Journal of Group Psychotherapy Psychodrama & Sociometry

VOLUME 43, NO. 4
WINTER 1991

THEME ISSUE:

Psychodrama and Group Work With Children

Published in Cooperation with the American Society of Group Psychotherapy and Psychodrama

Founded by J. L. Moreno, 1947

Journal of Group Psychotherapy Psychodrama & Sociometry

Volume 43, No. 4 ISSN 0731-1273 Winter 1991

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Journal of
Group Psychotherapy Psychodrama & Sociometry

The **Journal of Group Psychotherapy, Psychodrama and Sociometry** (ISSN 0731-1273) is published quarterly by HELDREF PUBLICATIONS, a division of the nonprofit Helen Dwight Reid Educational Foundation, 4000 Albemarle Street, NW, Washington, D.C., in conjunction with the American Society of Group Psychotherapy and Psychodrama. The annual subscription rate is $50, plus $8 for subscriptions outside the United States. Foreign subscriptions must be paid in U.S. dollars. Single copies are available at $12.50 each. Claims for missing issues will be serviced without charge only if made within six months of publication date (one year for foreign subscribers). For subscription orders and customer service inquiries only, call 1-800-365-9753.

Microform is available from University Microfilms, Inc., 300 N. Zeeb Rd., Ann Arbor, MI 48106. Reprints (orders of 100 copies or more) of articles in this issue are available through Heldref Publications, Reprint Division.

ISSN 0731-1273/90-$1.00.

Second-class postage paid at Washington, D.C., and additional mailing offices. POSTMASTER: Send address changes to the **Journal of Group Psychotherapy, Psychodrama and Sociometry**, Heldref Publications, 4000 Albemarle St., NW, Washington, DC 20016.

The **Journal of Group Psychotherapy, Psychodrama and Sociometry** is indexed in *Applied Social Science Index* and *Abstracts, Family Abstracts, Health Instrument File, Mental Health Abstracts, Social Behavior Sciences,* and *Social Sciences Citation Index,* and *Abstracts Journal of the Institute of Scientific Information of the USSR Academy of Sciences.*

INTRODUCTION

IN AN INCREASING VARIETY of contexts within society, the use of groups provides learning and therapeutic experience for children. As we become more aware of the many traumas that have the potential for existence in the lives of children, we recognize the need to help them learn to cope and to master these experiences. Further, we observe that group and action methods can maintain and enhance the natural creativity and spontaneity of children. At the same time, we do not see an abundance of published materials reporting the use of group therapy, psychodrama, and action methods with children. Recognizing this fact, the editors of this journal decided to provide a special issue focusing on group psychotherapy and psychodrama with children. The solicitation of papers from individuals known to be working in unique ways with children and a call for papers placed in the journal resulted in this special issue.

Developing contexts in which group and psychodrama therapists are trained by working directly with children is the focus of the lead article. Then Peter Kranz describes his method of conveying to a large audience the warm-up techniques that can be used with children. Donna Little, Karen Morgan, and Elizabeth White report the process and outcomes of a demonstration project for children who were victims of sexual abuse and their mothers, and Grace Brady provides a detailed description of group work with very young children who have been victims of sexual abuse. Tom O'Connor and I wrote the article that describes the ALF group, a group for children of divorce. In the final article, Teena Lee from Australia describes her work as a sociodramatist in a primary school.

We hope these articles will stimulate other therapists who use group and action methods in their work with children to write about their experiences. Only in this way will we be able to substantiate the positive outcomes resulting from the use of group and action methods in therapeutic work with children.

I wish to thank the contributors to this issue and to thank Tom O'Connor, Donna Little, and Grace Brady for their assistance.

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Creating Training Contexts for Interns in Group Psychotherapy and Psychodrama With Children

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ABSTRACT. In this article, the author examines a procedure that provides an opportunity for interns within a group psychotherapy and psychodrama training program to work directly with children. Learning the theory and skills of group therapy with children when in direct contact with children enhances both personal and professional credibility.

GRADUATE STUDENTS who are training in marriage and family therapy, clinical psychology, social work, and other related programs that involve group psychotherapy courses rarely have the opportunity to work directly with children in groups. When I have talked with psychodrama directors, few indicated that they have contexts within which trainees who are learning psychodrama and group skills with children can work directly with children. Most professionals, however, working within the mental health fields, find many opportunities to provide group services to children in a range of service contexts. Within family service agencies, for example, one might find group procedures being offered to deal with physical or sexual abuse of children, separation or divorce, physical illness, and the death of a parent or sibling. Group services also help children of substance-abusing parents and of high-risk parents.

As these services become a more pressing need within our communities, we must have professionals trained to provide them to the children in need. It is one thing, however, to have theoretical knowledge regarding child development and the special needs of children or to have read about methods and techniques to use in working with children but quite another to have had a supervised clinical experience actually working with children.

As a child therapist and a group therapist and psychodramatist, I wanted to create contexts in which trainees could be exposed to direct fa-

cilitation of groups with children. Because my training program was part of a university clinical setting, we had many opportunities to work with young adults. We could also provide after-school groups for adolescents who could transport themselves to our therapy center. Offering opportunities for work with children, sufficient for all trainees to experience, was more complex because our therapy center scheduled only one or two children's groups at a time.

Working With Children in Two Different Settings

The solution to our dilemma came from two sources: A laboratory school located within the child studies area of our college and a center for children with learning disabilities. Children in the laboratory school came for 3-hour blocks of time, a group in the morning and another in the afternoon. During the period that 3- to 5-year-old children were enrolled in the school, parents attended weekly meetings. Through an arrangement with the staff of the laboratory school, we had access to the children for 1 hour a week for group-work experience, in exchange for leading a parents' group 1 hour each week.

Working in pairs, the six trainees in the program dealt with groups of six to nine children for a period of 10 weeks. After discussions with the staff of the school, we decided that the focus of the groups would be enabling the children to identify and deal with a range of feelings. The trainees and I designed the following format for the 10-week sessions:

Session 1: Getting to know you
Session 2: What my body has to tell me
Session 3: Saying I love you
Session 4: What makes me scared (dealing with fear)
Session 5: I'm mad at you (learning about anger)
Session 6: Tears are for sadness
Session 7: I broke the cookie jar (guilt)
Session 8: Look what I made (pride)
Session 9: Feeling good—joy, joy, joy
Session 10: Goodbye, I love you

During each session, the therapists used a variety of materials to facilitate the process—art work, clay, toys, reading stories, dressing up in roles, and making up a story that could be acted by the group. The stories were created out of the children's own personal experiences. As each child told a story related to the theme of the session, the facilitator enabled him or her

to put it into action. After all the stories had been shared, a common story agreed upon by the children was acted out by them.

The trainees in group facilitation took turns leading the parent group, which was designed to enable these parents to review their reactions to the same situations that the children were considering. The group agreed to a contract to work in a psychoeducational model that would use action methods to encourage learning. The group facilitators made brief comments about feeling, the theme of the week. Then the parents were asked to share from their own experience the times in their lives when that feeling was vivid for them. This sharing created situations that could then be put into action form. The group facilitators used action methods—sociodrama, psychodrama, mini-dramas of various types, role playing, and sculpting. Quite often, there was time available for the parents to talk about means of managing the feeling we were focusing upon with their child. For example, one child recently lost a grandparent, and the mother was concerned that he had not dealt with the loss. We were able to role play how she might help him be more open in talking about his grandparent and thus be more in touch with his loss and sadness.

A center for learning-disabled students served as the second site for training group therapists and psychodramatists. The children, who ranged in age from 7 to 10 years, attended school and were coming to the center because of some form of learning disability. They worked with tutors for 1 hour after school 2 days a week. According to our agreement with the center and the parents, the children would remain for an additional hour 1 day a week. The purpose of the group was to improve the children's social interactions and to enable them to deal with their feelings about the social realities related to their learning difficulties. We divided the training group into pairs, and each pair worked with a group of six or seven children. We decided not to have a formatted design for these groups but rather to use, as a focus, the purposes and goals of the group. This meant that the children could talk about any issues related to their learning difficulties that might have an impact on their socialization in various contexts. To build increased social competence, we use their social interaction within the group as part of group learning and dynamics. The facilitators used a range of action methods as well as various media.

Supervision

The training program is designed as a 2-year comprehensive model for the trainees' mastery of group psychotherapy and psychodrama. In the first year, each trimester has a specific focus. In the first trimester, the trainees concentrate on preadolescent children. During the second trimes-

ter, the topic is adolescents, and in the final trimester, it is the young adult (university student). Second-year trainees provide group services within the therapy center to populations that present according to need. For example, the trainees have directed a group for children of separation and divorce, a group for boys with behavioral disorders, and a group dealing with the death of a parent.

This article addresses only the issues related to the first-term practicum, concentrating on developing training skills for work with children. Each week the graduate-student trainees met with the supervisor in a 3-hour practicum. Before the interns met with any children in group, they were involved in an extended practicum in which, as a group, they moved through experiences that progressed from being an infant to being an adult. They spent about 30 minutes at each stage, as infants, preschool children, grade-school children, middle-school children, and adolescents. At each developmental stage, they used appropriate play media. Following their emersion from a particular stage, the trainees, under my supervision, spent about 30 minutes processing what they got in touch with. Any significant episodes were noted for later work in their own personal growth group, in which they participated in addition to supervision practicum. The trainees evaluated this experience as a means of critical learning for getting in touch with their own inner childlikeness. Places where they were vulnerable and might be less objective with children were identified and later worked on in their personal group.

In the next session, we explored a range of materials and media for doing group work with children. How to select specific toys and how to limit the toys being used so that the greatest therapeutic/learning benefit would result received much attention. The process of creating stories was examined, and the group selected readings to stimulate warm ups to action. By the end of the 3 hours, the interns felt that they had a good grasp of materials and their use with children.

