but many of them have had conflict with each other in the past. Further, many have learned that relational aggression and physical aggression are the most effective ways of solving problems and managing emotion (Calhoun et al., 2005).

Session 3: The girls were asked what could be done in the group to make it a safe place for everyone to feel comfortable talking about these issues. The counselors started off by referring to something that was brought up last week about keeping gossip and names out of the group. Group leaders then turned the discussion over to the girls who were silent for a bit until Samantha raised her hand and asked to talk about an issue that she may have with someone in the group. She thought that

someone in the group may “have beef” with her and wanted to know if she could confront this girl. The girls in the group were curious to know who it was and supported the confrontation. Samantha then turned to Pam and asked “Pam, do you have a beef with me?” Pam responded, “I don’t know.” The girls were a bit heated and since group rules or norms for handling conflict had not been set up, the leaders jumped in and said that this may be something better spoken about with the counselors individually outside the group.

Session 7: As we were preparing to discuss the good and bad things about fighting, Stephanie said there was something that made her uncomfortable and said she wanted to discuss it. She began by saying that she had a problem with one of the group members. She talked about this indirectly for a while, but the other girls figured out she was referring to Lucy. The group process was interesting: Tara demonstrated great group member/leadership qualities and made several good points re: fighting and not getting along with someone; Ashley put herself out there and said she felt uncomfortable; Tracy and Samantha were quiet; Stephanie’s tone was aggressive and she seemed to be putting on a tough front; and Lucy remained amazingly quiet and composed—she did not retaliate against Stephanie in any way. Since we had already established that each member had the option to try to work out their problems with each other in the group and we had encouraged the use of the group to resolve issues, the leaders asked Lucy how she felt about being confronted and whether she would be willing to discuss her issues with Stephanie in the group. They agreed and the girls proceeded to clarify and resolve the issue between them with some guidance from the leaders in terms of communication skills and the support of group members.

As described in Dies’ (2000) model of group development, adolescent groups are characterized by a considerable amount of testing that may take many forms. Adolescents may complain and protest or attempt to behave in ways they know are not allowed or are against the rules to test whether they can trust the leaders, whether the leaders will be honest, and what is okay to say and do within the group. Adolescents will often aggravate adults to bring them into a struggle over control. This may be the case, for example, when adolescents continuously hold side conversations while the leader is talking. One of the best pieces of advice ever given to me was to refrain from ever getting into an antagonistic position with a group member: “When you get into a tug of war, drop the rope” (N. Boyd-Franklin, personal communication, October 2004).

General Skills and Techniques

It cannot be reiterated enough that group members will only participate completely in the group process when each member feels trust, comfort, and safety. As group leaders, you carry the responsibility for helping group members to feel comfortable and safe in the group. To achieve this at times seemingly unattainable goal, group leaders must be themselves and avoid trying to be “cool” or fit in the adolescent culture. Adolescents have a “being real” radar; they can easily sense words without meaning and actions without an honest and concerned purpose. Leaders must be able to empathize with being an adolescent and understand adolescent culture, without trying to be “buddies” with group members or to be someone they are not. Carrell (1999) emphasizes that leaders must own their “prejudices and inconsistencies,” be honest with members, value each group member, make meaningful contact with each member, and be empathic (p. 20).

In creating an environment of trust and safety, group leaders must maintain a nonjudgmental stance and keep neutral, both verbally and nonverbally, when group members reveal shocking information or engagement in precarious behaviors (Carrell, 1999; Springer, 2006). Counselors must demonstrate and express acceptance (Carrell, 1999; Springer, 2006). Leaders should be open, honest, and available to the children. Some amount of self-disclosure is not only appropriate, but necessary. The adolescents need to know you as a person; however, leaders must be aware of and impose clear adult-child boundaries (Carrell, 1999).

Leaders must get to know the adolescents and let them know that they are on the kids’ side. Group members must feel that leaders are involved and concerned. Leaders

must communicate to the adolescents that they care about them and what happens to them. This is communicated not only in words, but in body language, reflection of emotions, noticing when something may be wrong with a group member, active listening, and follow-up on previously held conversations. All actions within the group, even enforcement of rules, should be influenced by concern for the best interests of group members. To achieve this, counselors should remember a statement by H. Stevenson: “Without affection there can be no reasonable correction, no meaningful protection” (personal communication, November 2008).

Group leaders must be both challenging and flexible. Facilitators must present clear expectations, and be clear and firm in enforcement of rules (Waterman & Walker, 2001). Most importantly, leaders must be consistent in their actions and expectations (Springer, 2006). Leaders must meet group members where they are instead of where you want them to be, listen to each member, provide equal treatment to each member, and treat each adolescent with respect (Springer, 2006).

Working With a Co-Facilitator

When leading groups of adolescents with more than five members, it can be helpful to work with a co-facilitator. Co-facilitators provide many advantages including allowing crisis intervention with one member to occur outside of group while the group process continues, providing help during periods of conflict, and affording an extra set of eyes and ears to observe both verbal and nonverbal behavior as well as group process. For the personal and professional growth of the facilitator, having another leader to process with after sessions, brainstorm with about upcoming sessions, and consult with about difficulties in the group or with certain members, can be helpful and a learning

experience (Springer, 2006). An additional benefit of having two facilitators is that it can be a model for group members of a cooperative and respectful relationship (Springer, 2006).

Tips for working with co-facilitator.

- Facilitators should meet with each other prior to the start of the group to discuss strengths, weaknesses, and style of facilitation, as well as the overall goals for the group (Springer, 2006).
- Prior to the commencement of groups, facilitators should decide how they will work together (i.e., one takes the lead while the other observes, take turns in leading the group, equally contribute to each group, who will sit where, etc.).
- Facilitators should also meet before each group to plan the upcoming session and after each group to process the session.
- Leaders should talk to each other in front of the group, i.e. asking what the other thinks, “I wonder if we can spend some time on...” This models collaborative behavior, effective listening, problem solving, handling feedback, and working through times of uncertainty.

Techniques to Increase Group Cohesion and Safety

The check-in. Check-in with members at the beginning of each group session. This provides members with an opening, allowing them to mention things that are occurring in their lives, whether good or bad, and may need to be discussed more formally in the group session (Waterman & Walker, 2001). From the check-in, group leaders may learn of situations, behaviors, or emotional difficulties that need to be addressed, whether in group sessions or in individual counseling (Waterman & Walker, 2001). The check-in serves many functions, including providing support to a member who may not be receiving it otherwise, increasing cohesion among members by helping them connect on a level outside of the group, and allowing members to find comfort in other members who may be experiencing similar situations. When the check-in reveals positive events that have occurred, it then allows the child to receive positive reinforcement or validation and provides them a chance to share good news with others, which may be an infrequent

event in their lives. During this time, leaders should model for the members appropriate ways to respond to the information revealed (e.g., empathic statements, statements of validation). Leaders will also have to use group management techniques (discussed below) in order to deal with behavior (e.g., laughter, negative comments, name-calling, etc.) in the group that may not make it safe for members to share during this time. An additional task for leaders is interrupting and stopping a member whose check-in lasts longer than necessary due to inclusion of excessive detail (Waterman & Walker, 2001). It may be helpful to have a time limit for the check-in period so as to ensure that every member is heard and enough time remains for group work. Check-in may take many formats including: (1) Tell one good thing and one bad thing from your week, or, Tell about the best/worst thing that happened to you this week, (2) Tell about one fun thing you did this week, (3) Tell about one time that you avoided confrontation or getting in trouble this week, (4) Tell about one time that you were proud of yourself and one time that you feel you could have acted/reacted differently.

Group rules and confidentiality. Establishment of group rules and confidentiality should be done early on in the group's life. Confidentiality is the most important aspect of group life as without confidentiality, the group will not come together, evolve, or benefit from the group process. Members must feel that their disclosures are safe and will not leave the confines of the room or be passed on by other members. Group rules are necessary in order to increase feelings of safety and comfort in the group and to facilitate group management. In order to increase group cohesion and likelihood of adherence to group rules, members should generate group rules as well as a procedure for managing noncompliance (Waterman & Walker, 2001). Consequences should be discussed and

group members *and* group leaders should be responsible for their enforcement. Important rules to include are listed in the section entitled *Group Sessions: Session Outlines*.

Rituals and activities. Rituals and activities could be used to build group cohesion. Activities that emphasize commonalities between members are particularly useful. Group leaders should be willing to participate in activities and share (i.e., appropriate information, information that the leader is comfortable sharing) along with the members. Some rituals include: (1) the aforementioned check-in at the start of groups, (2) a check-out that may include sharing of feelings or thoughts about the group topic or what occurred in group that day, a reinforcement of the group lesson, or provision of feedback to members by members and leaders, and (3) the reading of an inspirational quotation at the beginning or end of each group session. Several group building activities are listed in the section entitled *Group Life: Session Outlines*.

Motivational Interviewing

Motivational interviewing (MI) is a technique that can be very helpful for adolescents who are engaging in risky behaviors. Even though in the group selection process, effort is made to choose students who are open to being helped and want to try to change some aspect of their behavior, group counselors cannot assume that these students are motivated for change. According to Arkowitz and Miller (2008):

MI works from the assumption that many clients who seek therapy are ambivalent about change and that motivation may ebb and flow during the course of therapy. ...A central goal is to increase intrinsic motivation to change – that which arises from personal goals and values rather than from such external sources such as others' attempts to persuade, cajole, or coerce the person to change. (p. 2)

Arkowitz and Miller (2008) further assert that pressure to change from counselors and other adults may actually have the opposite effect and lead to a decrease in the desire to

change. Thus, therapists must focus on and understand the student's ambivalence for change. Examination of each side of the ambivalence, including conveying understanding for the motivation and function that current behaviors serve and eliciting reasons for not changing behavior, will hopefully lead to client motivation to change (Arkowitz & Miller, 2008). By exploring the pros and cons of changing and the pros and cons of maintaining the behavior, and emphasizing empowerment and choice, the hope is that the student will become intrinsically motivated to change (Arkowitz & Miller, 2008). According to Arkowitz and Miller (2008), therapists should "create an atmosphere for change in which the client rather than the therapist becomes the main advocate for change as well as the primary agent of change" (p.4).

Miller and Rollick (2002) outlined four basic principals of motivational interviewing. The first principal is "*empathy*." The therapist must attempt to understand why the student engages in risk-taking behaviors. Try to understand their world and express empathy. The therapist must not pass judgment on the client's behaviors while remaining careful not to condone the behaviors. The second principal of motivational interviewing is to "*develop discrepancy*." The clinician can help to explore the student's values and goals and then highlight the discrepancy between the student's present risk-taking behavior and these goals in order to increase motivation to change. The third principle is "*roll with the resistance*." It is expected that resistance to behavior change will occur. When it does, the resistance should be heard and accepted. The last principle is "*support self-efficacy*." Clinicians should help validate the students in a way that supports self-confidence and the belief that she could change. Highlight the positives and focus on the small successes.

Motivational interviewing skills/technique tips (Arkowitz & Miller, 2008).

- Open ended questions. Keep the student talking. Give her the space to talk.
- Use reflective listening skills (repeat, rephrase, paraphrase, and reflect feelings).
- Validate student using affirmations or by conveying understanding.
- Assign responsibility for decisions made (i.e., to change behavior or continue engaging in behavior).
- Do not argue, offer direct advice, or prescribe solutions to problems. Do not take the expert, authoritative stance and leave client in a passive role. Do not behave in punitive manner.
- Do not do most of the talking. Engage them in getting detail and thinking rather than telling them what to (e.g., “Help me to understand from your perspective”).
- When a student is trying to make a decision, clinicians can provide possibilities and options (e.g., present a menu of options/alternative behaviors), but must reinforce that it is her decision and responsibility and she will own the consequences.
- Provide feedback (e.g., give facts, provide info that may increase level of motivation, describe the impact of her behavior on others, provide norms/normative info). Be sure that feedback is given in a nonjudgmental, neutral, and empathic manner.
- Have modest goals. Meet the students where they are and focus on harm reduction (“You know that I think not fighting is the best approach, but what are ways we can minimize consequences and do things that aren’t so risky?”).
- Reinforce change statements; Listen for and capitalize on ambivalence.
- A very helpful technique is the motivational interviewing chart (See Appendix F).
 - List the pros and cons of engaging in the risky behavior.
 - List the pros and cons on not engaging in the risky behavior.
 - Once you understand advantages of not changing, you can help to generate alternatives. Once you understand the drawbacks of change, you can figure out how to address this obstacle and/or minimize its impact. (e.g., “What are other ways you can accomplish the same thing with less of a risk?” “Look at the goal and see how many different ways can achieve that goal.”)

Small Interventions That Go a Long Way

- Point out small gains to the kids.
- Keep ears open for the phrases the teens use so you can put things in their words. Always find out what kids mean by the terms they use.
- Reinforce their beliefs and willingness to be open regardless of content.
- Validate members when they take risks.
- When there is silence, sit with it.
- Provide structure and limits without making the group feel like a classroom.
- Always remember: positive before negative. Give them a positive and then lead them into areas of improvement.

- DO NOT lecture. Adolescents do not hear this. Ask questions instead.
- Never get into an antagonistic position with a group member. When you get into a tug of war, drop the rope (N. Boyd-Franklin, personal communication, October 2004).
- It is important to express to group members that you care about them and want to help them. This is important not only at the initiation and termination of group, but throughout sessions, and especially when members are acting out.
- When giving advice, phrase it as: “When I’ve worked with kids in this situation this is what has worked for them...”
- Provide options for group members that make them feel like they have a choice and some control over group purpose, sessions, and any situation that may arise during the life of the group.

Things to Remember

- Never underestimate the power of appropriate praise (Boyd-Franklin & Bry, 2000). These kids cannot hear enough positives about themselves. Use positive reinforcement freely.
- “Exercise great care in preserving the dignity of members at all times” (Carrell, 1999, p. 15).
- Be willing to discuss any topic and participate in any activity that you ask group members to engage in (Springer, 2006).
- You become a borrowed ego for these kids (N. Boyd-Franklin, personal communication, January 2006). Not only are you a role model, but you are a person they can quote and a model for another way to do things.
- Members come to take on roles in groups. Pay attention to who expresses emotion for the group, who detours/distracts when topics are too difficult, who takes care of others, who instigates conflict, who pulls for attention. Be mindful of group scapegoating. If kids have been scapegoated over time, they pull for that role.
- There is always a reason (for what a member says or does).
- In order to change behavior, we must find the motivation for it
- Kids have paradoxical thoughts. We need to listen to both, validate both, and nurture the positive alternative.
- We as facilitators must always admit our mistakes and apologize for them (Carrell, 1999).

Group Management

As aforementioned, groups are alive with tests, resistance, and difficult behavior.

Groups with adolescents present even more challenges as leaders must be understanding of and nurture the developmental tasks of adolescence while attempting to empower members to change behaviors that are potentially damaging. Group facilitators must

intervene in the moment while considering each member's emotional development. In my experiences with groups, the following tips for group management have proven invaluable:

Helpful Process Comments and Interventions

- Process comments are very helpful for group facilitation: "I notice that...", "I wonder if this may be hard to talk about because....," "You are saying X, but your facial expression shows something different."
- Underscore when a group member stands up for another: "I've very proud of you for..."
- Use "kids often say/tell me..." to open the door to difficult issues. For example, "Kids in the past have said that it's hard to have this type of discussion, they find it overwhelming. What do you guys think?"
- When you are having a difficult time managing groups, talk to each other (co-facilitators) in front of the group. Model collaboration and speaking up in times of confusion. For example, "Group Leader, I'm having a difficult time because everyone is talking to each other and not listening to what I am saying. I'm not sure what is going on. What do you think will help?"
- Remain neutral and use "Tell me about it" or "Tell me more," when confronted with difficult issues.
- Express strong gut feelings: "In the past when others have done X or said Y, they have..." "I was thinking/wondering..."
- Go after their stories because it is better if teaching moments come from the group members themselves. Kids often hear things/lessons more when it comes from their peers. When introducing a topic ask the group: "Has this ever happened to you?" When someone tells a story or relates a problem, you can ask, "In Xs position, what would each of you have done?"
- Encourage in the group the expression of difference. You can say, "The group is a safe place where it is okay to be different. We are here to listen to each other and let others voice their opinion, not put each other down or disrespect one another. You can disagree with what a person says without disrespecting them or yourself."
- When kids ask personal questions (e.g. How old are you?), ask them what they think. For example, if an adolescent asks you if you have ever used drugs/alcohol: "I'll answer you, but first I want to know what you think." Kids will see through equivocating, so be sure to answer them as honestly as you can, in a way that will not be harmful to them (e.g., a simple yes or no without going into details). If a leader does not feel comfortable disclosing, he/she may be honest and say that the requested information is too personal and they prefer not to share. Be cognizant that either type of answer will have consequences and need to be processed both with students in the group and with the group leaders own supervisors or colleagues.

- Be aware that on each of the topics discussed in group, some members will have had a lot of experience and some very little. It is helpful to acknowledge and normalize differences in experiences.
- If an adolescent reveals something personal or something they didn't mean to reveal:
 - When disclosure occurs in group:
 - Say, "I really appreciate you sharing that with us." Model empathic responding. Ask other members how they would have felt in the student's shoes.
 - Remind group of the confidentiality rule.
 - After group, pull the member aside and say: "Kids often tell us that when they talk about a situation of personal importance, they leave thinking that they shouldn't have revealed that info. Even if you feel this, it is important to come back to group. Tell me if you feel this way and we can talk about it."
 - When disclosure occurs individually:
 - Say, "I really appreciate you sharing that with me."
 - Repeat confidentiality promise.
 - Ask, "How do you feel about telling me, talking to me about it?"
 - Say, "Kids often tell me that they feel okay in the room, but once they leave the room they second guess themselves. It's normal to feel that way and important for you to come back and talk with me about it," or "Kids often tell us that when they talk about a situation of importance, they leave thinking that they shouldn't have revealed that info. Even if you feel this, it is important to come back to group."
 - When something needs to be discussed with another adult, remind the child that you care about them and then give him/her the option for you to tell the adult or for the student to tell the adult with you in the room (see Chapter VI for a more thorough discussion of confidentiality issues).
 - Sometimes a member will begin to reveal excessive amounts of personal information in the group. Leaders must remain attentive in order to intervene, if necessary, to protect her and keep her from disclosing too much (Carrell, 1993).

When an Activity Doesn't Work

- When group members do not participate in or react as expected to an exercise, discontinue the activity and comment on how the group is behaving (e.g., resistant, distant, uninterested; Carrell, 1993). It is possible that the group just does not like the activity and the group leaders will have to adjust accordingly. It is also possible, however, that they are preoccupied with something else (e.g., testing in school, the upcoming dance, conflict between girls in the group) or that the topic is too difficult and anxiety provoking for them at that time. In

either of these cases, the activity should be postponed until whatever the members are holding is processed.

For Chaotic, High Energy, Distractible Groups

- Have a back up activity ready in case of management problems.
- Be more directive and structured with discussions and activities.
- Take a look at the topic being focused on in session to determine if there is something about this topic that is causing a management problem. Reactions should be processed. Is there a reason why this topic may be particularly difficult for the group to discuss? Is there something else going on outside of the group that needs to be discussed and take precedence over the exercise?
- Divide group into subgroups. Breaking group up into dyads or triads can bring energy level down and focus them. This decision can even be made by group leaders while in group and discussed in front of group members. If possible, avoid placing members with a history of conflict with each other within the same subgroup.
- Provide a written task.
- Require that the group member hold something (e.g., ball, pencil, stick) in order to speak. All other members must remain quiet unless in possession of the previously determined speaking tool.

Managing Disruptions and Acting Out:

- Stick to activity.
- Do not raise your voice to yell over the disruptive students.
- Use what you as a leader are feeling to help them understand what is going on in the room. Be honest. If you are feeling angry, disappointed, frustrated, annoyed, confused, or disrespected, tell them. In the next session, refer back to the chaotic session and the group leader's expression of her thoughts and feelings. Process this with the group. Use it as an example – One can get angry and come back to group. One can express anger without yelling, arguing, or fighting. Ask members what they would have done in the group leader's position? Emphasize the choices available when feeling angry.
- Side conversations – separate members, utilize “Shake-It-Up” seating where everyone is asked to switch seats and sit next to someone different (J. Springer, personal communication, January 2007).
- Side conversations – conduct a role play activity. Ask two of the girls to have a conversation and instruct the other group members not to talk. While the two group members are engaging in conversation, the group leaders begin to speak to one another and to the other group members. After several minutes, ask the group members who were instructed to speak to one another how it felt to have so many people talking and interrupting their conversation.
- Remind members of group norms (e.g., no side conversations, no demeaning comments). If member continues to violate norms, especially when being disrespectful to others, separate members or ask her to leave. Discuss this

decision with the group. Group norms were created to make all members feel safe and thus, leaders must enforce the rules to maintain safety and comfort in the group (Carrell, 1993). Be sure to have an individual meeting with member removed from the group to discuss the reason for removal, any issues or concerns the member may be having, and behavior expected upon return to group.

- Meet individually with disruptive member(s) and ask her how the group could be made more meaningful for her and enlist her help in making any agreed upon changes.
- Ask disruptive member for help directly in the group (e.g., have her write what members are saying on the board).
- Meet individually with disruptive member(s) and, using a strengths-based approach, highlight her strengths (e.g., the group really looks up to you, you are a leader) and solicit her help, asking her to utilize her strength to help you with group management.
- Ask group members how they are feeling. Members may be able to confront a disruptive member. However, avoid devoting too much attention to the disruptive member as their behavior may be reinforced with group attention (Carrell, 1993).
- Acting out can be a cry for attention. However, disruptive behavior can also be an expression of underlying distress (Waterman & Walker, 2001). Acting out can be a sign of depression. Sometimes acting out is a way of getting help. Teens have either learned that acting out gets them attention or they engage in magical thinking, believing that acting out will lead to X (e.g., help). It is sometimes helpful to comment: “Sometimes kids tell us that they act out to get something they want (e.g., help), but it ends up that something else happens (e.g., they get in trouble).”
- For a member who dominates conversations, thank her for her input and involvement and ask other members for their opinions.
- For a member who becomes upset and emotional during session, first let the group try to help her. If this fails, or the member does not want to discuss with the group, ask her if she would like a time-out with a group leader or if she feels she can make it through the remainder of the session and check in with a leader after session. If the upset member continues to cry throughout the session, have a group leader take her outside, discuss what is bothering her, and help her to calm down

Dealing with Conflict in Group

- Sometimes, groups are quiet and resistant to engaging in the group process due to conflict between members that is occurring outside of group. Group leaders can talk to each other (intervention), labeling what they are seeing in the group. Helpful process comments include: “We are sensing a little bit of tension in the group,” “Seems to me that there is something going on in group today,” “Something feels off today,” “Boy, things suddenly got very tense in here. Did you feel it?”

- As much as possible, allow group members to resolve conflict in group. Leaders can help members to resolve conflict, modeling problem solving and conflict resolution.
- When a conflict only involves two members, a group leader must use discretion when involving other members. Sometimes, members have helpful, insightful comments that can facilitate resolution of the conflict. However, at other times, members perpetuate the conflict by introducing things heard in the “rumor mill.” When member involvement is impeding resolution of conflict, a rule should be put into place stipulating that only those involved in the conflict can speak. Generally, with issues that occur outside the group and are brought into the group, other members should remain quiet. If the issue is not resolved quickly, the members involved should remain after group for a conflict resolution session with leaders. If the conflict arises in the context of the group, all members should be involved and if necessary, the duration of the session should be spent on resolution. It may be helpful to create a *Guidelines for Handling Conflict* list in the beginning stages of a group in order to contain conflict when it arises.
- If one girl brings up a conflict with another member during group, say: “Handling conflict is an important function of the group, but I just want to check with (the other girl). Are you comfortable with this? If not, we can discuss this after group.”
- In situations where conflict is escalating, it may be helpful to stand between individuals in order to block their line of vision and deescalate conflict. It may be helpful to have one of the involved members, usually the calmer of the two, step out of the room.
- Another option is taking a break from the topic of conflict and process what is happening between group members (Calhoun et al., 2005).
- If the conflict cannot be resolved in group, keep the girls involved after to further discuss and hopefully resolve the issue.
- In situations of intense, serious, unmanageable conflict (e.g., girls are screaming, conflict escalates to physical levels, or other group members feel threatened), end group immediately. Members who are involved in the conflict should remain behind and group leaders should help them to resolve the conflict. When group resumes the following week, the previous week’s session should be processed. All members should be asked about their feelings about what happened and feelings upon returning to group. Ask each person in group to give feedback to girls in conflict about how they handled it. Other process questions include: What could have been the worst case scenario?, How could things have been said better or worse?, In a similar situation, what would help?, How could the group be more helpful?. How could the leaders be more helpful?, How can we let people bring up conflict without putting someone on the spot and making them feel picked on?
- During debriefing, the issue of safety should be addressed (e.g., Do group members still feel safe?, What has threatened their safety and comfort in group participation?, What can be done to reestablish their feeling of safety?)

Tips for Facilitators

- Some topics set us off and lead us to want to preach because our initial reaction is fear (N. Boyd-Franklin, personal communication, 2004). Avoid this at all costs. Adolescents “shut down” with preaching.
- When you are frustrated with a group member and their behavior, think of their behavior as a manifestation of underlying distress, which can help decrease frustration and anger (Waterman & Walker, 2001).
- Pay attention to countertransference. Ask yourself why you are having this reaction. Are you feeling something that is in the room or is the reaction being evoked due to your own past experiences. If so, take a step back and find a way to distance yourself.
- To avoid burn out, look for and celebrate the little gains. Kids don’t tell us that it makes a difference.
- Ask for consultation.

CHAPTER X

GROUP SESSIONS

Getting Started

While ideally the group sessions would be held in the same room each week, the reality when working in schools is that the ideal is not always possible. Group leaders should be prepared to switch rooms if necessary; however, every attempt should be made to keep rooms as consistent as possible. Preferably, tables should be removed from the area of the room in which the group will be held and chairs should be arranged in a circle. For very active and distractible groups, we have found that the table sometimes helps to preserve order. For group management purposes, it is suggested that group leaders not sit next to each other in the group circle.

