

**PHOENIX RISING: HELPING ADOLESCENT FEMALE SURVIVORS
OF CHILD ABUSE THROUGH GROUP WORK**

BRENDA F. GIBBS

Bachelor of Education, University of Saskatchewan, 1979
Bachelor of Arts, University of Saskatchewan, 1982

A Project
Submitted to the School of Graduate Studies
of the University of Lethbridge
in Partial Fulfillment of the
Requirements for the Degree

MASTER OF COUNSELLING

**FACULTY OF EDUCATION
LETHBRIDGE, ALBERTA**

August 2011

Dedication

This final project is dedicated to my mother, Margaret Skeoch, and father, Henry Richard Gibbs, both survivors of childhood trauma. Always, they inspired and supported me to seek my greatest potential. In addition, it is dedicated to the many youth of trauma that I met while teaching at Omega, the off-site satellite program supported by the Saskatoon Public School Division. Their resilience and enthusiasm made every day a day of hope.



Figure 1. Henry Richard Gibbs and Margaret Skeoch Wedding Photograph March 31, 1955 Moose Jaw, SK.

Note. Permission was granted by Henry Gibbs to use this photograph in this project.

Brenda Gibbs's approval is needed for permission to copy this photograph.

Abstract

The intention of this project was to design an 8-week comprehensive psycho-educational group, including a detailed facilitator's manual, to help female adolescents begin their recovery from traumatic history related to sexual abuse. Principles of best practice within trauma therapy were gleaned from two literature reviews as part of the project. A table of long-term goals and session objectives provides an overview of the complete group intervention process. The resultant program, called Phoenix Rising Group, depended heavily on the feminist empowerment model to foster healing and create a foundation of community. The group program was planned around core issues in stage one of recovery (Herman, 2001) such as creating safety, identifying trauma symptoms and effective coping skills, as well as exploring personal understanding of the survivor experience. A unique component to this program is the invitation for group members to share the aftermath story of abuse within the group setting. Administrative forms, session handouts, and facilitator scripts for particular interventions are provided in the Phoenix Rising manual. Strengths and limitations of the project are addressed along with recommendations for future research.

Preface

In the spring of 2008, I was finally enrolled in the much-anticipated group counselling elective course. Completing this training had been my goal since I participated as a group member in my own therapeutic journey. In my group, I witnessed the transformation and empowerment of group therapy and knew this was my deepest desire to facilitate such healing experiences. When I started my graduate school training, I was working in a classroom designed for traumatized youth and knew I wanted to design a healing program for these amazing teens. I believe passionately in the research regarding resiliency and post-traumatic growth, so when it came time to name my group project, the image of the rising phoenix suited the stories of pain, growth, and hope I witnessed in that classroom. According to the *Oxford English Dictionary* (“Phoenix,” 2008):

In ancient and classical mythology, the phoenix was a bird resembling an eagle, but with sumptuous red and gold plumage, that lived for 500 years, and then burned itself on a pyre ignited by its own wings, only to rise from its ashes with renewed youth to live through another such cycle. (para. 1)

Undoubtedly, the rising phoenix is an ancient symbol of renewal that still inspires people today. Please note this symbol is not only for the participants, it is also for the leaders who intentionally enter into this journey of unlimited healing. They too have the opportunity to experience their own rising phoenix.

Acknowledgments

I respectfully acknowledge Dr. Dawn Lorraine McBride for the guidance she provided in the development of this final project. Her commitment to trauma recovery and group therapy, along with her outstanding contribution to counsellor education, is exemplary. Second, I would like to acknowledge my community of colleagues and friends who supported, challenged, and inspired me throughout this final project: Bonnie Borbridge, my editor extraordinaire; Barry Hamre, my technical computer wizard; Amy Angelhuta, Heather Best, and Sarabjeet Ludu, my amazing young contemporaries from CAAP; Mary Lou Fletcher, Trish Lundy, Kiersten Kalych, Cora Lee Pringle-Nelson, Janice Brewster, and Judith Edwards my personal and academic support group in Saskatoon. All of your gifts of love and integrity are in the pages of this final project.

Table of Contents

Dedication.....	iii
Abstract.....	iv
Preface.....	v
Acknowledgments.....	vi
Table of Contents.....	vii
List of Figures.....	xi
Chapter 1: Introduction.....	1
Personal History Regarding Childhood Trauma.....	1
Overview of Childhood Sexual Abuse.....	2
Developmental consequences of CSA.....	2
Biological consequences of CSA.....	3
Overview of the Proposed Group Program.....	4
Premises of the Treatment Design.....	4
Overview of the Purposes and Parameters of the Project.....	7
Glossary of Terms.....	9
Summary.....	13
Chapter 2: Literature Review of Child Sexual Abuse.....	16
Occurrence of Childhood Sexual Abuse.....	16
Criteria of trauma.....	17
Abuse and developmental issues of female adolescents.....	18
Coping and Consequences of CSA.....	19
Childhood Coping Strategies: The Accommodation Syndrome.....	20

Secrecy	20
Helplessness	20
Accommodation	21
Delayed, conflicting, and unconvincing disclosure	22
Retraction	22
Possible Effects of Trauma and Childhood Sexual Abuse	22
Range of Stress Diagnoses Associated with Trauma.....	24
Acute stress disorder	24
Post-traumatic stress disorder	24
Complex PTSD (or disorders of extreme stress not otherwise specified) .	25
Safety: First Stage of Recovery	26
Resilience	28
Post-traumatic growth.....	29
Summary	30
Chapter 3: Literature Review of Group Counselling for Traumatized Female Youth	31
Efficacy of Group Therapy	31
Group Therapy for Adolescent Survivors of Childhood Abuse	32
Risks to Participation in CSA Trauma Groups	34
Transference.....	35
Boundaries	35
Memory issues	36
Retraumatization.....	37
Ethical Issues of CSA Group Work	38

Informed consent	39
Confidentiality	39
Screening and selection of group members	40
Preparing group participants	40
Psychological risks for members	41
Diversity issues	41
Professional training and therapist competence.....	42
Issues related to termination	43
Diversity Considerations for Trauma Groups.....	44
Risks to and Suggested Self-Care for Counsellors	46
Summary	47
Chapter 4: Research Procedures and Ethical Rigour	50
Chapter 5: Conclusions	52
Strengths of the Proposal	52
Limitations of the Proposal.....	53
Implications for Further Research	55
Implications for Practice.....	56
Summary	57
References.....	59
Appendices.....	72
A: Facilitator’s Manual Phoenix Rising	72
B: Screening Questions.....	269
C: Marketing Poster	273

D: Post-Traumatic Growth Inventory	273
E: Informed Consent	278
F: Release of Information	280
G: Outcome Rating Scale.....	281
H: Session Rating Scale	282
I: Group Leader Debriefing Outline	283
J: Case File Notes.....	286
K: Self-Reflection Form	288

List of Figures

Figure

1. Henry Richard Gibbs and Margaret Skeoch Wedding Photograph
March 31, 1955, Moose Jaw, SK..... iii

Chapter 1: Introduction

The proposed Phoenix Rising Group Program (PRGP) was developed to respond to the unique needs of female youth with a history of childhood trauma, specifically a childhood sexual abuse (CSA). Therapeutic materials for the PRGP have been developed from research reviews (see Chapter 2) regarding best practices that will enable counsellors to offer introductory psycho-educational group support for female youth who are survivors of CSA. As the author, it is my intention that this project will be of great value as an additional resource for the field of group counselling aimed at traumatized female youth.

This introductory chapter begins with an explanation of my personal interest followed in the second section by a definition of CSA and a discussion of its prevalence demonstrating the need for resources aimed at treating female youth. The third section clarifies the foundational elements of the PRGP then leads to an outline of the purposes and parameters of the PRGP. Parameters of PRGP match Herman's (2001) model of trauma recovery, which underscored the theoretical design of this proposed program. Following these preliminaries, the treatment theory and principles of the Phoenix Rising Group are explained. Finally, a glossary of terms closes this opening chapter.

Personal History Regarding Childhood Trauma

My parents' own histories with trauma and abuse are the basis of my personal interest in learning how to assist youth in the recovery process. Witnessing my parents' struggles with trauma continuously motivates me to provide support to youth so they can mature with minimal damage. In addition to this family experience, my first teaching assignment as a secondary teacher put me in contact with female youth who were victims

of family sexual abuse. My most recent teaching assignment allowed me the privilege of working with numerous traumatized youth. Presently, I work with refugee youth, who have often experienced trauma during their years in refugee camps while awaiting immigration to Canada. Through these encounters, I have come to believe in these principles of trauma therapy: (a) the need for thorough counsellor knowledge of the ongoing effects of abuse, (b) the stages of trauma recovery, and (c) in the importance of competent, effective interventions targeted at youth.

Overview of Childhood Sexual Abuse

Although sexual abuse has gained worldwide attention, it continues to trouble contemporary society (Duncan, 2004). Fairholm and Ferguson (2007) defined child sexual abuse as “occurring when a younger or a less powerful person is used by an older or more powerful child, adolescent, or adult for their own sexual gratification” (p. 35). Sexual abuse, then, is clearly an abuse of power, expressed in behaviours ranging from exhibitionism to intercourse (Canadian Association of Sexual Assault Centres, n.d.; Napier-Hemy, 2008). This next section will debrief the reader about the frequency, possible developmental impacts, and biological consequences of CSA upon survivors of CSA.