In the last presession, we concentrated on the structure of the group for children. We focused on the ground rules for the group and also on methods for bringing them to the group's attention. We considered how to care for the child who needs to go to the restroom, to get a drink, etc. We discussed how to manage conflicts and fights when they occur and how to deal with the shy child and the overly aggressive one. Enabling the children to get some sense of the purpose of the group was enacted in our group so that each intern had a chance to put into words what might be said to children at each age level. By this time, the trainees felt ready to start with actual children.

During the period when trainees were working with children in the groups, my supervision dealt with issues that emerged within those con-

texts. Twice during the 10-week time period, each intern had an opportunity to have his or her work recorded on videotape. This meant that we could look at selected parts of the tapes. Not only was this helpful for learning, but it also gave us a chance to compare and contrast the different groups.

During this time, the trainees were involved in their own personal growth group experience. During this 2-hour group time, the focus was on their own interactive dynamics as well as on personal issues that emerged as a result of their work with the children or parents. These personal issues generally became the focus for psychodramatic work because, most often, the content related to issues coming from their families of origin or (for those who are married with families) their nuclear family.

The evaluation from the two training contexts concerning the feedback from children and parents was very positive. Parents were positive about their own group experience and believed that their children had not only benefited from their groups but had had a wonderful time and talked about the group throughout the week. In written feedback from parents of children in the learning disability context, the parents welcomed this opportunity for their child to be in the group. The parents commented that the frustration levels of their children had significantly diminished and that they were much more comfortable in a range of social contexts. The parents further reported increases in their children's sense of self-esteem.

The trainees found the training to be an invaluable experience. Many who had had limited experience with children learned, as one fellow put it, "to really like kids." Not only did the training increase their comfort level with children, it also put them in touch with their own "inner child." They learned how to enjoy, nourish, and honor their inner being. The most valuable result came in the second year of the training program when the trainees conducted groups for children who were experiencing a variety of difficulties. All trainees reported feeling confident at both personal and professional levels as they managed these groups and endeavored to achieve desired outcomes with the children.

Conclusion

When it comes to training for group psychotherapy and psychodrama, there is no substitute for the real experience. In my own training in psychodrama, I recall doing some simulation-of-children activity during one training session. We worked a lot with adults who were enacting their childhood person in the present as a piece of work. However, until I trained as a child therapist, I never did any actual group therapy or psychodrama with children. Although many of our adult skills can be translated directly to work

with children, it is still not the same as having that firsthand exposure. I now believe that training programs for interns that aim to provide training in direct work with children can locate contexts within the community where their participation would be welcomed.

A Demonstration of Warm-up Techniques With Young Children

PETER L. KRANZ

ABSTRACT. In this article, the author reports on a demonstration of 10 warm-up techniques that were presented at a conference of educators and caretakers of young children. A small group of 5-year-olds chosen by the conference organizers acted as protagonists in presenting these techniques. During the sharing at the completion of the demonstration, the audience indicated that this was a positive learning experience.

AT A WORKSHOP on the education and care of young children, I demonstrated psychodramatic warm-up techniques to use with this group. After considering how to present the material most effectively, I decided against the presentation of a paper followed by discussion, which is the usual format at conferences of this type. Instead, I chose to demonstrate various warm-up techniques, with young children as participants. The goal of the workshop was to demonstrate to childcare professionals how the use of these techniques could be helpful in encouraging children to explore aspects of their selves in greater depth.

Psychodrama is more than talk; it is action in the present through the eyes of the protagonist(s). Young children are more comfortable in playing out their particular truth than they are in using verbal expression. Children often feel safe and creative when, through play, they look at both painful and pleasurable moments in their lives. The use of psychodramatic warm-up techniques enhances greater in-depth self-exploration of these particular feelings. The uniqueness of the child is reinforced by the director, so that the emerging self can be more easily accepted by the child. In this process, the director must understand and feel comfortable interacting with young children.

The organizers of the conference, naive about psychodrama, were initially leery of my proposal. Their concerns were fourfold: The atypical format of the proposed presentation, the actual involvement of young children as participants, the spontaneity of the psychodrama process, and the learning value for the observers attending this particular workshop.

Preparation

Once the workshop proposal was accepted, the conference organizers agreed to find approximately eight participants between the ages of 5 and 8. The children had parental permission and were told that participation was strictly voluntary. If at any time before or during the presentation, they became uncomfortable and wished not to participate, they understood that they would be excused.

I met with the children and their caretakers approximately half an hour before the presentation to explain further and to elaborate on their concerns. During this meeting, I reassured the children that they would have fun and that they should just be themselves. Both the children and I felt a sense of nervous excitement. I had never directed a psychodrama with a group of children so young. In addition, the demonstration was to be presented to an audience of 10 to 15 adults, many of whom were unfamiliar with the spontaneity of psychodrama. The 60- to 75-minute presentation was to take place in the public school classroom. I requested supplies—large crayons, white paper, and colored chalk. As I prepared for the workshop, I was guided by material from Kranz, Lund, Pruett, and Stanley (1982), Rowan (1971), and Shearon (1980).

Workshop

At this workshop, I presented the topic, using three 5-year-olds, to an audience of 12 adults. The organizers of the conference apologized for the limited number of children, all of whom were female; however, there was no time to recruit more children. Adding to my surprise at having only three participants was one of the 5-year-olds who, with hands on hips, announced that unless the session began promptly, she was not going to participate. At that moment, I wished for a psychodramatic double to express feelings of chagrin.

As the director, I began by warming up the audience with a brief explanation of the elements of psychodrama. Next, the warm-up focused on the three children. I was aware that because of their ages, limited group size, and involvement in a new situation, the children seemed anxious. Knowing that children have a more limited attention span and are action oriented, I kept the warm-up brief. To help ease the children's feeling of anxiety, I had the adults position themselves along the edge of the room in a large circle. With the children in the center of the room, it gave the appearance of a round stage. The audience was asked to sit on small chairs or on the floor so that there would be no great difference in height between them and the children. Next, I had the children and the audience introduce

themselves, using first names. Sensing that the children were becoming restless, I quickly moved into the actual warm-up demonstration using action techniques.

Warm-up Techniques

The warm-up techniques were appropriate for a small group of 5-year-olds. Instructions were short and simple; however, I offered further explanation when I noticed confusion or lack of understanding. The following 10 techniques are in the exact chronological order of presentation. The order was chosen to facilitate and encourage participation in the subsequent warm-up techniques. I wanted the children to feel comfortable and experience success in completing the required tasks.

The first warm-up was called the clock. In using this technique, I drew a clock on the floor, with each of the hours of the day represented. The children were asked to place themselves at their favorite hour and then at the hour that they liked least. They were given the opportunity to express either verbally or nonverbally what they liked or disliked about those particular hours. The best-liked hours tended to be those after school, when the children played and watched their favorite television shows, usually situation comedies and cartoons. Bedtime was the least favorite hour.

A second technique was selection of favorite numbers, letters of the alphabet, and geometric shapes. The children seemed to enjoy this activity, particularly when they used their bodies to demonstrate a variety of shapes. I also asked the children to create sounds to match their letters, numbers, and shapes. With this particular activity, the children seemed to break out of their initial shyness, often laughing and making noises to reflect their particular choices. They seemed to enjoy the action of their own creations, which is an important point to note in encouraging self-expression and exploration.

Their third task required them to select and become their favorite animals. During this demonstration, they became very animated and uninhibited. Sounds of barking and meowing echoed throughout the room. I observed that the children had no difficulty in self-expression as nonhuman characters; however, they found it difficult to wait their turns and often interrupted each other.

As the fourth warm-up activity, I selected a favorite fantasy figure and demonstrated this choice to the group. To clarify this concept for them, I explained that a fantasy figure is not a real character but one that is created through make-believe. This explanation seemed to be understood by the children because they smiled and responded quickly to the concept. All the children selected more than one character, and their choices were taken

from a variety of family television shows, for example, a character from Sesame Street. Portraying a particular character appeared easy for the children, and they enjoyed the exercise because they could recognize the characters chosen by the others.

In the fifth activity, the children commented on their feelings about their first names and on whether or not they would have preferred another name. They all felt very happy with their given names and did not wish to change them. When I suggested that the children try out a new name, they thought that was silly and laughed at the request.

The sixth technique involved selecting favorite holidays and showing and telling the group about them. Favorite choices were birthdays and Christmas. The children recounted their memories of past gifts received on particular holidays, with dolls and stuffed animals being the most popular presents. The participants experienced some difficulty when asked to become their favorite presents but found it easy to talk about the gifts themselves.

For the seventh activity, the children were asked to draw a picture using many bright colors and to tell a story about it. The pictures reflected family members in a happy situation. The task of drawing and describing the scenes seemed relatively easy and enjoyable.

Selection of a favorite place was the eighth technique. The term "place" seemed too abstract for the children and therefore I gave examples of places that they would be able to comprehend (i.e., house, kitchen, playground, and school). Once the children understood what was meant, they had no difficulty completing the task. The places selected were favorite rooms in their homes and also classrooms at school that they perceived as pleasant and comfortable.

In the ninth technique, I asked one of the children to describe another child to the group. In this particular activity, the children seemed more inhibited. This inhibition may have been the result of their age and the cognitive skills required, or it might have been related to the presence of the child to be described.

In the last warm up, future projection, the children discussed how they pictured themselves as adults. The three children selected their mothers as future role models. When asked to describe how they viewed them, they initially laughed, felt somewhat embarrassed, and then demonstrated a particular behavior of their mothers. The two most popular behaviors chosen were walking and talking.

Sharing

Sensing that the children were getting tired after nearly an hour of this, I ended the session by having them share with the audience how they felt

about the experience. The audience also shared their feelings about the demonstration and responded positively to the efforts of the three children. The children were so warmed-up that, during the sharing period, they expressed a strong desire to continue. After thanking both the participants and the audience, I related to them my feelings of anxiety regarding potential ineffectiveness of a psychodrama demonstration with such a small group of young children.