Leaders should have the following materials on hand at all times:

- Poster board (or flip chart)
- Markers
- Tape (in order to hang up poster board)
- Late Passes, in the event that groups go overtime (these can be found in the guidance office)

All poster boards created in each session should be placed up on the wall in each subsequent session. This serves as a reminder for important material covered and provides a visual for all of the work the group did together throughout sessions. If this is not possible, at a minimum, group rules should be posted during every session. It may be

a good idea to find a safe place in the guidance office to leave the material to avoid forgetting to bring it to group.

Questions often arise with graduate student counselors as to whether note-taking during group sessions is a good idea. While this is a personal choice, I strongly discourage note-taking during session as it increases group member anxiety and suspicion and decreases the likelihood of disclosure. Leave time immediately after the group session to jot down notes from memory.

First Few Group Meetings

For the first two sessions, girls should be called down to group at the end of the class period prior to the period when the group will be held. By the third session, group members should be able to remember to attend group. With this said, there may be students who forget and missing students should be called down, at least within the first two months of the group. Additionally, following school vacation breaks, students may forget and group leaders may need to send for students. It is helpful to provide students with a calendar outlining sessions for the year that could be placed in student planners (which the school provides each student).

The focus in the first few sessions should be placed on group cohesion and the establishment of group rules and confidentiality. Additionally, group leaders should provide an explanation of the group purpose as well as expectations for what will be accomplished throughout the year.

Session Outlines

Session One

Objective:

- To get to know each other.
- Begin process of group cohesion.
- Discuss purpose of groups.

1. Introduce Group:

- Provide information about what to expect in group. Repeat focus of group:
 - “This is your chance to talk about things that are important to you. You have been invited to the group because your guidance counselors think that you would contribute to and benefit from the group.”
 - “The kinds of things that we will talk about in the group are....”
 - “The goal of this group is...” or “My hopes for this group are...”
- Have girls from last year say something about the group or tell about what brought them back to the group.
- Give the girls a chance to ask questions.

2. Ice Breaker: With the ice breakers, we are trying to make self-disclosure and participation voluntary, comfortable, and unstressful, as well as begin the process of group cohesion.

- BINGO: Create a Bingo Board and write “get-to-know-you” questions in each space on the board. Say, “Each box has a question (e.g., do you order ice cream in a cup or a cone). You must find a person in the group to answer each question, but you can’t use the same person more than three times. The first person to fill the whole board wins and gets to pick a snack for next week.”
- INTERVIEW: Break into groups of two. Have the girls interview each other and then present the other girl to the group.
- TWO TRUTHS AND A LIE: Each girl makes three statements about herself, two true statements and one false statement. The other group members must guess which statement is false.
- YOUR NAME: Have each girl tell about their name (e.g., who named them and why, are they named after anyone; J. Springer, personal communication, 2005). Prior to group, counselors should look up each girl’s name and its meaning. This could be written up or printed out and given to each member after they tell the story of their name.

3. Summary and Concerns

- Encourage girls to give the group a chance even if there were girls in the group who they do not get along with. Tell the group members to speak to a group leader privately if they feel there is a dynamic that would be too uncomfortable for them. Highlight the fact that they may have pre-conceived notions at the beginning of group and getting to know each other in group can help to change one's idea about someone.
- If group sessions begin in November or December, start preparing the girls for December/January break.

Session Two

Objective:

- To get to know each other.
- Continue process of group cohesion.
- Begin to establish group rules.

1. Review things learned in first session's Ice Breaker activity.
2. Ice Breaker: With the ice breakers in the second session, we are hoping to increase comfort and group cohesion. Activities in the second session should be slightly less superficial than those in the first session, requiring members to open up more.
 - **BLOCK GAME:** Say, "There are four different color blocks and each color represents a different category. We separate into two groups and each person picks out a block and tells something about themselves according to the category. The person then places the block on top of each other to build a tower. The team who builds the tallest tower wins and gets to pick the snack for next week. When all girls come back together into the main group, have them tell about what they learned about each other." The categories are as follows:
 - Orange - wild card
 - Green - like or dislike
 - Red - goal or dream
 - Blue - talent or skill, something you are good at
 - **BRACELETS:** Have girls tie ribbon/string around their wrists and list a personal strength and/or have them state an expectation for the group. Once she is finished tying, she must throw the ball of string to the next girl. Girls remain connected to each other by the string (i.e., it looks like a web). Once every girl has a bracelet, pass around the scissors and have each member cut the string (disconnecting them from the so each girl has an identical bracelet). As each member cuts the string, she must state something that she wants to work on in the group and/or something that she doesn't want to happen in the group. Upon conclusion, highlight that we all have differences, but we are similar in many ways too and now, they are all a part of the same group.
 - **SONG:** Have each girl bring in a song (or lyrics of the song) that represents them in some way. Listen and discuss in group.
 - **BROWN PAPER BAG:** Use a small, brown paper bag and have members cut out pictures from a magazine to represent or that describe who they are and what they show others (or draw/write) and paste them on the outside of the bag. Then, have them drop images/words that describe things that they don't show others into the bag. In the process portion of this activity, each member shares that outside of the bag. Additionally, they have to choose one thing from the inside of the bag to share with the group.

3. Process ice breaker activities: Ask about the experience of revealing information in small groups.
4. Group Rules: Ask/explain why rules are needed and emphasize the importance of creating a safe place for members.
 - Use a large poster board.
 - Let the girls write down the rules so that they have some sense of ownership of the group as well as the rules.
 - As leaders, if you are giving examples, use yourselves (e.g., Let's say that Group Leader 1 has a conflict with Group Leader 2...).
 - If a member gives a rule, ask them for an example.
 - After a member or group leader lists a rule, ask for everyone's opinion of the rule.
 - To facilitate creation of rules, ask the group the following questions:
 - What does it mean to be a good group member?
 - What needs to happen in here for it to be a safe place to talk about the things that are important to you?
 - What makes you feel comfortable or uncomfortable talking in group?
 - **IMPORTANT RULES:**
 - Confidentiality
 - Is this going to be difficult?
 - Give concrete situations and ask how this rule would apply (e.g., What happens when a friend asks what goes on in the group or says they thought the group was for bad kids? How do you handle it in the group if someone says something about your best friend?)
 - Limits: When outside of group, you can talk about your experience in the group, but keep other people out of it. Tell the girls that if they feel a need to talk about what happened in the group, bring it back to the group.
 - Discuss counselor limits of confidentiality: (harm to child, self, other)
 - Respect (feeling disrespected and being treated with respect is a common theme among group members every year)
 - What does respect/disrespect mean?
 - What would disrespect look like?
 - Respect may include telling other about yourself and your idiosyncrasies so others are not offended (e.g., laughing when nervous)
 - No fighting
 - While conflict and expression of anger are allowed in the group, girls cannot engage in physical altercations as this threatens members' safety. Other forms of problem solving and conflict resolution can be used to diffuse situations that may lead to fighting.
 - The right to pass on a question or to decide not to answer a question

- No gossip
- Keeping others' names out of group, keeping members' names in the group
- Attendance, punctuality
- No interrupting
- It's okay to disagree
- No name-calling, insulting others, or putting others down
- No picking on someone outside of group for something they say in group

Session Three

Objective:

- Continue process of group cohesion.
 - Continue to establish group rules.
 - Begin to discuss group topics.
1. Review things learned in second session's Ice Breaker activity (i.e., bracelet activity).
 2. Continue with Group Rules.
 - After all rules have been generated, have girls sign the poster board as a form of contract.
 - At this time, the group can decide on or discuss consequences for rule breaking (e.g., warning first, then time out, back to class for last strike). Breaking confidentiality may be dealt with more severely and may warrant removal from the group if breaking of confidentiality occurs more than once or twice. This decision is left up to group leaders and group members.
 - Let the members choose a word to use to call each other out on breaking rules. It is hard to remember every rule. Sometimes, the girls get so excited about a topic that they may not be able to contain themselves. It is less punitive to bring attention to a broken rule using a neutral word/phrase than to say "You're breaking a rule."
 - Be sure that the group rules are posted every session.
 3. Create "Guidelines for Handling Conflict." Especially important in generating rules is addressing how students should approach each other when there is conflict. Common, helpful rules include:
 - The person who wants to deal with some conflict in the group should state this and then ask the other person involved if they were willing to do so in the group.
 - If both parties involved in conflict agree, then the conflict could be addressed; if a member is not comfortable, then they could stay after group and discuss the issue with the counselors.
 - No person could bring up a conflict occurring between other members; one could only bring up a conflict that they themselves were involved in.
 - While a conflict is being discussed in the group, members not involved in the conflict must remain quiet.
 - One person speaks at a time.
 - No gossiping about the conflict during or after group
 4. Group Topics. Have the group generate topics to be discussed during the course of the group. Several issues are continually identified as important for the girls.
 - Ask: "What do you think are some of the things that girls your age are most concerned with or want to talk about?" "What things are important for girls your age?"

- At the end of session say, “We want you to think about how the things on this list affect you and if there is anything else you may want to add to the list. We will add to the list, if necessary, next week.”

Sessions Thereafter

Objectives:

- Continue to address any issue that was not completely discussed in the first three sessions.
- Add, clarify, and review group rules and group topics.
- Prioritize the list of group topics. Since not all topics can be addressed throughout the life of the group, prioritizing is very important. Ask group members, “Which of these are the most important?”
- In every session: Always begin with a check-in and review of important points from last week’s session.

Once members generate topics, each set of group leaders should then create their own curriculum based on both the topics important to the group members, as well as empirically supported strategies targeting violence prevention objectives. Topics that must be covered in each group include: anger management, stress reduction and the use of coping mechanisms, fighting and conflict resolution, and relational aggression.

Additional strategies that should be used to target violence prevention objectives include building empathy, communication skills, confronting bias and stereotypes, and problem solving. Based on a combination of research on empirically supported violence prevention strategies and the topics continually identified by group members over the years, the following issues will be addressed in this manual. Once group leaders decide on topics to be covered in their curriculums, these sections should be read for objectives for group sessions, skill building strategies, and suggested activities.

- (1) Goals and Dreams
- (2) Being a Girl and Friendships
- (3) Gossip (he said/she said) and Drama: Relational Aggression
- (4) Fighting and Conflict Resolution
- (5) Anger, Anger Management, and Stress Reduction
- (6) Cultural Differences, Identity, Stereotypes, and Tolerance
- (7) Body Image and Self-Esteem
- (8) Sex and Relationships
- (9) Gang Involvement

While some activities will be described, session topic outlines will mostly include many questions, objectives, and important points to make. The therapists must think about the combination of girls in their group, their developmental level, relationships with each other, and level of group cohesion, and pick and choose from the outlines what will be most applicable, appropriate, and helpful. The therapists can use the session topic outline to create their own activities with the questions and intervention points listed.

Session Topics

Goals and Dreams

Objective:

- To have girls think about their goals and dreams for the future
- To help girls recognize that their current actions affect their ability to achieve their goals
- To increase awareness of potential obstacles to achieving their goals

Keep in Mind:

It is important that adolescents have dreams for their lives, something to look forward to and work towards. When they do, they can evaluate how their current actions (e.g., fighting) are getting in the way of accomplishing their goals and reflect on how their futures are affected by the choices they make now. The fact that they have *choices* should be emphasized. Group leaders should also emphasize that each group member is special and has the capacity to achieve what they desire.

1. Important discussion questions and issues to address:

- What are your goals for this year? What are your goals for the future?
- Obstacles to goals: What can you do to jump over or go around an obstacle, or even to work towards your dream with the obstacle strapped to your back?
- What are you already doing to help achieve your goals? What are some changes you can make to help you start working towards your goal?
- Who is your role model? Why is this person your role model? What do you admire about this person? How would you like to be more like the person?

2. Activities:

- Pass out cutouts of clouds to each member and have them write dream on cloud cutout. Make sure that the girls do not write their names on the cloud. Group Leaders collect the clouds and read them aloud. Have the other group members guess which cloud belongs to which member.
- Adapted from the Sankofa Violence Prevention Training Program (Hines & Sutton, 1998): Have each member work on the creation of a timeline of goals.
- Adapted from Waterman and Walker (2001): Ladder for the Future – Draw a ladder on a piece of paper. Ask group members to write their goal/dream for the future or for the current school year at the top of the ladder. Next, have them write the steps they have already taken towards achieving this goal/dream on the bottom rungs of the ladder. Then, students should think about what steps need to

be taken to reach their goal and write these on the higher rungs of the ladder. Have a discussion regarding the barriers they may encounter on the way up the steps on their ladders. They may encounter different barriers for each step, so it may be worthwhile to have them consider the barriers/obstacles at each rung of their ladder.

- Have girls work in groups of two to discuss the obstacles each member faces with regard to their goals and dreams. The girls should help each other to brainstorm ways to overcome their obstacles.
- Have members take a blank piece of paper and draw a circle for everything that is important to them in life. Tell members to ask themselves if they are happy with all parts (circles) of their life? Is there anything that they are not happy with that they have the power to change? Is there anything they can do to make it better? Is what they are doing now getting them what they want? (J. Springer, personal communication, January, 2007).
- Adapted from Waterman and Walker (2001): Separate the group members into pairs. Instruct groups to interview each other about their future goals. Ask related questions (i.e., education needed, alternate plan, how they will achieve goal, barriers, etc.). After interviews are completed in small group pairs, have pairs interview each other in front of the whole group.
- Taken from the Sankofa Violence Prevention Training Program (Hines & Sutton, 1998). Read the group the following proverb: “I am choosing my future by what I do NOW.” Have the girls reflect on the meaning of this proverb and its relevance to their lives.
- The end of the year field trip to Rutgers University is an important complement to this session as this experience inspires thoughts about college as a possibility for their future and hopefully helps to increase resolve in the pursuit of their goals and dreams and ability to overcome the obstacles they will encounter.

3. Session Examples:

Session 4

To begin group, Group Leader 1 explained to the group that the discussion for today was going to focus on the goals and dreams that they have for their futures. For this group, the table was removed from the center of the room, and the girls sat in a circle. Group Leader 2 explained that each member of the group including the group leaders were to write down a personal life goal or dream on a piece of paper in the shape of a cloud and then fold the paper in half and hand it to a group leader. Once all the papers were given to Group Leader 2, she read the papers out loud and the group had to guess whose dream was read. The dreams were:

Gina: to help people and be a cop

Cecilia: to be a teacher

Darcy: to be with the people I love and care about and live happily in my country with a family.

Kelly: to be a lawyer because they make a lot of money

Ariel: I want to be a doctor and help children with diseases or a counselor if they are teased to make them happy

Shamaya: a writer

Alison: a lawyer

Following the dream game, Group Leader 1 gave each group member a worksheet that included a timeline for this year, six years from now, and twelve years from now. The girls split into three groups to work on this activity. Darcy listed having a family and living in Columbia on her timeline. Kelly's responses were mostly about her boyfriend having a party this year for her birthday. She also mentioned that no one would probably come to her party because no one likes her. When Group Leader 2 asked why Kelly thought no one liked her, Kelly reported that people spread rumors about her and that is why no one likes her. Both Darcy and Kelly talked about wanting to improve their grades in school.

Cecilia and Ariel discussed improving their grades and were able to identify strategies to help improve their grades and attend college. Ariel was aware of the amount of schooling needed to become a doctor. Cecilia seemed disappointed when Group Leader 3 explained to her the steps to becoming a lawyer/judge due to the many years of schooling necessary. Gina, Alison, and Shamaya listed graduation from high school as a goal and when citing obstacles to achieving their goals, they listed boys. According to the girls, a way to overcome this obstacle was to avoid having boyfriends and getting involved with boys. When Group Leader 1 questioned the likelihood of this happening and the difficulty of not getting involved with boys, the girls agreed that this would be a hard thing to do.

Session 5

After a brief check-in, the girls were asked to review what happened last week for Stephanie, who had been absent. Cecilia stated that we talked about our dreams. Group Leader 1 reviewed last week's activities in more detail for Stephanie and then the girls were split up into the same groups as last week to finish the timeline activity and work on a worksheet about obstacles to their goals and dreams. Stephanie took Shamaya's place in the group with Gina and Alison. When all the girls had completed the sheet, they shared what they had written. Friends, family, boys, and technology were obstacles that most of the girls endorsed. Cell phones and the computer take up a lot of the time they should be spending doing homework or studying and friends are not only the ones they are communicating with via this technology, but can also be bad influences. Boys are a big obstacle for the girls because they are "just so cute" and easily distract them.

The discussion about boys getting in the way of achieving goals was continued with Gina. She was able to admit that not "getting with" any boys in the next five to ten years was realistically not going to happen. Instead she decided that to make sure that boys don't get in the way of her graduating and becoming a cop, she could pick the right boys and not let the boy she is with put her down. She added that if he were to continue to put her down that she would just "walk by myself." Stephanie said that bad influences (e.g. gangs, drugs, the wrong people) could get in the way of her making her parents proud. To make sure that these influences don't prevent her from reaching her goal, she stated that she should not hang out with people

who are bad influences and should say no when presented with things that are bad for her, adding “don’t follow, be a leader.” Alison felt that relationships with boys and bad influences could get in the way of graduating from high school. To make sure that these two obstacles do not prevent her from reaching her goal, she felt that she should hang out with people that want to do something with their lives and should break up with boys who get on her nerves. Ariel said that family could get in the way of going to college. She said that when a family member dies or is sick, you spend a lot of time thinking about them, taking care of them and being sad. She then quickly moved on to discuss what she could do to prevent her family from getting in the way of her going to college, stating that she would work hard in school and spend time with them when she could.

When the girls were finished with their small group activities, they rejoined the larger circle. Group Leader 1 asked the girls how many of them had thought about their goals and dreams before and who had never been asked by anyone what their goals/dreams were. Darcy and Stephanie stated that no one had ever asked them and neither one of them had thought much about this before. Next, a proverb was placed up on the wall: I am choosing my future by what I do now (Hines & Sutton, 1998). The girls were asked to give ideas about what they thought this meant. Stephanie immediately said that the choices we make today affect our futures. Darcy was openly shocked by this seemingly new concept. She claimed that she had never really thought about things this way. Cecilia and Darcy both continued to ask many questions about whether police records or school discipline records could affect their chances of getting into college. Cecilia was under the impression that only high school records affected college acceptance. The group leaders emphasized that even small things that they do everyday can affect the opportunities available to them in the future. Ariel then related the proverb to her father saying that he believes the decisions he made years ago have affected his relationships with his children. Kelly mentioned that she had problems with one teacher and because she didn’t like the teacher, she didn’t hand in her work. Ariel told her that this was “stupid” because the teacher already has his degree and the only person she is hurting is herself. To summarize the main point of the activities for the past two sessions, Group Leader 1 commented that making their dreams and goals come true will take a lot of hard work and that their success at achieving their goals is affected by the choices they make now. The fact that each one of them has choices to make everyday was emphasized. Group ended with the counselors telling the girls that they were proud of them for having and sharing their goals and dreams, and for being able to reflect on what will keep them from reaching their dreams and what will help them to achieve their goals.

Being a Girl and Friendships

Objective:

- To discuss what is difficult about being a girl their age
- To examine qualities of good and bad friendships
- To increase likelihood of development and maintenance of positive, affirming friendships with other girls
- To help girls recognize when they are involved in friendships where they are being mistreated
- To help members become aware of their strengths as well as areas that could be improved on with respect to relating to other girls

Keep in Mind:

These topics provide an easy, non-threatening way to begin groups. Friendships are very important to adolescent girls. However, friendships do not only provide support. They can also be used as a vehicle for peer pressure, hurt, and aggression. Thus, these topics are also a good lead in to discussions on relational aggression. Relational or social aggression is about relationships (Horn, 2004). Thus, a discussion of what friendships are and what they mean to the girls is an important precursor to a discussion on relational aggression.

1. Important discussion questions and issues to address:

- Being a girl
 - What is good about being a girl? What are the positive aspects of being female?
 - What is difficult about being a girl?
 - Is there anything that you can or cannot do because you are a girl?
 - Encourage girls to consider positive aspects about being female beyond physical attributes or appearance (e.g., hair, clothes, etc.).
- Friendships
 - What makes a good friend?
 - How important is it to have a best friend?
 - Why is having at least one good friend important to you?
 - How important is it to have several friends?
 - What gets in the way of friendships? What makes friendships difficult?
 - Have you ever wanted to part of a group that didn't want you in their group? What was that like?

- How do you feel when a good friend starts treating you differently? What do you do?
- What makes you a good friend? What are some ways in which you are a good friend?
- What are some ways in which you have been a bad friend?
- What are some things that you could do differently in your friendships?
- How do you repair friendships? How do step up and clear things up?
- What are some positive influences friends have had on you? Some negative influences?
- How do you feel when you lose a friend?
- How do you choose your friends?
- What qualities would your parents want you to look for in a friend? Does that differ from the qualities you look for in a friend?
- How can you get help for someone that is in trouble? Give them permission to seek help for a friend.
- Do girls have to be friends with everyone?
- Have you ever lost a friend because you refused to do something they wanted you to do (peer pressure)? Emphasize that they should not be afraid to lose a friend because they say no to something. (U.S. Department of Health and Human Services, 2007). Good friends should respect your decisions.
- How can you address an issue with a friend that she may not like?
 - Say this first, “You know I love you and care about you . . .”
 - When addressing a rumor, say, “I heard people are saying things, if you want to know the truth, call me and we’ll talk about it.”
 - If there are concerns or misunderstandings, you can say, “I don’t want to fight with you, I care about you . . .”
 - Hear her out, try not to get defensive or assume things.
 - Try putting yourself in the other person’s shoes because it is easier to work a situation out when you can see where the other person is coming from (U.S. Department of Health and Human Services, 2007).

2. Activities:

- Have members pair up and work on a friendship worksheet (see Appendix E).
- Divide the group in two. Provide each group with a poster board. Groups should focus on alternate sides of a topic (e.g., What is good about being a girl? vs. What are challenges girls face? and What makes a good friend? vs. What makes a bad friend?). Bring members together as a whole group to discuss these topics.
- Have members look through magazines and cutout words/pictures to describe their best friend or the qualities they would like in a friend.

3. Session Examples:

Session 5

We separated into two groups to discuss what is good and bad about being a girl.

Group 1 focused on the challenges girls face. Challenges listed included:

- *puberty and menstruation*
- *fighting*
- *more emotions and learning how to control them*
- *the need to have and protect a reputation*
- *feeling like you have to and trying to fit in*
- *being judged by appearance*
- *pressures (to fight, protect rep, protect friends and family, do things with boys, sex)*
- *rumors*
- *competition (between girls, friends, and siblings) to be better or popular*
- *to have a boyfriend*
- *to act different around other people*
- *drama with girls about boys*
- *girls tell your business*
- *boys cheating on you*

Group 2 focused on what is good about being a girl. This group had a very hard time coming up with anything other than superficial reasons such as make-up, hair, and clothes. They decided as a whole that it is better to be a boy AND that boys are better friends. Good things about being a girl included:

- *hair (you get to style it in a lot of different ways)*
- *better clothes - you could wear girls clothes (e.g., skirts and dresses) and boys clothes*
- *can wear make-up*
- *can be “sexy”*
- *girls can tell boys what to do*
- *girls can understand girls and be on their side in a way that a boy can't*
- *you can check yourself with your girlfriends and they will be honest*
- *having crushes on boys*

Session 6

Group Leader started the group by discussing what the girls worked on during the previous meeting: Things that are good/bad about being a girl. When prompted by Group Leader to think of things that were good about being a girl that did not have to do with the way they look or dress, the girls stated that girls have good personalities and more attitude. They also added being able to wear Victoria Secret (being sexy) and being able to go to the spa as good things about being a girl. When asked if there was anything else they would like to add to the bad side, they added that as a girl you get called names because of the way you dress, such as “slut” and “ho.” The issue of girls being called these names, but not boys came up.

At this time Gina told a story about how a boy almost got between her and her cousin. In this situation she decided not to lose a friend over a boy.

We then moved into talking about friendships. The girls were divided into groups of two with a facilitator for each group. Each group focused on a different topic question with the conclusions of the discussions outlined below.

What Makes a Good Friend?

- *Trustworthiness*
- *Respect*
- *She likes you for who you are*
- *She supports you when you need them the most*
- *Someone to tell a secret to*
- *Someone who doesn't talk about you behind your back*
- *Someone who brings you up when you're down*
- *She never tells on you (always has your back)*
- *She helps you when you need it*
- *She doesn't turn her back on you*
- *She can forgive you and accept you*
- *She never puts you down (e.g. calling you a name)*
- *Won't push you to do things that you don't want to do (no peer pressure)*

What Gets in the Way of Friendships?

- *Boys*
- *Jealousy*
- *Priority*
- *He Say/She Say*
- *Telling People's Business*
- *Drama*
- *Peer Pressure*
- *Non-trustworthy*

The group ended with a discussion on times when members may not have been a good friend to another person. Most of the girls except Kelly and Shamaya admitted that there were times when they were not a good friend to someone. The girls spoke about these times that they were not good friends to others. They even went into times when they were not only bad friends, but they were also mean to other kids in the school. The girls were laughing at each other during descriptions of how they were mean to others. The leaders asked them to reflect on times when others were not good friends to them or were mean to them. Members were able to state their feelings about being on the receiving end of another's unkindness. Leaders emphasized the importance of remembering their own past experiences and considering others' feelings when acting in ways that are "mean" or that would make them a "bad friend."

Relational Aggression

Objective:

- To discuss the concepts of gossip/rumors (“he said/she said”) and relational aggression.
- To discuss the consequences of gossip/rumors for those involved.
- To increase likelihood of positive choices with regards to the spreading of gossip/rumors.
- To help girls realize the impact of their words and actions on others.
- To increase the capacity for empathy.
- To challenge girls’ notions of friendships, including the actions that define leadership and popularity.
- To encourage girls to stand up against relational aggression.