Developmental consequences of CSA. While CSA may not always be experienced as traumatic at the time it occurs, it has the potential to profoundly affect many dysfunctional development such as insecure or disorganized attachment, affect dysregulation, dissociation, poor behavioural control, difficulty in cognition, and low self-concept (Cook et al., 2005; Noll, Horowitz, Bonanno, Trickett, & Putnam, 2003). To ameliorate these effects, group therapy offers those affected youth with the opportunity to

repair and move into healthy development by creating a safe emotional environment where she can share her personal narrative and process past experiences with other survivors (Herman, 2001). It has been well-documented by van der Kolk, McFarlane, and Weisaeth (1996) that talking about the traumatic experience helps one facilitate the gradual integration (healing) of the experience at both emotional and mental levels. This integration can occur through the narration of the trauma and reconstruction of the belief system surrounding the abuse (Allen, 2005; Briere & Scott, 2006; Duncan, 2004; Sanderson, 2006).

Biological consequences of CSA. Most important to this project is the treasure of research completed during the past 20 years, whereby the study of trauma has promoted the interdisciplinary research within the areas of neurobiology, psychiatry, and psychology (Magnea & Lanius, 2008; Navalta, Andersen, & Teicher, 2008). The single most profound impact of this research is that it documents trauma as having a biological imprint upon the brain especially when it occurs in childhood and adolescence (Manly, 2008; Navalta et al., 2008; Rao, Reyes, & Ford, 2008). Hence, framing the actions of trauma victims as pathological is a misnomer since the impact of trauma is a biological disorder that can affect the regulation of emotions and behaviour (Cook et al., 2005; Levine, 1997; Rothschild, 2000; Williams & Poijula, 2002). Research has revealed to us the tremendous plasticity brain that suggests somatic interventions provide new and alternate pathways to interrupt the frozen or hyper-aroused state of responses (Levine, 1997; Rothschild, 2000). This evidence-based research has informed the PRGP design by including diaphragmatic breathing, mindfulness relaxation strategies, and somatic coping and cognitive strategies. All these skills help members deal with flashbacks,

triggers, nightmares and other anxious situations. Next, a synopsis of the proposed Phoenix Rising Group Program (PRGP) will be outlined.

Overview of the Proposed Group Program

Ellensweig-Tepper (2000) succinctly advised group therapy should provide a safe place to learn to talk through, instead of act out, the pains of abuse. From this premise, the Phoenix Rising Group, developed for this project, is a psycho-educational program for female adolescents, aged 16 to 18 years, who are in the initial stage of their recovery from CSA. According to the Herman's (2001) model of trauma recovery, the initial stage of recovery focuses on establishing trust with others, affirming group norms, and containing emotional catharsis. In this first stage, it is recommended that the psycho-educational component should provide appropriate information about trauma symptoms and coping strategies (Allen, 2005; Briere & Scott, 2006). The Phoenix Rising psycho-educational group has five goals to support the members in their initial stage of recovery: (a) establish and maintain intrapersonal and interpersonal emotional safety within group dynamics, (b) identify the nature of trauma and the range of stress symptoms and disorders including post-traumatic stress disorder (PTSD), (c) design a self-care plan to manage persistent trauma symptoms from coping strategies presented in the PRGP, (d) provide a forum in which teens begin to share with and listen to others without retraumatization, and (e) begin exploring personal understanding of the survivor experience. These goals of the proposed group are explained in more depth in Chapter 3.

Premises of the Treatment Design

The ways in which a counsellor views trauma and trauma-related outcomes, and what she believes to be the overarching goals and functions of treatment, have significant

effects on the process and outcome of therapy (Briere & Scott, 2006). In this way, the phoenix symbol is indicative not only of my attitudes and beliefs as the writer, but also of any facilitator, because the facilitator's task is to fan the embers of rebirth or growth within each survivor. A brief outline follows explaining the basic philosophy of (a) trauma, recovery, and growth; (b) the rationale for offering the group modality; and (c) the guiding trauma principles underlying this psycho-educational group project.

The primary philosophy that is advocated in this project emphasizes the humanistic and positive psychology view that people have an innate tendency to process trauma-related memories and to move toward more adaptive psychological functioning (Rothschild, 2000). From this perspective, counsellors believe that individuals presenting with trauma-related symptoms are attempting to resolve distressing thoughts, feelings, and memories (Briere & Scott, 2006). Consequently, post-traumatic symptoms are reframed as adaptive and recovery focused, rather than as inherently pathological (Briere & Scott, 2006). Critical steps in treating trauma victims are to establish safety, teach new skills in anxiety management, and provide opportunity for emotional processing and meaning making (Abernathy, 2000; Neimeyer, 2006; Tedeschi & Calhoun, 2004; Tedeschi & Kilmer, 2005; van der Kolk, 2003).

The second philosophical principle that helps form the foundation of this proposal is the belief that all people are resilient and that trauma can result in growth (Masten & Coatsworth, 1998; Masten & Reed, 2002). Resilience refers to a "dynamic process encompassing positive adaptation within the context of significant adversity" (Luthar, Cicchetti, & Becker, 2000, p. 343). Masten (2001) has termed this self-righting mechanism, inherent within all individuals, as "ordinary magic" (p. 227). Incorporating

the view of adversity as both a source of injury, as well as a source of growth, is a clear example of positive psychology within the delivery of PRGP (Joseph & Linley, 2006; Snyder & Lopez, 2002). It is acknowledged that survivors first need therapeutic attention to their immediate safety and support, followed by assistance in coping with painful symptoms (Allen, 2005; Briere & Scott, 2006). Only later will the more complicated and subtle aspects of recovery and growth become salient (Duncan, 2004; Sanderson, 2006). Ultimately, some of the best interventions in post-traumatic psychological injury are implicitly existential and hopeful (Abernathy, 2000; Briere & Scott, 2006; Neimeyer, 2006; Tedeschi & Calhoun, 2004). This perspective of resiliency and growth can extend to the therapist. The possibility that the client can recover, and also gain in some way from traumatic experience, brings tremendous richness and optimism to the job of helping injured people (Briere & Scott, 2006; Joseph & Linley, 2006).

The third principle of this proposed project is group therapy as one of the better interventions for traumatized youth. A persuasive body of outcome research by Avinger and Jones (2007), Foy, Eriksson, and Trice (2004), Knight (2006), and Ruzek, Young, and Walser (2003) has shown that group therapy is highly effective and at least equal to individual psychotherapy in its ability to facilitate meaningful benefits. Notably, the “corrective recapitulation of the primary family group” (Yalom, 2005, p. 1) is a significant reason to choose group therapy for CSA survivors. Benefits of group intervention with trauma survivors rest largely on the clear relevance in joining with others when coping with past victimization (Ellenweig-Tepper, 2000; Gerrity & Peterson, 2004; Nisbet-Wallis, 2002).

Additional therapeutic benefits includes: an increase in members' awareness of universality, a promotion of imitative behaviour, an enhancement of interpersonal learning, an opportunity for catharsis, a reduction in isolation, and an increase in information sharing (Corey & Corey, 2006; Foy et al., 2004; Herman, 2001; Sanderson, 2006; Yalom, 2005). Due to the developmental focus on peer relationships during a teen's struggle for identity, group treatment is the optimal approach for this age group (Corder, 2000). Even so, group therapy is always a profound request for the trauma client because the counsellor is asking the client give up her self-protective behaviours and emotional coping strategies that have evolved as the initial response to the traumatic event (Ellenswieg-Tepper, 2000).

Overview of the Purposes and Parameters of the Project

School counsellors are often one of the sources of referrals to the community sexual assault centre because initial disclosure frequently occurs when adolescents begin to deal with their emerging relationship and autonomy issues. Hence, this particular time of disclosure and development points to the need of a program targeted to this age group, yet delivered within the anonymity of community sexual assault services. It is hoped the timing of this approach will reduce future costs to society with early intervention programs such as PRGP. My review of the community counselling resources revealed Saskatoon lacks both adolescent and initial group programs. To address this gap, I decided to create an entry-level group program that would be feasible for community family services or sexual assault centres to offer.

The central purpose of the PRGP is to establish a safe group-counselling atmosphere. As survivors often feel unsafe in their bodies, lack trust in themselves and

others, feel different from others, and are often robbed of their sense of control, it is necessary for optimal results to provide an environment where survivors can overcome these barriers (Duncan, 2004; Herman, 2001). The mobilization of natural social support systems is a major part of early intervention as recommended in the trauma treatment literature (Allen, 2005; Briere & Scott, 2006).

The first and constant message conveyed to the survivor must be, “You are safe now.” Yet it is by no means an easy feat for anyone, who has spent much of a lifetime in an endangered state, to easily accept this clear message of safety. Allen (2005) suggested that for many survivors, the secure feeling of “I’m safe now” would not be the starting point of treatment, but rather the end result. Safety is the essential treatment principle of the Phoenix Rising Group that involves, at minimum, the absence of physical danger, psychological maltreatment, exploitation, or rejection (Allen, 2005; Duncan, 2004; Herman, 2001; Sanderson, 2006). Furthermore, psychological safety means that the teen will not perceive herself to be criticized, humiliated, rejected, dramatically misunderstood, needlessly interrupted or laughed at during the treatment process, and that psychological boundaries and therapist–client confidentiality will not be violated (Briere & Scott, 2006; Ellenwieg-Tepper, 2000). In fact, Herman (2001) names the first stage of trauma recovery as safety whereby eliminating vulnerability to danger as the central feature of therapy.