I was relieved to learn that the observers appreciated the risk of a live demonstration and found the results applicable to their work with young children. During the final discussion, the observers commented that the warm-up techniques would be valuable exercises for connecting children with each other and with adults. They felt that the psychodramatic warm-up techniques could be instrumental in children's deeper exploration of personal problems and that the warm-up techniques provided a safe environment for the expression of feelings. Finally, the observers noted that fantasy expression could lead to significant understandings of the real world of children.

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A Retrospective View of the New Life Children's Program

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ABSTRACT. This article provides a description of a community-based demonstration project for the prevention and treatment of child abuse, entitled New Life Project. Psychodramatists designed the program to use life skills and psychodrama as the primary methods for treatment. A description of the work with children as well as the integration of the mothers' children's program receives special emphasis. The program demonstrated that significant gains in overall functioning could be obtained with a group that was characterized by profound intrapsychic, interpersonal, and economic disorganization. The program further demonstrated the value of using action methods and psychodrama with this population of mothers and children.

TEN YEARS AGO, we were in the midst of the New Life Program, a community-based project for the prevention and treatment of child abuse. The New Life project was undertaken with 16 women and their 25 preschool children. The project addressed the needs of these participants through a combined approach. The intrapsychic, interpersonal, and behavioral skill deficits were approached through a psychodrama and life-skills program specifically designed for abusing or abuse-prone mothers. The emotional and social needs of the children were met by an enriched treatment program. The overall objective of the demonstration project was to determine the effectiveness of this combined approach in promoting personal growth and socialization in abusing or high-risk mothers and its effectiveness in producing a positive change in the quality of their parent-child interactions. The program began as a pilot project funded by the Province of Ontario. It was continued for two additional years, with the second year funded by foundation grants and the third year by the Metropolitan Toronto Children's Aid Society. It was discontinued the following year because of serious government funding cuts to the Children's Aid Society.

In this retrospective view, we are only looking at the first year. The New Life Program originally began as a response to a demand for effective child-abuse programs. It was a cooperative venture of protection and public health agencies to develop and test an intensive program for child-abusing mothers and their preschool children. An evaluative component was built into the project and was carried out by external examiners. This was important for future programming.

The mothers who were referred to the project were randomly assigned to treatment and nontreatment groups. The program took place in a church building, using a kitchen, gym, group room, and five nursery rooms. It was scheduled for 2 full days per week for 19 weeks. In addition, one residential weekend for the mothers took place at a summer cottage during the second phase of the program. For all program sessions, project funds provided for meals, transportation, and, where necessary, money for home child care.

The Mother's Treatment Program was divided into three phases and involved morning and afternoon sessions with varying combinations of life skills (including child management) and psychodrama (including sociometry). In the first phase, therapists sought to build individuals' self-esteem and a sense of acceptance and safety in the group. During the second phase, the therapists reinforced the life skills and introduced basic child development information and such parenting concepts as nurturing, encouragement, routines, and setting limits. Action in phase two dealt with intrapsychic and interpersonal material that stood in the way of being a loving parent. Through intensive use of psychodrama, group members were encouraged to examine the genesis of their current problems through an exploration of their early experiences and traumas. Finally, a residential weekend gave the mothers relief from the demands of home and assured them privacy and time to focus on and integrate the material evoked by powerful personal dramas. Phase three provided for the transfer of learning to the home setting, the strengthening of personal support systems, the development of personal plans for the immediate future, and a healthy and complete closure with the New Life Program.

The staff of the mothers' program included two psychodramatists trained and experienced in psychodrama, life skills, and administration and supervision, and two volunteers. One volunteer was an advanced psychodrama student who had experience in pastoral counseling and Montessori education. The other had life-skills experience and training and was a mother living in public housing.

The children's treatment program had a coordinator and four paid staff members whose combined expertise and training included experience in infant stimulation, early childhood education, music, dance, and play

therapy. The program also depended heavily on a number of volunteers.

Weekly staff meetings were a vital component of the New Life Program. These meetings afforded staff members a forum to express and deal with their feelings, which were often evoked by the difficult and painful situations faced in the present or past by both the mothers and children. At the request of the staff members, a spiritual component of prayer and meditation was added to these meetings as the program progressed. The meetings and the support they provided helped to prevent burnout among staff members.

Outreach Volunteers

One crucial link between home and program was the participation of 23 volunteers. The duties of these volunteers included calling the women the night before and the morning of the program, encouraging and cajoling them to get up and get ready for the sessions, and driving the mothers and children to the program. The very high attendance rate of 82%, attained by isolated and discouraged women, was largely the result of the work of the volunteers.

The Child Enrichment Program of the New Life Project was designed to accommodate some of the immediate emotional, physical, and intellectual needs of individual children. Equally important in the program's design were the efforts to provide information, guidance, and role modeling for the child's mother.

The goals of the program varied for each of the three groupings—infants, toddlers, and preschoolers. The infants' program was designed to provide conscientious physical care and an atmosphere of trust for each child. The program was based on the tenet that through increased stimulation and a set routine, the children would show development gains in both motor and cognitive areas. Language development, peer interaction, music, toilet training, and routine discipline were the chief areas of concentration in the toddler program. The preschool program was developed in accordance with the children's needs for increased self-awareness and acceptance. Goals included stimulating more self-direction, developing the children's ability to follow routines, fostering responsible behaviors, and remediation of some apparent developmental lags.

"Creating Together" days proved useful in affording the mothers opportunities to work and play with their children in a variety of settings. On those days, the staff could observe mother-child interactions and endeavor to provide useful guidance to the mothers.

When on home visits, the staff could discuss and observe some of the parents' needs and concerns for their children. The staff naturally grew in

understanding after seeing some of the home environments and after listening to the mothers relate their problems.

During the first few weeks of the infant program, the children were very tense. Nearly all had difficulty separating from their mothers. Many screamed a great deal and did not eat or sleep well. A few behaved aggressively toward the other infants. Because of the tension evident in these children, our first concern was to set up a program in which the children would feel comfortable, to give them a secure routine day, and to stimulate them in a variety of ways. A program in which there was routine and predictability in response to their needs would provide an environment that promoted developmental gain.

As the weeks progressed, the children relaxed and began to feel comfortable, to eat well, and to sleep deeply. Some could relax as soon as they were put to bed; others needed to be held and rocked for quite a while before they were able to sleep. As they settled into the nursery and became familiar with the toys and the surroundings, they exhibited less aggressive behavior and became more responsive to the staff and to each other. We had a good variety of stimulating playthings for the children to use. We played games with them and had music for them each day. Weather permitting, we took the children outdoors and gave them freedom to explore various playground areas.

The positive changes in the behavior of the children resulted in part from their feelings of comfort within the nursery but in larger part from the changes in the behavior and attitudes of their mothers. These women were stimulated and encouraged, and many of them showed new confidence in their abilities. The mothers, badly in need of a break from child rearing, benefited from contact with people who could answer their questions about their child-care procedures and who could act as models in the preschool and the nursery. Both the children and their mothers benefited from the added variety of approaches and stimulation that resulted from contact with several people who were interested in and involved with them.

The Program for Toddlers

A separate program was set up for the toddler-aged children because we felt that their needs could not be adequately met if they were part of the older and larger group. The children selected were given a separate room for sleeping and playing, but they joined the rest of the children at lunch time. The toddlers were nonverbal and not toilet trained, and they all displayed difficult behaviors, especially during high-stress times, such as separations.

The toddler program emphasized routines in eating, toilet-training, and sleeping patterns in order to establish a trusting and consistent environment. Toys and art materials suitable for their age were introduced. This initiated several important learning opportunities for these children, who had had little or no experience with such tools. Their natural curiosity led them to explore their own personalities as creative, social beings.

Through loving, consistent discipline, the children began to trust each other enough to share not only the tangible objects but also themselves. As a direct result of their openness and eagerness to love and be loved, a nurturing atmosphere developed.

Hugging, rocking, and cuddling were emphasized during high-stress times and became part of our daily body language with each other. The children were massaged and sung to sleep in order to reduce or relieve those anxieties that had accumulated throughout the day and that had not had a chance to be expressed. Of necessity, nonverbal communication played a very large role in the beginning of the program. As the project progressed, the therapists accomplished much with the children's language acquisition and development.

The goals for the children, both individually and as a group, were rooted firmly in the areas of trust in themselves, in adults, and in their environment.

Both the mothers and staff observed the positive changes in the children. We concluded that the separate space and the programming provided the loving, calm atmosphere in which the children could respond.

The Preschool Program

The priorities for the preschool program were based on the children's obvious needs to build trusting social relationships and on an attempt to improve the many faulty, poor self-images of most of the children in the program. Activities with high success rates were promoted; emphasis was placed on enjoying the processes of learning and sharing together.

The daily program, run like that of a typical nursery school, established a set routine from the start. Many of the children, however, were both unable and unwilling to follow the class routines. Nap time proved to be a particularly difficult period of testing and confrontation. The children were not used to set guidelines. The staff was consistent in its expectations, and nap time eventually became a period of rest and relaxation when the children received a great deal of warmth and affection from the staff.

Discipline was largely in the form of withdrawing a child from an activity until he or she was able to cooperate. The success of the program

was greatly influenced by the consistent, firm yet loving limits that the staff used in order to provide an environment of stability. Many of these children were not aware of boundaries and soon learned the success that order could bring to relationships with both adults and peers.

Daily outdoor activities were part of the routine. The children had opportunities to visit an adventure playground and several parks in the area and to go on many exploratory walks. Lunch and snack times were important for both socialization and nutritional purposes. The children were encouraged to eat the healthy meals given them, and they were expected to behave in a mannerly fashion. These responses were new to many of them and, as a result, were real learning experiences.