Keep in Mind:

Girls need to be taught how to make and maintain healthy, positive friendships (Ophelia Project, 2006). Thus, discussions about friendship and relational aggression help girls to reflect on and gain insight into why they partake in acts of relational aggression (Smead, 1999). Additionally, as relational aggression leads to physical aggression in many instances, sessions focused on relational aggression are a good lead in to discussions about fighting.

1. Important discussion questions and issues to address:

- What do you gossip about?
- What does aggression within a relationship look like? (e.g., gossip, rumors, ignoring, excluding others, bullying, teasing, turning friends against someone, rumors and bullying over the internet)
- Why do people engage in relational aggression (e.g., to fit in and be liked by others, fear of being rejected, to create drama/excitement)?
- What makes rumors and he said/she said so hurtful? When does it cross the line?
- Have you ever been involved in it?
- How do these words affect you when you are the target? How do you think they affect others?
- Did you or do you ever think of how it would affect others before you get involved?
- What are some bad outcomes of rumors?
- Is there anyone that you respect that doesn’t get involved? How do you think they stop themselves from getting into it? Do people still respect them?

- Do you ever stick up for someone who is being gossiped about?
- What could you do if you hear someone gossiping?
- What can you do when the rumors are about you?
- How do rumors and gossip lead to fighting?

2. Activities:

- Girls tend to identify with the concept of being “phony.” Separate girls into two groups for small group discussions. One group focuses on “How and Why Phoniness Leads to Fighting” while the other group focuses on “How Do You Act Real When Everyone Else is Being Phony?” Bring the two groups together and have each group discuss their conclusions/opinions.
- Play a game of telephone. The group leader should create a story about a group member or leader and tell a group member who then spreads the message among the group. With student/leader permission, a true, but more private or personal story may be used as well. Have the last member of the telephone chain state the whispered message out loud. Discuss the message including any changes in the message from start to finish, the effect the spread message may have on the person it is about (have the person state her feelings about being the object of the activity), the differences (if any) between the effect of gossiping when the information is true vs. false, the harm that may be caused by the information spread, etc. Have each member reflect on why she continued to spread the message to another member and what could have been done to prevent the spread of the information.

3. Session Example:

The following activity was agreed upon by Group Leaders in advance. Group Leader 1 whispered something to one of the girls in the circle and asked her to whisper it to the girl sitting next to her. Once the entire group was gathered, the girl who had received the message last was asked to reveal it to the group. The secret message or “rumor” that Group Leader 1 had sent around the group was: “Group Leader 2 is pregnant.” Group Leader 2 acted surprised and then admitted that she was in fact pregnant. Group Leader 1 then asked the girls to reflect on what had just happened in group. Dierdra commented that the group had just gossiped. Kelsey stated that what the group did was rude because its members were whispering about Group Leader 2 while she was standing right there. A discussion about gossip and he said/she said ensued. Topics touched upon were different kinds of gossip, how gossip affected people if it were true information or false, the telephone phenomenon, and why people get involved in gossip. With regards to the consequences of gossip, the girls stated that gossip changes others views of the person, it affects relationships, and leads to fighting. Most of the girls admitted that when they are the focus of the gossip, it is hurtful and it eats away at them. Angela stated that she doesn’t care when she is the focus and Dierdra stated that she is never the focus of gossip. The group reflected on why it is that gossip begins and why people get involved, stating that it is interesting and entertaining. Kimberly

added that sometimes people get involved in starting or spreading gossip because they feel bad about themselves.

The discussion then turned to how the girls can keep themselves out of the he said/she said. They admitted that it was very hard for them not to get involved because it is everywhere and because when one person in a group doesn't like you, then no one does. Kimberly was the only one who stated that it was possible to stay out of the gossip mill in the school, telling the group that they just had to ignore it or walk away when it is occurring. Group Leader 1 shared with the girls that what helped her when she was younger was remembering what it felt like to be the focus of the gossip. When she was able to remember how much it hurt, she was able to not get involved in the he said/she said about someone else.

Towards the end of the group, Group Leader 1 brought the girls' attention back to one of the consequences of the he said/she said – fighting. Rachel stated that she had a discussion with Ms. Murray (a teacher in the school) who stated that fighting doesn't solve anything. Kimberly stated that she gets pleasure out of it when she doesn't like the person. Angela stated that she is able to get her anger out and earns respect from others, but she often feels bad after the fact. As the bell rang, Group Leader 1 and Group Leader 2 assured the girls that this discussion would be continued in the next group.

Fighting

Objective:

- To explore the phenomenon of fighting within the school and community.
- To increase control over aggressive behaviors by learning to stop and consider consequences of and alternatives to aggression before acting.
- To provide girls with a toolbox of nonaggressive ways of managing difficulties.
- To address difficulties aggressive adolescents may have with emotion regulation, cognitive distortions, and social skills and reduce distortion of others' behavior.

Keep in Mind:

Fighting often occurs when adolescents make hostile attributions, become overwhelmed by anger, and act on this anger without considering the consequences of or alternatives to aggression (Haugaard, 2001). This phenomenon is further complicated by the culture of violence that surrounds the girls in our program. According to McMahon and Washburn (2003), research suggests that aggressive behavior may be influenced by the “Code of the Streets.” This code refers to a set of rules for public interpersonal behavior that are usually focused on obtaining and maintaining personal respect, sometimes through violent behavior. This seems to be a factor in much of the aggressive behavior perpetrated in Franklin Township. The students feel as though they do not have an option with regard to fighting, making it impossible for them to refrain from becoming involved in physical altercations. They believe that they have to fight. They believe that they have to fight for protection. They feel that they have to fight for survival. At this age, these girls will protect their reputation at all costs. Respect and image are paramount. Although they present with a hard, tough shell and infuriating audacity, we must remember that for many, underneath this bravado is a fear and/hurt that they don't talk about.

1. Important discussion questions and issues to address about fighting:

- Why do teenagers fight? (e.g., release anger, someone talks about you, your mom, your boyfriend, your best friend; someone takes something from you; someone spreads a rumor or gossips about you; someone flirts with your boyfriend; your boyfriend cheats on you; retaliation or self-defense; pressure from others who want you to fight; to get attention; to look strong to other people; to protect their reputation; to gain “respect”).
- How do people provoke conflict? (e.g., insults, threats, passing judgment, confronting others in a negative manner)
- How will fighting help you to reach your goals (as discussed in early group sessions)?
- What are some of the things that girls say about other girls that start fights?
- How does the “he said/she said” in the school influence fights?
- What makes a situation worse? What escalates an argument into a fight?
- What makes it hard to avoid fighting?
- How long does a bad reputation for losing a fight last with friends? How long does a bad reputation for fighting last with teachers? What happens when you have a reputation for fighting?
- Is making other people afraid of you by fighting the same as being respected (Sunburst Technology Corporation, 2002)?
- What are consequences of fighting? Is fighting is worth it (the consequences)?
- What are the messages you get about fighting?
- What are triggers from peers, friends, school, family, neighborhood for fighting?
- Who has control over you? Can someone else control your behavior? What would you think if I said that when you get into a fight, you are giving the other person a lot of power and control just by reacting to them? You are giving up control to another person by fighting.
- What are okay reasons not to fight?
- Does anyone get respect for not fighting? Who do you respect for not fighting? Why?
- Can anyone share a story of about a time when she almost fought someone, but was able to avoid the altercation in the end?
- If you said you didn’t want to fight, who would stand by you? What would happen if you didn’t want to fight and felt backed up in this decision?
- Think about the power of group consensus to influence the school culture. How many people does it take to convince one person not to fight? How many is enough to diffuse the fight? What environmental factors need to be in place for you to be able to resist fighting? Would having somebody you could go to for help in the school be helpful? Can the other group members serve this role? What if you were to change the way you responded and as a group you decided to back each other on it?
- How can you not fight and save face? Can the group help you? Can you go to one person in the group? What can they do to help you?

- In descriptions of fights, ask what happened to the other girl/boy. Try to generate empathy in the girls. Get them to look at the other side, as this being damaging to others.
 - “I was listening to you as you were speaking and I found myself wondering, do you ever wonder about serious injury? Has anyone ever known someone who has gotten seriously injured in a fight? Does anyone know someone who has seriously hurt someone else and then gone to jail?”
 - Reflect back to them what you are hearing: “You are reporting that someone was seriously hurt, but you sound excited and like you are bragging...”
- If a group member is involved in an altercation during the school year, and the student brings it to the group, use this situation as a jumping off point to brainstorm or apply things discussed in session (e.g., ways to prevent altercation, ways to handle the situation following altercation). Be careful to *not* make an example of her.
- Decision to fight not a reflex, it doesn’t just happen. There are intermediate steps that lead to a fight.
- Discuss how one’s tone of voice often influences whether an altercation follows.
- It is important to help members make the connection between what they say and how people feel in response.
- Being aware of bodily sensations is very important in helping to realize when one is getting angry and about to fight. Once one is aware of bodily sensations, steps can be taken to manage/reduce anger, remove oneself from the situation, and avoid a fight (see section entitled Section Topics: Anger and Stress Reduction).
- The crowds that form and the “egging on” from peers make it difficult to back down from a fight. Discuss fighting as entertainment. State: “Are there students who orchestrate scenarios so that people will fight? Do some of your peers instigate fights between others? It seems to me that students in this school love to see drama unfold and so they play director, instigating fights between other people, and then step back to see what happens. Even when things between two people have been resolved, the fight happens because others want it to happen. When you react, you give these instigators a lot of control.”

2. Activities:

- Draw a motivational interviewing chart on a poster board (i.e., four quadrants with “Good” and “Bad” written horizontally across the top two squares and “Fighting” and “Not Fighting” written on the left side of the chart) and use this chart to discuss the pros and cons of both fighting and not fighting (See Appendix F). Acknowledge the pros for fighting and cons of not fighting as adolescents don’t always believe that adults understand the benefits of fighting. Be aware that one meaningful pro for fighting - gaining respect - will win out

above all other pros and cons. Try to find personal, meaningful, and relevant cons to fighting and pros for not fighting.

- Have group members brainstorm possibilities for alternatives to or avoidance of fighting. Some alternatives include: walking away, negotiation, compromise, agree to disagree, ask for help, refuse to get involved, make sure someone is with you at all times.
- Present mini-vignettes. Each vignette can easily result in a fight. After reading the vignette, ask the group for their immediate reaction. Then ask members to come up with alternatives to hostile attributions that would lead to the fight. Lastly ask the girls to list ways (other than fighting) to resolve the problem. Another variation is to role play the use of alternatives to fighting in each situation. Three vignettes are listed below
 - i. You are walking down the hall on your way to class when F bumps into you. Earlier that morning a friend told you that F was talking about your cousin.
 - ii. Your best friend told you that she saw your boyfriend hanging out with another friend over the weekend. When you get to school in the morning you see them talking...
 - iii. You trust your best friend with a secret about your family. It is really important to you and your family that no one ever finds out. At school the next day, everyone seems to know.
- Divide the group into smaller groups and have them discuss the messages they get about fighting from different people in their lives. Are the messages they get from various people (i.e., parents, siblings, friends, television/music) different? Ask them if they have to listen to all of the messages? Ask the group members what messages they will give to their younger brothers, sisters, and cousins, about fighting? What messages will they give to their children about fighting?
- Adapted from the Sankofa Violence Prevention Training Program (Hines & Sutton, 1998). Present the girls with extreme statements (e.g., all-or-nothing statements) about fighting. Ask them their opinions about the statements. Examples of statements include:
 - i. No matter what, you should fight.
 - ii. You cannot avoid fights.
 - iii. No one has bad experiences with or consequences from fighting.
 - iv. Fighting is always the best solution.
- Anatomy of a Fight: Simulate a situation that often leads to fighting and create a behavior chain related to the fight. An example of this is the “The Locker Incident” – 13 steps to a fight. K & V are friends, M sees K up on a locker with Vs boyfriend. One week later K & V are fighting. Ask the group, how did the fight begin? Girls will inevitably say that M told V that K was “hooking up” with her boyfriend which led to the fight. Encourage girls to break the chain of events down further and come up with 13 steps to the fight. Once this is complete, ask the group what could have been done to prevent the fight. Ask the girls to identify the different points along the chain of events where something could have been done to prevent the fight.

3. Session Examples

Anatomy of a fight: Part 1

The group then segued to the day's activity. Group Leader 1 explained a scenario to the girls and the girls had to then describe the sequence of events that lead to the final step in the situation. The scenario was as follows: Group Leader 3 and Group Leader 2 were friends and then one day, Group Leader 1 saw Group Leader 2 with Group Leader 3's boyfriend on a locker. The next week, Group Leader 2 and Group Leader 3 are fighting in the hallway. Using a poster board, a path was drawn with the locker incident on one end and the fight on the other. The girls were asked to identify the various events that led to Group Leader 2 and Group Leader 3 fighting.

Initially, Cecilia stated that Group Leader 1 went back to Group Leader 3 with what she saw and then Group Leader 2 and Group Leader 3 fought. The group needed guidance from the group leaders to map out the smaller steps that occurred between the start and end of the scenario. The purpose of this activity was to teach the girls about the way in which relational aggression can lead to physical aggression and to help them realize that there are many things that occur prior to the actual physical altercation.

Anatomy of a fight: Part 2

Group Leader 1 introduced the "Steps to fighting" poster that we started last week. She reminded the girls of the scenario between Group Leader 2 and Group Leader 3. The girls needed help in coming up with the steps before the end result, fighting. However, once they decided on a step, they elaborated well. Steps included assumptions made based on what was seen, spreading of information, taunting and name calling, etc. Gina was eager to get to the fight. Stephanie was really involved in the activity, acting out scenes and getting excited. Group Leader 1 pointed out that there were a lot of steps between the triggering event and the actual fight that we often do not even realize. The girls were then asked to think about where along the chain of events the fight could have been prevented and what could have been done to prevent the fight. The girls did a good job of presenting alternatives (e.g., calmly confronting the boyfriend or girl involved, breaking up with the boyfriend if the event actually occurred, ignoring the girl rather than taunting her). Group Leader 1 highlighted that the fight could have been prevented at any point in the week between when the locker incident took place and the fight occurred.

Good and bad things about fighting

The group then moved on to working on a motivational interviewing chart focused on the good and bad things about fighting, and the good and bad things about not fighting. The girls listed the following as good things about fighting: you get to take your anger out, the other person may leave you alone, getting suspended because then you got to hang out at home and call high school kids over, get respect, get pleasure, accomplish something (beat someone up), and people talk good about you if you win. Ariel made an important comment after the girls stated that you get respect for fighting. She insisted that it is not respect that you get, but fear; people are afraid of you. The following were listed as bad things about

fighting: getting suspended because you would get behind on your school work, more people will want to fight you, can get hurt and can hurt others, get in trouble with parents (depending on reason for fight), get a reputation and a record, getting in trouble with the police, can go to jail, could possibly get in way of future goals, guilt (if you started fight or if you hurt someone), and you may get jumped after the fight by the other person's friends. Alison then told the group that her mom makes her fight. She has to fight someone until she wins. Ariel added that she had been in too many fights and if she fights again she would get put in juvenile detention for 3 days. After a discussion about the issues the girls raised, the group moved onto what is good about not fighting. They listed the following: you will not get in trouble with your parents or with school, you won't get beat up or hurt (physically or emotionally), avoid drama, stay friends with people (you don't lose good friends), it will be easier to get to your goals, people like you more in the future, and people think you are strong to resist. The following were listed as things that are bad about not fighting: your reputation would get hurt, you don't get your anger out, and you would be called a punk. Ariel said that the people that are calling you a punk are the punks because they are not fighting. Darcy said that it would be better to fight and loose then to not fight at all because "at least you tried." Cecilia said that Stephanie would not come back to school if she lost a fight. Stephanie agreed; she said she would be too embarrassed.

Group Leader 1 asked the girls if it was easier to fight or to not fight. The girls all agreed that it was actually easier to fight. Group Leader 1 then stated that it seemed as though it then may be a braver decision not to fight and that by taking the easy way out and fighting, one may be considered a punk. Darcy stated that she had not thought about it in that way. Group Leader 1 added that the girls had previously said that being a "punk" means that you are scared. Group Leader 1 then wondered aloud, "If everyone around you wants you to fight and you only do so because you are scared of what others will think of you if you don't fight, then aren't you a punk if you do fight? Ariel smirked and stated that you are a punk either way. After looking at the list of ideas, Group Leader 1 then reflected that there were more items listed under what's good about not fighting than what bad about not fighting.

As Stephanie had asked for some time at the end of group to discuss something she was having difficulties with, the group was turned over to her. Stephanie told the group that one group of girls in the school wants to fight her and she doesn't know why. The ensuing discussion centered around how the group can help Stephanie avoid getting into a fight. Advice given by the group was to avoid the girl and talk to the principal. Group Leader 1 asked the girls if they could help Stephanie by standing by her if they saw her alone around school or pulling her away if they saw her in a difficult situation. The group agreed to help.

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Anger, Anger Management, and Stress Reduction

Objective:

- To discuss anger, reactions to anger, the connection between anger and aggression, and constructive ways to utilize anger.
- To increase awareness of anger triggers.
- To increase ability to recognize early signs of anger.
- To increase awareness of thoughts and self-talk that induce or increase angry feelings.
- To provide a toolbox of techniques to manage anger and decrease stress.
- To help girls learn to utilize more effective ways to manage anger.

Keep in Mind:

Anger is a very powerful emotion for the girls in our group and is often cited as the feeling that precedes physical altercations. Adolescents often attribute anger to something that happens in their environment (i.e., someone else's words or actions) rather than to their own thoughts, beliefs, and attitudes about the environmental event (Smead, 1999). Group leaders must help adolescents to increase internal control of anger and learn and understand that only they have control over their emotions (Smead, 1999).

1. Important questions to ask, points to make, issues to address:

- How does being in a bad mood affect your interactions with others that day?
- Label anger for the group because people find it uncomfortable to talk about. Normalize anger. Anger is a universal emotion that everyone feels sometimes.
- Discuss anger, including the intensity of the emotion and how difficult it could be to control.
- Differentiate between anger and aggression. Anger is a feeling. Aggression is a behavior that one displays when feeling anger that can inflict pain/hurt on another person or result in the physical destruction of property. Anger is not a bad, wrong, or negative emotion. One's response (i.e., behaviors and actions) to their anger is what gets them in trouble. Anger does not always lead to aggression. Denial or suppression of anger is not recommended. When one suppresses or denies their anger for long periods of time, it will build up below the surface and be displaced or acted on later on, likely for a small or insignificant reason/occurrence (Eggert, 1994; Sunburst Technology, 2002). Thus, the positive and controlled expression of anger is important and healthy, and will likely prevent aggressive displays of anger (Kellner, 2001).
- Why is anger viewed as a bad thing?

- What are some potential negative consequences of uncontrolled anger expression? Some examples include hurting someone, getting in trouble in school or with parents, ruining friendships, etc.
- How can anger be helpful? It can make you try harder to accomplish goals, work harder in competitive events, and stand up for what you believe in. Eggert (1994) asserts that anger led to positive changes in society, including the civil rights movement and the enactment of laws for child abuse. These events may be used as examples of constructive, positive ways to utilize anger.
- How do you react when you are angry? Does this work to decrease your anger? Do you think there are better methods to managing your anger?
- Define anger triggers. Distinguish what makes you angry from what sets you off. Identify knowledge of anger triggers as an important step in anger management (Kellner, 2001). Have girls identify their triggers as well as environments where controlling their anger may be difficult (Kellner, 2001). Help girls to plan for expected triggers as well as unexpected triggers.
- Discuss physiological sensations present when one is angry: tense muscles, increased heart beat, stomach, increased respiration, flushed face, shaking, etc. Communicate that awareness of one's body and physiological responses to anger can help one to effectively manage anger. These bodily responses are anger signs and cue one into the need to employ calming mechanisms and anger management strategies.
- What kinds of things do you say to yourself when you are angry? Which of these thoughts lead to aggression? Which of these thoughts keep you from acting aggressively? Thoughts or self-talk can either ignite/increase or decrease feelings of anger (Eggert, 1994; Kellner, 2001). Self-talk can be used to help you calm down and manage anger.
- Who is in control when you get angry? Who has the power in situations where your anger leads to a verbal or physical eruption? Explain that when one erupts with anger, she loses control to the person she is interacting with or event she is encountering. With regards to anger resulting from interpersonal conflict, girls may respond to the image/idea that the other person is pulling their strings like a puppet when their actions lead to extreme expressions of anger and aggression (Eggert, 1994). Instead, if they can learn to manage their anger or use their anger in productive ways, they demonstrate strength and control (Eggert, 1994).
- How can you better manage your anger? Generally, one must recognize that they are angry before acting out, use calming techniques, and substitute an anger management tool (Kellner, 2001).
- How can you help each other to manage your anger? Maybe you and a friend could create a signal that lets the other know you are getting angry and the friend could help you enact a previously created plan for anger management (e.g., leave the situation).
- Discuss strategies to manage anger, reduce anger, and avoid fighting:
 - a. Identification of anger (use physiological sensations).
 - b. Decide you will be in control of your anger. Decide on ways to help yourself calm down prior to acting on your anger (Eggert, 1994). Stop and think.

- c. Reduce physiological responses using calming techniques: counting, deep breathing, muscle relaxation, listening to calming music, visualization (Eggert, 1994; Kellner, 2001; Sunburst Technology, 2002).
- d. Think about the problem/situation and plan. Talk to someone you trust about your problem, write about it, utilize problem solving techniques, identify alternatives to aggressive behavior or acting out in anger. Ask yourself if the person/situation is worth your time and the possible consequences. Ask yourself if acting aggressively will get you what you want (Eggert, 1994; Sunburst Technology, 2002).
- e. Cognitive strategies: perspective taking, identification of anger increasing thoughts, utilization of positive self-talk and anger decreasing thoughts, including thinking about non-hostile reasons for why someone may have aggravated you (Eggert, 1994; Kellner, 2001). Some examples are: "I am in control," "It's not worth it," "I'm not going to let them get to me."
- f. Actions and anger expression: negotiate, accept situations you can't change, avoid a situation, calmly state your feelings without inciting conflict (i.e., no insults, blaming), listen to others, do something positive with your anger (Eggert, 1994; American Psychological Association, n.d.; Sunburst Technology, 2002).
- g. Take responsibility for your anger and for the times when you act on your anger (Eggert, 1994; Sunburst Technology, 2002).
- Discuss general ways to reduce stress: Take a walk, listen to music, talk to a trusted friend or adult, take a long shower/bath, write, exercise, etc. Have girls talk about the things that help them feel better (i.e., less angry, frustrated, annoyed, stressed, sad, etc.).

2. Activities:

- Draw an outline of a person's body and have the girls draw/color in areas on the body where they feel their anger. They can just color in areas related to how they feel (e.g., red faces) or they can draw pictures of how anger feels to them (e.g., smoke out of ears, butterflies in stomach).
- Rap Song: Write out the lyrics to a rap song focused on fighting and violence. Play the song and have the girls read the lyrics while they listen to the song, or, play the song, asking them to listen to the lyrics closely and then provide them with the lyrics after the song is played. Ask the group how they felt after listening to it? Ask the girls to think about what the song suggests they do with their anger and have them identify specific lines of the song to support their statements. Leaders should be sure to assert that they are not insinuating that the girls will take the lyrics literally or that these songs make them fight. Rather, leaders should help the girls to acknowledge the subtle messages these songs send, including the normalization of fighting that is inherent in the lyrics, and that the possible internalization of these messages make fighting more instinctual. Have the girls break up into groups of two and write another stanza to the rap song using knowledge of anger and anger management learned in group. Next, ask the girls to think about songs that convey a message of

empowerment without resorting to aggression or violence (e.g., *I'm a Survivor* by Destiny's Child).

- The group leaders should help members to create an “action plan” for management of anger with general steps that all girls could follow (e.g., stop, deep breaths, walk away; Carrell, 1993). As different anger management and stress reduction strategies work for different people, girls should then add to this outline, customizing their plan to manage their anger.
- Present a common scenario/vignette that is applicable to the girls' lives. Ask them to provide an anger-increasing thought and an anger-decreasing thought that the main character could utilize that would either escalate or de-escalate the situation. Discuss the consequences of using an anger-increasing and anger-decreasing thought in each situation. Have the girls talk about how difficult employing an anger-decreasing thought would be in each situation.

3. Session Examples:

Session 15

Group Leader 1 reminded the girls that they had decided that one good thing about fighting is getting out your anger. Based on this comment, Group Leader 1 informed the girls that they would be discussing anger, and how to cope when you get angry. Group Leader 3 began the discussion on anger by asking for the definition of anger. Kimberly stated that it is when you get mad. Cecilia and Darcy commented that mad and angry were the same. Then Kimberly stated that anger is a feeling like being out of control and you want to hit someone. Group Leader 3 asked the girls if it was okay to be angry. Most of them said that it was okay and Gina reported that it feels good when you can get you anger out. Group Leader 3 then mentioned that anger is a normal and acceptable emotion, but it is what you do with them that can cause problems. The girls were told that anger itself is not a bad emotion, even though those around us can sometimes make it seem as though we should not be angry. What gets them in trouble is not anger, but rather what the girls do with or about the anger they feel. Group Leader 3 and Group Leader 2 then asked the girls to brainstorm a list of the things that cause them to get angry. Many of their comments related to social problems, such as gossip, boys grabbing them, and people having attitudes or being disrespectful. Compiling this list was difficult because the girls were engaging in side conversations throughout the session. A few times, Gina told them to get back on topic, but it rarely lasted longer than a minute or two.

At one point, Cecilia and Kimberly were discussing an issue about two boys that Cecilia may have been dating and Cecilia stated that she was really mad right in the group. Group Leader 2 then asked Cecilia to identify the physiological sensations she was having. Group Leader 2 gave Cecilia the red marker to indicate on the body on the paper where she was currently feeling anger. She drew wavy lines coming off of her head. The rest of the girls contributed as well: some responses were tension in muscles, racing heartbeat, crying, and face becoming red. Once the girls completed this exercise, the group leaders asked the girls to

identify where in the Locker Incident activity from the previous week, Group Leader 3 felt angry for the first time and what some of her thoughts were. Cecilia reported that Group Leader 3 was thinking that she could not believe that her friend would go behind her back. Kimberly reported that Group Leader 3 felt angry, but she also felt hurt. Some of the girls also said that Group Leader 3 wanted to fight Group Leader 2. Group Leader 2 then explained that fighting was a behavior and she had many thoughts related to the incident before she actually fought.