There are other trauma treatment principles suggested in the literature or embedded in the design and delivery suggestions within PRGP. Various authors recommended leaders be proficient in the following knowledge and skills:

(a) demonstrate an understanding of sexual abuse and trauma, (b) facilitate emotional

control, (c) provide measures of containment, (d) maintain positive and consistent therapeutic relationships, (e) tailor the therapy to the client, (f) be aware of and sensitive to socio-cultural issues, (g) acknowledge mutual learning, (h) understand nonlinear healing, and (i) monitor and control counter-transference (Briere & Scott, 2006; Duncan, 2004; Sanderson, 2006; Schachter, Stalker, Teram, Lasiuk, & Danilkewich, 2008).

Three questions have guided the research and design of this eight-session group facilitator manual and will be answered in the upcoming literature review chapters:

1. What are the possible short- and long-term effects of CSA? How does CSA relate to the presence of anxiety disorders such as PTSD?
2. What therapeutic, developmental, and group design factors facilitate the initial stage of CSA recovery for female adolescents?
3. How can counselling support the movement from traumatic stress to post-traumatic growth?

Glossary of Terms

For the purposes of this project, the following definitions were collected from various articles within *The Encyclopedia of Psychological Trauma* (Reyes, Elhai, & Ford, 2008) unless otherwise cited:

Acute Stress Disorder: The post-traumatic reactions of a fearful response and at least three dissociate symptoms are present in the first month after the traumatic event (Bryant, 2008).

Adolescence: Between approximately 12 to 18 years of age, rapid physical, psychological, and social change and growth occurs. Examples of the scope of change occur in a wide spectrum of domains: personality; identity consolidation; peer group

formation; social role definition; emergence of sexuality; along with the early consolidation of knowledge, skills, and goals in their future education, work, and recreational life pursuits (Ford, 2008a).

Attachment Theory: According to this theory, humans and other primates are biologically inclined to establish close bonds with their primary caregiver beginning soon after birth. Attachment theory provides an explanatory framework for those linkages because of the significant role that attachment relationships play in helping the child to cope with or recover from threats (e.g., abuse) to regain optimal development (Reyes & Ford, 2008).

Childhood Sexual Abuse: Includes two distinct components that may overlap: (a) forced sexual behaviour imposed on a child, and (b) sexual activity between a child and a much older person, whether or not obvious coercion is involved (Rao et al., 2008).

Complex Post-Traumatic Stress Disorder: The individual has not recovered from the trauma and the stress, usually affecting many domains causing attachment disorders, emotional deregulation, difficulties with cognition, dissociation and behavioural dysregulation (Ford, 2008b).

Developmental Trauma: This phrase has been proposed for the new 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) as the provisional diagnosis for children with complex trauma histories (Cook et al., 2005) The DSM-IV adult diagnosis of PTSD cannot capture the multiplicity of exposures over critical developmental periods (American Psychiatric Association, 2000). The immediate and long-term consequences of children's multiple exposures to maltreatments such as neglect, sexual abuse, physical abuse, emotional abuse, as well as witnessing domestic

violence can interfere with development of secure attachments (Manly, 2008). Consequently, the social and affective brain development can be potentially impaired within the developing child or adolescent (Manly, 2008). Sometimes, there tends to be a behavioural reenactment of the traumas either as perpetrators, in aggressive or sexual acting out against other children, or in frozen avoidance reactions (Brento & Longhurst, 2005; Cook et al., 2005).

Psychological Trauma: There are two manifestations of trauma upon the human experience: physical and psychological trauma. This project focuses only upon psychological trauma that is a type of damage to the psyche that occurs as a result of a traumatic event. When that trauma leads to post-traumatic stress disorder, damage may involve physical changes inside the brain and to brain chemistry, which changes the person's response to future stress (Brento & Longhurst, 2005). Psychological trauma may accompany physical trauma or exist independently of it. Typical causes of psychological trauma are the threat or witnessing of sexual abuse, bullying, indoctrination, domestic violence, and alcoholism especially during childhood (Reyes et al., 2008).

Post-Traumatic Growth: Positive changes that people may experience following exposure to psychological trauma: (a) improved relationships with friends and family with increased compassion and altruism toward others, (b) improved views of themselves, and (c) positive change in life philosophy and life purpose (Linley & Joseph, 2008).

Post-Traumatic Stress Disorder: At this level, a high degree of daily dysfunction occurs when post-traumatic stress accumulates and produces a constellation of symptoms

of intrusive memories (i.e., nightmares, flashbacks, intrusive thoughts), arousal (i.e., troubled sleep, irritability and outbursts of anger, difficulty concentrating or remember, hyper vigilance, and elevated physical symptoms as a results of a sensitized nervous system) and avoidant behaviours or dissociate thoughts (McFarlane, 2008).

Psycho-Education: A professionally delivered treatment modality that integrates and synergizes psychotherapeutic and educational interventions (Allen, 2008).

Resilience: Research demonstrates that most people maintain relatively stable, healthy levels of psychological and physical functioning due to personal pragmatic coping skills and adaptive flexibility after being exposed to a potentially traumatic event (Mancini & Bonanno, 2008).

Stress: Usually stress is regarded as a physical, emotional, or mental response to negative experiences. However, stress can also result from desired experiences, such as marriage, a job change, and leaving home for college (Blonna, 2007).

Traumatic Event: For an event to be considered traumatic, the experience must include two components: (a) actual or threatened death or serious injury; a threat to one's physical integrity; witnessing an event that involves death or injury; a threat of physical integrity of another person; learning about unexpected or violent death, serious harm, or injury experienced by a family member or other close associate; and (b) the person's response to the event must involve intense fear, helplessness, or horror (Reyes et al., 2008). Keep in mind, children who are sexually molested without threat of or actual physical injury or death, still meet the traumatic event criterion for PTSD, because the physical invasion of the body by the perpetrator is a threat to a child's physical integrity (Allen, 2005; Duncan, 2004).

A traumatic event can include three potential sources: (a) intentional human acts are those that are man-made, deliberate, and malicious (examples can range from such events as combat, war, abuse, torture, criminal assault, witnessing a homicide, sexual assault, battering, torture, riots, kidnapping, family alcoholism, suicide, or damage to or loss of body part); (b) unintentional human events such as accidents and technological disasters; or (c) acts of nature and natural disasters such as hurricanes, floods, fire, famine, attack by animal, or sudden infant death syndrome (Schiraldi, 2008).

Traumatic Stress: Not everyone who experiences traumatic events automatically experiences traumatic stress. In about 30% of incidences, people may experience the most extreme forms of psychological stress (Horowitz, 2008).

Trauma Survivor: The person who manages to stay alive or continue to exist, especially in difficult situations, yet remains emotionally frozen within the trauma (Cori, 2008).

Summary

Social awareness of childhood sexual abuse has greatly highlighted the need for treatment modalities. In addition, a population group with special developmental needs, that of female youth 16 to 18 years of age, has not been fully addressed within group trauma literature. To help the trauma survivor in this process, the critical issue of fostering an environment of emotional and physical safety always remains the top priority throughout all trauma therapy (Allen, 2005; Briere & Scott, 2006, Duncan, 2004; Sanderson, 2006). A critical philosophical premise embedded in the design of the Phoenix Rising proposal is the belief that all individuals possess the power of resilience and inherently move toward growth. Incorporating the post-traumatic growth (PTG)

perspective into the design of this project provides a significant theoretical perspective regarding the nature of trauma and aims to instill hope into all therapeutic encounters. The treatment modality of the group acts as a social microcosm that helps expand the sense of emotional safety and the feeling of well-being (Corey & Corey, 2006). Repeated acts of courage and tenacity are required of each member if the foundation of recovery can be solidly formed (Janoff-Bulman, 2006).

In the next chapter, literature reviews regarding CSA and PTSD, along with the benefit of group support in addressing trauma and the developmental needs of youth are presented. The third, and most detailed chapter includes a brief rationale for group work with female youth and research regarding resiliency and PTG. This third chapter outlines location, membership and screening criteria, diversity considerations, marketing, and nine critical ethical issues. Chapter 4 provides a succinct discussion regarding research methods and the final chapter extrapolates the strengths, limitations, and areas of future research regarding CSA and youth. The facilitator's manual, found in the second part of this project (Appendix A), was developed from the research examined in the literature reviews.

In conclusion, the mythical phoenix is a symbol of intrinsic resilience by its distinct ascent into renewed wellness. From the ashes of abuse, the adolescent is the phoenix supported within the frame of the PRGP. The phoenix in the title and logo of the group program visually portrays the theoretical assumptions and principles of trauma treatment whereby all adaptation is viewed as life affirming. Just as the phoenix is applicable to the quest of each group member, it is also applicable to the positive impact

upon counsellor satisfaction (Briere & Scott, 2006). The next chapter will elaborate more on these themes and outlines the basis of the treatment design.