The older children participated in academic exercises that enabled them to develop prereading and some printing skills. All the children enjoyed a daily circle time when they sang songs, heard stories, and contributed to discussions.

The preschool program met several of its original goals and was characterized by the sounds of happy children, excited and eager to return the next day. The children became more confident and aware of their own abilities. They enjoyed this first introduction to school and their enthusiasm grew daily.

The majority of the children in the program had had limited introduction in the areas of art and art-related materials. Hence, the art program was based on exposing the children to various utensils and modes of creativity. Various materials were used, such as paint, clay, plasticene, junk, food, crayons, markers, glue, and scissors. Children, who at the beginning of the program were sitting for 5 minutes and using one color, were soon doing more than one piece of work and were blending colors.

"Creating Together" days were incorporated into the children's art, music, movement, and drama programs. We felt it was important for the mothers not only to have their own creative experiences but also to witness their children creatively at work. Together, the mothers and children explored five of the creative materials, rotating from one to another. Mothers not only assisted their children but also made their own art pieces. The mothers and children resisted at first, but once they started, they all managed to surprise themselves with beautiful "objets d'art." The works were displayed on tables and left everyone with a feeling of great satisfaction. We also did several group projects, for example, a painted mural. At a movement session, mother and child played follow the leader, with the child guiding the mother. At one of the music sessions, the mothers learned to listen for the sounds of their children and to respond. They also used simple rhythmic instruments to respond to each other. We always had a sharing session after the "Creating Together"

sessions. Some mothers found it was easy to participate; others were reluctant but became involved; and a few opted to watch the session. If a mother opted out, a staff member modeled playing with her child and then observed the mother interacting with her child.

Dramatic play was also part of the children's program. Through dramas of long-time favorites such as *The Three Little Pigs* and *Where the Wild Things Are*, the children could express in play form their worst fears and behaviors in a safe environment. In time, the mothers, hearing of the children's excitement, asked to dramatize one of the stories themselves and chose to do *The Three Little Pigs*. Through their experience in staging the drama and in their discussions afterward, they found the connections to their own lives.

At play therapy sessions for mothers and their children, the toddler-aged children were chosen because they were unable to express needs verbally. It was a taxing and difficult age group to care for, and the staff had deep concerns for the well-being of some of the mothers of the toddlers and the subsequent welfare of the children. The therapists' goals for the sessions were teaching the mothers a nondirective, responsive method for playing with their children and providing an atmosphere of observation and questioning for the mothers. When observations were being made, the mothers had an opportunity to present their interpretations of their children's actions and reactions.

Assessment of the Program

The therapists concluded that every child gained in some way from exposure to the program. All of them experienced a warm exchange of feelings with their teachers and with members of their peer groups. Many became less dependent on adults by learning more self-help skills and by following routines. The children enjoyed the school environment and all the affection, warmth, and intellectual stimulation they received.

The New Life approach to child abuse provided a range of options not usually found in other programs. The intrapsychic, interpersonal, and behavioral skill deficits were addressed in the psychodrama and life-skills components. The emotional and social needs of the children were met by a children's treatment program. The mothers' needs for nurturing, socialization, and community support were met by the program design and by the caring involvement of volunteers. The New Life Program demonstrated that it is possible for isolated mothers to engage enthusiastically in an intensive treatment program.

A Group-Work Approach for Sexually Abused Preschoolers

GRACE L. BRADY

ABSTRACT. This article concerns the process of a particular group treatment approach for preschool-aged children who have been sexually abused. In the course of the group, the children are exposed to a combination of three components: education, experience, and free play. These three aspects help integrate the particular messages provided by the C.A.R.E. kit. Themes from the kit center on identification and discussion of issues related to sexual abuse, as well as prevention. This article focuses on one such group.

PRESCHOOL-AGED CHILDREN who have been sexually abused tend to struggle with their victimization in an internal manner. They do not have the cognitive development to make sense of such an experience, nor do they have the reasoning or verbal tools to reach outside resources. The trauma of abuse, grappled with at an inner level, may present outwardly in a multitude of symptoms such as undue anxiety, crying, nightmares, bedwetting and other regressive behaviors, withdrawal, hints regarding the abuse in the form of indirect messages, seductive behavior, self-destructive behaviors, excessive anger and temper difficulties, and physical effects (C.A.R.E., 1984). These symptoms, however, do not definitively identify the sexually abused child as distinct from those who have suffered other childhood trauma. Thus, professionals must rely on the child's ability to disclose the nature of the abuse so that safety as well as treatment issues can be addressed. In the assessment and treatment of sexually abused children, therefore, it is critically important that therapists provide those children with developmentally appropriate language and with awareness tools so that they may effectively explore their own victimization issues.

It has been common practice at our agency to offer family therapy to those families that have a child who has been sexually abused. In addition, we offer group therapy for that child. Typically, the preschool-aged child has access to play therapy or a combination of play and art therapy, depending on the unique characteristics of the particular case.

As the number of requests for service centered on child sexual abuse has steadily increased, especially throughout the 1980s, a definite pattern of service delivery and treatment issues has emerged. First, there was a distinct increase in the prevalence of families dealing with common and repetitive issues of sexual abuse. The nonoffending parents of children who had been sexually abused grappled in family therapy with recurring themes of guilt, anger, shame, confusion, frustration, and sadness. Second, because of the increase in the number of cases, a shortage of qualified professionals developed, and resources to address the longer delays for children waiting to receive individual therapy were in short supply. In both treatment arenas, it became increasingly clear to the therapists that pieces of the therapy process were being repeated numerous times in the agency's client-contact hours. From these observations, the therapists decided that a shift to group work was in order.

Critical to the success of this shift to group work was trust in the group therapeutic process, especially as it related to preschoolers. A highly structured framework was chosen to provide a psychoeducational experience for the children that would emphasize support and caring by peers, an experience not available in individual therapy. Although the therapists involved struggled with the concept that preschool-aged children could be developmentally able to be supportive of one another, they ultimately relied on this opportunity for the group members to learn and play together to provide a therapeutic milieu.

Objectives

The psychoeducational model was chosen because it combined structure to assuage anxiousness with freedom to facilitate increased spontaneity. Key ingredients of the model included the teaching aspect, which focused on identification and expression of feelings, and the experiential component, which was designed to consolidate learning at an age-appropriate level. In addition, a cognitive-behavioral approach was used to stress personal safety rules in an effort to prevent further victimization of these children who are deemed to be at risk of such a reoccurrence.

A Canadian firm, C.A.R.E. Productions Association of British Columbia, had produced a kit that satisfied the needs of the intended group. The C.A.R.E. kit, designed to educate young children about sexual abuse, contained excellent teaching units. It had proved most valuable in identifying sexually abused children among the agency's population and in providing the role of catalyst for the individual therapy process for previously identified sexually abused children. In this article, I

will describe how the C.A.R.E. kit was used in a psychoeducational group format for sexually abused preschool children.

Practical Considerations

The planners, who initially proposed the idea of a group for preschool-aged children, met to discuss the specifics of such a program. They agreed that two groups would be conducted in parallel fashion; that is, a nonoffending parent-support group would operate in the same time frame as their children's C.A.R.E.-kit group. This design addressed the practical issues of childminding and transportation and reinforced the point that the trauma was experienced not only by the child but also by the family.

Leadership for the group was also an agenda item. It was considered important that both groups operate under the coleader model that would offer a balance of the two perspectives of education and therapy. To achieve that balance, Donna Davis Popowich, an early childhood educator, and I, a family/group therapist with play-therapy experience, led the C.A.R.E.-kit group.

When making practical arrangements for the implementation of the children's program, we decided that the preschool classroom would provide the most appropriate setting because of the various play centers and a circle area that offered comfort with few distractions. The room conveys a sense of privacy and appeals to children. Because of the room's limited availability, sessions were to be held twice every week for 4 weeks. The adult group was scheduled to meet at the same time, and a 1-hour block of time was chosen as the best balance for both groups. The children's group would spend 20 minutes in the teaching component, 20 minutes in the experiential component, and an additional 20 minutes in free play. The size of the group would be limited to five, with a mix of the sexes. The ages of the group would range from 3 to 5 years.

Choosing the participants was the next step, and we issued a call for applicants to primary workers within our agency. Primary workers, in consultation with parents of their cases, assessed the appropriateness of their referrals, given the specifics of our group. We received five immediate referrals, all of whom were deemed acceptable.

The two leaders of the C.A.R.E.-kit group met in advance of the beginning of the sessions to discuss personal positions regarding group work, our individual approaches, strengths, and limitations. We reviewed the kit and planned our experiential exercises and established our evaluation measures. We were ready to begin.

Session 1

Tom (the names of all clients have been changed in order to protect their identity) and his mother were the first to arrive. Tom, aged 4 years, quickly found the play center and proceeded to pull out all of the toys. I took the opportunity to meet with Tom's mother, who expressed her concern about Tom's unruly behavior. She explained that Tom's verbal skills were minimal, that she had tremendous difficulty in handling his frequent temper tantrums, and that he was quite hyperactive. I agreed to keep her informed about his progress in the group and attempted to allay her concerns about how disruptive Tom might be in the group. Tom struggled to respond to his mother's redirection but managed to contain his behaviors. Tom invited me to play with him, and we spent a few moments together before joining the circle.

In the meantime, Sally, aged 5 years, arrived with her mother. They spoke with our coleader Donna, who showed Sally the classroom, and they remarked on the aspects that were similar to Sally's own preschool center. Sally spoke freely but showed some anxiety about being separated from her mother. With some reassurance, she was able to join the circle.

Four-year-old Jane seemed anxious and was very quiet. Although she looked at the different toys in the center, she moved directly to a chair in the circle after she said good-by to her parents. I sat with Jane for a few moments before the group was to begin, and we spoke of the doll she had brought with her.