As the girls continued to engage in side conversations and reigning the group in was difficult, Group Leader 1 suggested that the group end early (about ten minutes early) because the girls were not being respectful to the group leaders, other group members that wanted to gain something from the group, or to themselves. Cecilia stated that it was wrong for them to be talking so much when the group leaders take time to be there for them in the group. Gina asked Group Leader 1 if she was mad and Group Leader 1 stated that she was somewhat angry and disappointed that the group rules were being broken. Group Leader 1 also stated that group is a privilege and asked if the group members knew what a privilege was. Cecilia promptly responded with a correct answer. The group was dismissed.

Session 16

Gina began group by asking Group Leader 1 if she was still angry with them because of their behavior last group. Group Leader 1 responded, stating that she was no longer angry, but that she had been the previous week. She explained that she was angry because she felt the girls were being disrespectful to the counselors. "Respect" was defined and discussed. Group Leader 1 asked the girls if they felt that the counselors respected them, and they said yes. This discussion was used as a springboard into the group's topic by stressing that it is okay to be angry. Anger is not an emotion to suppress; it is not a bad emotion. The physiological reactions each girl has when angry were reviewed as were the physiological mechanisms responsible for these bodily feelings (fight-or-flight). The group leaders informed the girls that they can use these bodily feelings as a clue that they need to take some steps to deal with their anger before they explode. Anger triggers were explained and each girl was asked to think about and identify three of her own anger triggers (on a worksheet). Knowing what your triggers are was highlighted as the first step in learning how to manage anger. One could avoid their triggers, explain their anger triggers to others, and create solutions for managing their triggers ahead of time.

Anger-increasing and anger-decreasing thoughts

Anger-increasing and anger-decreasing thoughts were defined and their potential to escalate or de-escalate a situation discussed. The girls were then read a vignette and asked to come up with anger-increasing and anger-decreasing thoughts the main character could utilize that would either escalate or de-escalate the situation. For the anger-increasing thought portion of this activity, the girls had difficulty, immediately jumping to behaviors. Eventually, several of the girls were able to give some thoughts that they would have before acting. The girls did better with anger-

decreasing thoughts. They all knew what kinds of thoughts would escalate the situation, however are so quick to act that these are rarely used.

Stress reduction

The girls were then asked to list different things that they could do to calm themselves down when they are angry so that their physiological sensations, hot-headed thoughts, and impulsiveness don't lead them to verbal or physical aggression towards others. They came up with the following:

Things That Calm Us Down

- *Talk to someone*
- *Writing*
- *Dancing*
- *Hitting something*
- *Sing*
- *Music*
- *Shaking leg*
- *Eat*
- *Play basketball*
- *Go for a walk*
- *Read*
- *Pray*
- *Long, hot shower or bath*
- *Cry*
- *Getting hair/nails done*

The listed activities were discussed and labeled as general stress reduction activities that could be used not only when feeling angry, but when experiencing other emotions, such as sadness, frustration, annoyance, confusion, etc. Lastly, the counselors gave the girls a step-by-step plan for managing their anger in the moment.

Cultural Differences, Identity, Stereotypes, and Tolerance

Objective:

- To discuss one's own ethnic/racial identity.
- To consider how prejudice, stereotypes, and biases affect others.
- To encourage understanding of and respect for differences.
- To encourage support and respect of group members of different cultures, races, ethnicities, sexual orientations, religions socio-economic classes, etc.

Keep in Mind:

Remember that it is extremely important for group leaders to acknowledge differences in race and ethnicity and discuss related concerns, particularly if the group leader's race/ethnicity differs from that of group members. These ethnic and racial differences can often lead to fights between individuals or groups.

1. Important discussion questions and issues to address:

- Define the terms *prejudice* and *stereotypes*.
- Have you ever been treated differently or felt rejected because of your race, ethnicity, sexual orientation, or socioeconomic class? Have you ever been treated differently or felt rejected based on another part of your identity (e.g., intelligence, gender)?
- Is there a part of your identity that you are proud of? Is there a part of your identity that has been challenging for you?
- Discuss what your school is like in terms of its cultural make-up, acceptance of differences, stereotyping and prejudice? Do students form groups because of their race, neighborhood, how much money they have, etc.?
- Have you ever been a part of a group that rejected someone based on these things? How did you feel in this group? How did it feel when your group rejected or put down someone based on an aspect of their identity?

2. Activities:

- Discuss religious/ethnic/racial backgrounds. "Learning about others is a good way to help understand others' viewpoints and learn tolerance. We have a very special group with different cultural backgrounds. Maybe it would be helpful if we all told about our own backgrounds."
- Cultural interview: Create a one on one exchange between girls surrounding culture, race, and ethnicity. Separate girls into groups of two and have each girl interview the other. Try to pair up each girl with someone she does not know as well as the others. Following the interview, each dyad presents what they

learned about the other person to the entire group. Ask the girls if they discovered something they had in common.

- Pick-a-Question: Write down questions or fill in the blank statements about cultural backgrounds on index cards (e.g., Where is your family from? What languages are spoken at home? Describe a family holiday celebration. What food does your family make often? What kind of music does your family listen to?). Place cards in a bag. Have each member pick a card out of the bag and answer that question. Place card back in bag.
- Adapted from Judith Springer (personal communication, February, 2007): Provide each member a blank piece of paper. Instruct group members to draw a tree trunk and write their name in the center of the trunk. Next, have each member draw seven branches from the trunk. Describe to the girls the concept of identity and how one can have many facets to their identities. Then, ask the girls to write down the different aspects to their identities in or at the end of the branches. At least one group leader should complete an identity tree prior to group session and use it as an example to explain the activity.
- Adapted from Waterman and Walker (2001): Provide each member with a sticker containing a previously written label. Place the sticker on the member's back without allowing them to look at what is written on it. Have group members talk to each other and treat each other as if the label on their back were accurate. Each member must guess their label and state why they made that guess. Ask members what it felt like to be treated as their label? State that every person is labeled and reflect on the different labels people wear everyday. People interact with each other based on these labels and believe certain things about one because of these labels. What happens when one interacts with someone based on a label? With regards to cultural, racial, and ethnic labels, labels hide individual differences as there is diversity both between and within groups. Discuss this.
- Divide the group in two smaller groups and have them brainstorm ways that they could stop themselves from acting based on stereotypes and/or challenge their preexisting stereotypes.
- Use current events to introduce and discuss the topics of racism or rejection of cultural/racial/religious differences.

3. Session Examples

Group 1

In our first activity, we distributed clear plastic bags of M&Ms to the girls and asked them to discuss their observations of the M&Ms. They noted the differences of the physical appearance, yet commented that inside, most of the M&Ms were the same (although different colors sometimes tasted different). The conversation remained at somewhat of a surface level; some of the girls understood the metaphor and were able to apply their ideas to people, but some were focused exclusively on the M&Ms. When probed by the group leaders, the girls identified certain emotions felt by all individuals (i.e. love, anger) on the inside, despite people's very different appearances on the outside. They were also able to identify with the idea of

portraying one image on the outside (i.e. happiness or confidence), yet feeling miserable inside.

Group 2 – Session 17

Group leaders split the group into two smaller groups. Using the cultural pick-a-question game, the girls answered a variety of questions which explored aspects of their familial and cultural backgrounds, including traditions, religion, and values. Group Leader 1 spoke about her ethnic make-up and the girls asked some questions. Ariel reported that a favorite food that someone cooks in her family is caramel cake. Darcy reported that she wanted to learn more about Egyptian culture and possibly travel there to see the pyramids. Then Darcy stated that her favorite food from her culture was chicharrones. Group Leader 1 inquired about what this was and Darcy explained that they were pork rinds. Gina relayed that her favorite food was Honduran tacos and explained what they were. Kimberly stated that her parents and grandparents listen to Bachata, a dance from the Dominican Republic. Kelly reported that her parents and grandparents listen to rap and hip-hop music. Alison told the group that her grandparents were from Jamaica.

Group 2 – Session 18

We started with the Identity Tree activity. Group Leader 1 showed the group an example that she completed for herself. The girls were then instructed to work individually on their worksheets. The girls then came back and Group Leader 1 asked for volunteers to share what they wrote. Responses included gender, ethnicity/race, familial relationships (e.g. daughter, sister), interpersonal relationships (e.g. friend, girlfriend), roles (e.g. student, sports team member), and personal characteristics (e.g. athletic, good dancer). Group Leader 1 used this activity to discuss how relational problems can occur because of the various identities that we all have. Group Leader 1 asked the girls if they have ever noticed if certain people that belong to various groups stick together in school, and exclude others. At first, the girls did not raise their hands and seemed to deny that they group off. Group Leader 1 then asked if the girls noticed how they were currently sitting within the group. All of the Latina girls were sitting together and the African-American girls were seated together, and the group leaders were seated together. Group Leader 1 asked the girls to raise their hands if they had ever been teased based on one of the aspects of their identity (i.e., one of the circles on their worksheet). All of the girls except Kelly raised their hands. Group Leader 1 then asked if anyone had ever teased someone based on an aspect of their identity. Alison admitted that she does exclude other people from her group of friends if she does not like them. She also reported that she sometimes teases other girls because they are different from her group of friends. Kimberly then stated that she knows of students who talk bad about Alison. Alison reported that she knows that people say things about her, but since they do not say anything to her face, she does not care. Group Leader 1 explained to the girls that in many instances, fighting between people often stems from the lack of acceptance of people's differences.

Body Image and Self-Esteem

Objective:

- To discuss how the media communicates messages about beauty and body shape.
- To increase feelings of comfort with one's body.
- To increase awareness of their strengths and encourage involvement in activities that increase self-efficacy.

Keep in Mind:

As adolescence is characterized by many physical body changes as well as worry about other's perceptions, physical appearance and body image are important concerns for teenage girls. Adolescent girls often report dissatisfaction with their bodies. This is especially worrisome as body image and level of satisfaction with one's body has been associated with depression, eating disturbance, and low levels of self-esteem (Wood, Becker, & Thompson, 1996). Throughout the duration of the group, and especially during discussions on body image, group leaders should be screening for eating disordered behavior and refer for psychotherapy as needed.

1. Important discussion questions and issues to address:

- Talk about the things you like about yourself, both internally and externally.
- Describe a healthy diet. Describe an unhealthy diet.
- Discuss influences on body shape (e.g., genes)
- Discuss influences on diet and body image including families, environments, culture, and the media.
- Why do so many girls wish they looked different?
- What would you do about a friend you were worried about because of her eating or exercising habits?
- What is beauty? What makes someone beautiful?
- Body dissatisfaction should be normalized and identified as common (Winzelberg, Abascal, & Barr Taylor, 2002). However, extreme responses to body dissatisfaction should be highlighted as concerning.
- What are some possible consequences of body dissatisfaction?
- It is important to help members understand the role of self-talk and negative self-statements in body image. Help girls to identify negative self-statements and challenge these statements.

- Just as everyone has certain anger triggers, people can have triggers for body dissatisfaction or that make one feel bad about her body (Winzelberg et al., 2002). These triggers may be either external or internal (Winzelberg et al., 2002). Have girls talk about such triggers. Discuss ways to monitor triggers, avoid triggers, change triggering environments, and manage situations in which triggers arise (e.g., criticism from family members, boyfriends, or friends, media exposure).

2. Activities:

- Provide girls with a journal or notebook to be used throughout discussions on this topic. In their journal ask girls to do the following:
 - List things that they do that make them feel proud of themselves. Ask them to do one thing of their list every week.
 - List the things that you like about your body. List the things that you don't like about your body and why.
 - Write about your own body image development.
 - Who or what influences the way you feel about your body?
 - Help the girls to identify negative self-statements, and irrational or dysfunctional beliefs/assumptions about physical appearance and beauty (Cash & Strachan, 2002).
- Separate girls into groups of two. Provide the girls with magazines (e.g., fashion, pop culture). Have girls review a magazine and list the positive and negative messages about body image found in the magazines.
- Divide the group in half. Ask girls to brainstorm and list reasons why it is not fair for girls to compare their bodies to fashion models, actresses, and musicians.
- Self-Pictures: This activity works better in smaller and more cohesive groups and with members who get along well with each other. Leaders must assess whether the group members are mature enough to handle this activity. Ask members to draw (on the chalkboard or large poster board) pictures of themselves. It is likely that the pictures of girls with poor body image will be distorted, especially areas of their bodies that they are uncomfortable with. Instruct girls that they are not allowed to speak while they are drawing their self pictures. When all members have completed their pictures, bring the group together as a whole. Group members are asked to comment on each member's picture and the member whose picture is being discussed is not allowed to speak until all comments are made. Have girls reflect on the comments made and how these comments compared to their own beliefs about their bodies.

3. Session Example:

The topic for the group was body image and self-esteem. The topic was presented to the group for an open discussion. Rachel and Jalissa appeared to have a balance with respect to liking and disliking things about themselves and their bodies. Kimberly and Angela stated that they really did not like themselves, particularly the way they looked, frequently stating that they were ugly. Group Leader asked the

girls to state one thing about themselves that they liked. Kimberly and Angela both stated nothing. With some prodding from the girls, Kimberly was able to state that she liked her hair.

Group Leader then asked to girls to go up to the chalkboard and to draw pictures of themselves, of what they thought they looked like. The girls were then not able to speak while the other group members commented on their pictures. Angela's and Kimberly's pictures were the most distorted and the other girls were able to point this out to them. Group Leader then began a discussion highlighting that the things that the girls were most self-conscious about were drawn out of proportion in their pictures. Having insecurities at this point in their development was normalized and the possibility for growing out of these insecurities introduced when Group Leader revealed a personal adolescent insecurity and how she viewed this insecurity presently.

Sex and Relationships

Objective:

- To provide an opportunity for girls to ask questions in a safe place.
- To increase personal responsibility for safety.
- To increase recognition of aspects of negative dating relationships.
- To encourage positive, safe choices in dating relationships and sexual encounters.
- To promote sexual health.

Keep in Mind:

Adolescents are becoming involved in sexual activity at earlier ages and a large proportion of adolescents are sexually active (Kotchick, Armistead, & Forehand, 2006). Further, only a small portion of adolescents who are sexually active report using condoms consistently (Kotchick et al., 2006). Developmentally, early and middle adolescents are more focused on immediate effects and feelings than on potential future consequences, and often have a feeling of invulnerability that leads them to believe that they will not experience the negative or dangerous outcomes of a decision or action (Micucci, 1998; Santrock, 2004). Thus, adolescents are placing themselves at risk for the contraction of sexually transmitted infections and pregnancy. However, it is also important to remember that developmentally, adolescence is the period that one's sexual identity begins to be developed and so, it is normal for teens to have questions and begin experimenting (Micucci, 1998). As group leaders, it is important to remember there will be a wide range of sexual experience within the group and that a child's perceived level of immaturity does not necessarily have a bearing on whether or not they are engaging in sexual activity. In discussing sex and intimate relationships with group members, it is important to express genuine concern for their welfare, and normalize questions and curiosity about sex as well as differing levels of sexual readiness and experience among members. It is possible, if not likely, that disclosures of abuse or relationship violence may occur during

these sessions. Refer to the section entitled Crisis Intervention: Child Maltreatment to determine if such acts need to be reported to the Department of Youth and Family Services. Consider a referral for appropriate services (e.g., therapy, rape crisis hotlines, medical centers, police departments).

1. Important discussion questions and issues to address about sex:

- Ask the girls who they can go to when they have questions about sex.
- Define sexual activity. Ask members what they consider “sex” to include.
- Are all teens having sex?
- Communicate to the members that everyone has different attitudes and concerns about sexuality and the amount of sexual experience you have does not matter. What matters is that you respect yourself and can make new choices everyday.
- Emphasize Choice. State: “Regardless of what one’s experiences have been, you always have choices. You have a choice in every relationship that you are in. You have choices to make every day. You have the right to choose one option on one day and the alternative option the next day. Remember that you always have a choice and you can always say no.”
- What do you think about when deciding to engage in sexual activity?
- What are your values/beliefs about sex?
- What would your parents or family think about you being in a sexual relationship?
- What are some possible negative consequences of having sex? Provide information regarding the risks of sexual behavior (Kotchick et al., 2006).
- How can you protect yourself against sexually transmitted infections? How can you protect yourself against pregnancy? Be sure to be consistent with messages. State that the only 100% effective way to protect yourself against sexually transmitted infections or pregnancy is to refrain from sexual activity, but that if the adolescent has decided to engage in sexual activity, that both condoms and birth control should be used.
- Do you feel pressure to have sex?
- How do you handle it if your partner wants to engage in sexual activity that you are not ready for? If you have already engaged in sexual activity, but then decide that you no longer want to partake in those activities, how do you tell your partner?
- Would you consider engaging in sexual activity that you do not feel you are ready for in order to keep your partner from breaking up with you?
- How do you talk with your partner about sex and using protection?
- How can sex change a relationship?
- How would you feel or handle it if your partner breaks up with you shortly after you have sex for the first time?

Important discussion questions and issues to address about relationships:

- How well do you communicate with your partner. How well do you feel your partner listens to you? What can make it easier to communicate with your partner?
- Do you feel as though you can talk with your partner about your sexual history, concerns, and values?
- What are your rights in relationships?
- What is the biggest issue you have with the opposite sex?
- What would you like people you are romantically involved with to know?
- What are some clues that you are in a negative relationship and should get help or get out of the relationship as soon as possible (e.g., abuse/violence, jealousy, possessiveness, won't let you go out with friends, threats, intimidation, withdraw from all friends, destruction of personal property)?
- What is a healthy relationship? What are some characteristics of a healthy relationship (e.g., honesty, communication, trust, support, respect, affection)?

Important discussion questions and issues to address about relationship violence:

- If someone was being sexual abused or her partner was being abusive towards her, why wouldn't she tell? Why should she tell?
- Would a girl ever feel like it's her fault?
- How can you tell when something inappropriate or violent is happening to you?
- What if something inappropriate or violent is happening to a close friend and you find out about it or she tells you? Would you tell? Why or why not? What would make it hard to tell?
- What are some signs that you are in an abusive relationship?
- How can you protect yourself against sexual assault? Prevention programs have focused on helping people identify the characteristics of high risk situations, signs that may precede acts of sexual coercion/assault, and behaviors that may make it harder to identify aforementioned signs or protect oneself (e.g., substance abuse), and learn safety behaviors (e.g., when at a party, never go anywhere alone) to decrease likelihood of assault (Haugaard, 2001).

2. Activities:

- Provide statistics about sex, sexual assault, and relationship violence. This activity should be focused on discrediting myths, increasing knowledge, and raising awareness of the potential consequences and prevalence/likelihood of such consequences surrounding these issues. Leaders may organize these statistics into a game (e.g., true/false format, multiple choice, jeopardy, etc.).
- Have girls anonymously write down questions about sex, dating, etc. on a piece of paper and place it in a bag. Group leaders then pick questions out of the bag, read them aloud, and discuss them. Group members should be discouraged from asking whose question it is or from revealing who wrote the question. Group leaders should be prepared for shocking questions, but try to maintain their composure and refrain from showing shock, judgment or disapproval. It is okay

to admit that it is difficult to answer a question and/or to admit that you don't know the answer to a question (Vogelaar, 1999). Group leaders should follow-up on the question, searching out the answer and bringing it back to the group (Vogelaar, 1999).

- Use role-plays to practice difficult situations (e.g., discussions with partner about sex, asking partner to use a condom, refusing to have sex, etc.).
- Have the girls pretend that they are writers for a newsletter/magazine for teenagers. Sections could include an Advice Column, Do's and Don'ts, Tips, Top 10 Reasons, etc. Topic should focus on the difficult issues outlined above, such as deciding to have sex, signs that one is in a safe and healthy or unsafe and unhealthy relationship, myths about sex, ways to get out of a relationship, how to help a friend you think is in trouble, etc.

3. Session Example:

Today's discussion centered on the pressures that girls face during adolescence. Group leaders stressed that group was a safe place to get their questions answered, stating, "We want to make sure that you are informed and you know that you have choices, and we want to help you figure out how to make these choices." The girls then anonymously wrote down some questions which were read aloud and discussed. The first question centered on what you do when people tell you that a boy you really like wants you to go to the dance with him, but then later he tells you he doesn't. The next question asked if you should have sex if your boyfriend is pressuring you to. Carrie contributed a lot during this time, revealing that she was going to wait to have sex with her husband. She also said that as long as you love your boyfriend and it's your decision, it's okay to have sex, but you shouldn't have sex just because your boyfriend wants to. The counselors then turned the discussion back to Carrie's question from last week: Can you get pregnant from anal sex? We reviewed the question, including how one gets pregnant, and the difference between vaginal and anal sex. Leaders stressed that although one cannot get pregnant from anal sex and condoms provide protection against pregnancy and sexually transmitted infections, there is no 100% effective way to not contract sexually transmitted infections, including through anal sex.

Gangs

Objective:

- To examine the advantages and disadvantages of gang membership.
- To help increase awareness of the severity of negative consequences of gang membership.
- To decrease likelihood that group members will become involved in gangs

Keep in Mind:

In Franklin Township, there are two low-income housing communities. In these housing projects, youth have banded together into gangs or crews, and will typically protect their “territory,” fighting against other housing project gangs. Although some group members may partake in more serious gang activities, much of the involvement of group members tend to be in low-level gangs characterized by “wannabe” activities and imitation of older, gang-involved relatives. These gangs also tend to be focused on recruitment and may be the step before more serious gang involvement. Gangs serve very important functions for youth. In my experience working with at-risk youth, the most important functions served by gangs are belonging and protection. Kids will turn to gangs to fill the void in their lives (e.g., at home) or in the systems (e.g., community, school) in their lives. For these children, gangs offer friendship, recreation, and support (Haugaard, 2001). Additionally, some teens do not feel like they have a choice regarding gang involvement, mostly due to the lack of safety in their environment or family obligation. In order to decrease the likelihood of gang membership, teens must be provided with alternative activities/memberships that offer some of the advantages of gang membership (Waterman & Walker, 2001).

1. Important discussion questions and issues to address:

- Why do people join gangs? Some common reasons for gang membership include: belonging, security and protection, family obligation/tradition, respect from other, money, self-esteem, power (Haugaard, 2001; Waterman & Walker, 2001).
- What are some reasons to keep from joining a gang? Some common reasons include illegal activity, possibility of getting hurt or killed, must give up autonomy in order to belong, initiation rites, and difficulty involved in leaving a gang.
- How could joining a gang get in the way of achieving the dreams and goals you have (discussed in the beginning sessions)?
- What are some difficulties gang members encounter because of their membership?
- Would anyone feel comfortable discussing experiences members have had with gangs (Waterman & Walker, 2001)?
- Does anyone have a friend or family member that they are worried about because of gang membership? What are their concerns?
- Are members aware of ways people are initiated into gangs? The most common methods of initiation for females are getting beat up/fighting and engaging in sexual activity with several different gang members (Haugaard, 2001).
- Are members aware of the difficulty in leaving gangs? According to Haugaard (2001), there are several ways to leave a gang, including death or severe physical injury, incarceration (although membership in this case may continue within prison), enduring a physical beating, and moving away.
- Group leaders should emphasize that while they understand the advantages of gang membership, the cost of such involvement is very high (Waterman & Walker, 2001).
- What are some positive activities or community building actions that gangs could become involved in?
- Discuss ways that members could decrease contact with, the possibility of recruitment by, and the potential for conflict with gangs in their areas. Some possibilities may include, staying away from areas where the gangs are known to frequent, never walk around by yourself, come up with a safety plan (i.e., emergency phone numbers in cell phone, identify safe places to go along the walk home from school).

2. Activities:

- Employ a motivational interviewing chart to discuss the advantages and disadvantages of gang membership.
- Watch movie or television clips (e.g., *the Wire*). Use this as an entryway to discussions regarding advantages and disadvantages of gang membership.
- Have girls separate into groups and think about/list gang replacement activities or ways they could get some of the advantages of gang membership without joining a gang (Waterman & Walker, 2001).

Completion

Group completion is an important phase that should be given time, consideration, and planning. The Rutgers-Somerset Program uses the term *completion* rather than *termination*. According to N. Boyd-Franklin (personal communication, May 2005), *termination* is not a particularly helpful word whereas *completion* allows more opportunity for movement forward following the applied intervention. The completion of the program will signify for members the loss of the group, support, and at least some of its relationships (Malekoff, 2004). Many of the group members will have experienced previous loss and at least one unexpected separation with loved ones in their lives (Malekoff, 2004). Thus, in addition to feelings engendered by the termination of the current group, the end of group meetings will likely bring up many feelings related to past losses, which may intensify the process of termination (Malekoff, 2004; Waterman & Walker, 2001).

Group members may have difficulty with group completion and this may be expressed in a variety of ways. It is important to be aware of the manner in which these difficulties may manifest themselves in order for the leader to be able to address termination related behaviors and monitor the feelings these behaviors may bring about. According to Malekoff (2004) the following are common methods of expressions of ambivalence about or difficulty with group termination:

- Increased dependence, including the desire for help or need for structure and limits in areas previously managed well by members.
- Regressive behaviors, including tardy arrival to group, being absent from group, expressions of helplessness, an increase in difficult behaviors in group, an

increase in aggressive or acting out behaviors outside of group, and regression to pre-group levels of functioning.

- Devaluation of the group experience
- Decision to leave group prematurely

This was the final group session. Sarah came down to group to let the leaders know that she could not attend group because she had to go to class. As the girls were entering the room, Debbie stated that Keisha wasn't coming to group and the other girls started commenting that the two were having problems again. For the first activity, the girls were given a blank piece of paper with their names along the top and instructed to pass their paper to the girl sitting next to them. Each person was asked to write something positive or that they admire about the girl whose paper they had. When Keisha's paper reached Debbie, Debbie wrote "IDK" to stand for "I Don't Know" on the paper. The group leader stated that this was not appropriate and hurtful and that if she did not have anything positive to say then she should not write anything at all. Debbie then scribbled out what she had written and the activity continued.