Chapter 2: Literature Review of Child Sexual Abuse

The main purpose of this literature review, in regard to principles of trauma therapy, is to glean therapeutic goals and best practices from the literature. In addition, this review will inform the design and facilitation of group therapy for the optimal emotional and social health of future participants.

This chapter outlines the effects of CSA upon children and youth, primarily focusing on the developmental and biological effects on young women. Second, the criteria of trauma and the possible stress responses to trauma, namely, acute stress disorder (ASD), complex PTSD, and PTSD are explained. Herman's (2001) theory of three stages of trauma recovery is the third topic, which includes a detailed list of suggested interventions for creating a safe treatment environment. Finally, a brief overview of resilience and PTG completes this chapter and examines the implications of childhood sexual abuse.

Occurrence of Childhood Sexual Abuse

Once considered uncommon, the frequency of sexual abuse is now understood to be much higher with global estimates of 150 million girls and 73 million boys under the age of 18 being forced into sexual intercourse or other forms of sexual exploitation (World Health Organization, 2006). As many as 33.3% of Canadian women and 14% of Canadian men are survivors of CSA (Schachter et al., 2008). Childhood sexual abuse occurs in all communities, is committed by people of all ages, and takes place in all ethnic backgrounds, religions, cultures, genders, and within all social and economic classes (Doyle & Napier-Hemy, 2008). Although victims and perpetrators are of both genders, this project is restricted to the experiences and treatment of females and,

therefore, victims of sexual abuse will be referred to only in the feminine. Statistically, most abusers are men and will thus be referred in this project in the masculine.

“The great paradox of childhood sexual abuse is that, while it has become more prominent in the public consciousness, it remains shrouded in secrecy” (Schachter et al., 2008, p. 5). Documented reports and crime statistics have indicated that the majority of abused children know the people who sexually abuse them (Briere, 1992; Duncan, 2004). The perpetrator is generally someone with some level of power, influence, or control over the child and whose behaviour is protected to some degree by familial rules of silence and denial (Briere, 1992; Duncan, 2004). Betrayal is often part of the traumatic experience; as such, the realization of betrayal can seriously harm the quality and development of attachment of the child to her caring adults (Chamberlain & Moore, 2002). In addition, a child can be less able to recall or be conscious of the traumatic event as a protective device to secure life needs or a necessary attachment (Freyd, 2008).

Criteria of trauma. By definition, “psychological trauma is when an event overwhelms an individual’s capacity to cope with the emotions, thoughts, and somatic experiences that involve either the threat of death or a violation of the person’s bodily integrity” (American Psychiatric Association, 2000, p. 249). This can be particularly debilitating during childhood because this is a critical developmental period in which psychological and physiological defenses are rapidly developing and are relatively immature (Cook et al., 2005; Rao et al., 2008). Sexual abuse interrupts normal sexual development in children and can result in intense thoughts, feelings, and experiences that they are not developmentally prepared for (Briere, 1992; Ellensweig-Tepper, 2000). As noted by several trauma researchers, sexual abuse significantly increases the risk of

future occurrences of overwhelming negative emotional, psychological, and physical effects (Allen, 2005; Doyle & Napier-Hemy, 2008; Ellensweig-Tepper, 2000; Strong, 1998).

When psychological trauma occurs, the severity of the stress response often increases with intentional human traumas because typically the most degrading and most shame result from man-made events (Schiraldi, 2008). Potential psychological harm from sexual abuse depends on the many differences in power and knowledge between the perpetrators compared to that of the child (Dietrich, 2007). Other aspects affecting the severity of trauma on the victim, as noted by Hecht, Chaffin, Bonner, Worley, and Lawson (2002) include (a) whether the CSA occurred in a single sexual act or in a series of sexual encounters; (b) the child's age (younger children are generally more vulnerable to negative effects than older children, although this is a matter of degree, and sexual acts or encounters that involve a power, knowledge, or gratification differential are almost always considered to be psychologically traumatic for children of all ages); (c) the presence of an attachment relationship between the child and the perpetrator (most notably in the case of incest by a parent or primary guardian), which thereby compromises the child's ability to develop a secure sense of attachment and trust in caring relationships; (d) frequency and severity of the abusive acts; and (e) the severity of bodily violation.

Abuse and developmental issues of female adolescents. Childhood abuse can often take on new meaning during adolescence with the development of cognitive maturity and emerging sexuality occurring at this stage of development (Macdonald, Lambie, & Simmonds, 1995). Additional challenges in this stage include the teen

needing to engage in career or life planning, discovering and expanding social networks, and exploring relationships and intimacy. Overall, these years are a crucial time for the development of a young woman's core relational self-structure (Chew, 1998). Hence, young women experience incredible demands in multiple dimensions during their adolescent years that make their treatment of recovering from abuse distinctly different from those of adults, children, or young men (Cole & Putnam, as cited in Avinger & Jones, 2007).

The proposed manual (see Appendix A) targets female adolescents and focuses on introducing healthy ways to cope when recovering from sexual abuse. To provide further insight into the ways children cope with CSA, the next section will discuss the consequences of CSA that therapists need to counter.

Coping and Consequences of CSA

There can be dire effects on youth when they are victims of sexual maltreatment (Briere, 1992; Chamberlain & Moore, 2002; Hecht et al., 2002). Strong (1998) powerfully noted that "recurrent sexual trauma, especially at the hands of a parent or other trusted loved one, is emotional terrorism of the highest order – so psychologically annihilating it has been called soul murder" (p. 65). The fear, pain, and excitement of abuse may cause serious and lasting damage to the youth's emotional, neurological, and psychological development (Cook et al., 2005; Manly, 2008; Rao et al., 2008). Possible consequences of abuse are discussed in the upcoming sections, starting with the accommodation syndrome.

Childhood Coping Strategies: The Accommodation Syndrome

The constellation of the five most frequently observed victim behaviours and coping strategies that fall within the well known accommodation syndrome (Summit, as cited in Fairholm & Fergusson, 2007) include: (a) secrecy; (b) helplessness; (c) accommodation; (d) delayed, conflicting, or unconvincing disclosure; and (e) retraction. An explanation of these behaviours and their relevance to the proposed group program for this project follows.

Secrecy. Childhood sexual abuse tends to be perpetuated within an atmosphere of silence. The family secret can possibly become a source of isolation and shame for the youth and undermines her sense of self-worth and her ability to reach out and get help (Doyle & Napier-Hemy, 2008). In the youth's mind, the secret becomes both the source of fear and dread, yet with denial and lack of sharing it also acts as the promise of safety (Fairholm & Ferguson, 2007). Keeping secrets is the first habit that needs to be unlearned and this can best be achieved in a trustworthy group that provides the corrective recapitulation of healthy family patterns (Yalom, 2005).

Helplessness. Due to limited resources, children are inherently helpless and are subordinate to the adults entrusted with their care. In cases of sexual abuse, children frequently have no rights, no boundaries, no privacy, no dignity, and no control over their bodies, their desires, or their feelings (Strong, 1998). Generally preschoolers internalize their distress with sleep disturbances, nightmares, anxiety, and inappropriate sexual behaviours (Rao et al., 2008). School-aged victims are particularly likely to exhibit hyperactivity, regressive behaviours, and learning difficulties (Rao et al., 2008). Overall, victims sometimes misplace blame onto themselves believing that they are responsible

for the sexual abuse (Duncan, 2004). Challenging this false belief of self-blame can begin the process of transferring the responsibility for the abuse back onto the perpetrator, where it always belonged (Duncan, 2004; Herman, 2001; Sanderson, 2006). Providing new understanding of the past is another important dimension of the Phoenix Rising Group program because this group intervention occurs at a time when the youth are less vulnerable to abuse. The possibility of developing stronger acts of empowerment and their increased sense of control and trust within the self and with others are important themes of the PRGP manual.

Accommodation. To survive the abuse, the child uses many strategies to accommodate the abuse and numb the psychic and physical pain. Some examples of these strategies include minimizing the abuse, rationalizing it, denying or forgetting about it, self-blaming, being over controlling, showing dissociation tendencies, displaying sexualizing behaviour, and withdrawing from society (Fairholm & Ferguson, 2007). Often, the perpetrator has taught a child that to be accepted or loved she must behave as he has taught her—passive and compliant (Duncan, 2004). This dynamic was well documented by van der Kolk et al. (1996); these authors also noted that by gradually talking about the traumatic experience, it helped former victims to integrate the experience at both an emotional and mental level. Thus, an important component of therapy is reconstructing the belief system surrounding the abuse along with establishing emotional and physical boundaries with others (Duncan, 2004). This unlearning can only occur within a frame of psychological safety, which is a vital goal of the Phoenix Rising Group.

Delayed, conflicting, and unconvincing disclosure. It is not uncommon for disclosures of child sexual abuse to be delayed until sometime during adolescence or adulthood. Adults hearing the initial disclosure may find the victim's details unconvincing and inconsistent (Fairholm & Ferguson, 2007). To help reduce PTSD symptoms, it is critical that supportive listening and validation occur at the time of disclosure (Briere & Scott, 2006). In addition, positive adult reaction to the disclosure begins in relieving self-blame and shame inflicted at the time of the abuse (Ullman, 2007).

Retraction. Often, feelings of guilt, fear, confusion, and anxiety overwhelm the youth who is disclosing traumatic events. It is important that the immediate effect of adult involvement reduces, not escalates the survivor's fears (Ullman, 2007). Without support and effective intervention, victims may retract their complaints, which further delays the chance of initiating healing activities (Fairholm & Ferguson, 2007).