Our fourth member, Frances, arrived. Because 4-year-old Frances had been to the classroom before, she was familiar with the environment and the staff. Frances, a bright and articulate young girl, had demonstrated potential for leadership.

David, who was to be the fifth member of our group, failed to appear for this first session. We learned later that his parents had decided not to follow through with this treatment modality for their son.

Our session began with games and songs designed to introduce the members of the group and to foster participation. A key to the success of the C.A.R.E. kit was a puppet that gave the children advice and showed them appropriate responses to difficult situations. In the first activity, the puppet played a cooperative game so that he could acquire a name. In our group, all the members were enthusiastic about the puppet. Tom was especially excited and remained focused during the puppet's presentation.

The C.A.R.E. kit's program, presented with verbal messages and discussion cards, begins with the theme: Everyone has feelings. Understanding and learning to talk about one's feelings are important aspects of personal safety (C.A.R.E., 1984). Our initial discussion focused on recog-

nizing different feelings, expressing those feelings, and expanding one's vocabulary around those feelings. The experiential component of our session included drawing faces with various expressions of feelings and completing such sentences as: I feel sad when . . . I feel happy when . . . I feel mad when. . . . The children, with the exception of Tom, concentrated on happy feelings. He spoke and drew about angry incidents, and his pictures reflected this mood in color and figure. Tom could not be specific about the content of the incidents about which he drew. Our session moved to a free-play segment and ended with a snack. We informally reviewed the day's lesson and conducted a closing circle.

Session 2

The children arrived for our second session looking somewhat apprehensive, yet curious, about what might take place. Tom was particularly excited about seeing the puppet again. Although our opening circle was designed for the members' participation, most of the children were content to watch and listen to the songs and games.

The theme for the second session was: Everyone has a body. This message placed emphasis on the fact that each person has a physical form that is both separate from others and unique (C.A.R.E., 1984). During the experiential segment, the children drew a full-body tracing, then colored it and cut it out. Sally presented as very rigid during this exercise and had great difficulty lying down. The decision to participate was left to her, and she chose to have the puppet help her. Although she did her best to relax, Sally continued to appear stiff throughout the drawing. She was very proud of her art work and developed a special relationship with the puppet. It is interesting to note that later, during the free-play segment, Sally replicated the full-body tracing experience with the dolls, and she played the role of soother and supporter.

During play time, dyads began to form among the members, and their interaction was becoming less strained as the children shared their toys and games. We ended the day's session with a snack and a closing circle of songs that helped them to identify and name the parts of the body.

Session 3

The children entered the classroom looking forward to our session. Frances was concerned about the puppet's continued attendance and was reassured that the puppet would arrive. The children greeted each other and spent a few moments showing parents the body tracing we had done previously. Tom was particularly proud of his work.

The group began the opening circle with a discussion about termination, including a count of how many sessions there were remaining. We then moved on to a game that focused on interacting with the next person. Jane had difficulty with this purposeful interaction, choosing only to interact with the puppet. Although Jane seemed to be a very bright and articulate child, she had yet to become verbal in the group. Nonetheless, she was very aware of, and attentive to, the process of the group.

The theme for this session was: Some parts of your body are private. This message defined private parts as those that are covered by a bathing suit (C.A.R.E., 1984). In the lesson plan, the emphasis is on naming the body parts and distinguishing between private and public parts. Tom seemed to be the most comfortable with the subject and spoke freely about the terms by which he knew the parts. Tom, however, was unaware of whether his own gender was male or female.

Both Jane and Sally appeared to be highly uncomfortable with this discussion. Jane became completely quiet and physically withdrawn, and Sally's speaking pattern accelerated to a high pitch and high rate of speed. Sally sought to distract the presenters with out-of-context questions and required redirection to the subject of discussion.

The experiential segment involved cutting labels of parts of the body, including the private parts, and pasting them to the full-body tracing. It is interesting to note that Tom continued to have difficulty deciding on his gender.

During the free-play component, Sally's play had a distinct shift from her previous play. She played in complete isolation from the others and was unusually rough in her treatment of the dolls. Her agitation decreased at snack time. Throughout the closing circle, Tom had difficulty controlling his acting-out behaviors and presented as regressed, with infantlike speech and a toddler's gait.

Session 4

Both Sally and Jane brought their dolls to the fourth session. Neither girl was prepared to surrender her doll, so in the opening circle, we talked about hugging our favorite things. This discussion related to the topic of the session: Different kinds of touching give you different kinds of feelings. This message is designed to encourage children to learn that their feelings can help them distinguish between positive, or appropriate, and negative, or inappropriate, touching. During the discussion, Tom described angry punching and hitting kinds of touches. In the course of talking about his feelings, Tom frantically began to move himself around

the room, settling only when he could sit with his arm around the puppet for comfort.

We sought to consolidate the day's lesson by having the children draw and explain a touch they particularly liked and one that they did not. Tom's aggression escalated during this segment. He was redirected to the hammer and peg toy, which he pounded for the duration of the free-play portion. As a group, we enjoyed a snack and a closing circle.

Session 5

Jane arrived 15 minutes late for the fifth session. Her mother explained that Jane had had one of her severe temper tantrums before leaving home. In the opening circle, Jane clearly declared that she was not going to participate in the day's session. We acknowledged her ability to label and express her feelings. During the opening circle, we reconsidered the issue of termination. The group counted the number of sessions remaining and talked about what it would be like to say good-by.

The theme for this session was: Some touching may confuse you and can be wrong. Our discussion centered on defining what the word confused meant. Following the plans of the C.A.R.E. kit, we suggested that children may be touched or be asked to touch someone else in a way that gives them a confused and uneasy feeling. Frances proved to be our most responsive member, contributing answers, questions, and examples, and the group began looking to her for leadership. Jane, in spite of her declaration, became quite animated and involved in the stories centered on the day's theme.

During the art segment, the children drew pictures and participated in discussions regarding what each child felt was a confusing touch. Sally's pictures were graphic and detailed, but the story accompanying her pictures was disjointed. The main feature, however, was a story of a dinosaurlike monster coming into her house when she was asleep and eating all the toys, clothes, and furniture in her room. Sally's story ended with her mother scaring the monster away before it could hurt Sally. Sally's voice, as she told the story, escalated in pitch and in speed. Sally excused herself to the free-play area, where she enacted a series of tender mother-infant scenarios. As usual, we ended with our customary snack and closing circle.

Session 6

The children arrived for this session, and we fell into our accustomed pattern. In our opening circle, we spoke again about termination and the number of sessions remaining. We continued this discussion until each

child could offer correct feedback about the planned termination process. The theme for the session was an elaboration of the previous message about touching that may confuse one. The focus was on defining concepts such as a trick, a bribe, and a secret. The lesson focused on the various ways an adult or teen-ager might try to persuade a child to become involved in sexual activity. It is at this time in the session that we most strongly reiterate that sexual abuse is never the child's fault and is always the big person's fault. Throughout the discussion, Sally sat on her doll and rocked in a self-stimulating manner. Tom's regressive behaviors were quite pronounced, including wanting to be babied by all members of the group. Frances presented as somewhat sullen and declared that she would not talk about this topic. Jane also refused to participate. Each child was then given a puppet and allowed to interact with the C.A.R.E.-kit puppet if each so desired. The reactive behavior declined, and all the children were able to explore their feelings about touching that is confusing and about how a big person might attempt to touch a child.

Because of the intensity of the session, we moved directly into the free-play period. The children's play had a frantic quality that soon evolved into more typical play patterns. All the children seemed anxious to see their parents, so we ended the session early with a quick snack and some comfort songs.

Session 7

We again reviewed the termination process during our opening circle. We also acknowledged how difficult the last session had been, especially in comparison with the others. The message for the seventh session centered on the three personal safety rules: You can say no; Get to a safe place; and Tell someone you trust. The rules, designed to encourage appropriate, assertive behavior, addressed the difficult concept of a child's objecting to an authority figure's wishes. Each child was able to practice saying "no" and rehearsed where he or she might go to be safe. The children selected the person to whom they might tell their problems.

This session appeared to be the most relaxed of all the sessions. The children colored pictures depicting each of the three rules. Sally announced that she had something to tell the puppet; yet when the puppet spoke with her, Sally changed her mind. Sally repeated this exchange with the puppet several times. Before they left, the children were reminded that the next session would be the last for the group.

Session 8

From the beginning of the session, the children demonstrated their awareness that this was the last time we would meet. During the opening

circle, we talked about what a special day it was. We talked about our feelings about saying good-by to the beloved puppet, the other members, and the leaders. We predicted that we would miss each other. We reviewed our discussions, concentrating on the contents of the kit, including comments on our feelings, our bodies, and our private parts. We talked about good touches and bad touches and about the fact that sometimes people try to touch a child in a bad way. We stressed that being sexually abused is never the child's fault. We also practiced the three personal safety rules.

In a ritual of closing, the puppet presented each child with a poster from the C.A.R.E. kit and a personalized certificate for completing the kit. Each child spent a moment with the puppet to say good-by. Then we had an extensive closing circle that formalized the good-bys among the members by means of songs and games.

Evaluation

Leaders of both groups felt it was crucial to debrief after each session. In addition, a formal debriefing meeting was scheduled to be held after the groups ended. The leaders reflected on how intensely emotional the experience had been for all who had participated. The therapists remarked that the children, who, for the most part, were cognitively aware that the puppeteer was indeed the source of action, still maintained their distinct relationship with the puppet character. All agreed that the puppet was the element critical to the success of the program. They noted that the puppet served each child in a multitude of roles: comforter, nurturer, source of fun, supporter, nonjudgmental affirmer, and listener.