Group completion can bring about many feelings in the group leader as well. Group leaders may experience sadness, relief, concern, anxiety, and pride (Malekoff, 2004; Waterman & Walker, 2001). Additionally, the aforementioned end-of-group behaviors that may occur may lead to feelings of anger, worry, and confusion. It is likely that these behaviors will "evoke an impulse to postpone the ending" (Malekoff, 2004, p. 188). Group leaders should share their feelings with the group in order to model expression of thoughts and emotion (Waterman & Walker, 2001). Additionally, expression of emotion by group leaders lets members know that the group and its members meant something to the leaders and normalizes and validates the many different emotions that may arise with completion.

The completion of the group should provide members with an experience that differs from other, unexpected endings they have encountered in their lives (Malekoff, 2004). Group leaders should focus on aspects of group closure that will facilitate a good

transition for members (Malekoff, 2004). First, the group should be informed about the ending with enough time to allow for preparation for and processing of the completion and transition (Malekoff, 2004; Waterman & Walker, 2001). For the Rutgers-Somerset groups, which on average last from 18 to 24 sessions, a good rule of thumb is to mention completion approximately four weeks prior to the final session. At first, acknowledging that group will be ending, providing students with a timeline of the number of sessions remaining, and eliciting general reactions and feelings is sufficient (Waterman & Walker, 2001). In the following weeks, leaders must mention the number of sessions remaining during each group meeting. A second way to facilitate a good transition and completion experience is to elicit and discuss feelings related to completion (Malekoff, 2004; Waterman & Walker, 2001). One way to accomplish this is through review of and evaluation of the group experience. Members should be asked to express what the group has meant to them and what the members mean to each other, evaluate the progress made, and determine what personal goals remain (Malekoff, 2004). Feelings expressed by members may include sadness or abandonment, happiness, anger, annoyance about having to attend class when group ends, or missing group participants, including leaders (Waterman & Walker, 2001). Lastly, leaders should be sure to help plan for the provision of support beyond the group (Malekoff, 2004). Throughout the completion phase, leader goals should include aiding members to reflect on progress and changes made throughout the duration of the group, and, most importantly, helping members to “feel some control over the process of ending the group by accepting and validating all feelings about completion” (Waterman & Walker, 2001, p. 70).

Planning for completion

- Ask member what they have planned for the summer? Help to set up involvement in summer programs and activities if possible.
- Help students to think about where they will get help if needed this summer. Ask: Is there one person you could go to that you believe would listen to you and help or get help when you need it? Can each of you identify one person? Raise the possibility of group members as support outside of group time. Encourage them to be in touch over the summer and in high school.
- Discuss plans for 7th graders in the group: Do the 7th graders want to continue?
- Plan a celebration party for the last group session.
- Plan the end of the year activity/trip.

Deconstruction, feedback, and debriefing (final two sessions)

- What were beliefs about group members prior to the start of group? How have these changed?
- What has this experience been like for you?
- What is your best memory?
- What did you like the most?
- What did you like the least?
- What things did you find difficult?
- What would you do differently?
- What do you think you will remember from group?
- What will you take with you to high school? What will you take from the group to help you in your lives?
- What positive changes have you noticed in yourself? What positive changes have you noticed in other group members? (Waterman & Walker, 2001).
- Group leaders should also note the positive changes they have seen in the group (Waterman & Walker, 2001). Additionally, especially if it is difficult for members to respond to questions about feelings related to termination, group leaders can share their own feelings about the ending of the group and experiences, such as things they learned from the group or its members and how the group affected them (Waterman & Walker, 2001).

Activity

A “Strengths Bombardment” is a perfect activity for a final session (Judith Springer, personal communication, April 2007). Two different variations are possible. Group leaders will have to decide which one is best for their group based on group composition, cohesion, and maturity. The variations are as follows:

1. Have one person sit in the middle of a circle or with their back to everyone.

Each remaining member states one positive thing about the person, something

they admire about the person, or something they learned about or from the person. Group leaders write down what is said about each member and this page is then given to the member to take with them (either as an individual souvenir or as inserted into an end-of-group packet that is created by group leaders).

Group Leaders should participate and may need to go first to model appropriate responses.

2. Write down each member's name on a blank sheet of paper and hand it to the appropriate member. Members then pass the paper to the left and proceed as described above (e.g., write a positive affirmation about the person whose name is written at the top of the paper).

End-of-Group Packet

Using poster boards created and worksheets used throughout the duration of the group, group leaders should put together an end-of-group packet that details all topics covered, including specific comments, concerns, and resolutions made by the group. Each member's specific worksheets and responses should be included in their packet (e.g., member X's goals and dreams worksheet). Leaders should include fill in the blank questions related to covered topics to help members think about these issues once they leave the group. The group leaders also have the freedom to incorporate other information (e.g., articles, reading materials, questions to think about, etc.) based upon the topics covered in their group or other areas of concern that were not covered. Leaders should be sure to affix the page created during the strength bombardment activity to the packet.

The girls were then asked what they liked about or learned from the group. Kelly stated that she learned how to manage her anger and that they group has really

helped her to stay out of trouble this year. Jasmine stated that she liked the food and being able to talk about stuff that was bothering her. Kirsten also said that the group helped her to stay out of some drama. Debbie stated that she had not been in trouble since the group began. Kelly called her out on this and Debbie revised her statement to say that she has not been in trouble in the last few weeks. Maria told the others that she felt this group has helped her in so many ways, including staying out of the drama and learning how to deal with her anger, and that she really liked and will miss having a place to go talk. When asked what they would change about the group, they said that there was nothing they would change.

The group leaders then handed out the end-of-the-year packets and had them add the affirmation sheet from the beginning of group to the packet. The girls were told that the packet included all the things that we had spoken about during the life of the group and were encouraged to read through and answer the questions presented throughout.

End-of-the-Year Group Trip

As previously discussed, a unique component of group termination includes an end-of-the-year group trip. This trip serves several purposes. It is a fun way for the girls to celebrate their participation in and the completion of the group process. Also, according to Malekoff (2004), “meeting outside of the confines of the agency can help to make the connection to the world beyond the group” (p. 197). While the freedom exists to design any type of group outing, the members are usually taken to Rutgers University where group leaders give a tour of the campus to the girls. This provides the girls with a chance to see where their leaders spend their days and what their school is like. Lastly, many of the girls are familiar with Rutgers due to its proximity to their houses, however many have not step foot on the Rutgers, or any college for that matter, campus. For some girls, this experience inspires thoughts about college as a possibility for their future.

Logistically, the trip must occur after school between the hours of 2:30 pm and 5:30 pm.

With parental consent (via permission slips), the group members are transported by group leaders. Group leaders may need to communicate with parents in order to obtain consent.

Alternative to the end-of-the-year group trip. There have been some circumstances in which some group members could not obtain parental consent in a timely manner. In these circumstances, group leaders have sometimes decided to have a “pizza party” during the group’s regularly scheduled session in school so that all group members could be included in this important completion activity.

CHAPTER XI

CRISIS INTERVENTION

Child Maltreatment

Therapists should be knowledgeable about the different types of child maltreatment that they may encounter throughout their work. According to Webster and Browning (2002), there are four types of maltreatment:

1. Physical – infliction of physical injury
2. Neglect – failure to provide for basic physical, medical, educational, and emotional needs
3. Sexual – includes fondling, intercourse, rape, sodomy, exhibitionism, exploitation through prostitution of pornographic materials
4. Emotional – behaviors or omissions of behaviors that could lead to emotional, cognitive, or behavioral disorders in the child

Laws require that child maltreatment be reported to social service or law enforcement agencies (Webster & Browning, 2002). Psychologists and school personnel, among others, are mandated reporters and are thus required to report suspected maltreatment upon coming across it “in the course of carrying out your professional responsibilities” (Zellman & Fair, 2002). It is important to note that evidence of maltreatment is not required, rather reasonable suspicion based on professional training and experience is sufficient for a report to be filed (Zellman & Fair, 2002).

Once suspicion arises, reporting must be approached with both the child and parent(s) with much care and sensitivity (Webster & Browning, 2002). The structure of the Rutgers-Somerset Counseling Program is such that it allows for the Good Cop/Bad Cop (N. Boyd-Franklin, personal communication, 2005) roles in situations where reporting must occur. The clinician's supervisor becomes the "Bad Cop" in charge of reporting the suspected abuse. This helps maintain trust in the therapeutic relationship and allows the therapist to provide support to the child throughout and after the report (Webster & Browning, 2002).

According to Webster and Browning (2002), the "goal of immediate crisis intervention is to preclude later symptom development by helping children to express their feelings, lessen their distress, and reinforce coping strategies before inappropriate defensive mechanisms can become entrenched and lay the foundation for future emotional and functional difficulties" (p. 513). Therapists need to bear in mind that events surrounding the disclosure of abuse are extremely distressing to the child, and in fact may be more traumatizing than the experience of abuse itself (Webster & Browning, 2002). Experts recommend that clinicians do not offer children assurances that are false or that cannot be guaranteed and that they provide children with information about what will occur (e.g., how reporting will proceed, what will happen after the report is made) to reduce the anxiety associated with the uncertainty of the process (Webster & Browning, 2002). Additional guidelines for crisis intervention are provided in Table 4.

Table 4

Guidelines for Crisis Intervention Upon Discovery of Maltreatment

Action	Description
Focus on child's needs	Focus on the child immediate physical and academic needs as well as the child's concerns.
Reduce blame in child	Reduce blame by stressing that the abuse is not the child's fault.
Normalize problems	Let child know that she is not alone and these kinds of problems occur in other families, too.
Emotional processing and support	Ask child what she is thinking and feeling. Use reflective listening to communicate understanding.
Be nonjudgmental	Do not express disapproval, shock, or anger. Rather, communicate acceptance of the child's emotional experience and the act of disclosure.
Give the child Information	Present the child with developmentally appropriate information regarding the reporting process, child protective services, etc.
Refer for services	Refer the child for trauma-focused services to directly focus on experience of maltreatment.

Note. Reference for information presented in Table 4 is Webster & Browning (2002).

Counselors should remember that their interventions are taking place within the school. Therefore, once these concerns have been addressed with the Rutgers-Somerset Program supervisors, it is important to meet with the school guidance counselors, along with program supervisors, before any action is taken.

Suicide

Suicide is the third leading cause of death for adolescents (age groups 10-14 and 15-19) in the United States (National Center for Injury Prevention and Control, 2003). Thus, it is likely that practitioners working with adolescents will encounter suicidality in their practice and should be knowledgeable about this phenomenon in adolescents, as well as in assessment and emergency intervention procedures. Furthermore, suicidality is associated with impulsivity, which has been noted to be elevated during adolescence, especially in high risk adolescents (Goldston, Daniel, & Arnold, 2006). Given that the population targeted in the Rutgers-Somerset Program is at-risk youth, training in suicide assessment and intervention practices are particularly important.

Suicidality includes suicidal ideation, suicide plan, suicide intent, and suicide attempt (Miller, Rathus, & Linehan, 2007). Suicidal ideation includes thoughts of death, being killed, or killing the self, but may occur without any intent to commit suicide (Miller et al., 2007). Lewinsohn, Rohde, and Seeley (1996) propose that suicidal ideation also lies along a continuum of increasing severity including “thoughts of death or dying,” “wishing to be dead,” “thoughts of hurting (or killing) self,” and “suicidal plan.” A suicide plan “involves identifying a specific method, and possibly a given time frame, in which an adolescent plans to kill herself” and suicidal intent describes the “level of commitment in carrying out the plan” (Miller et al., 2007, p. 10). Methods of suicide

primarily used among adolescents are ingestion and cutting; however, an increasing number of suicides have occurred by hanging or suffocation (Goldston et al., 2006). Nevertheless, the leading method of death by suicide is firearms (Goldston et al., 2006).

Several common characteristics and experiences characterize adolescents who attempt suicide. First, suicidal adolescents feel engulfed by overwhelming psychological pain and hopelessness about their futures and freedom from pain (Haugaard, 2001). Although they may have supportive friends and family, suicidal adolescents will often feel alone in their struggles (Haugaard, 2001). They feel besieged by the problems in their lives and choose suicide as an attempt to solve their problems and relieve themselves from the unendurable pain they feel (Haugaard, 2001; J. Kalafat, personal communication, November 2004). Their thoughts are characterized by tunneled thinking in which they view suicide as the only alternative (Haugaard, 2001; J. Kalafat, personal communication, November, 2004). However, although suicidal adolescents experience some wish to end their lives, most are ambivalent about suicide (Goldston et al., 2006; J. Kalafat, personal communication, November, 2004).

Assessment

Suicidal ideation is a strong predictor of suicide attempts and as ideation increases in frequency and severity, risk of suicide increases (Miller et al., 2007). Thus, clinicians should assess for the presence of suicidal ideation and explore ideation, including nature (e.g., abstract vs. concrete), frequency, and severity of the ideation, the last time the student had thoughts of killing herself, and how comforting these thoughts are (J. Kalafat, personal communication, November 2004). It is also extremely important to ask about previous suicide attempts as a prior attempt is one of the most significant predictors of

completed suicides (Miller et al., 2007). If an adolescent reports previous attempts, it is vital to gather information about the attempts, including the methods used, the context in which attempts occurred, the response of others, and the adolescent's own reactions, feelings, and thoughts following the attempt. Once an adolescent reports having a plan, one must assess the lethality, feasibility, and specificity of the plan, the availability of methods outlined in the plan, and whether steps have been taken to put the plan into place (Haugaard, 2001; J. Kalafat, personal communication, November, 2004). The more lethal, available, feasible, and specific the plan is, the greater the risk of suicide (J. Kalafat, personal communication, November 2004). When an adolescent reports suicidal ideation and/or plan, the clinician should assess for suicidal intent and their resolve to carry out their plan or act on ideation (Miller et al., 2007). According to Haugaard (2001), the clinician should also evaluate "both the extent to which the adolescent has control over his suicidal urges and the extent to which the adolescent and those in his life are capable of ensuring his safety" (p. 104).

In order to conduct a thorough assessment of suicidality, it is vital that one is knowledgeable about the risk factors associated with suicide. In addition to the aforementioned evaluation of suicidal ideation, plan, and intent, it is important to assess risk factors for suicide including family background, precipitating events and situational crises, social supports, beliefs about death, and ego functions, especially coping mechanisms (Lieberman & Davis, 2002). Haugaard (2001) asserts that "most scholars in the area of suicide suggest that the first step toward understanding the development of suicidal ideation is to consider the stressors on a person and the resources that the person

has to deal with these stressors (p. 93). Each of the risk factors listed in Table 1 should be assessed and/or considered in the assessment of suicidality.

Table 5
Risk Factors for Suicide

Risk factor	Description
Previous suicidal attempts	
Access to suicidal means	
Traumatic experiences	Family violence, physical and sexual abuse, functional impairment from physical disease/injury
Situational crises	Separation, interpersonal or parent-child conflicts, parental arguments, legal crises, disciplinary problems, humiliation, romantic or academic difficulties, unmet school goals, loss, parental divorce, family moves, incarceration
Exposure to suicidality	May lead to imitative behaviors
Chronic physical illness	Illness resulting in functional impairment associated with increased risk
Psychological disorders	Depressive/affective disorders, Anxiety disorders, Impulsive, disruptive, and antisocial disorders, Substance related disorders, Personality disorders, especially Borderline Personality Disorder

Table 5 continued
Risk Factors for Suicide

Risk factor	Description
Familial disturbance	Family history of suicidal behavior and mental disorders, particularly depression or substance abuse, impaired parent-child communication, significant family discord or violence, low emotional support, instability, loss, economic stress
Gender	Ideation and attempts are more common among females; completed suicides are more common among males
Sexual orientation	Adolescents of bisexual or homosexual orientation associated with increased risk of suicide attempt.
Ethnicity	Rates of suicide in order from highest to lowest: Native Americans, Caucasian, African American, Asian, Hispanics. Hispanics have a low suicide completion rate: however, they have high rates of suicidal ideation and attempts.
Poor coping mechanisms	Including, but not limited to, rigid/constricted cognitive style, avoidant, passive, or impulsive problem solving style

Note. Risk factors in Table 5 gathered from the following references: J. Kalafat (personal communication, 2004, 2005); Lieberman & Davis (2002); Miller, Rathus, & Linehan (2007)

When conducting a suicide assessment it is also important to assess for protective factors that could serve as buffers against suicidal behavior. A list of protective factors is listed in Table 6.

Table 6
Protective Factors for Suicide

Protective Factor
The adolescent can think of reasons for staying alive or expresses ambivalence for living
Plans for living/future
Contact with caring adult
Social/family support (not actual supports, but what one perceives supports to be).
Connection to community, active participant, feels like contributor, sense of purpose
Social and family responsibility
Religious beliefs and values
Positive coping, internal strengths (e.g., effective problem solving, positive outlook or expectations, self-efficacy, etc.)

Note. Protective factors in Table 6 gathered from the following reference: J. Kalafat (personal communication, 2004, 2005).

Adolescents thinking about suicide usually demonstrate warning signs that provide clues to their intentions. Thus, knowledge and identification of warning signs is vital to effective suicide intervention. Common warning signs of suicidal intent are listed in Table 7. However, it is important to remember that “the absence of the following

indications cannot be taken to mean that an adolescent is not suicidal” (Haugaard, 2001, p. 102).

Table 7
Suicide Warning Signs

Warning Signs
Plan and resolve to carry out plan
Preoccupation with death
Method/means available or purchasing of means
Previous attempts
Threats, ideation, direct or indirect talk of suicide, sub-lethal gestures
Having a sudden interest in death (e.g., cemeteries, wills, the afterlife)
Making final arrangements (e.g., putting affairs in order, giving away possessions)
Verbal hints (e.g., not being around or a problem in future, saying good-bye)
Feelings of depression including pervasive helplessness, hopelessness, worthlessness, guilt, shame, self-hatred, sadness, anxiety, agitation, confusion, hostility, irritability
Dramatic changes (e.g., in mood, personality ability to concentrate)
Uncharacteristic anger, aggression, risk taking, impulsiveness
Withdrawal from friends and activities, isolation
Loss of interest in hobbies, school, friends, or in personal hygiene
Substance use
Decrease in academic performance or interest decrease in performance
Sleeping/eating habits

Table 7 continued
Suicide Warning Signs

Warning Signs
Sudden improvement (e.g., peacefulness, happiness) after being withdrawn, angry, depressed, anxious
Recent death/suicide of friend or relative, or news reports of suicides by youth in community

Note. Warning signs in Table 7 gathered from the following references: Haugaard (2001); J. Kalafat (personal communication, 2004, 2005); Lieberman & Davis (2002).

Helpful questions. Suicide is a frightening phenomenon for clinicians, especially clinicians-in-training. However, despite the fear it rouses, a clinician must conduct a thorough assessment. J. Kalafat (personal communication, October 2005) reminds clinicians that there is an element of communication in suicide and to get the information necessary to appropriately assess risk of suicide; clinicians “need to ask the questions.” Listed below are some helpful questions delineated by J. Kalafat (personal communication, November 2004, October 2005) to ask during a suicide assessment:

- Suicidal Ideation: How often do you have these thoughts? How much of each day do you think about suicide? How strong are these thoughts? How much do you feel you could control these thoughts? How do you control these thoughts? When was the last time you had thoughts of killing yourself? How comforting are these thoughts?
- Suicide Plan: Have you made any specific plans to hurt or kill yourself? How? When? Where? Assess the lethality, feasibility, and specificity of the plan, the availability of or accessibility to methods outlined in the plan, and whether steps have been taken to put the plan into place.
- Suicide Intent: How much do you really want to die? Do you think there may be other ways to solve your problems? How likely are you to carry out your suicide plan or act on your suicidal thoughts? Assess their resolve to carry out their plan or act on ideation.

- Previous attempts: Have you ever tried to kill yourself? How many times have you tried to kill yourself? Did you ever have to seek medical help following a suicide attempt? What happened before the attempt that led to it or was there a precipitant? How long did you think about or plan the attempt beforehand? How did you feel following the attempt? How did others react, and how did these reactions make you feel?
- What do you think what would happen if your suicidal thoughts were acted on? What do you want to happen? (motivation for suicidal behavior – what are their actual, anticipated and desired reactions)
- What are your ideas about or experiences with death?
- Ask about current problems, crises, stresses that may be contributing to suicidal ideation.
- How have you dealt with the pain thus far?
- If the adolescent denies suicidal intent in the presence of ideation, ask: What keeps you from attempting suicide?
- If the adolescent denies suicidal ideation, plan, and intent, but you are concerned due to the presence of risk factors in combination with warning signs, J. Kalafat (personal communication, October 2006) proposes the following suggestions:
 - Explain why you are concerned. State reasons, including events that have happened, what the client is doing, what you have seen and heard, etc.
 - Normalize emotions that the adolescent may be feeling about events that transpired.
 - State that you have knowledge about based on your experience using the word “sometimes” (e.g., “sometimes people feel,” “sometimes when feeling like this people have thoughts of harming themselves”)
 - Ask directly: “Have you had thoughts of....”

Crisis Intervention

Therapeutic response. J. Kalafat (person communication, November 2004) asserts that the goals in responding to someone who is suicidal are to engage the person and assess the likelihood that she will try to harm herself. Adolescents thinking about suicide do not realize that they can get through the intense psychological pain and the terrible situation they find themselves in (J. Kalafat, personal communication, October 2005). It is important to keep in mind the developmental issues that characterize the stage of adolescence (e.g., importance of peers, limited history of problem solving, recent development of abstract thinking) and respond accordingly (e.g., ask specific and

concrete questions). For example, adolescents often distrust adults, believing that adults do not really care about them, will not listen to them, cannot understand their feelings, and will not take them seriously (J. Kalafat, personal communication, October 2006).

Thus, the therapist's response to a suicidal adolescent is vital in obtaining honest information and conducting an accurate assessment. J. Kalafat (personal communication, October 2006) outlines the appropriate initial responses to suicidal individuals:

- Stay calm
- Do not leave person alone for any reason. Stay with the adolescent until more experienced persons or emergency personnel arrive.
- Focus on establishment of rapport. Through empathic listening, responsiveness, structure, and tolerance of the adolescent's emotions, a strong alliance emerges, which is invaluable to suicide assessment and intervention.
- Encourage the person to talk and convey that you hear what she is saying.
- Listen and attend to both verbal and nonverbal means of communication. Use reflective statements.
- Acknowledge what you are hearing, "I hear what's going on and I see the pain." Communicate that you take what she is saying seriously and that you are open to talking about suicide: "I want to talk to you about this."
- Do not tell the adolescent that you know exactly how she feels. Instead, state that you want to understand how she feels.
- Reframe suicide as an escape and a way to solve a problem.
- Express that you hear that she sees suicide as the only option. Then inform her that you believe she can be helped to find other ways to manage her difficulties.
- Always explain what you are doing – "My job is to figure out a way we can handle what you are experiencing and in order to, I need to understand where you are coming from. Together, our job is to figure out a way to deal with these feelings you are having." Or "I'm concerned about you and I'd like to help us get a better understanding about what's going on, so let's go talk to an expert."
- Let suicidal individual retain control. Let her know that you understand and hear what she is saying and would like sit with and help her come up with other ways of solving the problem leading her to this crisis state or find another way of dealing with the pain she is feeling.
- Most people who consider suicide experience ambivalence about it. As a clinician, it is important to listen to and speak to both sides of the ambivalence – convey that you understand there is a part of them that wants to live without downplaying that a part of them wants to escape.
- Be sure not to minimize the person's concerns. Acknowledge their feelings and concerns.
- Do not preach (e.g. that life is worth living) or try to convince the adolescent not to think about suicide.

- Avoid expressions of shock. Remain nonjudgmental.
- Do not presume that suicidal ideation and/or behaviors are a means of gaining attention.
- Do not discuss the ethics of suicide.
- Do not promise confidentiality.

Intervention. The clinician who is assessing a student for suicidality should seek supervision, support, and collaboration in both the assessment and intervention process (Lieberman & Davis, 2002). Once a suicide assessment has been completed and the clinician is concerned about the possibility of suicide, it is important to notify the adolescent's parents (Lieberman & Davis, 2002). If it is determined that suicidal ideation is not frequent or intense, that there is no plan or suicidal intent, and that the clinician feels confident that there is no potential for suicide, then it may be appropriate to keep this issue within the therapeutic relationship as long as adequate follow-up services in place (J. Kalafat, personal communication, October 2006). Decisions regarding risk determination, parent notification, and mental health services should always be discussed with a supervisor to determine the most appropriate course of action. However, when a child is deemed to be at risk for suicide, parents must be notified (Lieberman & Davis, 2002). When risk of harm is imminent (e.g., the student has expressed resolve to attempt suicide, unable to control impulse to harm herself), it is imperative that the clinician attain mental health services or transfer the adolescent to an acute screening center/mental health facility/emergency room, with parental involvement (J. Kalafat, personal communication, November 2004; Lieberman & Davis, 2002). According to Haugaard (2001), "hospitalization is an option if the adolescent's suicidal urges are strong or under little control, or if there is concern about the ability of others to monitor the adolescent closely" (p. 104). If an adolescent is determined to be at risk of suicide and

is in clear danger of hurting self, the student should not be left alone or allowed to leave (J. Kalafat, personal communication, November 2004; Lieberman & Davis, 2002). The clinician or another staff member should supervise the student until a parent assumes responsibility or the student is in the care of an emergency mental health practitioner (Lieberman & Davis, 2002). Haugaard (2001) also asserts that “if hospitalization is not necessary but threat of suicide is still significant, the clinician may provide more frequent clinical services and engage the adolescent and his family in process of ensuring his safety between services” (p. 104). The clinician should also speak to the adolescent’s parents about removal of means of suicide (e.g., firearms, pills, etc.) from the child’s environment (J. Kalafat, personal communication, November 2004; Lieberman & Davis, 2002). Even when an adolescent has denied having a suicide plan or intent, but has admitted to suicidal ideation it is important to create a plan for how to handle these thoughts and feelings, including follow-up services and a referral to a mental health provider (J. Kalafat, personal communication, October 2005). Counselors should remember that they are never alone in making suicidal assessments and decisions regarding intervention as supervisors are closely involved. Additionally, interventions are taking place within the school and once these concerns have been addressed with the Rutgers-Somerset Program supervisors, it is important to meet with the school guidance counselors, along with program supervisors, before any action is taken.