Possible Effects of Trauma and Childhood Sexual Abuse

The sexual abuse of children is a well-established risk factor that is associated with a host of psychosocial problems. While some children are amazingly resilient to this type of exploitation, most are likely to suffer substantial distress, and some will further develop clinically significant symptoms of psychiatric disorders (Rao et al., 2008). As the previous section demonstrated, children have attempted to cope with their experience of sexual abuse in limited ways, which may include interruptions and derailing of normal development. In order to be helpful to adolescents with histories of current or past abuse, this section will address the possible long-term impacts between CSA and trauma and how it creates disruption to a girl's developmental dimensions.

Survivors are often at risk of and frequently report experiencing problems within the emotional, social, and cognitive domains such as low self-esteem, depression, cognitive deficits, dissociation, anxiety, PTSD and other mental disorders diagnoses, (Rao et al., 2008; Wekerle, Leung, Goldstein, Thournton, & Tonmyr, 2009). Such exploitation can also affect or put at risk the child's behavioural domain, including suicide attempts or self-harming behaviours, substance abuse, running away, problems in school, physical and sexual revictimization, and justice involvement (Cook et al., 2005; Dietrich, 2007; Duncan, 2004; Strong, 1998; Trickett, Noll, & Putnam, 2011;). Even the physical domain can be affected by the impact of sexual abuse such as earlier onset of puberty, maladaptive sexual development, hypothalamic-pituitary-adrenal attenuation, high rates of obesity, more major illnesses, and high rates of healthcare services (Trickett et al., 2011). Schachter et al. (2008) stated, "Indeed these effects form a complex matrix of inter-relationships, all of which influence health" (p. 7). Conceptualizing such problems as aspects of PTSD improves treatment planning as this framework encapsulates most of the persistent negative effects experienced by sexual abuse survivors (Herman, 2001; Westbury & Tutty, 1999). Offspring born to abused mothers are at an increased risk for premature birth, child maltreatment, and overall maldevelopment (Trickett et al., 2011). Elaboration of the varied stress responses will be the focus of the next section.

Range of Stress Diagnoses Associated with Trauma

It is the interplay between the magnitude of the event and the individual psychobiology tolerance factors that impacts the intensity of the stress response (Horowitz, 2008). As summarized by Horowitz (2008), generally, the more severe the

stressor, the greater likelihood for the person to develop a symptomatic stress response. Within the spectrum of post-traumatic stress, as listed in the present DSM-IV-TR (American Psychiatric Association, 2000), there are three categories of trauma applicable to adults: ASD, PTSD, and complex PTSD or disorders of extreme stress not otherwise specified (Williams & Poijula, 2002). There is the possibility the upcoming edition of DSM-V will expand the diagnosis of trauma as developmentally displayed within children and adolescents (Cook et al., 2005).

Acute stress disorder. Acute stress disorder may develop for up to four weeks after the traumatic event and involve acute dissociation (Cori, 2008; Williams & Poijula, 2002). The *Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR* (American Psychiatric Association, 2000) identified ASD as meeting the following criteria: (a) three or more dissociative symptoms are experienced along with recurrent images, thoughts, dreams, illusions, or flashbacks (reliving the experience); (b) great distress is experienced when exposed to reminders of the event; (c) reminders of the incident are avoided; or (d) anxiety and increased arousal impairing occupational, social, or other life domains is exhibited. ASD can often act as an early identifier of the chronic disorder of PTSD (Bryant, 2008; Williams & Poijula, 2002).

Post-traumatic stress disorder. As Cori (2008) clearly stated, “Not everyone who has trauma develops PTSD, but everyone who has PTSD has experienced trauma” (p. 52). Individuals who have experienced or witnessed severe traumatic events may present with a constellation of symptoms that have occurred for more than a month and result in clinically significant distress or functional impairment (Dietrich, 2007; Ozer & Weiss, 2004). Although the responses to traumatic stress vary greatly, typical responses

manifest themselves in three symptom clusters that are required to be present for diagnosis by DSM-IV-TR (American Psychiatric Association, 2000): (a) involuntary experiencing of the trauma (e.g., nightmares, intrusive thoughts, distressing memories, or flashbacks); (b) avoiding reminders and numbing of responsiveness (e.g., inability to feel love); and (c) difficulty sleeping or concentrating (e.g., hyper-vigilance and exaggerated startle response). This combination of intrusive and avoidant symptoms is the essence of PTSD (Ozer & Weiss, 2004; Rothschild, 2000).

PTSD is now recognized as a disorder affecting an adolescent's emotional suffering and pain, as well as an adolescent's behaviours, maturation, and development (Ellensweig-Tepper, 2000). Researchers have discovered that trauma-specific stress reactions tended to decrease or resolve within the first 12 months after a single exposure to a life-threatening event, but tended to increase over the first 12 months in individuals with multiple exposures to life-threatening events (Johnsen, Eid, Laber, & Thayer, as cited in Lepore & Revenson, 2007). Many of the youth in PRGP will likely have experienced multiple exposures of trauma.

Complex PTSD (or disorders of extreme stress not otherwise specified). In the 1980s and early 1990s, many clinicians observed that individuals who had experienced chronic trauma in their lives (e.g., chronic domestic violence survivors, childhood abuse survivors, or war survivors) displayed a cluster of symptoms that went beyond those seen with PTSD (Dietrich, 2007). Complex PTSD encompasses a group of three different problems involving emotional deregulation, pathological dissociation, and stress-related physical diseases, hence the title of complex post-traumatic stress (Ford, 2008b). These long-term symptoms of complex PTSD include poor self-regulation in

affective arousal (e.g., not able to calm oneself down), self-harm or other high-risk behaviours, memory disturbances and dissociation, impaired identity or sense of self, impaired relationships with others, somatic symptoms (physical symptoms with no known medical cause), and altered belief systems such as intense despair and hopelessness (Williams & Poijula, 2002). Hence, a person's response to trauma can have a range of reactions and duration of these reactions

In summary, the coping and effects of CSA can be clustered within the accommodation syndrome (Fairholm & Ferguson, 2007) and various symptoms represented in the DSM- IV (American Psychiatric Association, 2000) as stress responses. Although trauma may contribute to a wide range of psychiatric disorders, including generalized anxiety, panic, and phobias, PTSD tends to occur with other disorders, such as depression, anxiety, panic attack, substance addiction, and dissociative disorders (Gil, 1996; McFarlane, 2008; Schiraldi, 2008; Williams & Poijula, 2002). Presently, PTSD is diagnosed as an adult disorder affecting an adolescent's emotional suffering and pain, as well as an adolescent's behaviours, maturation, and development (Ellensweig-Tepper, 2000). The next section addresses the paramount importance of safety within the full length of recovery from CSA. . The next section will focus on the stages of trauma recovery when designing intervention planning.

Safety: First Stage of Recovery

The feminist empowerment model, revised and presented by Herman (2001), consists of three stages: (a) safety and stabilization, (b) remembrance and mourning, and (c) reconnection with ordinary life. The goal of this stage is to create a safe and stable "life in the here-and-now," allowing each member to safely remember the trauma, rather

than continue to re-live it. This review will limit itself to a discussion of the first stage, safety and stabilization, as this is the scope of the PRGP.

Some of the key components that PRGP implements is to help members complete an inventory of common trauma symptoms and to understand the meaning of overwhelming body sensations, intrusive emotions, and distorted cognitive schemas (Schiraldi, 2008; Williams & Poijula, 2002). Furthermore, the achievement of safety and stability rests on the following tasks which is checked in the screening interview to make sure that each member's life is becoming more stable: (1) Establishing bodily safety: e.g. abstinence from self-injury; (2) Establishment of a safe environment: e.g., a secure living situation, non-abusive relationships, financial security, and adequate social supports.; (3) Establishment of emotional stability: e.g., ability to calm the body, regulate impulses, self-soothe, manage post-traumatic symptoms triggered by mundane events (Briere & Scott, 2006; Cori, 2008; Gerrity & Peterson, 2004; Herman, 2001; Hippe, 2004; Lubin & Johnson, 2008; Pennebaker, 1997; Rothschild, 2000). A working alliance between leaders and members includes the therapists showing unconditional positive regard, consistency, and setting boundaries (Allen, 2005; Briere & Scott, 2006; Yalom, 2005).

Groups that are more structured, time-limited, and have a clear educational component appear to be most appropriate for individuals in the early stage of recovery (Corey & Corey, 2006; Lubin & Johnson, 2008). Knight (2006) suggested psycho-educational groups, such as the Phoenix Rising Group, are where client feelings are acknowledged and validated, but are deliberately contained thereby allowing clients to experience and express authentic thoughts and feelings within an emotionally protected environment. Furthermore, participation in these early groups can often normalize

members' experiences, decrease their sense of isolation and feelings of separation or difference from others, and helps members understand the effects of the trauma (Knight, 2006; Yalom, 2005). These are all goals associated with the Herman's (2001) model of stage one, safety. Relaxation exercises, meditation, and physical exercise may also be used, with other behavioural techniques, to relieve stress or anxiety symptoms (Ellensweig-Tepper, 2000). As always, it is important to avoid possible retraumatization of the victim (Allen, 2005; Sanderson, 2006; Schachter et al., 2008).