The experiential component was also deemed a success because of its ability to encourage the children to produce art work through which they could explore and talk about their feelings. The therapists noted that no one had predicted the effect of the free-play segment. They agreed that the free play offered the most unique opportunity for the children to crystallize and consolidate the concepts explored at each session. It also afforded the group members a chance to interact in a way that was distinct from the structured, classlike teaching segment. The leaders also concluded that, in the future, if the group includes male and female members, the coleaders ought to reflect that mix.

Finally, each individual case was assessed for movement along the established continuum, and progress reports were drafted for primary workers. The continuum included these ratings:

−5 Does not attend sessions
−4 Disruptive behavior prohibits continued attendance

−3 Attends sessions
−2 Is attentive during sessions
−1 Participates during sessions
0 Is able to demonstrate grasp of concepts offered
+1 Uses the experiential segment to explore feelings
+2 Uses play sessions to consolidate knowledge and insight
+3 Generalizes knowledge and insight to experiences outside of group
+4 Uses acquired knowledge and insight in a difficult situation with help of a trusted adult
+5 Uses acquired knowledge and insight in a difficult situation

Conclusion

The shift to group work to enhance both family and individual therapy for sexually abused preschoolers has proved to be an effective and fruitful movement. In our ongoing work, the C.A.R.E. kit and the group itself have been continually revised because of the diversity of our client population. With the increased experience of the leaders, we have also found that new questions and directions arise that are rich in potential for future exploration.

Acknowledgment

I would like to thank my coleader, Donna Davis Popowich, for her support and guidance throughout our shared group experience.

NOTE

Further information regarding the C.A.R.E. kit may be obtained from C.A.R.E. Productions of B.C., P.O. Box 183, Surrey, B.C., V3T 4W8, Canada.

REFERENCE

C.A.R.E. Productions Association of B.C. *C.A.R.E. kit: Lesson planning guide.* 1984. D. W. Friesen & Sons, Cloverdale British Columbia, p. 2.

The ALF Group: A Model of Group Therapy With Children

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ABSTRACT. In this article, the authors present a model for group work with children in which role characterization, specifically the character of Alf, whose name is an acronym for acceptance, love, and family, is used. The group work was conducted with children experiencing the separation or divorce of their parents. The structure and process of the ALF model is described.

CHILDREN FORM A GREATER part of the case load of today's psychotherapist whether or not that therapist has been trained to work with children. Parents are using therapy to assist their children through a variety of concerns that are present to a significant degree in our current society. In our clinics, we see children who are victims of child sexual abuse and physical violence in their families, who are responding to the separation or divorce of their parents, who are resolving the grief that results from the death of significant family members, and who are responding to more general issues of family stress and dysfunction that cause children to act out.

We believe that therapy with children between the ages of 5 and 10 can provide them with a corrective or re-educative process that will enable them to develop new strategies or replace ineffective ones, permitting them to cope better with life. Child therapy is designed to promote the child's cognitive understanding at the developmental level of that specific child (Piaget, 1969). It also helps the child identify feelings and find appropriate means for expressing them. Finally, it is designed to change behavior in the direction of enhanced coping and skill mastery.

We have noticed that, where possible, group therapy for dealing with the problems of children is the therapy of choice. We have found, like Ohlsen (1977), that in groups, children learn to help each other and become increasingly open and authentic regarding their inner and outer experiences. George Gazda (1973) has stressed the importance of recogniz-

ing the developmental tasks of children within each age group and designing the process to address these developmental stages. He sees group procedures on a continuum with preventive groups on one end and remedial groups at the other. Thompson and Rudolph (1983) identify four basic categories of groups into which children could be divided for counseling purposes. The first they title the "common-problems group," consisting of children who are dealing with the same difficulty, such as loss, divorce, or school problems. The second is the "case-centered group," composed of children who are each working on a specific problem. Within the group, the children bring different resources, thus aiding each other in the growth and change process. The third is the "human-potential group" through which children can develop the positive traits and strengths that lie dormant within them. The final type is the "skill-development group" designed to enhance the various skills that enable a child to cope better, for example, communication skills and ability to handle aggression.

Facilitating

It is our belief that therapists who work with children's groups need some special human qualities and facilitation skills. We think it is basic to good therapy ethics that facilitators actually like children and enjoy working with them. Facilitators need to be able to tap into their playful childlike qualities when that is appropriate in the group, and need a good understanding of child development as it relates to cognitive, affective, and behavioral levels of functioning. A systems background further enhances therapists' knowledge of dynamics so that they always understand the child in the larger context of his or her life.

In terms of skills, we believe that it is important to have a basic knowledge of group counseling and dynamics, to be comfortable with action methods within the group process, and to have a repertoire of "starters" or warm-up exercises to facilitate the group sociometry. We further feel that the therapist needs to be highly creative and spontaneous to meet the various contingencies that emerge with children in groups.

We recommend a cotherapy model in working with children in group and prefer to have the cotherapy team composed of a male and a female. For children, this model is both representative of and enables them to work through issues related to both parents, whether or not those parents are present in their lives. In our "characterization" model, the use of cotherapists further permits one therapist to be in the "character role" while the other is playing the "straight person."

Characterization Model

A number of years ago when Big Bird was the hit of young children's television viewing, one of us (CAG) decided that children readily respond to nonhuman characters who have authentic human qualities. The children on the TV program "Sesame Street" seemed eager to share their inner experiences, both thoughts and feelings, with Big Bird. As an experiment, children with severe behavioral problems participated in a group experience with one of the two therapists acting as Big Bird. The goals set for the group were obtained much more rapidly and successfully than were those set for the regular groups in which both leaders remained their own persons. Later, groups were conducted while one therapist was in clown costume, and those groups also achieved success. A therapist in character can say and do things that the children will listen to and respond to and experiment with that they would not do if directed by a therapist not in character.

ALF Model for Children of Separation/Divorce

In the remainder of this article, we will focus on the ALF (acceptance, love, family) model, a group procedure for working with children affected by separation or divorce. Alf is one of the most popular characters currently on TV, with high viewer ratings and a number of promotional items in stores—toys, clothes, games. Almost every child is fascinated with Alf. Therefore, in our group one therapist works with the group in the costume of Alf, while the other therapist functions as Alf's foil or straight person. The purpose of the group is to help children cope more adequately with the separation and divorce of their parents.

A review of the literature related to the children of divorce (Longfellow, 1979; Wallerstein, 1983, 1984) indicates that children generally have a difficult time coping with losses and transitions resulting from marital breakdown. Frequently, children of divorced parents will act out as a means of trying to reunite their parents. They may also develop a pattern of emotional withdrawal as a means of gaining attention and provoking a parental connection. Beyond this, a range of symptoms has been reported such as phobias, learning problems, sleep disturbances, eating disorders, and regression to earlier stages of development and their appropriate behaviors.

As specific goals, the ALF group endeavored to

1. encourage the children to express their feelings regarding the parental separation;

2. use a group context for mutual support and learning;
3. use both skill development and case-centered foci when working with a common-problem group;
4. use art, drama, play therapy, and other media to accomplish the expression of feelings and to gain cognitive mastery at appropriate developmental levels; and
5. have the character of Alf be a symbol of the group.

Alf was chosen as a symbol because most children know and love the character. Alf is a being from outer space who arrives on earth and is adopted by a family. He is furry in appearance, has a big wart on his nose, and continually says "no problem" to any difficulty. He would become the teacher, nurturer, supporter of feelings, and model of skill development as the group evolved. His name, too, symbolized our hope for what we wanted to accomplish with the children—accepting love in the family. For these children, their main task was the acceptance of the fact that their families loved them even though there was a change in the family organization as a result of their parents' separation.

The ALF groups for children were divided into eight sessions, with each having a specific focus. The themes for the meetings were as follows:

Session 1: Introduction of rules and Alf as cotherapist
Session 2: Meaning of words such as separation, divorce, blended family, blaming
Session 3: Feelings focus: loss, grief, sadness, anger, etc.
Session 4: Denying separation (pretending)
Session 5: Sadness (depression)
Session 6: Anger and its expression
Session 7: Acceptance
Session 8: Termination and appreciation

The rules established within the group were minimal but very important for maintaining a structure and a hierarchy of authority. The rules were simply stated: do not hurt others; do not hurt yourself; do not damage the room or toys; and do not leave the room.

When we do a common-problems group with cotherapists, we work with seven to eight children. The ages range from 6 to 9, and often during activities, we divide the group into younger and older children, with a therapist working with each group. Often the groups will contain siblings because it makes more sense for a parent to bring both children to the office at the same time. The children, although they are different ages, usually have similar problems.

Process of Sessions

Usually in the first session, the children express their anxiety by high levels of activity. This may be acted out in negative ways if it is not channeled into some starter activity. Alf, in costume, introduces the group to a series of active exchanges that gradually taper down to more structured and quiet forms. This allows Alf to do some teaching about the function of the group and how it relates to the situation of parental separation.

The second session is devoted to looking at some of the words that are used by adults and children at the time of separation. Four key words are identified: separation, divorce, blended family, and blaming. The children are asked to define what these words mean. Many are vague and have only partial understanding of the words. The words are then acted out by using the group or Alf and the cotherapist. The children describe their feelings about the words. When one child said that the words "make me sad," it provided a context for enacting the fact that separation does not have to mean abandonment.

Denial and anger are the predominant feelings of children who are experiencing the separation of their parents. The third session deals with these emotions in the context of Kubler-Ross's five stages of grief: denial, anger, bargaining, depression, and acceptance. The children are asked to draw a picture showing how they feel about the separation. After the children tell their stories and show their pictures, Alf and the cotherapist, Jennifer, choose a feeling and enact it in a way that would involve the various members of the group in a demonstration of a feeling. For example, denial was demonstrated with Alf pretending that he was happy and satisfied while Jennifer was telling him that he could not have any of her candy. The pretending was exaggerated so that it was obvious to the children. When they have processed what was happening and when they identify it as "denial," no matter what the words, the leaders relate it to the children's own parental separation context.