Haugaard (2002) has identified several short term interventions for suicidal adolescents:

- Help the adolescent identify reasons for living.
- Help the adolescent to expand her self-view to include positive internal characteristics.

- Attempt to inspire hope for a more positive future by looking beyond the immediate future.
- Identify some of the difficulties that the adolescent is struggling with. Address these concerns with the adolescent (e.g., problem solving, brainstorming) in a way that increases her sense of self-efficacy and decreases her sense of helplessness. Allow the adolescent to be in control while helping her to come up with other ways of solving their problems.
- Discuss times in the past when the adolescent has faced tough times and made it through. Identify strategies that were helpful at that time and may be applied to the adolescent's current difficulties.

Additionally, data suggests that adolescent females are likely to use crisis hotlines and thus, the provision of suicide hotline numbers to at-risk students could be a useful intervention tool (Goldston et al, 2006). According to Goldston et al. (2006):

Much suicidal behavior occurs in the context of crisis and hotlines provide the opportunity to call, ventilate, problem solve, and potentially diffuse the crisis situation. In addition, individuals who made attempts and who die by suicide have often expressed ambivalence about their suicidal acts. In this context, hotlines provide potential opportunity for highlighting this ambivalence and focusing on the reasons for not completing suicide. Moreover they offer the advantage of anonymity, allowing children who may not reach out to adults or services. (p. 365)

Suicide Postvention

Suicide is a powerful act that affects survivors deeply and creates a crisis within a school when the suicide victim is an adolescent (Underwood & Dunne-Maxim, 1997). Thus, intervention with staff, faculty, and students following a student suicide is absolutely necessary. As an outside practitioner working within a school, it is very important to obtain from the administration a copy of the policies and procedures for suicide postvention so as to be knowledgeable about how to proceed within the school should such a crisis occur (Underwood & Dunne-Maxim, 1997).

Interventions following a student suicide should provide support, control, and structure in order to “stabilize the situation until it can return to its precrisis state”

(Underwood & Dunne-Maxim, 1997, p. 6). Underwood and Dunne-Maxim (1997) further emphasize the importance of support, control, and structure particularly during crisis “when the uncontrollable nature of the crisis can make the students and faculty feel personally out of control as well” (p. 6). Ways of maintaining control include designating places and ways for getting help and providing trained counselors as well as familiar staff to help with the facilitation of expression of emotion in a controlled fashion (Underwood & Dunne-Maxim, 1997). To maintain structure, the school routine should proceed as usual (e.g., classes should run as they usually do, class schedules should continue as usual, students should not be dismissed from school early; Underwood & Dunne-Maxim, 1997).

According to Underwood and Dunne-Maxim (1997), maintenance of structure is important for the following reason:

By continuing to maintain structure to as great a degree as possible...you provide some degree of predictability when the crisis has confronted the entire school community with the fact that life itself can be unpredictable. The organized order of the school day provides a measure of support around which all other responses can then be organized. (p. 6)

Additionally, it is important to remember that students are not the only people in the school grieving. Underwood and Dunne-Maxim (1997) assert that students cannot be effectively helped unless the faculty is helped. Thus, the aforementioned guidelines apply to faculty and staff as well; students and faculty/staff should be provided with the opportunity to express their grief and feelings about the student suicide.

In addition to concerns regarding student grief and coping, when an adolescent commits suicide, it raises concern about suicide contagion within the school as levels of imitative behavior and suggestibility are high among adolescents (Lieberman & Davis,

2002; Miller et al., 2007). In an attempt to deter suicide contagion, school administration may want to ignore the suicide. However, Underwood and Dunne-Maxim (1997) warn: “Doing nothing can be as dangerous as doing too much” (p. 6). Thus, providing intervention is imperative and smaller group discussions regarding the death should be allowed. Additional guidelines for intervention focused on diminishing the likelihood of suicide contagion or imitation include:

- Do not glamorize or dramatize the suicide or vilify the student who committed suicide (Brock, 2002; Underwood & Dunne-Maxim, 1997).
- Dissuade permanent physical memorials (Brock, 2002).
- Provide intervention following a student suicide in “natural” environments (e.g., classrooms) and avoid school-wide activities (e.g. school assemblies) (Brock, 2002; Underwood & Dunne-Maxim, 1997)
- Do not make announcements regarding the suicide or postvention activities over the public address system. Allow teachers to provide information and lead discussions in their classrooms (Underwood & Dunne-Maxim, 1997).

It is extremely important that students who may be at risk for complicated grief and/or suicide, as well as those who may need additional help coping with the loss, be identified (Underwood & Dunne-Maxim, 1997). Faculty and staff should be asked to identify students they are concerned about. Students may be asked about classmates that seem to be having a difficult time with the loss (Underwood & Dunne-Maxim, 1997). Adults leading postvention efforts should pay special attention to students who do not attend school following the student suicide (J. Kalafat, personal communication, October 2005). It may also be helpful to walk through the deceased student’s class schedule to

become aware of students who may be affected by the loss. Underwood and Dunne-Maxim (1997) highlight the following individuals as at risk:

- Siblings/relatives of the adolescent who committed suicide
- Close friends of the student who committed suicide
- Friends of siblings of the adolescent who committed suicide
- Individuals who have recently suffered losses in their own lives
- Students already recognized as vulnerable or at risk (e.g., drug or alcohol use, emotional difficulties, previous attempts/ideation, those with few friends)
- Fixation on themes of death/suicide demonstrated in school work
- Any students who seeks help during this time

All children identified as at risk should meet with a trained counselor for a screening interview/assessment (Brock, 2002). “Drop-in counseling” services should also be established within the school for students struggling with the loss (Brock, 2002). Additionally, students who were “physically and/or emotionally proximal to the suicide” should be approached and met with separately (Brock, 2002, p. 560; Underwood & Dunne-Maxim, 1997). The best environment for addressing the needs of adolescents is a small group counseling session where students can gain support from others experiencing the loss (Brock, 2002). However, it is important to create groups based on proximity to the suicide and/or suicide victim, with similarly affected students placed together in a group (Brock, 2002).

Therapeutic response. Underwood and Dunne-Maxim (1997) provide the following guidelines for therapeutic interactions with students after a student suicide:

- Label feelings. Validate all feelings that students express. Address anger as it is an understandable emotion, but adolescents may be confused by it. Address

guilt and blame as it can interfere with the grief process. Emphasize that each person is responsible for his/her own life.

- Look out for signs of hopelessness, worthlessness, and be attentive to nonverbal communication as adolescents may not verbally communicate their distress.
- Listen to and follow up on students' worries about other peers.
- Do not express shock. Convey a nonjudgmental demeanor.
- Do not minimize, trivialize or disregard what a student expresses.
- You may share personal responses to or feelings about the loss, but do so in brief.
- You can let a student know that you care and are concerned by asking questions and listening intently. Do not talk down to the adolescent or offer condescending advice or expressions of concern.
- If a student's comments are leading you to feel angry or uncomfortable, be careful not to express your reactions to the student. Interact as little as possible while still providing support and refer the student to another crisis team member or mental health professional.

Guidelines for leading student groups. According to Brock (2002) and Underwood and Dunne-Maxim (1997), student groups afford adolescents the chance to express their feelings about the loss among others who are also suffering the loss, and have been associated with less distress among peer survivors. Goals for student groups include facilitation of social support, emotional support, grief, and acknowledgement of the effect of the loss (Brock, 2002; Underwood & Dunne-Maxim, 1997). Underwood and Dunne-Maxim (1997) also provide guidelines for those leading student groups following a student death:

- Continue to provide support, control, and structure within the groups. This can be accomplished by listening and validating student emotions and concerns, and explaining grief reactions and predicting what students may experience, including the fact that all individuals experience and react to grief differently. Group leaders should lead discussions, manage intense emotion in the group, use reflective and summarizing comments, and take control of discussions that veer away from the processing of the loss. However, it is very important that group leaders go where group members feel they need to. Group Leaders should also ask students to speak only for themselves
- Discourage discussions about specifics of the suicide and encourage discussions about their feelings related to the loss. Label what students are feeling. Assure them that however they feel is okay, normal, and acceptable (e.g., angry).

- Students will gravitate towards discussions about why the suicide occurred. While the group should be allowed time to focus on this, group leaders should help students to understand that there is no answer to this question and move them from this search for answers to disclosure of memories of the deceased and expressions of appreciation for his/her life.

Session example.

A student suicide occurred the week prior to today's group session. Group leaders had been to the school last week to provide crisis intervention services and lead groups for students affected by the loss. The student who committed suicide (HJ) was not a member of the group, but she was very good friends with four of the girls in our group. Today's group meeting was the first since the suicide. Group focused on processing the events and how the school has been different since they returned. The girls were open in expressing their feelings about their friend's death, the things that had been hard for them this week (e.g., passing HJ's locker), their frustration and anger with their friend, as well as with the students in the school for the way they treated their friend both before and after the suicide.

Following group, the counselors went to lunch with Cecilia, Gina, and Darcy. The girls were nervous about lunch because it was the first time they would be at the lunch table without their friend. The seat that HJ used to seat in was left open; the girl's acknowledged that she was missing. While there were moments of sadness, the girls were able to laugh and engage in light hearted conversation.

After lunch, the four girls who were friends with HJ came to the guidance office and worked on a letter to DL that the school psychologist asked them to write. The letters were to be put in a notebook that would be given to HJ's mother. Gina and Cecilia were able to work on the letter; however, Darcy and Stephanie were unable to complete their letters. Darcy in particular was very giggly and this task was obviously uncomfortable for her. When the period was over, Gina and Stephanie remained behind. Stephanie expressed her worry about Gina to the counselors, and when redirected, to Gina herself. A discussion about death, what happens after death, and the religious and spiritual aspects of death ensued. After Stephanie left, a suicide assessment was conducted with Gina. While it was determined that Gina was not at immediate risk or in immediate harm, group leaders continued to meet with and conduct suicide assessments weekly.

Self-Injury

There has been a significant increase in self-injurious behaviors during adolescence and thus, it is likely that clinicians working with adolescents will encounter self-injury in their practice and must be prepared to effectively respond and intervene (Walsh, 2006).

Self-injury has been defined as deliberate, direct bodily harm of low-lethality inflicted

upon the self to reduce psychological distress (Gratz, 2003; Walsh, 2006). Walsh (2006) further defines self-injury as having “a socially unacceptable nature” (p. 4). Individuals use many varied methods to inflict injury on themselves, including cutting/scratching/carving, excoriation of wounds, self-hitting, self-burning, self-biting, head banging, ingestion of toxic substances, hair pulling, cutting off circulation, inserting objects, and self inflicted tattoos or piercing (D’Onofrio, 2007; Walsh, 2006).

Self-injury may serve several functions. The primary function highlighted in research is regulation of internal tension and affective states (D’Onofrio, 2007; Walsh, 2006). This may take one of the following forms: (1) to experience relief or escape from too much or unwanted emotion, (2) to experience relief from the absence of emotion or generate a desired internal state, or (3) to manage states of dissociation (D’Onofrio, 2007; Gratz, 2003; Nock & Prinstein, 2005; Walsh, 2006). Additional functions include exerting control over past trauma, self-punishment, communication of pain, or to remove an interpersonal task demand (D’Onofrio, 2007; Nock & Prinstein, 2005). Generally, adolescents who self-injure have difficulty regulating emotion and adequately communicating their experience of suffering and thus, use their body as a means of expression of their internal experience (Campbell, 2008). Episodes of self-injury are often preceded by instances of actual or perceived loss, including rejection or abandonment, in which there is unbearable emotion that the individual is unable to verbalize or communicate (D’Onofrio, 2007). Derouin & Bravender (2004) suggest that self-injurious behavior has an addicting quality due to the experience of relief and calm experienced after the act, contributing to the frequent, chronic nature of self-injury. These

adolescents typically feel shame for their actions and will hide their self-injurious behavior and the evidence of this behavior (e.g., scars) at any cost (Campbell, 2008).

Responses to Discovery of Self-Injury

D'Onofrio (2007) and Walsh (2006) have set forth extensive guidelines regarding the initial therapeutic responses to self-injury. Self-injurious behaviors evoke intense emotional reactions, including fear, concern, shock, confusion, frustration, and disgust, in both caregivers and professionals. Common responses include provision of extreme levels of support and sympathy, hysterical emotional reactions, ridicule, avoidance, blame, and criticism (Walsh, 2006). Further, some view self-injurious behaviors as manipulative, attention seeking, and uncontrollable, leading to negative judgments and likely precluding helpful therapeutic interactions (D'Onofrio, 2007; Walsh, 2006). As professionals, it is important to monitor our own emotional reactions so that they do not interfere with our ability to help those in desperate need of intervention. According to Walsh (2006):

The early clinical responses to self-injury set the stage for the remainder of assessment and treatment. Skillful management at the outset can gain the confidence of the client, comfort family members in a time of intense stress, and correctly delineate the unique features of self-injury. Conversely, mishandling the initial responses to self-injury can have long-term negative repercussions. (p. 71)

The use of language and one's interpersonal demeanor are two of the most important features distinguishing helpful from unhelpful responses (D'Onofrio, 2007; Walsh, 2006). As aforementioned, visceral emotional reactions to self-injury often lead to a variety of unhelpful responses. According to Walsh (2006), excessive positive emotional reactions such as concern and support can provide secondary reinforcement for the self-injurious behavior. Extremely emotional or hysterical reactions are not helpful

and may cause the self-injurer to withdraw and withhold information about self-injury in the future (Walsh, 2006). Reactions of shock, repulsion, withdrawal, and avoidance are especially damaging as it is often perceived by the self-injurer as rejection or abandonment, experiences that often result in self-injury (Walsh, 2006). Thus, it is very important to use a calm, unemotional demeanor, conveying compassion and a lack of judgment (D'Onofrio, 2007; Walsh, 2006). Additionally, Walsh (2006) describes the importance of conveying to the self-injurer an "attitude of wanting to know more about the problem rather than wanting the problem to go away quickly" (p. 77). First line responders should avoid telling the self-injurer that her behavior must stop and instead should listen and communicate interest, hope, and a desire to understand (D'Onofrio, 2007). It is very helpful to adopt a collaborative manner of interacting with the self-injurer, including her in the planning in order to provide a sense of control (D'Onofrio, 2007). Walsh (2006) also stresses the importance of language, specifically urging that practitioners avoid suicide terminology and labeling self-injurious behavior as a suicidal gesture or attempt as "self-injury is distinct from suicide" and labeling it as suicide "creates a needless misdirection, fosters confusion, and runs the risk of excessive stigmatization" (p. 72).

Assessment

If the clinician discovers self-injury immediately after the act has occurred, it should be determined if the self-injurer is in immediate danger or in need of medical attention (D'Onofrio, 2007). A suicide assessment should also be conducted and if the behavior is determined to be suicidal, immediate, emergency actions should be taken

(Walsh, 2006). According to Walsh (2006), suicide and self-injury differ along the following dimensions:

- With suicide, the intent is to escape psychological/emotional pain permanently. With self-injury the intent is to experience respite from unpleasant emotions.
- Those who attempt suicide typically use lethal methods whereas those who self-injure typically use non-lethal methods.
- While some overdose many times, suicide attempts are rarely chronic and repetitive. Self-injury is usually characterized by a chronic, frequent pattern.
- Those who attempt suicide usually use one method, whereas those who self-injure usually use more than one method.
- The pain experienced by those who attempt suicide is “unendurable” and “persistent” (p. 6). The pain typically experienced by those who self-injure is “uncomfortable” and “intermittent” (p. 6).
- Those who attempt suicide experience extreme restriction in thinking, viewing suicide as the only option, and are seeking a permanent solution. Those who self-injure experience limited restriction in their thinking and believe they have options beyond self-injury. Their thought is more often characterized by disorganization, and they are seeking a temporary reduction in distress.
- Feelings of helplessness and hopelessness are core feelings in those who attempt suicide. Those who self-injure experience times of hopefulness and feel some control (i.e., thru self-injury) over their emotions. Because self-injury works to reduce emotion, they do not see their future as characterized by unavoidable pain.

- Following a suicide attempt, the person does not experience immediate improvement or relief. Following an act of self-injury, the person experiences improvement and relief.
- The central problem for those who attempt suicide is usually sadness and anger about the pain they are experiencing. The central problems for those who self injure include body alienation, poor body image, and/or intense stress and inadequate self-soothing skills.

Counselors should obtain immediate supervision in the assessment of and intervention in self-injury. Additionally, as aforementioned, interventions are taking place within the school and once these concerns have been addressed with the Rutgers-Somerset Program supervisors, it is important to meet with the school guidance counselors, along with program supervisors, before any action is taken.

If considered to be self-injurious behavior, the clinician should contact the adolescent's parent to disclose discovery of self-harm and provide education about this behavior, specifically highlighting the difference between self-injurious and suicidal behavior (Walsh, 2006). The clinician should conduct a thorough assessment including assessment of behavioral (i.e., methods, extent, severity, and frequency of behaviors, events occurring before self-injury, reactions and effects of injury, events leading to behavior, awareness of triggers of behavior), emotional/affective (e.g., feelings before, during, and after self injury, awareness of feelings leading to self-injury, dissociation surrounding behavior), cognitive (e.g., thoughts leading to self-injury, thoughts following behavior, beliefs about personal resources and coping abilities), and environmental factors (e.g., social and familial relationships, family context, social supports, history of

abuse and neglect, reinforcers of self-injurious behavior, and the impact of such behaviors; Campbell, 2008; D'Onofrio, 2007).

In schools, the role of a clinician is to educate others about self-injurious behavior, provide referrals and coordinate care, and follow up on referrals as well as with parent and child adjustment to discovery of self-harm (D'Onofrio, 2007; Walsh, 2006). With parental permission, the clinician should contact the referral source to discuss the reason for referral as well as important information gathered during the assessment. The clinician can help the adolescent to identify other options to cope with distress until outside therapeutic services are obtained (D'Onofrio, 2007). Additionally, in collaboration with the adolescent's outside therapy provider, the clinician can help to identify others in the school to assist the student when experiencing distress during the school day as well as create a plan to manage urges to self-harm throughout the day.

Intervention and treatment

Adolescents who self-injure need help with emotional regulation, problem solving, and development of adaptive coping responses and methods of self-soothing (Campbell, 2008; Derouin & Bravender, 2004). Additional treatment foci include the role of body image, stabilization of interpersonal relationships and increasing connectedness to family and social environment, improving communication skills and ability to express needs, decreasing environmental stress, and identification and replacement of automatic thoughts and intermediate and core beliefs maintaining self-injurious (Campbell, 2008; Derouin & Bravender, 2004; Walsh, 2006). Replacement skills training, including identification of triggers of self-injurious behavior, has been identified as an important part of treatment (Walsh, 2006). According to Walsh (2006), replacement skills include

mindful breathing, visualization, physical exercise, writing, art, music, communication with others, diversion techniques, and negative replacement behaviors where self-injurious behaviors are replaced with less harmful behaviors (e.g., snapping a rubber band, applying ice). Additionally, as trauma is highly correlated with self-injury, those with an identified trauma history should be referred for trauma-focused treatment as childhood trauma must be resolved (D'Onofrio, 2007; Campbell, 2008).

CHAPTER XII

SUPERVISION

Supervision is a vital component of the Rutgers-Somerset Counseling Program. Supervision occurs in a group format and includes the Program Director/Licensed Psychologist and graduate student counselors from all three groups (i.e., two girls' groups and one boys' group). According to Boyd-Franklin and Bry (2001), it is important to assess group leaders' strengths and weaknesses at the start in order to provide training as needed. The first two months of these meetings focus on counselor training and orientation to the program and school. Trainings and consultation continue to occur throughout the year as needed. Important trainings that occur during these preliminary months include suicide assessment, motivational interviewing, and conflict resolution.

Once group interviews, selection, and sessions begin, supervision takes the form of didactic case/session presentation. Group leaders attend all three hours of supervision, listening to other counselors present their group sessions. This allows counselors to learn from another group's process. Supervision consists of discussions regarding the issues raised in the groups and brainstorming about effective ways to handle the issues in group, including methods of group management. Additionally, leaders examine the process of facilitating groups and evaluate their own countertransference as it arises. According to Calhoun et al. (2005), it is important to "continually share the voices of the group members" in supervision sessions "in order to ensure the methods and materials of the

GIRLS groups are adequately meeting the therapeutic needs of the group members” (p. 23). The contribution of members of the supervision team holds group leaders accountable, ensuring that leaders keep program goals in mind and find a balance between evidence based interventions, the therapeutic needs of the group, and promotion of group cohesion.

Body-Franklin and Bry (2001) assert that, if possible, more experienced team members should be paired up with new therapists to “project support, modeling, training, and peer supervision” (p. 204). The Rutgers-Somerset Counseling Program strongly adheres to this guideline. Supervision is conceived of as hierarchical with advanced students serving as peer supervisors and inexperienced group facilitators paired up with more experienced group leaders. Advanced student peer supervisors play a role in training, discussing their prior experiences leading groups as well as their experiences within the school environment. A leadership pair meets prior to the start of group sessions to discuss individual strengths and weaknesses, worries and concerns, and hopes for the group. Additionally, the less experienced leader discusses her personal goals as a training therapist and what she would like from the more experienced group leader. Peer supervisors in a leadership pair provide guidance throughout the life of the group. Group leaders meet prior to each group session for the purposes of group preparation. Leaders also meet following each group session to process the events occurring in the group and gain peer supervision as needed. This is especially important following emotional charged sessions, sessions in which crises occurred, or sessions that evoke countertransference for leaders.

As discussed in Chapter VIII, there are two types of individual counseling sessions that occur. Ad hoc individual sessions that occur for the purposes of monitoring, exploration, or crisis intervention are discussed with the program supervisor during group supervision sessions. Group leaders who are involved in the provision of ongoing individual counseling receive separate individual supervision sessions. Individual supervision is often provided by the director of the program. However, in some instances, supervision is provided by other licensed clinical psychologists affiliated with Rutgers University. This occurs when there are a large amount of kids receiving individual counseling or if a child requires more specialized services. For example, a clinician providing individual counseling to a child with substance use issues would be paired with a supervisor with specialty training in this area.

An important role in the organization of the program and collaboration with the school is that of program coordinator/school liaison, which is preferably held by an advanced student member. In addition to liaison responsibilities (e.g., communication with school) outlined in Chapter IV, the program coordinator maintains group files, ensures that session notes are completed, and helps to organize and schedule trainings.

CHAPTER XIII

DISCUSSION

The violence prevention group component of the Rutgers-Somerset Counseling Program was established in response to surges in violence and the rising incidence of aggression among female students in the community. Although there is extensive literature on involvement in and prevention of aggressive and violent behavior among youth, little consideration has been given to this subject among girls. Statistics (Amodei & Scott, 2002; Garbarino, 2006; Kazdin, 2003; Maccoby, 2004; Moretti et al. 2004; National Center for Injury Prevention and Control, 2003; Rodney et al., 2005) reveal the growing prevalence and severity of violence among girls, indicating the importance of and need for attention and resources dedicated to understanding this phenomenon among females. In response to community need, training needs within the Rutgers-Somerset Counseling Project, and the paucity of literature and training programs dedicated to females, a manual was developed to address the unique training needs of the graduate student counselors who facilitate prevention groups for girls as part of the program. This manual provides a sense of structure, helps to support and maintain prevention focus, imparts fundamental information, and facilitates consistency of implementation.

Research highlights well-implemented, cognitive-behavioral programs targeting at risk youngsters as particularly effective in preventing aggressive behavior (Losel & Beelmann, 2003). Other areas underscored throughout the literature as elements of

effective prevention programs include: learning about violence and its consequences, building empathy, anger management, stress reduction, problem solving, conflict resolution, discussions on consequences of personal choices, and confronting bias and stereotypes. It has been documented that girls behave aggressively because they have deficits in the basic skills needed to relate to others, initiate and maintain relationships, and manage emotions, (Underwood & Coie, 2004) and so, the above mentioned program components that have already been tested through previous efforts would be appropriate for girls. However, as girls progress through school, it seems likely that physical aggression will be preceded by relational aggression (Chesney-Lind & Belknap, 2004; Underwood & Coie, 2004). This manual transcends previous violence prevention programs by focusing on relational aggression as well as physical aggression. This manual also goes beyond interventions focused solely on the aforementioned skills building by combining the use of empirically supported strategies with intervention components (e.g., questions, activities, session examples) that are gender specific, applicable to their lives as females, and created specifically for the girls at this school with the information gathered during the interview and assessment phase. Additionally, when working with youth at-risk for violence, it is likely that group members are engaging in other types of risky behaviors (e.g., unprotected sex, substance use, etc.) and that these problem behaviors will present themselves throughout the life of the group. This manual differs from others in the violence prevention field in that it includes information regarding these other common problem behaviors and details crisis assessment and management strategies. Further, unlike other manuals, this manual

contains in depth descriptions of the challenges inherent in group work and management strategies that could be employed when such issues present themselves.

As aforementioned, although these are violence prevention groups, aggression is not the sole focus of the groups, as there are concerns in other areas of the girls' lives. There is no one cause of aggressive behavior, nor is there one treatment or intervention strategy that works for each adolescent. There is no one, objective, external reality in the world of female aggression. Thus, although many manuals are intended to be used flexibly, clinicians must remain aware of and sensitive to the dangers of inflexible application of manuals without consideration of and adaptation to the client's personal characteristics and environmental context. The manual created in this dissertation differs from other manuals in that sessions are not arranged in a first, next, last, format whereby word by word instructions and specific activities are provided for the clinician to follow. This manual does not provide a curriculum with a finite number of sessions and a specified number of sessions allotted for each topic. This manual provides clinicians with the flexibility and opportunity to create their own curriculum guided by empirically supported strategies in violence prevention, a pragmatic examination of the familial, economic, societal, political, and cultural ecology surrounding the school, and consideration of the issues group members are facing, thereby allowing interventions to be tailored to the students' experiences. What group members bring in to treatment is not ignored or discounted in the service of sticking to the manual nor are empirically supported prevention and intervention strategies disregarded or eliminated from the program's curriculum for fear of group member resistance. This manual provides clinicians with a new way of working with their clients, allowing them to find a middle

ground between the structure of implementation manuals (and the inflexibility in which some, especially novice clinicians, may implement a manualized curriculum) and process oriented groups that lack the structure needed for our adolescent population.