In addition to reviewing the impact of sexual abuse, the proposed group program also focuses on resilience within all members and the view to measure PTG. These two concepts are important to address in the study of trauma because these concepts are excellent examples of the aims of positive psychology whereby treatment enhances the strengths and virtues of the person in conjunction with repairing the weaknesses of a person (Joseph & Linley, 2006; Seligman & Csikszentmihalyi, 2000). These two important concepts are outlined next.

Resilience. As discussed in chapter 1, a key requirement of resilience is the presence of both risks and protective factors that either help bring about a positive outcome or help reduce or avoid a negative outcome (Brentro & Longhurst, 2005; Fergus & Zimmerman, 2005; Hippe, 2004; Hurtes & Allen, 2001; Luthar et al., 2000; Masten, 2001; Wolin & Wolin, 1992, 1999). People who display resilience have adjusted successfully despite adversity (Kilmer, 2006). In the group program, the facilitators note growth as they provide feedback each week to the members. Essentially, the group is designed with many protective factors, most notably warm, nurturing relationships with both leaders and members, to promote the inherent resiliency within each member.

Post-traumatic growth. PTG was conceptualized by Tedeschi and Calhoun (1996) and refers to the internal changes or transformations within the person, rather than the external circumstances of a person. It is this internal struggle in the aftermath, not the events or circumstances themselves, that appears to yield PTG (Kilmer, 2006). PTG is a significant focus of the Phoenix Rising group because, according to Joseph and Linley (2008), it is not enough for individuals to assimilate the experience into existing educational or cognitive models. Rather, PTG requires schematic reconfiguration, or positive accommodation that fosters resilience, repairs the self, allows meaning-making, and only then transcendence from tragedy and loss occurs (Abernathy, 2003; Lepore & Revenson, 2007; Neimeyer, 2006). The Phoenix Rising Group allows for stabilization of trauma symptoms and initiates the beginning of re-storying young women's narratives explore meaning-making and to place the trauma as only part of their sense of self (Abernathy, 2003; see Handout P.1). It accomplishes this goal by compiling a range of relaxation techniques, allowing time each week to begin and strengthen self-awareness, sharing, and listening to others, which also provides support, culminating activities of writing letters to self, and visualizing strengths and future success.

The difference between the two constructs of resilience and PTG is important to note. Resilience typically refers to a dynamic developmental process reflecting positive adaptations, or competence, in the face of challenging life conditions or stress (Luthar et al., 2000). Resilience is more than a personality trait; it is the product of the person, her past experiences, and current life context (Lepore & Revenson, 2007). PTG refers to an internal process by which survivors of traumatic experiences are profoundly affected in a way that transforms them even though they may still have distress in their lives (Tedeschi

& Calhoun, 2004). Thus, PTG refers to more than the return to baseline functioning; it includes the positive changes that go beyond effective coping and adjustment in the face of adversity.

Summary

Understanding the cognitive and behavioural coping strategies employed by youth helps the group leaders understand possible effects of CSA on the individual and the magnitude of new social and emotional learning that occurs within the group (Duncan, 2004; Sanderson, 2006). Early childhood traumas are frequently reactivated in adolescence, leading to the re-emergence of problems that were thought to have been resolved (Ellensweig-Tepper, 2000). Generally, the intrusion of the past into the present is one of the main problems confronting persons who have developed psychological symptoms because of traumatic experience (Allen, 2005). The constructs of resiliency and PTG are important theoretical constructs incorporated within this design of recovery for youth because they underscore both the social and emotional processes of transformation.

The PRGP is designed to provide a safe emotional setting to assist youth in learning coping strategies and in creating meaning and identity from one's personal narrative. Repeated acts of courage and tenacity are required of each member for the foundation of recovery to be solidly formed and then progress (Janoff-Bulman, 2006). To provide more context about the structure of the group, the next chapter discusses the efficacy of group work. Chapter 3 also reviews suggestions for best practices in the design, location, membership and screening criteria, diversity considerations, marketing, and significant ethical considerations of group treatment.

Chapter 3: Literature Review of Group Counselling for Traumatized Female Youth

This chapter begins with an analysis of group therapy for survivors of CSA wherein the efficacy, benefits, and risks of group therapy are outlined. The core purpose of the previous literature review on child sexual abuse, and now this review on group counselling for traumatized youth, was to gather academic information for the design of a proposed trauma group facilitator's manual. The final section of this chapter provides details regarding the leadership requirements and ethical considerations in the delivery of the proposed *Phoenix Rising: Helping Female Youth with a History of Child Abuse through Group Work* (see Appendix A).

Efficacy of Group Therapy

Group therapy has been shown to be as effective as individual therapy and can certainly be more cost effective (Corey & Corey, 2006). Yalom (2005) stated, "Therapeutic change is an enormously complex process that occurs through an intricate interplay of human experiences" (p. 1). Yalom's list of therapeutic factors for group therapy underpins the theoretical orientation to change that characterizes the PRGP.

These therapeutic factors are the most valid reasons to choose the group modality and are pertinent to the topic of trauma and the adolescent population of the Phoenix Rising Group. Group therapy maximizes: (a) the chance of creating hope, (b) understanding of totality of human connection, (c) promotion of unselfish concern for the welfare of others, and (d) most significantly, corrective summation of a healthy family group (Yalom, 2005). Furthermore, groups can be an excellent way to impart information, develop socializing techniques, promote imitative behaviour, and encourage interpersonal learning such as group cohesiveness (Yalom, 2005). The final valid reasons

to choose group modality for trauma recovery focuses on empowerment. When group members feel empowered, this can enhance members' emotional catharsis work and begin to examine the added meaning to their post-traumatic development as adult women (Yalom, 2005). For example, group members might come to realize that safety is a core personal value and will explore possible careers that promote community safety such as firefighting or policing.

Within a group modality of treatment, women realize they are not alone, and can examine the societal and political factors that add to the frequency of sexual abuse (Chew, 1998; Morgan & Cummings, 1999). Thus, this project adopted the feminist empowerment model presented by Herman (2001). This model believes, among other things presented in earlier chapters, that childhood sexual abuse trauma occurs within personal relationships, then healing best occurs in a personal group setting (Foy et al., 2004).

Due to the complexity of a survivor's mental health issues, treatment can include concurrent individual therapy (Gerrity & Matthews, 2006). Initially, examining interpersonal issues with a single person allows clients to relearn trust with a caring adult during the creation and maintenance of the therapeutic alliance (Briere & Scott, 2006). Once a member is stabilized, clients can expand their spheres of trust to the larger forum of the therapeutic group (Corey & Corey, 2006).

Group Therapy for Adolescent Survivors of Childhood Abuse

The literature on group therapy consistently recommends group intervention for survivors of sexual abuse, regardless of gender (Briere & Scott, 2006; Corder, 2000; Duncan, 2004; Gerrity & Matthews, 2006; Sanderson, 2006). As cited in Gerrity and

Peterson (2004), group intervention has the potential to promote members to:

(a) normalize the aftermath of abuse; (b) identify and develop a therapeutic relationship with other members; (c) recognize commonality; (d) break the silence and acknowledge the past abuse; (e) experience a support network or surrogate family; (f) create a context and catalyst to explore and challenge emotions, beliefs, and childhood scripts; (g) mourn in community; (h) learn within community to observe and explore interpersonal patterns and client dynamics; and (i) recognize ineffective and maladaptive dissociation.

There are many reasons why group treatment is considered optimal for youth, but the primary reason is the teen's developmental struggle for identity that focuses on peer relationships is supported within group (Corder, 2000; Corey & Corey, 2006). The secondary reason is that CSA teens often find it easier to establish trust and rapport with other teens, depending less heavily on adults than in individual therapy (Avinger & Jones, 2007). Another very important advantage of group therapy for teens is that therapy in a peer group helps lessen the perceived power of an authority figure (therapist) and reduces the impasses and regression that may occur in individual treatment (Capuzzi, 2003; Gerrity & Peterson, 2004). In addition, the chance to help and be helped by peers enhances self-esteem and reduces the identity of being a deviant and passive recipient of treatment (Nisbet-Wallis, 2002). Finally, there are many social issues negotiated within the group to strengthen interpersonal skills: how to join, participate, maintain boundaries, use the experience, and keep the experience safe (Gil, 1996). In short, group therapy can be a safe place to talk through, not act out, the pain of incest and abuse (Ellensweig-Tepper, 2000).

Despite widespread availability of CSA group treatment for all age groups, there is an inadequate amount of research evaluating its efficacy (Westbury & Tutty, 1999). There is an even greater paucity of research examining the efficacy of adolescent trauma group therapy. A review of outcome studies from 1985 to 2005 found only 10 studies that specifically addressed group therapy for sexually abused girls 11 to 18 years of age (Avinger & Jones, 2007). These groups varied in the length of treatment, setting, research methodology, and treatment models (cognitive-behavioural, psychodrama, psycho-educational, multidimensional, and Rogerian/humanistic groups). Seven of the groups took place in outpatient facilities, while three were held in residential or inpatient clinics. The psychodrama group decreased the occurrence of depression the most, while cognitive behavioural groups and multidimensional groups reduced PTSD symptoms through gradual exposure. Although none of the parent reports in the studies mentioned significant changes in externalizing behaviour, several group models resulted in significant reductions in group member's self-reported anxiety symptoms. More group members reported increased self-esteem than did members of the control groups (2007).