Sessions four through seven continue in this vein. Various feelings are explored, and skills to handle each one appropriately are developed. A lot of sculpting of the families is done, using members of the group to represent each family member of a particular child. The leaders then demonstrate that, although the family may now be organized differently, all the cast of characters remain. The child thus comes to see that both parents are still available. Further, the child is assured that grandparents will not be lost. The child gains a visual picture of his or her life process. Often, the leaders demonstrate the movement back and forth between families and what is special and different in each context.

In the final session, Alf and Jennifer begin by talking about Alf's eventual return to his own planet. They mention what they appreciate about each other and remember the experiences that they have shared. This duet is then expanded to include the group and each child is asked to tell what he or she has appreciated about various members of the group and about Jennifer and Alf.

The closure of the group is related to the changes that any separation brings about. In this discussion of changes, the children talk about the changes that are the result of their parents' separation. The children are reassured that they have learned how to use all the benefits of ALF (accepting and being accepted, loving, and appreciating one's family) to make their current life situation more acceptable and happy. Each child is given a little Alf sticker, attached to a handmade, symbolic gift. For instance, one child who wanted to know what the future would bring and who loved airplanes was given a decorated paper airplane with two seats. Alf (in sticker form) was in one seat, and a drawing of the child was in the pilot seat. He was told that the airplane represented his ability to move quickly from place to place. For this child, the airplane also represented his need to get a good overview so that he could feel more comfortably in charge of what was happening to him in relation to his family. A specialized gift was given each child because the therapist hoped that it would enable him or her to retain the ALF experience even when the group was not in process. The gift also represented an inner quality that each child had worked on while in the group.

Conclusion

This group had less difficulty meeting its goals than did the "noncharacterization" groups. The group was not set up in a controlled experiment, but we plan to do this in the future. Both of us have conducted groups for children when we did not dress in character, and we found such groups generally more difficult to manage, less apt to achieve goals in a short time frame, and much less fun to conduct. A parents' meeting was held at the start and at the end of the group, and parents confirmed that the children appeared more relaxed, that specific symptoms had, for the most part, disappeared, and that the child was more openly expressing his or her experience to both parents.

The use of a therapist in character results in a more child-centered focus for the group therapy. For instance, Alf could teach ideas to the children to enhance their cognitive understanding in a way that a therapist not in character could not do. The Alf character can hold the children's attention for a very long time. Alf can snuggle and nurture a child,

when appropriate, in a manner that does not compete with the significant individuals in the child's life. Alf can encourage the child to sit on mom's lap and cry just as he is doing with Alf. Alf can talk about himself as a child so that the child can identify with him, whereas, out of costume, the therapist is not a child but an adult. Thus, Alf can use the child experiences to model for the children in the group. Alf can "act out" in appropriate ways and thus channel energy positively.

As a fantasy figure, Alf helps the children learn to pretend and develop their creative potential. They are thus able to gain new perspectives for examining their life context. New views provide alternative means for problem solving. This process can thus move the child from a place of being "stuck" to one in which he or she can use inner resources to manage in a more creative fashion difficult situations in living. It is highly satisfying to a child therapist to see children helping each other to grow and change, facing adversity without denial, and realizing that they have the inner resources to manage. Thus, with Alf, the child can reach a point where he or she approaches a barrier and sees it as "no problem."

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The Sociodramatist and Sociometrist in the Primary School

TEENA LEE

ABSTRACT. This article focuses on the ways in which a sociodramatist and sociometrist can work with children in the primary school context. Action methods can be used to enhance creativity within the school context and to encourage children to be creative. Specific program designs are described along with the methods for putting them into operation. The value of the sociodramatist within the school system is affirmed.

PRIMARY SCHOOL IN AUSTRALIA spans the first 7 years of education after kindergarten or preschool. Children's ages usually range from 5 years to 11 or 12 years.

When my eldest daughter was attending "prep"—the first year of school—after successfully and enjoyably completing a year in kindergarten, I was struck by how rapidly a previously spontaneous, flexible child was becoming an intimidated, rigid child.

After the second day of school, my daughter announced that she did not like boys. I was amazed. During the last 2 years, her very best friend was a boy, and she had shown no sign of sexism before this statement.

I observed the playground, the friendship groups; I listened to the various children's reports of their experiences; I chatted with parents and teachers. What became most apparent to me was that the children quickly acquired rigid attitudes about relating and learning and conformed to these attitudes. The children seemed to understand that they needed to survive, to fit in, to know where they stood in the group.

The sociometrist inside me screamed for an opportunity to facilitate and slow down the emerging social rigidity. I wanted to present the possibility of safe role reversal and show the potential for social maturity and adaptability that can come from balancing groundedness with the ability to reverse roles in any part of the system. In an attempt to reach these goals in the two prep grades, I volunteered to run what I called Kids' Drama and Kids' Group Games. Fortunately, the administrators eagerly

accepted my offer and gave me a lot of freedom to work with the classes and the teachers.

I began the program with a number of aims. I hoped to encourage self-expression and to provide an opportunity for increased group cohesion within the class. I intended to increase everyone's understanding of the basis for a group and the child's place in a group. I wanted to promote broader life-coping skills and to have fun. After several weeks, I added to the list of goals, to increase their self-esteem and confidence. Over the years, this has emerged as a key issue in the development of health and human relations programs, particularly in drug prevention programs and protective behavior programs for child abuse prevention. I wanted the children to be able to act spontaneously, even in adult-structured and threatening environments. I had been surprised by how the children's spontaneity on the playground and their use of flowing role play became an almost unavailable behavior to them and needed enormous facilitation in the classroom setting. This behavior deficit changed markedly approximately two thirds of the way through the kids' program for the prep year. Shy children, however, needed more time. I decided the children should learn group discussion skills, which are usually not developed until Grade 2.

Other goals that I decided upon included having the children learn about the theater—actors, stage, audience—and providing appropriate channels for the children's excess energies. I planned to explore *themes* that were of relevance and concern to a particular class and age group. To model healthy interpersonal relations, I intended to express appreciation, respect others, handle conflicts fairly, and demonstrate the components of intimacy and friendship. With the older children, I hoped to broaden their social experiences and maturity.

Group Facilitation

My facilitation style changed somewhat, according to the age group and the previous experience of the children, but basically I operated as a sociodramatist. After doing research, I wove together a theme of relevance, using a book or writing a little story or play in which to couch this theme. Before this reading and enactment, the group usually played at least two sociometric games that brought the group together by opening up patterns of connectedness and warming them to the theme. The games also provided outlets for time-limited expressions of noise and boisterousness.

After several enactments—which might be going on in multiple dyads, in role-reversal format for the second enactment, or in the more traditional actors-and-audience style, changing actors for a second enact-

ment—I facilitated a group discussion. Our discussions in the circle varied in length and depth, depending upon the age of the group. Closure often included a body contact exercise; an unwinding, calming element; and a "hand back" to the teacher. The sociometric action games, which may have specific or multiple aims, included cohesion builders, group connectedness mixers, discussion promoters, theme builders, action promoters, physical boundary stretchers, expression promoters, new role experience promoters, social experience broadeners, energy channelers, expression controllers, and self-esteem builders. I also used action spectragrams on a theme and occasionally action sociograms.

I kept the stories simple and brief for the younger children, often using picture books or TV characters. For the children a few years older, I used more of my own written mini plays because the themes were more complex, although the surface story remained fairly simple. I always aimed either to involve many in the action or to have a two-character story that everyone enacted in multiple dyads, with a role reversal for the second enactment.

Fostering Confidence and Overcoming Shyness

These activities were used with 5-year-olds after they had had about 6 weeks of drama with me. As we sat in a large circle, I explained to the group that we were going to do some things to help us if we were shy.

I began our discussion by asking the children if they were embarrassed with people or felt confident with people. I directed them to raise hands if they knew what confidence meant. They defined confidence as feeling okay or good when all sorts of different people are talking to you and maybe even looking at you. We continued our discussion of the meaning of confidence for a few minutes and then moved on to a spectragram.

I moved three chairs to the front of the group and explained to the children the purpose of each. The first chair was to be used by children who felt shy with new visitors and when standing in front of the class. Those who sat on the second chair usually felt okay with new people and in class but sometimes were shy and embarrassed. Children who sat on the third chair felt good and were confident with a new visitor and with the class looking at them. I then asked the children to sit by turn on the chair of their choice, basing that choice on their assessment of their own confidence. Eleven chose the first chair, 8 the second chair, and 4 the third chair.

For the next exercise, we sat in a large circle. I explained that we were going to play a name game and that the children could think about how they felt—shy or confident or somewhere in between. I demonstrated

first to show the children how we would, in turn, stand up and say, "My name is . . . " or just say our names. The class would then clap after each person spoke. If a child could not follow the procedure, I would say, "Class, this is. . . ." Once the introductions were finished, I asked the children to indicate by raising hands, whether they considered themselves shy or confident. I next read a story about someone who is painfully shy, *Little Miss Shy* by Roger Hargreaves. The children listened to the story, and I showed them the pictures.

For an enactment of the story, we assembled simple props, and I selected actors from the volunteers, giving preference to the shy children. At the end of the play, we in the audience applauded and praised the volunteer actors. All of the group now participated in role play, walking around being Miss Shy or Mr. Quiet. This was followed by having all assume the role of Mr. Funny. The children strode about with bodies erect and heads up, being confident. I stressed to the children that the secret to being confident is practice. Again the children assumed roles, this time being Mr. Confident and Miss Confident, and practiced walking around the room. We enacted two quick situations to promote confidence. We pretended we were part of a heritage day ceremony, where children help with the planting of a tree. We enacted a ceremony where children receive awards for good work. During closure back in the large circle, I emphasized practice and encouraged the children to practice when they play outside or at home.