Implications for Future Program Development

According to Amodei and Scott (2002), the school environment can serve as a risk factor for aggression. For example, when schools have inflexible rules and a zero-tolerance policy, aggression is more likely to occur. Further, adolescents who feel less connected to their school and who do not perceive themselves to be fairly treated experience a lower sense of well-being and are at greater risk for aggressive behavior. Rodney et al. (2005) state, “The difference between those schools that experience low levels of violent behaviors and those with high levels is the presence of a positive social climate that fosters nurturing and feelings of inclusiveness” (p. 441). These conditions, including a zero-tolerance policy, disconnection from school, and perceptions of unfair treatment, definitely exist within many schools and cultivate a negative social climate. Although the proposed program encourages discussions with students about the culture of violence within the school, it does not address these factors at the larger systemic level. Thus, even though the adolescents are learning new skills that would help to decrease aggression within the school, they are in an environment that does not support or allow for such behavior change. To address this, one suggestion is to implement a universal prevention program within the school to assist in the integration of the program principles into school codes of conduct. Further, consultants, including organizational experts and clinical or school psychologists, could meet with the principal and administration to discuss this issue and best-practices in school discipline.

Another area of future program development lies in the community/ecological integration of the group component of the prevention program. While clinicians involved in the individual and family counseling components of the prevention program reach out into the community and use home-based interventions, the group component of the program exists mainly within the confines of the school. Many other risk factors exist outside of the individual student and school environment. According to Dahlberg and Potter (2001), “designing programs to address risk, particularly multiple risk factors, involves designing comprehensive preventive programs... that influence not only individual, cognitive, social, or behavioral factors, but also the systems that potentially shape cognitions, beliefs, development, and behavior” (p. 11). Thus, the group component of the program would benefit from exploring and integrating ecological factors and members of the community into the implementation the program. For example, one way to address this would be to include an after-school parent program to address issues of aggression and violence within the school and community, make parents aware of what their children are learning in the school-based program, teach them skills to deal with their children’s aggressive behaviors, and reinforce what is being taught in the program. Another way to address this would be to involve community service personnel and community members, such as police officers, former gang members, and former group members, in the program by incorporating a special discussion led by these members into the curriculum.

Although great effort was made to include session outlines focused on problem behaviors and additional important topics beyond those essential to violence prevention, this manual still remains somewhat limited in its focus. There are numerous other

problem behaviors and/or important topics that could and should be included, but were excluded due to time restrictions and the writer's own constraints. Care was taken to ensure that the topics most likely to arise in group sessions were included. Other important topic areas not contained in this manual include substance use, academic study skills, and family conflict. Should these topics arise throughout the course of the group, group leaders should not ignore or dismiss such matters as unimportant, but rather should be sure to research these areas, create their own session outline based on these issues, and include these sessions within the curriculum at an appropriate juncture. Should this manual be updated, the aforementioned additional session topic outlines should be included.

Future program development may also include the creation of two additional manuals. First, as the training manual in this dissertation has prevention groups for adolescent girls as its focus, a training manual for work with the adolescent boys' group should be developed. Program directors should also consider the development of an implementation manual. The development of an implementation manual would allow for more standardization across groups and program effectiveness evaluations. Should such a manual be developed, care must taken to consider and make room for the unique approach taken by the Rutgers-Somerset Program (as described in Chapter V) and clinicians must be adequately trained in the delivery of the manualized treatment.

Implications for future research

Measurement of problems before and after an intervention is implemented is necessary in order to improve outcomes for youth; knowing what is effective and what is not helps to guide what strategies are employed in working with at risk adolescents.

Without a standard curriculum to follow in the execution of prevention groups, it would be impossible to isolate effective strategies, and without pre- and post-assessment data, effectiveness can only be based on perceptions. However, there is concern that the flexibility inherent in this manual may interfere with the validity of the treatment. Thus, it is important to conduct process evaluations since they serve as feedback mechanisms allowing for the continual improvement of the manual and the prevention program. Several mechanisms are already in place in the Rutgers-Somerset Counseling Program to guarantee the integrity of this program. A weekly supervision meeting with the psychologists who designed this program focused on events that transpired during group sessions, implementation issues, and guidance on how to deal with the issues that come up in each group is one avenue of feedback. Although this program requires flexibility on the part of group leaders, this supervision time would also ensure that the group leaders are implementing all components of the program in a way that would not vary drastically from group to group. Additionally, advanced graduate student group leaders who are more familiar with the program and skilled in its delivery will help to train new leaders in the use of the manual and implementation of the program. Further, during these weekly meetings, the program manual and components should be reviewed and evaluated by all users and changes should be made to ensure that they are comprehensible and easy to use.

It is also important to assess for whether or not the curricula created leads to changes in the areas targeted by the program (e.g., aggression) as well as in other areas of functioning (e.g., academic performance). Outcome evaluations should be completed to assess for the immediate program effects on the participants. Post-treatment measures should be compared to pre-test measures to assess whether or not gains were made. For

seventh graders in the program, follow-up evaluations should be completed to assess for longer term effects. To determine if skill gains that were revealed during the outcome evaluations were sustained, evaluation measures should be administered during a six and twelve month follow-up assessment. Levels of aggression could be evaluated via self-report, peer-ratings, and guidance counselor and teacher-ratings as well as through assessments of disciplinary action within the school, which could be measured through collection of data related to reported violations of school disciplinary codes involving violence and aggression and the number of in-school and out-of-school suspensions. Additionally, increased use of problem solving, conflict resolution, and anger management skills as well as prosocial behavior could be measured via self-, peer-, and teacher-report on measures that assess for those particular skills. Further, future researchers may consider the use of a comparison group (e.g., other students in the school who are not receiving the intervention) that would also receive the aforementioned evaluations. The outcome evaluation measures for the intervention group should then be compared to the comparison group, allowing for the consideration of the question: What may happen if students did not receive the intervention?

There is also concern that the flexibility inherent in this manual may interfere with future research on treatment outcome. Future researchers will need to take this flexibility into account as although each curriculum will contain core components, each will also vary in types of activities used, questions and areas focused on within a topic, and specific topics addressed during group sessions.

Implications for Training

This manual should be used as a tool to facilitate the training of group leaders both in preparation for the initiation of group sessions and throughout the duration of the group's life. The training of group leaders in the Rutgers-Somerset Program begins approximately two months prior to the initiation of groups. During this time, use of the manual can help to provide a sense of structure and organization within the training period, highlight and outline important points that will be taught during training, and provide a source for later review of material discussed during training sessions. Prior to the start of group sessions the following order of training topics is recommended:

- (1) Impart fundamental background information including the topics of aggression, aggression among the female adolescent population, violence prevention and intervention, and the developmental stage of adolescence.
- (2) Describe the Rutgers-Somerset Counseling Program, including the history and philosophy of the program, the targeted population of the selective prevention component of the program, and the goals and desired outcomes of the prevention groups, and Franklin Middle School, including the structure of the school, issues associated with school-based services run by outside organizations, and how the Rutgers-Somerset Program functions within the school.
- (3) Provide an overview of group life, including group dynamics and theory, typical issues and concerns that arise during groups and with group members, issues of cultural diversity and cultural competence, working with a co-facilitator, and

general techniques associated with running groups (e.g., motivational interviewing, techniques to increase group cohesion).

- (4) Outline the process of group selection, interviewing students for the groups, and decisions regarding group composition.
- (5) Conduct a suicide assessment training. Review sections on child maltreatment and self-injury.
- (6) Provide a detailed outline of the first few group sessions and a general summary of group life from the initial session to the completion session. Describe the areas highlighted in the literature as effective components of violence prevention programs (e.g., anger management, stress reduction techniques).
- (7) Briefly review the challenges inherent in group work and counselor management strategies that could be employed when such issues present themselves.

Once group sessions begin, the manual can continue to be used for training purposes.

During this time, the sections on group session topics and group management strategies will be especially important. Additionally, crisis intervention sections may be utilized at any point throughout the duration of the group. Finally, upon completion of the group, the manual can again be used for training related to issues of completion.

Throughout training, group leaders should be reminded of the goal of empowerment and the commitment to strengths-based work. It takes time and experience to be able to recognize and speak to an adolescent's strengths during times of defiance, disrespect, and chaos. Also, while some adolescents will openly speak about their strengths, others may find this to be a difficult task, either for reasons of modesty, cultural norms, or deflated

self-esteem or self-worth. Time must be spent helping student clinicians to use a strengths-based approach, especially in the aforementioned circumstances. Before initiating work with the adolescents, it may be helpful for group leaders to discuss what they determine their own strengths as a group facilitator to be and to share these with their supervisor, co-facilitator, and/or training group. Additionally, once groups have been formed, each set of group leaders should meet to discuss what they see each member's strengths to be and how these strengths could be brought out and utilized in the group.

According to Moras (1993), the goals of training are to convey theoretical underpinnings and models of change in order to provide a conceptual understanding of treatment, teach specific skills (i.e., interventions) as well as general skills (i.e., how to build rapport), alert student clinicians to the possibility of harmful effects of interventions, and educate about the importance of and methods to evaluate treatment efficacy. Further, Moras (1993) asserts that additional goals of training include developing "a trainee's ability to provide therapeutically useful services as quickly as possible" and to "offset a trainee's anxiety in the therapeutic role as quickly as possible by potentiating a realistic sense of confidence in his/her ability to provide therapeutically useful services" (p. 582). This training manual includes information addressing these goals; however, those responsible for training student clinicians should look for ways to emphasize these objectives and provide experiential training experiences when using the manual in order to enhance learning.

Summary

It is hoped that this training manual will not only provide a structured resource for graduate student clinicians, but also facilitate training by serving as a training “hub” where supervisors and group leaders can meet under a shared prevention framework, teaching and learning can occur, and collaboration based on the context (i.e., environmental influences) surrounding the group can follow. It is also hoped that this training package will contribute to the intervention literature on violence prevention among girls and encourage others to continue to research this phenomenon among the adolescent female population. This is necessary in order to expand our empirical knowledge base about this public health problem and improve prevention services for our youth. Most importantly, it is hoped that this multi-faceted program will transform the culture of the school, providing adolescents with an environment for learning beyond academic subjects, improving relationships between children and school staff, and most importantly, decreasing aggression and violence among the school’s youth.

A perfect way to end is with a statement about the future. According to Artz (2004):

If we move away from deficit based models that construct girls who use violence as morally delayed and perhaps not even “properly female” given the absence in their discourse of the voice of care, we can move towards models that take into account girls’ lived experiences, their meaning making processes grounded in the hidden curriculum that informs their self-other representations, and help them to use their interpretive capacities as a basis for change. (p. 111-112)

REFERENCES

- American Psychological Association. (n.d.). *Fight for your rights: Take a stand against violence*. [Brochure]. Washington, DC: Author.
- Abner, J. L., Jones, S. M., Brown, J. M., Chaudry, N., & Samples, F. (1998). Resolving conflict creatively: Evaluating the developmental effects of a school-based violence Prevention program in neighborhood and classroom context. *Development and Psychopathology*, 10(2), 187–213.
- Abraham, P. P., Lepisto, B. L., & Schultz, L. (1995). Adolescents' perceptions of process and specialty group therapy. *Psychotherapy*, 32, 70-76.
- Amodei, N., & Scott, A. A. (2002). Psychologists' contribution to the prevention of youth violence. *The Social Science Journal*, 39, 511-526.
- Anderson, E. (2003). Feminist epistemology and the philosophy of science. *Stanford encyclopedia of philosophy*. Retrieved on April 9, 2006 from <http://plato.stanford.edu/entries/feminism-epistemology/>
- Arkowitz, H., & Miller, W. R., (2008). Learning, applying, and extending motivational interviewing. In H. Arkowitz, H. A. Westra, W. R. Miller, & S. Rollnick (Eds.), *Motivational interviewing in the treatment of psychological problems*, (1-25). New York: The Guilford Press.
- Artz, S. (2004). Revisiting the moral domain: Using social interdependence theory to understand adolescent girls' perspectives on the use of violence. In M. M. Moretti, C. L. Odgers, & M. A. Jackson (Eds.), *Girls and aggression: Contributing factors and intervention principles*, (p. 101-113). New York: Kluwer Academic/Plenum Publishers.
- Bean, R. A., Perry, B. J., & Bedell, T. M. (2001). Developing culturally competent marriage and family therapists: Guidelines for working with Hispanic families. *Journal of Marital & Family Therapy*, 27(1), 43-54.
- Behnke, S. (2004). Disclosures of confidential information under the new APA Ethics Code: A process for deciding when, and how. *Monitor of Psychology*, 35(8), 78-81.
- Behnke, S., & Warner, E. (2002). Confidentiality in the treatment of adolescents. *Monitor on Psychology*, 33(3), Retrieved on January 17, 2009 from www.apa.org/monitor/mar02/confidentiality.html
- Bennet, D. S., & Gibbons, T. A. (2000). Efficacy of child cognitive behavioral interventions for antisocial behavior: A meta-analysis. *Child & Family Behavior Therapy*, 22, 1-15.

- Berkovitz, I. H. (2001). Discussion: Group intervention in schools around violence. *Journal of Child and Adolescent Group Therapy, 11*(2/3), 109-111.
- Black, L., & Jackson, V. (2005). Families of African origin. In M. McGoldrick, J. Giorda & N. Garcia-Preto (Eds.), *Ethnicity & Family Therapy* (3rd ed., pp. 77-86). New York: The Guilford Press.
- Boyd-Franklin, N. (1989). *Black families in therapy: A multisystems approach*. New York: The Guilford Press.
- Boyd-Franklin, N., & Bry, B. H. (2000). *Reaching out in family therapy: Home-based, school, and community interventions*. New York: The Guilford Press.
- Brock, S. E. (2002). School suicide postvention. In S. E. Brock, P. J. Lazarus, & S. R. Jimerson (Eds.), *Best practices in school crisis prevention and intervention* (pp. 553-576). Bethesda, Maryland: NASP Publications.
- Brown, L. M. (2003). *Girlfighting: Betrayal and rejection among girls*. New York: New York University Press.
- Calhoun, G. B., Bartolomucci, C. L., & McLean, B. A. (2005). Building connections: Relational group work with female adolescent offenders. *Women & Therapy, 28*(2), 17-29.
- Campbell, A. (1994). *Men, women, and aggression*. New York: Basic Books.
- Campbell, P. A. (2008). Evaluating teen self-injury: Comorbidities and suicide risk. *Current Psychiatry, 7*(2), 69-76.
- Campbell, S. B., Shaw, D. S., & Gilliom, M. (2000). Early externalizing behavior problems: Toddlers and preschoolers at risk for later maladjustment. *Development and Psychopathology, 12*, 476-488.
- Canino, I. A., & Spurllock, J. (2000). *Culturally diverse children and adolescents: Assessment, diagnosis, and treatment* (2nd ed.). New York: The Guilford Press.
- Cash, T. F., & Strachan, M. D. (2002). Cognitive-behavioral approaches to changing body image. In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 478-486). New York: The Guilford Press.
- Carrell, S. (1993). *Group exercises for adolescents: A manual for therapists*. Newbury Park, CA: Sage Publications, Inc.
- Chesler, P. (2001). *Woman's inhumanity to woman*. New York: Thunder's Mouth Press/Nation Books.

- Chesney-Lind, M., & Belknap, J. (2004). Trends in delinquent girls' aggression and violent behavior: A review of the evidence. In M. Putallaz & K. L. Bierman (Eds.), *Aggression, antisocial behavior, and violence among girls*, (p. 203-220). New York: The Guilford Press.
- Conway, A. M. (2005). Girls, aggression, and emotion regulation. *American Journal of Orthopsychiatry*, 75(2), 334-339.
- Crick, N. R., Ostrov, J. M., Appleyard, K., Jansen, E. A., & Casas, J. F. (2004). Relational aggression in early childhood: "You can't come to my birthday party unless..." In M. Putallaz & K. L. Bierman (Eds.), *Aggression, antisocial behavior, and violence among girls*, (p. 71-89). New York: The Guilford Press.
- D' Onofrio, A.A. (2007). *Adolescent self-injury: A comprehensive guide for counselors and health care professionals*. New York: Springer Publishing Company.
- Dahlberg, L. L., & Potter, L. B. (2001). Youth violence: Developmental pathways and prevention challenges. *American Journal of Preventive Medicine*, 20, 3-14.
- DeCarlo, A., & Hockman, E. (2003). RAP therapy: A group work intervention method for urban adolescents. *Social Work with Groups*, 26(3), 45-59.
- Derouin, A., & Bravender, T. (2004). Living on the edge: The current phenomenon of self- in adolescents. *The American Journal of Maternal Child Nursing*, 29, 12-19.
- Dies, K. G. (2000). Adolescent development and a model of group psychotherapy: Effective leadership in the new millennium. *Journal of Child and Adolescent Group Therapy*, 10(2), 97-111.
- Dodge, K. A., Lochman, J. E., Harnish, J. D., Bates, J. E., & Pettit, G. S. (1997). Reactive and proactive aggression in school children and psychiatrically impaired chronically assaultive youth. *Journal of Abnormal Psychology*, 106, 37-51.
- Dodge, K. A., Lansford, J. E., Salzer Burks, V., Bates, J. E., Pettit, G. S., Fontaine, R., & Price, J. M. (2003). Peer rejection and social information-processing factors in the development of aggressive behavior problems in children. *Child Development*, 74(2), 374-393.
- Dumka, L. E., Mauricio, A., & Gonzales, N. A. (2007). Research partnerships with schools to implement prevention programs for Mexican origin families. *Journal of Primary Prevention*, 28, 403-420.
- Eggert, L. L. (1994). *Anger management for youth: Stemming aggression and violence*. Bloomington, IN: National Education Service.

- Farrel, A. D., Meyer, A. L., Sullivan, T. N., & Kung, E. M. (2003). Evaluation of the Responding in Peaceful and Positive Ways (RIPP) seventh grade violence prevention curriculum. *Journal of Child and Family Studies*, 12, 101-120.
- Farrington, D. P. (2005). Childhood origins of antisocial behavior. *Clinical Psychology and Psychotherapy*, 12, 177-190.
- Fisher, C. (2003). *Decoding the ethics code: A practical guide for psychologists*. Thousand Oaks, CA: Sage Publications, Inc.
- Fishman, D. B. (1999). *The case for pragmatic psychology*. New York: New York University Press.
- Frick, P. J. (2001). Effective interventions for children and adolescents with conduct disorder. *Canadian Journal of Psychiatry*, 46, 597-608.
- Galinsky, M., Terzian, M., & Fraser, M. (2006). The art of group work practice with manualized curricula. *Social Work with Groups*, 29(1), 11-26.
- Garbarino, J. (2006). *See Jane hit: Why girls are growing more violent and what we can do about it*. New York: The Penguin Press.
- Garcia-Preto, N. (2005). Latino families: An overview. In M. McGoldrick, J. Giordano, & N. Garcia-Preto (Eds.). *Ethnicity & Family Therapy* (3rd ed., pp. 153-165). New York: The Guilford Press.
- Garrick, D., & Ewashen, C. (2001). An integrated model for adolescent inpatient group therapy. *Journal of Psychiatric and Mental Health Nursing*, 8, 165-171.
- Gaylord-Harden, N. K., Gipson, P., Mance, G., & Grant, K. E. (2008). Coping patterns of African American adolescents: A confirmatory factor analysis and cluster analysis of the children's coping strategies checklist. *Psychological Assessment*, 20(1), 10-22.
- Gil, A. G., & Vega, W. A. (1996). Two different worlds: Acculturation stress and adaptation among Cuban and Nicaraguan families. *Journal of Social and Personal Relationships*, 13(3), 435-456.
- Goldston, D. B., Daniel, S. S., & Arnold, E. M. (2006). Suicidal and nonsuicidal self-harm behaviors. In E. J. Mash & R. A. Barkley (Eds.), *Behavioral and emotional disorders in adolescence: Nature, assessment, and treatment* (pp. 343-380). New York: The Guilford Press.
- Gratz, K. L. (2003). Risk factors for and functions of deliberate self-harm: An empirical and conceptual review. *Clinical Psychology: Science and Practice*, 10, 192-205.

- Haugaard, J. J. (2001). *Problematic behaviors during adolescence*. New York: McGraw-Hill.
- Hernandez, M. (2005). Central American families. Black, L., & Jackson, V. (2005). Families of African origin. In M. McGoldrick, J. Giordano, & N. Garcia-Preto (Eds.). *Ethnicity & family therapy* (3rd ed., pp. 178-191). New York: The Guilford Press.
- Hill, J. (2002). Biological, psychological and social processes in the conduct disorders. *Journal of Child Psychology and Psychiatry*, 43, 133-164.
- Hines, P. M., & Boyd-Franklin, N. (2005). African American families. In M. McGoldrick, J. Giordano, & N. Garcia-Preto (Eds.). *Ethnicity & Family Therapy* (3rd ed., pp. 87-100). New York: The Guilford Press.
- Hines, P. M., & Sutton, C. T. (1998). *Sankofa: A violence prevention training program*. Piscataway, NJ: University of Medicine and Dentistry of NJ.
- Holmbeck, G. N., Greenley, R. N., & Franks, E. A. (2003). Developmental issues and considerations in research and practice. In A. E. Kazdin & J. R. Weisz (Eds.), *Evidence-based psychotherapies for children and adolescence* (p. 21-41). New York: The Guilford Press.
- Horn, S. S. (2004). Mean girls or cultural stereotypes? [Review of the book *Social aggression among girls*]. *Human Development*, 47, 314-320
- Isaacs, M. L. (1999). School counselors and confidentiality: Factors affecting professional choices [Electronic version]. *Professional School Counseling*, 2(4), 258-266.
- Kazdin, A. E. (2003). Problem solving skills training and parent management training for conduct disorder. In A. E. Kazdin & J. R. Weisz (Eds.), *Evidence-based psychotherapies for children and adolescence* (p. 241-262). New York: The Guilford Press.
- Kellner, M. H. (2001). *In control: A skill-building program for teaching young adolescents to manage anger*. Champaign, IL: Research Press.
- Kisthardt, W. (2006). The opportunities and challenges of strengths-based, person centered practice: Purposes, principles, and applications in a climate of systems' integration. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (4th ed., pp. 171-196). Boston: Pearson/Allyn & Bacon.
- Koocher, G. P. (2008). Ethical issues in psychotherapy with adolescents. *Journal of Clinical Psychology*, 59(11), 1247-1256.

- Koocher, G. P. & Keith-Spiegel, P. C. (1990). *Children, ethics, and the law: Professional issues and concerns*. Lincoln, NE: University of Nebraska Press.
- Kotchick, B. A., Armistead, L., & Forehand, R. L. (2006). Sexual Risk Behavior. In D.A. Wolfe & E. J. Mash (Eds.), *Behavioral and emotional disorders in adolescents: Nature, assessment, and treatment* (pp. 563-599). New York: The Guilford Press.
- Leaf, P. J., & Keys, S. G. (2005). Collaborating for violence prevention: Training health professionals to work with schools. *American Journal of Preventive Medicine*, 29, 279-287.
- Lewinsohn, P. M., Rohde, P., & Seeley, J. R. (1996). Adolescent suicidal ideation and attempts: Prevalence, risk factors, and clinical implications. *Clinical Psychology Science and Practice*, 3, 25-46.
- Lieberman, R. & Davis, J. M. (2002). Suicide intervention. In S. E. Brock, P. J. Lazarus, & S. R. Jimerson (Eds.), *Best practices in school crisis prevention and intervention* (pp. 531-551). Bethesda, Maryland: NASP Publications.
- Lietz, C. A. (2007). Strengths-based group practice: Three case studies. *Social Work with Groups*, 20(2), 73-87.
- Lochman, J. E., & Dodge, K. A. (1994). Social-cognitive processes of severely violent, moderately aggressive, and nonaggressive boys. *Journal of Consulting and Clinical Psychology*, 62(2), 366-374.
- Lochman, J. E., Powell, N. R., Whidby, J. M., & Fitzgerald, D. P. (2006). Aggressive children: Cognitive-behavioral assessment and treatment. In P.C. Kendall (Ed.), *Child and adolescent therapy: Cognitive-behavioral procedures* (3rd edition, p. 33-81). New York: The Guilford Press.
- Losel, F., & Beelmann, A. (2003). Effects of child skills training in preventing antisocial behavior: A systematic review of randomized evaluations. *Annals of the American Academy of Political and Social Sciences*, 587, 84-109.
- Lukenda, E. (1997). An assessment of training needs of counselors participating in a home-based family therapy program (Doctoral dissertation, Rutgers University, 1997). *Dissertation Abstracts International*, 58, 1208.
- Maccoby, E. E. (2004). Aggression in the context of gender development. In M. Putallaz & K. L. Bierman (Eds.), *Aggression, antisocial behavior, and violence among girls*, (p. 3-22). New York: The Guilford Press.
- MacLennan, B. W. (1998). Fifty years of training and supervision for group psychotherapy with children and adolescents. *Journal of Child and Adolescent Group Therapy*, 8(4), 169-179.