Risks to Participation in CSA Trauma Groups

To complete a balanced evaluation of group therapy, there are disadvantages to group work that must be acknowledged. Allen (2005) cautioned leaders that “trauma focused therapy can worsen symptoms, particularly for persons with history of attachment trauma that has led to problems managing emotional distress” (p. 249). As part of ethical practice, facilitators need to inform each member of the risks of trauma therapy and follow suggestions for best ethical practices (Canadian Psychological Association, 2000; Schatcher et al., 2008). In addition, facilitators should be aware of

four possible additional risks when working with trauma: (a) transference, (b) boundaries, (c) memory issues, and (d) possible retraumatization.

Transference. Transference is a dynamic that commonly occurs when the client projects unresolved issues onto the therapist, expecting the therapist to respond in a similar way as her past abuser (Capuzzi, 2003). For example, a group member may be overly critical of a facilitator and when the facilitator processes the dynamic rather than responding to the behaviour, the client has the opportunity to gain insight into how she may push people away when she starts to trust them. Corey and Corey (2006) advised leaders are on guard against the all too common transference: being divided into “good” facilitator (parent) and “bad” facilitator (parent). A significant lesson offered within the group is that it is possible to create and maintain warm and caring relationships with adults that do not include sex or abuse (Gerrity & Peterson, 2004). Additional information on this topic will be discussed in the upcoming section regarding ethics.

Boundaries. Healthy boundaries are important in all relationships because they provide both the means to experience connection with others and a sense of separateness in relationship to others (Chew, 1998; Duncan, 2004; Schiraldi, 2008). Since CSA survivors have had their boundaries seriously violated, many have unhealthy boundaries (Matthews & Gerrity, 2002). Therefore, leaders need to prepare for the very skillful attempts survivors may make to push group boundaries and often test group guidelines (Gerrity & Peterson, 2004). In short, boundaries exist for the benefit and protection of both members and leaders within a functional group experience (Corey & Corey, 2006; Yalom, 2005). Healthy boundaries are an important arena for interpersonal learning

within the group modality and this topic is introduced in the second session of the PRGP (Herman, 2001; Rothschild, 2000).

Two relevant boundary issues for leaders to keep in mind are dual relationships and self-disclosure. A mental health professional enters dual or multiple relationships when they “assume two or more roles simultaneously or sequentially with a person seeking his or her help” (Corey, Corey, & Callanan, 2007, p. 201), such as having two or more professional roles or having a professional role and a personal role. Avoiding dual relationships is one of the most effective ethical practices for leaders that clearly reinforce healthy boundaries (Corey et al., 2007). Two possible problematic scenarios are: sexual and non-sexual (Corey et al., 2007). Sexual relationship is considered the highest breach of professionalism in all mental health professions and has both ethical and legal consequences (Corey et al., 2007). Self-disclosure is another boundary issue that has relevant therapeutic value. Often leaders can use this strategy to explore ways how trust and safety can grow within the group (Gerrity & Peterson, 2004).

Memory issues. Another risk that therapists need to be aware of when working with trauma survivors relates to memory issues. The therapeutic recommendation is to focus on the consequences and not the details of the trauma (Briere & Scott, 2006; Rothschild, 2000). The aim is to stabilize the after-effects and empower survivors to function as healthy individuals. The role of the leader is to validate and normalize the experience while moderating the intensity of the group (Knight, 2006). In addition, the leader’s responsibility is to remain objective and assist members in tolerating ambiguity and doubts (Knight, 2006) without focusing on the detail of the trauma. It is common for survivors to want to fill in the missing gaps of their abuse experience. However, in group

therapy, the leader should refocus the group on how the abuse impacted the survivor and her goals for healing.

Retraumatization. A final therapeutic risk for trauma therapy is the possibility of retraumatization. Due to the potential for retraumatization, it is especially important that leaders be rigorous in how they plan sessions and interventions. “Effective helping relationships are not ethereal, mystical connections that ‘just happen’, nor are they a naturally occurring by-product of a charismatic personality. Effective helping relationships are intentional and skill-based interactions that exist to serve the needs of the patient” (Schatchter et al., 2008, p. 17). Indeed, van der Kolk (as cited in Ellensweig-Tepper, 2000) identified four components necessary to prevent retraumatization of the client (a) predictability, (b) clear structure, (c) basic ground-rules to establish and maintain safety, and (d) a continual awareness of the therapeutic alliance. Including relapse prevention information in the curriculum may also be very beneficial in a trauma psycho-education group (Dietrich, 2007).

Overall, leaders need to rely on informed consent procedures that address the risks and benefits of treatment, the treatment framework, roles, boundaries, limitations, safety issues, and treatment alternatives (Corey et al., 2007; Gerrity & Peterson, 2004). Consequently, the program manual contains suggested templates: informed consent, screening questions, roles and expectations of leaders, case file notes, behaviour expectations of members, and release of information. The most detailed section of this chapter elaborates on the nine key ethical concerns related to trauma groups.

Ethical Issues of CSA Group Work

This section of the chapter focuses on the need for counselors to offer ethical group interventions. The code of ethics as well as eight ethical topics relevant to group counselling will be reviewed.

The Feminist Therapy Code of Ethics (Feminist Therapy Institute, 1999) and the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000) are core documents the Phoenix Rising Group Program will rely on to support and guide facilitators' ethical practice. Throughout, the primary principle "do no harm" guides the design and delivery of this proposal whereby respecting the integrity and promoting the welfare of all clients guides the design and delivery of the PRGP (Canadian Psychological Association, 2000; Sinclair & Pettifor, 2001). Clearly, to this end, any type of sexual intimacies between a leader and group member is unethical (Canadian Psychological Association, 2000). Appropriate relations between group members are outlined in the agreement contract (see Appendix B). In a group setting, the leader is also responsible for protecting individuals from physical and/or psychological trauma resulting from interactions with the group (Allen, 2005; Corey & Corey, 2006; Duncan, 2004; Yalom, 2005).

The eight ethical topics related to group therapy and trauma creates the longest and most detailed section of this chapter. The topics listed in the order presented: informed consent, confidentiality, screening and selection of group members, preparing group members, risks of group therapy, diversity issues, training and leadership competence, use and abuse of group techniques, and termination issues. Weaving throughout the daily practice of working with social justice issues like trauma, the

feminist belief that “the political is personal in a world where social change is a constant” (Feminist Therapy Institute, 1999, p. 4) always applies.

Informed consent. With informed consent, members are in a knowledgeable position to make a decision to join the group. Within the informed consent document the counsellor should state in plain language, the purpose, the goals, techniques, and rules of procedure along with characteristics of the clients (Corey et al., 2007; Schachter et al., 2008). Any concerns, barriers, or challenges can be clarified with each client to help them make their final decision (Corey et al., 2007).

The leaders should supply group members with a personalized Informed Consent Orientation Package. This package would include, at minimum, the following topics: (a) limits to confidentiality, (b) roles and responsibilities of group members, and (c) roles and responsibilities of leaders (Corey et al., 2007; Duncan, 2004; Herman, 2001; Yalom, 2005). Survivors have had early experience with boundary violation; therefore, it is necessary that facilitators be particularly attentive to obtaining consent that goes beyond the standardized forms (Lubin & Johnson, 2008; Schachter et al., 2008). This issue of boundaries is certainly an ongoing aspect of the therapeutic work with survivors of childhood sexual abuse (Duncan, 2004; Sanderson, 2006).

Confidentiality. Confidentiality is the cornerstone of effective group work because this provides the behavioural guidelines for creating emotional safety. In the group setting, it is the leaders who set a norm of confidentiality regarding all participants’ disclosures (Yalom, 2005). It is ethical practice to stress the non-negotiable condition of confidentiality to members before they enter a group, during the group sessions when relevant, and before the group terminates (Corey et al., 2007). A best practice may

include each participant signing a contract agreeing to keep who is present and what happens in the group as confidential (Lubin & Johnson, 2008). Corey et al. (2007) also related to this issue of confidentiality in the area of record keeping, suggesting leaders keep records of group sessions in compliance with codes of ethics and institutional policies. Finally, facilitators need to inform mandated group members about the documentation that is required (Corey et al., 2007). The group manual for this project has sample templates available to users to borrow to ensure ethical practices around documentation and consent issues (see Appendix A).

Screening and selection of group members. Leaders have an ethical responsibility to screen prospective group members to ensure their needs and goals are compatible with the goals of the group (Schulz, n.d.). To this end, leaders need to clarify the overall purpose of the group by providing answers to questions such as: How will the group provide information that promotes therapeutic recovery, and how will the group process focus on self-understanding that promotes therapeutic recovery (Duncan, 2004; Lubin & Johnson, 2008; Ruzek et al., 2003; Sanderson, 2006). Members who are not selected need to be offered alternate arrangements that will meet their current healing needs (Corey et al., 2007).