Addressing the Problems of Change, Loss, and Death

I used these exercises with Grade 2 children (approximately 7 years old), a group in which one child had just lost a grandfather and several others had experienced loss over the previous 6 months. I had worked periodically with these children over 2½ years.

With everyone sitting in a large circle, we began the session with a name game. I pretended to throw a ball to a person across the circle as I called out the person's name. I chose a new person each time.

For the next activity, I directed the children to turn in the circle so that each faced the back of the child to the left. I directed the children to pretend that the backs before them were playdough to be kneaded, rolled out, to be molded into shape, pushed into a statue, and glazed. I then directed the children to turn, find the back of the person on the right, and to pretend it was a road map. On this map, they located a house in Melbourne and raised a hand if they had lived in Melbourne. I asked the children to pretend that they were in a heavy truck, traveling to their houses, the school, and the shops. They traveled to the railway station where they

left the truck and boarded a fast train. During the dyad work, the children worked with the partner of their choice, talking with a different person about each topic. The talk centered on having moved one or more times, big changes in one's life or family, the loss of pets, the death of a grandparent or some other significant person, or sick grandparents.

Before beginning my story, I explained to the children that there was some excitement in it and some sadness. I told them that I knew some people had been feeling sad and it was not good to feel sad alone or to keep this feeling held in.

Missing a Day of School

One Monday Mrs. Withers received two notes saying that two members of her class would be away from school the next day.

One child, Damian, was very excited because his grandma and grandpa were arriving by airplane from overseas. He had really missed them. He knew they would be so pleased to see him at the airport with his mum. Probably they would have a little present for him—special soap from a hotel or packets of sugar from a restaurant.

The other child was Tina, who felt quite different. She knew she was really going to miss her grandpa, who had died the day before. She would be missing school to go to his funeral. She had always got on well with "Pa," and it was hard to believe that he wouldn't be there anymore to read to her or take her for walks. Mummy and Daddy and everyone else were very sad too.

When Tina and Damian talked about their grandmas and grandpas that day, it made the other kids in the class think about their own grandparents.

Many of them had wonderful grandparents who showed them lots of love. Some didn't see their grandparents much because they lived somewhere else. Some children's grandparents had already died. A few children didn't really get on with their grandparents very well.

A couple of days later, Tina was still feeling pretty sad. Damian noticed this. He had with him three soaps, two little toothbrushes, and six bags of sugar from his grandparents' trip. He'd brought them for "Show and Tell."

He decided to give Tina the six bags of sugar. He quietly said to Tina, "I love my grandpa, and I hope he never dies, not 'til I'm a grown-up anyway."

Tina nodded and took the sugar. She felt a little bit better because someone had shown her he cared.

At the end of the story, I told the class that we are going to act out three scenes related to the story. The children portrayed the airport scene —the grandparents coming off the plane into the busy airport and being greeted by Damian and his family. We dramatized Tina's grandfather's funeral, imagining what might have been said in his eulogy. The children also acted out the scene in which Damian gave the sugar bags to Tina.

In the large-group discussion after the dramas, we considered the loss of a grandparent and talked about what is the hardest part of coping with

that loss. We checked to see who had healthy grandparents and who had sick grandparents. We talked about the fact that missing people and losing friends are a bit of the same feeling. We stressed that you do not need to keep sadness to yourself, that sadness can last a while, and that friends are really important.

Using Sociometric Games With New Groups

At the beginning of a new school year or in a new group, I have used sociometric games to promote cohesion. I often began with a name game in which each person in a large circle said his or her name and the group repeated the name twice and followed it with a sequence of actions. For example, after repeating the name of person 1 twice, the children clapped twice; after person 2, they tapped their heads twice; after person 3, they honked their noses twice. The group repeated the sequence around the circle until all were named. For dyad activities, I divided the group into two concentric circles. For each activity, one of the circles was instructed to move, and a new dyad formed. These activities proved successful: Partners pretended to be two moving parts of a machine; one partner was clay, and the other molded it carefully; one partner was a television, the other turned it on, changed the channel, and adjusted the volume. Once the actions were completed, the partners reversed their characterizations and performed the actions again. Another activity involved the use of free movement and sounds. A whistle may have meant fly like a bird; a drum, hop; a clacker, roar like a lion; a bell, stop; a xylophone, find a new partner. Then the dyad activity was repeated.

An Observation

This taste of the use of sociodrama in a school setting demonstrated for me how important and valuable the presence of at least one sociodramatist in each school would be addressing the issues of human relations and self-esteem.

BOOK REVIEW

Suicide in Children and Adolescents. 1990. Edited by George MacLean. Toronto: Hogrefe & Huber.

This small volume with only five articles presents one of the best overviews on suicide in children and adolescents. Most of the authors are Canadian, working in the Ottawa area, and are recognized as among the leaders in the field of childhood and adolescent depression and suicide.

In the first article, Joffe and Offord discuss epidemiology. Here, the incidence of suicide among children and adolescents is reviewed worldwide, with special attention given to the United States and Canada. They also consider psychosocial correlates of suicide and the methods most frequently used.

Editor George MacLean contributes the article on clinical perspectives. Giving us an overview of concepts of death from a developmental perspective, he reviews the psychodynamics related to youthful suicide and then discusses the process of assessment.

MacLean is also the author of the article on depressive disorders in children and adolescents. He devotes the first part of this article to his review of the syndrome of depression in children and adolescents and how this is linked with suicide. He gives a brief overview of DSM III R terminology and concludes with a detailed assessment process.

Cynthia Pfeffer, in her article on the manifestation of risk factors, offers a clear profile of how one must examine carefully for suicide as a potential in children and adolescents. She discusses the spectrum of suicidal behavior and how features differ depending upon the age grouping of the children. She elaborates on the concept of a suicidal episode, which is a discrete event or period that has an onset, a time period or duration of expression, and an offset time. This enables the therapist to focus on the episode as a unit. She discusses the classes of risk factors by dividing children into an affect group, a coping-mechanism group, an interpersonal group, and a developmental group. These groupings interact to create a dynamic equilibrium in which the relative influence of a particular cluster of risk factors may vary at a particular time.

The final chapter by Simon Davidson focuses on management. He discusses media awareness, public awareness, the importance of school-

based programs, the need for programs to be comprehensive, and the importance of suicide prevention centers and hotlines. He describes case vignettes to illustrate areas of management.

The authors of each chapter have included annotated bibliographies as well as comprehensive bibliographies related to the themes of their chapters.

For those working with children and adolescents, this book provides comprehensive information not only about suicide but also about depression and the other psychodynamics professionals need to know so that they can prevent children and adolescents from acting out in this lethal manner.

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Call for Papers for a Special Issue on Sociometry

Readers are invited to submit manuscripts for consideration for a special issue focusing on the use of sociometry in industry and business, mental health, education, gerontology, and sports psychology. In this issue the editors hope to present articles on new and revised sociometric methods, computer programs, social network analysis, and community psychology. Submissions should be received by June 1, 1992.

Articles being submitted should be mailed to Managing Editor, JGPPS, Heldref Publications, 4000 Albemarle St. N.W., Washington, DC 20016. Please refer to the Information for Authors, which is printed in the journal, for specific instructions for manuscript submissions.

Information for Authors

The *Journal of Group Psychotherapy, Psychodrama and Sociometry* publishes manuscripts that deal with the application of group psychotherapy, psychodrama, sociometry, role playing, life skills training, and other action methods to the fields of psychotherapy, counseling, and education. Preference will be given to articles dealing with experimental research and empirical studies. The journal will continue to publish reviews of the literature, case reports, and action techniques. Theoretical articles will be published if they have practical application. Theme issues will be published from time to time.

The journal welcomes practitioners' short reports of approximately 500 words. This brief reports section is devoted to descriptions of new techniques, clinical observations, results of small surveys and short studies.

1. Contributors should submit two copies of each manuscript to be considered for publication. In addition, the author should keep an exact copy so the editors can refer to specific pages and lines if a question arises. The manuscript should be double spaced with wide margins.
2. Each manuscript must be accompanied by an abstract of about 100 words. It should precede the text and include brief statements of the problem, the method, the data, and conclusions. In the case of a manuscript commenting on an article previously published in the JGPPS, the abstract should state the topics covered and the central thesis, as well as identifying the date of the issue in which the article appeared.
3. The *Publication Manual of the American Psychological Association*, 3rd edition, the American Psychological Association, 1983, should be used as a style reference in preparation of manuscripts. Special attention should be directed to *references*. Only articles and books specifically cited in the text of the article should be listed in the references.
4. Reproductions of figures (graphs and charts) may be submitted for review purposes, but the originals must be supplied if the manuscript is accepted for publication. Tables should be prepared and captioned exactly as they are to appear in the journal.
5. Explanatory notes are avoided by incorporating their content in the text.
6. Accepted manuscripts are normally published within six months of acceptance. Each author receives two complimentary copies of the issue in which the article appears.
7. Submissions are addressed to the managing editor, *Journal of Group Psychotherapy, Psychodrama, and Sociometry*, HELDREF Publications, 4000 Albemarle Street, N.W., Washington, D.C. 20016.

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Aims: to establish standards for specialists in group psychotherapy, psychodrama, sociometry, and allied methods; to increase knowledge about them; and to aid and support the exploration of new areas of endeavor in research, practice, teaching, and training.

The pioneering membership organization in group psychotherapy, the American Society of Group Psychotherapy and Psychodrama, founded by J. L. Moreno, MD, in April 1942 has been the source and inspiration of the later developments in this field. It sponsored and made possible the organization of the International Association on Group Psychotherapy. It also made possible a number of international congresses of group psychotherapy. Membership includes subscription to *The Journal of Group Psychotherapy, Psychodrama & Sociometry,* founded in 1947 by J. L. Moreno as the first journal devoted to group psychotherapy in all its forms.

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