- MacLennan, B. W., & Dies, K. R. (1992). *Group counseling and psychotherapy with adolescents* (2nd edition). New York: Columbia University Press.
- Malekoff, A. (2004). *Group work with adolescents: Principles and Practice* (2nd edition). New York: The Guilford Press.
- Malekoff, A. (2007). A flexible organizing framework for group work with adolescents. *Social Work with Groups*, 30(3), 85-102.
- Martsch, M. D. (2005). A comparison of two group interventions for adolescent aggression: High process versus low process. *Research on Social Work Practice*, 15, 8-18.
- McMahon, R. J., & Wells, K. C. (1998). Conduct problems. In E. J. Mash & R. A. Barkley (Eds.), *Treatment of childhood disorders* (2nd edition, p. 111-207). New York: The Guilford Press.
- McMahon, S. D., & Washburn, J. J. (2003). Violence prevention: An evaluation of program effects with urban African American students. *The Journal of Primary Prevention*, 24, 43-62.
- Micucci, J. A. (1998). *The Adolescent in Family Therapy*. New York: The Guilford Press.
- Miller, A. L., Rathus, J. H., & Linehan, M. M. (2007). *Dialectical behavior therapy with suicidal adolescents*. New York: The Guilford Press.
- Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York: The Guilford Press.
- Moffitt, T. E. (1993). Adolescent-limited and life-course-persistent antisocial behaviors: A developmental taxonomy. *Psychological Review*, 100(4), 674-701.
- Moras, K. (1993). The use of treatment manuals to train psychotherapists: Observations and recommendations. *Psychotherapy*, 30(4), 581-586.
- Moretti, M. M., Odgers, C. L., & Jackson, M. A. (2004). Girls and aggression: A point of departure. In M. M. Moretti, C. L. Odgers, & M. A. Jackson (Eds.), *Girls and aggression: Contributing factors and intervention principles*, (p. 1-5). New York: Kluwer Academic/Plenum Publishers.
- Morgenstern, J., Morgan, T. J., McCrady, B. S., Keller, D. S., & Carroll, K. M. (2001). Manual-guided cognitive-behavioral therapy training: A promising method for disseminating empirically supported substance abuse treatments to the practice community. *Psychology of Addictive Behaviors*, 15(2), 83-88.

- National Center for Injury Prevention and Control. (2003). *Ten leading causes of death by age group*. Retrieved July 1, 2006, from <http://www.cdc.gov/ncipc/osp/data.htm>
- New Jersey Association of School Psychologists: New Jersey Coalition of Child Study Teams (2008). *Position statement on roles and functions of child study team members*. Retrieved March 2009 from <http://www.njasp.org/cocst.html>
- New Jersey Department of Education. (2006-2007). *Franklin middle school: Students*. Retrieved July 13, 2009 from <http://www.greatschools.net/cgi-bin/nj/other/620#students>
- Nichols-Goldstein, N. (2001). The essence of effective leadership with adolescent groups: Regression in the Service of the Ego. *Journal of Child and Adolescent Group Therapy*, 11, 13-17.
- Nixon, C. (2005). *RA & interventions: Reducing relationally aggressive behaviors in middle school students through interventions. What is effective?* Retrieved November 28, 2005, from <http://www.opheliaproject.org>
- Nock, M. K., & Prinstein, M. J. (2005). Contextual features and behavioral functions of self-mutilation among adolescents. *Journal of Abnormal Psychology*, 114, 140-146.
- Omatseye, B. O. J (2007). The adolescent quest for autonomy: Renegotiating a cordial relationship. *College Student Journal*, 41(3), 623-630.
- Ophelia Project (2006). Relational aggression: Frequently asked questions. Retrieved February 12, 2009, from http://www.opheliaproject.org/main/ra_faq8.htm
- Paniagua, F. A. (1998). *Assessing and treating culturally diverse clients: A practical guide* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc
- Pepler, D. J., Walsh, M. M., & Levene, K. S. (2004). Interventions for aggressive girls: Tailoring and measuring the fit. In M. M. Moretti, C. L. Odgers, & M. A. Jackson (Eds.), *Girls and aggression: Contributing factors and intervention principles*, (p. 131-145). New York: Kluwer Academic/Plenum Publishers.
- Pevalin, D. J., Wade, T. W., & Brannigan, A. (2003). Precursors, consequences and implications for stability and change in pre-adolescent antisocial behaviors. *Prevention Science*, 4(2), 123-136.
- Puttallaz, M., Kupersmidt, J. B., Coie, J. D., McKnight, K., & Grimes, C. L. (2004). A behavioral analysis of girls' aggression and victimization. In M. Putallaz & K. L. Bierman (Eds.), *Aggression, antisocial behavior, and violence among girls*, (p. 110-134). New York: The Guilford Press.
- Reamer, F. G. (2005). Update on confidentiality issues in practice with children: Ethics risk management. *Children & Schools*, 27(2), 117-120.

- Richmond, L. H. (2000). Reflections on a thirty five year experience with adolescent group psychotherapy. *Journal of Child and Adolescent Group Therapy*, 10(2), 113-118.
- Robin, A. L., & Foster, S. L. (1989). *Negotiating parent-adolescent conflict: A behavioral-family systems approach*. New York: The Guilford Press.
- Rodney, L. W., Johnson, D. L., & Srivastava, R. P. (2005). The impact of culturally relevant violence prevention models on school-age youth. *The Journal of Primary Prevention*, 26(5), 439-454.
- Rubain, S. (2003). *The development of a home-based family intervention manual*. (Doctoral dissertation proposal, Rutgers University, 2003).
- Santrock, J. W. (2004). *Child development* (10th edition). New York: McGraw Hill.
- Sealand, Karen A., Schwiebert, V. L., Oren, T. A., & Weekly, J. L. (1999). Confidentiality and the law [Electronic version]. *Professional School Counseling*, 3(2), 122-127.
- Simmons, R. (2002). *Odd girl out: The hidden culture of aggression in girls*. Orlando, Florida: Harcourt Trade Publishing.
- Singh, N. N., Williams, E., & Spears, N. (2002). To value and address diversity: From policy to practice. *Journal of Child and Family Studies*, 11(1), 35-45.
- Smead, R. (1999). *Skills for living: Group counseling activities for young adolescents* (Vol. 2). Champaign, IL: Research Press Publications.
- Soo, E. S. (1992). The management of resistance in the application of object relation concepts in children's and adolescents' group psychotherapy. *Journal of Child and Adolescent Group Therapy*, 2, 77-92.
- Sprague, J., Sugai, G., & Walker, H. (1998). Antisocial behavior in schools. In T. S. Watson & F. M. Gresham (Eds.), *Handbook of child behavior therapy* (p. 451-474). New York: Plenum Press.
- Springer, J. (2006). *School-based group facilitator's handbook*. YES, Inc.
- Stromberg, C., Lindberg, D., Mishkin, B., & Baker, M. (1993). Privacy, confidentiality, and privilege. *The Psychologist's Legal Update*. Washington DC: National Register of Health Service Providers in Psychology.
- Sue, S. (1998). In search of cultural competence in psychotherapy and counseling. *American Psychologist*, 53(4), 440-448.

- Sunburst Technology Corporation. (2002). *Bullying* [Brochure]. Pleasantville, NY: Author.
- Sunburst Technology Corporation. (2002). *Anger management* [Brochure]. Pleasantville, NY: Author.
- Sunburst Technology Corporation. (2002). *Conflict resolution* [Brochure]. Pleasantville, NY: Author.
- Taylor, T. K., Eddy, J. M., & Biglan, A. (1999). Interpersonal skills training to reduce aggressive and delinquent behavior: Limited evidence and the need for an evidence-based system of care. *Clinical Child and Family Psychology Review*, 2(3), 169-182.
- Teglasi, H., & Rothman, L. (2001). STORIES: A classroom-based program to reduce aggressive behavior. *Journal of School Psychology*, 39, 71-94.
- Tremblay, R. E. (2000). The development of aggressive behaviour during childhood: What have we learned in the last century? *International Journal of Behavioral Development*, 24(2), 129-141.
- Underwood, M. K., & Coie, J. D. (2004). Future directions and priorities for prevention and intervention. In M. Putallaz & K. L. Bierman (Eds.), *Aggression, antisocial behavior, and violence among girls*, (p. 289-301). New York: The Guilford Press.
- Underwood, M. M., & Dunne-Maxim, K. (1997). *Managing sudden traumatic loss in schools*. Piscataway, NJ: University of Medicine and Dentistry of NJ – University Behavioral HealthCare.
- U. S. Department of Health and Human Services Office on Women's Health. (2007). *Teen survival guide: Health tips for on-the-go girls*. Washington DC: Author.
- Vakoch, D. A., & Strupp H. H. (2000). The evolution of psychotherapy training: Reflections on manual-based learning and future alternatives. *Journal of Clinical Psychology*, 56(3), 309-318.
- Vaillancourt, T., & Hymel, S. (2004). The social context of children's aggression. In M. M. Moretti, C. L. Odgers, & M. A. Jackson (Eds.), *Girls and aggression: Contributing factors and intervention principles*, (p. 57-73). New York: Kluwer Academic/Plenum Publishers.
- van Lier, P. A. C., Vitaro, F., Wanner, B., Vuijk, P., & Crijnen, A. A. M. (2005). Gender differences in developmental links among antisocial behavior, friends' antisocial behavior, and peer rejection in childhood: Results from two cultures. *Child Development*, 76(4), 841-855.

- Vogelaar, A. (1999). Handout 15: Tips for having positive encounters. *Positive encounters: Talking one-to-one with teens about contraceptive and safer sex decisions*. Planned Parenthood of Greater Northern New Jersey.
- Walsh, B. W. (2006). *Treating self-injury: A practical guide*. New York: The Guilford Press.
- Waterman, J., & Walker, E. (2001). *Helping at-risk students: A group counseling approach for grades 6-9*. New York: The Guilford Press.
- Webster, L., & Browning, J. (2002). Child Maltreatment. In S. E. Brock, P. J. Lazarus, & S. R. Jimerson (Eds.), *Best practices in school crisis prevention and intervention* (pp. 503-530). Bethesda, Maryland: NASP Publications.
- Weist, M. D., Ambrose, M. G., & Lewis, C. P. (2006). Expanded school mental health: A collaborative community-school example. *Children & Schools*, 28(1), 45-50.
- White, J. W., & Kowalski, R. M. (1994). Deconstructing the myth of the nonaggressive woman: A feminist analysis. *Psychology of Women Quarterly*, 18, 487-508.
- White Kress, V.E., Drouhard, N., & Costin, N. (2006). Students who self-injure: School counselor ethical and legal considerations. *Professional School Counseling*, 10(2), 203-209.
- Winzelberg, A. J, Abascal, L, & Barr Taylor, C. (2002). Psychoeducational approaches to the prevention and change of negative body image. In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 487-496). New York: The Guilford Press.
- Wolfe, D. S, & Mash, E.J. (2006). Behavioral and Emotional Problems in Adolescents: Overview and Issues. In D.A. Wolfe & Eric J. Mash (Eds.), *Behavioral and emotional disorders in adolescents: Nature, assessment, and treatment* (pp. 1-20). New York: Guilford Press.
- Wood, D. (2001). Group therapy for adolescents: Clinical paper. Retrieved on December 12, 2006 from <http://www.mental-health-matters.com/index.php>
- Wood, K. C., Becker, J. A., & Thompson, J. K. (1996). Body image dissatisfaction in preadolescent children. *Journal of Applied Developmental Psychology*, 17, 85-100.
- Zahn-Waxler, C., & Polanichka, N. (2004). All things interpersonal: Socialization and female aggression. In M. Putallaz & K. L. Bierman (Eds.), *Aggression, antisocial behavior, and violence among girls*, (p. 48-68). New York: The Guilford Press.
- Zellman, G. L., & Fair, C. C. (2002). Preventing and reporting abuse. In J. E. B. Meyers, L. Berliner, J. Briere, C. T., Hendrix, C. Jenny, & T. A. Reid (Eds.), *The APSAC handbook on child maltreatment* (2nd ed., pp. 449-475). Thousand Oaks, CA: Sage Publications, Inc.

APPENDIX A

Group Counseling Passive Consent Form (Example)

Dear _____,

We are writing to inform you of a wonderful program in our school. As part of the Rutgers-Somerset Program, counselors from Rutgers University will be offering a Girls Group for our 7th and 8th graders. In addition to helping the students negotiate any difficulties they may be having, the Rutgers counselors will also help them to identify and develop their positive attributes and teach them methods of positive self-expression and communication.

We are very excited that our students will be provided with an opportunity to work with the Rutgers counselors. We think that your daughter would benefit from the program. The coping skills she will learn and the opportunity to share in a group format is an experience we think will contribute to her progress in school. If you agree to allow your daughter to participate in the program, she will be meeting with other students and the Rutgers counselors once a week during an agreed upon period for the duration of the school year.

Should you decide that you do not want your daughter to participate in the group, you must contact the Guidance Office to convey your refusal for participation. If the Guidance Office does not hear from you, it will be assumed that you consent to your daughter's participation in the group, and she will be enrolled in the program. Additionally, you may decide to have your daughter withdraw from the program at any time. If you have any questions about your child's participation in the program, or decide to decline this opportunity, please contact the Guidance Office at (XXX) XXX-XXXX, ext. XYZ.

Again, we are very excited about this wonderful opportunity and welcome you to contact us if you have any questions about the program.

Sincerely,

Guidance Counselor 1

Guidance Counselor 2

Guidance Counselor 3

Individual Counseling Consent Form

Dear _____,

We are writing to inform you of a wonderful program in our school. As part of the Rutgers-Somerset Program, counselors from Rutgers University will be offering individual support for our 7th and 8th graders. In addition to helping the students negotiate any difficulties they may be having, the Rutgers counselors will also help them to identify and develop their positive attributes and teach them methods of positive self-expression and communication.

We are very excited that our students will be provided with an opportunity to work with the Rutgers counselors. We think that your daughter would benefit from the program. The communication and coping skills she will learn and the opportunity to share in a one-on-one format is an experience we think will contribute to her progress in school. If you agree to allow your daughter to participate in the program, she will be meeting with a counselor once a week during an agreed upon period for the duration of the school year. If you have any questions about your child's participation in the program, please contact the Guidance Office at (XXX) XXX-XXXX, ext. XYZ.

Again, we are very excited about this wonderful opportunity and welcome you to contact us if you have any questions about the program.

If you agree to have your daughter participate in this program, please sign below and return to the Guidance Office as soon as possible.

Sincerely,

Guidance Counselor 1

Guidance Counselor 2

Guidance Counselor 3

I give my permission for my son/daughter to be involved in individual support with Rutgers counselors as part of the Rutgers-Somerset Program.

Student Name

Parent Name

Parent Signature

End-of-the-Year Permission Slip

Dear Parent/Guardian,

As you know, this semester your child has been participating in an in-school program for 7th and 8th grade girls. Each week your child has been meeting with other students from Franklin Middle School and Ms. X and Ms. Y from Rutgers University. To celebrate the end of the year and the wonderful experience working with the group, the Rutgers Counselors would like to treat the Girls Group to a “Pizza Picnic” at Rutgers University.

With your permission, Ms. X and Ms. Y would like to meet with your child, along with the other group members, on June 3 at FMS after school. Once school is dismissed the Girls Group will be brought to Rutgers Busch Campus to have the pizza picnic. Rutgers will supply all food and beverages; there is no cost for your child to attend the picnic. Transportation from school to Rutgers, and from Rutgers to home, will be provided by the Rutgers Counselors with the use of their personal vehicles. If you would like your child to participate in the Pizza Picnic, please sign this permission slip to indicate that you grant your child permission to attend the picnic and to be transported in the personal vehicles of Ms. X and Ms. Y.

After you have signed below, please have your child return this permission slip to her FMS guidance counselor by Thursday June 7th. Please note that your child will not be able to attend the picnic without this signed form. If you have any questions, please feel free to contact us at (insert phone number). We are looking forward to the end-of-year celebration and hope your child will be able to participate!

Sincerely,

Ms. X (Group Leader 1)

Ms. Y (Group Leader 2)

I, _____, provide permission for _____
 (Print guardian's first and last name) (Print student's first and last name)
 to attend the Rutgers/FMS Girls Group “Pizza Picnic” on _____.
 I further grant Ms. X and Ms. Y permission to transport my child to and from the picnic
 in their personal vehicles. I understand that Franklin Middle School and Rutgers
 University are not liable for unforeseeable events.

Parent/Guardian Signature

Date

APPENDIX B

Franklin Middle School Extracurricular Activities

Clubs and Activities

Advisor (7th and 8th grade)

Helps to organize activities and participate in service activities to school and in community.

After Hours (by recommendation)

Study skills, tutoring and monitoring of homework assignments.

Art Club

Dance (by audition)

Diversity Club

Homework Club

Library Research

The library remains open after school hours for student use. Students must sign-up in advance.

Music (by audition)

Wind Ensemble, Jazz Band, Advanced Strings

National Jr. Honor Society

Students must apply and are required to provide service to the community.

Newspaper Club

Students can write for the school newspaper.

Odyssey of the Mind

An educational program focused on problem solving and creating thinking.

Peer Mediation

Students are trained as mediators to help their peers solve conflict.

Rebel 2

Anti-tobacco peer education program.

Robotics

Students design a robot.

School Store

Students can work in the school store and learn skills related to customer service, sales, and marketing.

Science Club

Student Council

Yearbook Club

Sports

Intramurals: non-competitive

Fall Season: Field Hockey, Boys and Girls Soccer, Boys and Girls Cross Country

Winter Season: Boys and Girls Basketball and Wrestling.

Spring Season: Baseball, Boys and Girls Track and, Softball.

APPENDIX C

Resources and References for Relevant Literature

General Resources for Girls

1. 4Girls.gov – www.4girls.gov
2. Kids Health – www.kidshealth.org
3. Being Girl: For Girls, By Girls – www.beinggirl.com
4. Go Ask Alice – www.goaskalice.columbia.edu

Gang Resources

1. Affinity Counseling Group – <http://affinitycounseling.com>
2. New Jersey's Online Gang Free Community <http://www.njgangfree.org>
3. Gang Reduction through Intervention, Prevention & Education – <http://www.gripe4kids.org>
4. Youth Gang Prevention Initiative – <http://ojdp.ncjrs.org/programs/antigang/index.html>
5. Focus Adolescent Services – <http://www.focusas.com/Gangs.html>
6. Movie or TV Clips:
 - i. The Wire
 - ii. Redemption
 - iii. Once We Were Warriors
 - iv. Grid Iron
 - v. Above the Rim
 - vi. Boyz N The Hood

Sexuality Resources

1. Sex, Etc. – <http://www.sexetc.org>
2. Answer: Sex Ed, Honestly – <http://answer.rutgers.edu>
3. Planned Parenthood – www.plannedparenthood.org/teen-talk/index.htm
4. Scarleteen: Sex Ed for the Real World – www.scarleteen.com
5. Sexuality Information and Education Council of the United States – www.siecus.org/index.cfm?fuseaction=Page.viewPage&pageId=620&parentID=477

Relational Aggression Resources

1. The Ophelia Project – <http://www.opheliaproject.org>
2. Hardy Girls Healthy Women, Inc – www.hardygirlshealthywomen.org.
3. *Odd Girl Out: The Hidden Culture of Aggression in Girls* by Rachel Simmons
4. *Odd Girl Speaks Out* by Rachel Simmons
5. Movie or TV Clips:
 - i. Mean Girls

Suicide Resources

1. Screening center when assessment needed: Richard Hall Community Mental Health Center (908-725-2800)
2. National Suicide Prevention Hotline: 1800-SUICIDE or (www.hopeline.com)

3. 1800-273-TALK (automatically connects person to crisis center nearest them)
4. Suicide Prevention Lifeline – www.suicidepreventionlifeline.org
5. American Foundation for Suicide Prevention – www.AFSP.org
6. American Association of Suicidology – www.suicidology.org
7. Suicide Prevention Resource Center - www.sprc.org
8. Suicide Prevention Action Network – www.spanusa.org
9. SOS Suicide Prevention Program – www.mentalhealthscreening.org/sos_highschool
10. The Trevor Project (crisis and suicide prevention for lesbian, gay, bisexual, transgender, and questioning youth) – www.thetrevorproject.org and The Trevor Hotline – 18664887386
11. Goldston, D., Molock, S., Whitbeck, L., Murakami, J., Zayas, L., & Nagayama Hall, G. (2008). Cultural considerations in adolescent suicide: Prevention and psychosocial treatment. *American Psychologist*, 63(1), 14-31.
12. Books:
 - i. *Surviving When Someone You Love Dies* by Theresa Rando
 - ii. *Why People Die by Suicide* by Tom Joiner

Tolerance, Stereotypes and Diversity Resources

1. Teaching Tolerance – www.tolerance.org/index.jsp
2. Safe Schools Coalition – www.safeschoolscoalition.org/blackboard-topic.html
3. Partners Against Hate – www.partnersagainsthate.org
4. Movies:
 - i. *Crash*
 - ii. *Remember the Titans*
 - iii. *American History X*

Other Resources for Counselors

1. Smead, R. (1999). *Skills for living: Group counseling activities for young adolescents* (Vol. 2). Champaign, IL: Research Press Publications.
2. Waterman, J., & Walker, E. (2001). *Helping at-risk students: A group counseling approach for grades 6-9*. New York: The Guilford Press.
3. Hardy, K. V., & Laszloffy, T. A. (2005). *Teens who hurt: Clinical interventions to break the cycle of violence*. New York: The Guilford Press.
4. Garbarino, J. (2006). *See Jane hit: Why girls are growing more violent and what we can do about it*. New York: The Penguin Press.

Books for group:

- Iris Jacobs – *My Sisters' Voices: Teenage Girls of Color Speak Out*
- Betsey Franco – *Things I Have to Tell You: Poems and Writings by Teenage Girls*
- Sara Shandler – *Ophelia Speaks: Adolescent Girls Write About Their Search for Self*

Summer

1. Twilight Program – At the Somerset County Vocational and Technical High School. This program provides hands on vocational training for 5 weeks during the summer. Students must be 14 years old.

APPENDIX D

Individual Interview Template

1. You're probably wondering why I've called you out of class. Don't worry, you're not in trouble. I am a student, just like you, but I go to Rutgers University. Have you heard of Rutgers? Do you know where Rutgers is?
2. We're going to be starting a girls group. We remember how tough it is to be a girl your age, and we think it's gotten tougher since we were teenagers. We want to learn about what it's like for you to be in 7th/8th grade and about the kinds of things you are going through, and to help you with some of the difficulties you may be having.
3. Our group meets once a week during a class/lunch period. Are there any class periods that you think you would not be able to miss?
4. Your guidance counselor thought you would be good in group because (insert individual girl's strength previously obtained from guidance counselors).
5. If you were in the group, what kinds of things do you think would come up? Some things that have come up in the past are girls in school, boys, fighting, etc.
6. Questions:
 - Ask get to know you questions (e.g., movies, music, hobbies) to put them at ease.
 - Ask girls who were in the group what they thought about group last year?
 - Do you like school?
 - What do you like to do outside of school?
 - Assess her position in the school social climate/hierarchy
 - Who are her friends? (Ask for names. Be sure to explain why asking for names because they will be suspicious.)
 - Who gets on her nerves? Who does she fight with?
 - Would she be able to be in a group with someone she dislikes?
 - What are some things that you love about yourself? What are some things you wished you could change about yourself?
 - Who does she look up to?
 - Tell me about your family. Where is your family from?
 - Pay special attention to immigrant/bilingual children. What is it like for them in their school?
 - Are there any adults you feel comfortable approaching in school if you have a problem or need some help?
 - Have student walk through episode when they were last angry and reflect on it, e.g., how did it start, what made her angry, does she think she could have acted differently? (Trying to assess for insight and ability to reflect on own behaviors)

- Have you ever had an experience where you were going to fight, but then you didn't. Have you ever had an experience where you fought even though you didn't want to? (To assess for capability of self-restraint. Take note of the strategies used).
 - NO gang questions
7. What she would like to get out of the group
 8. Is this group something you think you may want to be a part of? (If NO, ask why not)
 9. Do you think it would be okay with your mom if you were in the group?
 10. Does she have any questions for you?

Keep In Mind:

- Take notes on each potential member *following* the interview, as taking notes during the interview may make them feel uncomfortable and mistrustful.
- Purpose of individual interview is not only to screen the girls, but to give them someone to identify with, to give them an anchor, someone familiar they could touch base with. Try to make them feel comfortable so that you are approachable
- Try to assess how open they are to talking about things and their comfort regarding sharing information and feelings with others.
- Is she hyperactive? Is she so distractible that she can't be in the group?
- How does she relate to the interviewers?
- Will she be able to hold her own in group?
- How do you think others will perceive her?
- Take note of the types and nature of issues brought up during the interview.
- Does she seem as though she would be antagonistic in group?
- Will she be heard in the group? Scapegoated?
- Will she benefit from the group?
- Will she interfere with others benefiting from the group?

APPENDIX E

Friendship Interview

Name three things that make a good friend

(1) _____

(2) _____

(3) _____

What's one quality that your mom or dad would want you to look for in a friend?

How long was your longest friendship?

One time I was a good friend was when

One time I wasn't such a good friend was when

What I could have done differently is

Name two things that get in the way of friendships

(1) _____

(2) _____

APPENDIX F

Motivational Interviewing Chart - Fighting

	GOOD	BAD
FIGHTING	<ul style="list-style-type: none"> ▪ you get to take your anger out ▪ the other person may leave you alone ▪ getting suspended because then you got to hang out at home ▪ get respect ▪ get pleasure ▪ accomplish something (beat someone up) ▪ people talk good about you if you win. 	<ul style="list-style-type: none"> ▪ getting suspended more people will want to fight you ▪ can get hurt and can hurt others ▪ get in trouble with parents (depending on reason for fight) ▪ get a bad reputation (with teachers) ▪ getting in trouble with the police, can go to jail, get a record ▪ could possibly get in way of future goals ▪ guilt (if you started fight or if you hurt someone) ▪ you may get jumped after the fight by the other person's friends.
NOT FIGHTING	<ul style="list-style-type: none"> ▪ you will not get in trouble with your parents or with school ▪ you won't get beat up or hurt (physically or emotionally) ▪ avoid drama, stay friends with people (you don't lose good friends) ▪ it will be easier to get to your goals ▪ people like you more in the future ▪ people think you are strong to resist 	<ul style="list-style-type: none"> ▪ your reputation would get hurt ▪ you don't get your anger out ▪ you would be called a punk