Preparing group participants. The preparation of group members for effective group membership is an important part of ethical practice as a group leader since this is a safeguard to prevent any further trauma to the members (Canadian Psychological Association, 2000). To be productive, the facilitator must be clear about expectations of the group members, group goals, structure and organization of group, criteria for group membership and recruitment, and types of group exercises (Chen & Rybak, 2004;

Corder, 2000; Corey et al., 2007; Duncan, 2004; Gerrity & Peterson, 2004; Lubin & Johnson, 2008; Yalom, 2005). Applying strong leadership skills is mandatory to create clear expectations, provide a safe environment, and manage group dynamics for the successful movement through the initial stage of trauma recovery (Corey & Corey, 2006; Gladding, 2003; Knight, 2006; Sanderson, 2006).

Psychological risks for members. Leaders need to explain the risks involved both before the group begins and during the group when appropriate (Corey et al., 2007). Leaders certainly have a responsibility to minimize the risks, such as preventing retraumatization and maintaining safety within the group (Canadian Psychological Association, 2000). It is recommended to always be alert to symptoms of psychological debilitation of in-group members who may indicate that continued participation should be halted; referral resources should be available to those who need or desire further psychological assistance (Corey et al., 2007). Leaders need to include a signed contract that delineates the rights and responsibilities of leaders and members. This document facilitates the discussion of any risks and acknowledges a commitment to contribute as a positive group member (Corey et al., 2007; Lubin & Johnson, 2008). All documents for teens need to be written in plain language to reduce possible risks of misunderstanding (Schatcher et al., 2008).

Diversity issues. Multicultural competence is very important in the ethical delivery of group programs. Continuous active engagement in broadening facilitators' knowledge of ethnic and cultural experiences regarding both minority and dominant groups is an important professional practice (Canadian Psychological Association, 2000; Feminist Therapy Institute, 1999; Schulz, n.d.). It is also best practice to update

communication skills to effectively work with a diverse range of cultures in the community including monitoring the influence of dominant culture (Feminist Therapy Institute, 1999; Schulz, n.d.). The design of this proposed program respects cultural and experiential differences (Canadian Psychological Association, 2000; Feminist Therapy Institute, 1999).

Professional training and therapist competence. Presently, there is sparse training for specific populations of group therapy. Consequently, most counsellors add trauma-specific theory to their group processes training (Yalom, 2005). Reflective practice is a vital foundation to creating and maintaining therapist competence (Chen & Rybak, 2004). It is essential for therapists to be able to articulate their roles and functions in the group (Corey et al., 2007). Lubin and Johnson (2008) also recommend leaders provide the opportunity of each member's choice to self-determine their level and intensity of disclosure. Lubin and Johnson (2008) goes onto state that facilitators need to be sensitive to any form of group coercion that violates the empowerment of others, such as scapegoating or stereotyping. Leaders working with the topic of trauma need to follow rigorous self-care and seek their own supervision (Feminist Therapy Institute, 1999; Schachter et al., 2008).

To ensure the competent delivery of therapeutic services, leaders need to facilitate only those techniques based on their previous training (Canadian Psychological Association, 2000; Corey et al., 2007). It is important for leaders to stay informed of current research related to group process and special populations, and then apply those findings to enhance the efficacy of their group practice (Corey et al., 2007; Sinclair &

Pettifor, 2001). Finally, counsellors need to always be vigilant in their awareness to not meet their personal needs at the expense of the group (Yalom, 2005).

Issues related to termination. Termination needs to be introduced early in the group process so members realize the group has a boundary around when it ends. Furthermore, Schulz (n.d.) advocated that all members should be entitled to a follow-up check through personal, telephone, or written contact. Additionally, the group should be subject to regular evaluation by the group members so changes to the group can be made as needed. Evaluations can also measure the effectiveness of the interventions (Corey & Corey, 2006; Yalom, 2005).

In conclusion of this section regarding ethics, there are many practices to take into consideration when leading trauma groups. Within this lengthy and most significant section, many issues have been presented: What are the professional, legal, and practical points concerning informed consent and confidentiality? What are critical considerations in the recruiting, screening, selection, and understanding of group therapy? To what degree should members be prepared for the trauma group before they begin sessions? What are the ethical issues in the training and selection of leaders? In what manner can group techniques be used and abused? What are the ways leaders have a responsibility to follow-up and evaluate the trauma group?

The final two sections of this chapter outline the diversity considerations leaders need to become familiar with when leading trauma groups and the self-care practices recommended to leaders when working with individuals healing from their traumatic past. A summary concludes this chapter.

Diversity Considerations for Trauma Groups

As the Canadian population continues to expand our national mosaic of cultural, racial, and sexual groups also continues (Arthur & Collins, 2005). Consequently, it is imperative that public services such as the health services be culturally sensitive (Archibald, 2006; Arthur & Collins, 2005; Schatcher et al., 2008). The bulk of the initial ethical considerations within this proposal involved facilitator knowledge, awareness, and competencies regarding trauma and cultural sensitivity. Two populations of note would be counsellor competencies surrounding First Nation youth and refugee youth.

Due to the traumatic legacy of residential schools First Nation youth are a high-risk group (Archibald, 2006; Blue & Darou, 2005). For example, Saskatchewan's First Nation youth demographic, especially between the ages of 15 to 29 years of age, is expected to reach 36% of the First Nation population by 2026 (Statistics Canada, 2006). Canada's First Nation population is a large segment of the Canadian mosaic, especially within the prairie provinces; therefore, cultural and trauma-sensitive practices are necessary considerations for the Phoenix Rising group proposal (Schatcher et al., 2008).

The second high-risk group to note would be refugee youth coming from African camps (Guzder, 2007). Without a doubt, culturally respectful programs and sound theoretical underpinnings of trauma are important considerations for this project because there are so many female adolescents needing this type of assistance.

There were several suggested ways the Phoenix Rising Group proposal addresses diversity considerations. For example, the manual recommends creating a welcoming group space with culturally relevant material in the room (e.g., posters that celebrate diversity, medicine wheel, labyrinth, or other circle symbolism repeated in room) helps

transmit the values of respect and equality. The facilitators are advised to include the knowledge and continual sharing of the family structures, hierarchies, values, and beliefs of diverse groups within the group counselling process and individual experiences. Awareness and respect of First Nation worldviews are critical assumptions when this minority group is part of the membership. For example, the medicine wheel symbolizes the holistic view of physical, mental, emotional, and spiritual aspects of self, which all need to be kept in balance to maintain health (Assembly of First Nations, n.d.; Blue & Darou, 2005; Métis National Council, n.d.). Other core values of First Nation people include emotional restraint, sharing with family and community, and respect (Blue & Darou, 2005). The value of respect stems from the belief that all living things are interrelated (Schatcher et al., 2008). Use of silence and longer pauses between sentences, especially when contemplating what one wishes to say, is a reflection of wisdom (Blue & Darou, 2005).

Other key diversity consideration of the PRGP that follows the feminist theory incorporates the impact of socioeconomic status upon personality formation, vocational choices, and worldviews of young women (Schachter et al., 2008). The roles of men and women, as determined by First Nation traditional values or other collective cultures, are often different than the mainstream Western views (Corey & Corey, 2006). The Phoenix Rising program encourages the facilitator to include whenever possible native helping practices and utilize community help-giving networks such as elders and sweats (Corey et al., 2007). The final section of this chapter, now moves away from the participants needs and focuses on the risks to and suggested self-care for counsellors who choose to embrace this most demanding, yet stimulating work.

Risks to and Suggested Self-Care for Counsellors

Figley (2002) has written extensively on how listening to clients who have been traumatized can be very challenging work, leaving fingerprints on the heart of the therapist, which are sometimes difficult to manage or erase. Trauma work with CSA survivors has the capacity to undermine the counsellor's trust in the world as a safe place, trust in relationships, and faith in humanity affecting the internal and external worlds of the counsellor (Herman, 2001; Walker, 2003). Within the internal world of the professional, boundary issues and feelings such as inadequacy, hopelessness, and despair can be raised. The external world of the professional is impacted when relationships with family and friends become strained. Ultimately, feelings of isolation, alienation, and loneliness can become augmented when assumptions of a safe world are shattered (Sanderson, 2006).

To ameliorate some or all of the negative consequences and reap the satisfaction and sense of meaning with this work, it is an ethical imperative that counsellors practice rigorous self-care and professional practices (Briere & Scott, 2006; Duncan, 2004; Sanderson, 2006). The standard recommended personal supports include the following: participating in regular peer supervision, joining a professional support network, and pursuing personal habits of fitness and well-being. In addition, it is advisable to balance or limit trauma work and to honestly recognize limitations, humanness, needs, and vulnerabilities through rigorous reflective practice (Chen & Rybak, 2004; Sanderson, 2006).

Sanderson (2006) stated that the counsellors who attend to their developmental wounds, traumatic experiences, unresolved issues, and sexual history before and during

facilitating trauma therapy provide the most effective leadership and maintain their ability to continue this work in the long term. The counsellors who have remained connected throughout the healing process and who have been able to repeatedly create a therapeutic space for this recovery to occur can be transformed in their own personal and professional growth (Duncan, 2004; Herman, 2001; Sanderson, 2006). In short, when all goes well, the phoenix phenomena can occur for *both* therapist and client!

In conclusion, therapist qualities play a key role in effectiveness of trauma group facilitation (Lubin & Johnson, 2008). It is easy to be overwhelmed with the technical aspects of this topic and downplay the traditional skills of reflecting, listening, noticing, intuiting, and working in the here and now of the client's experience (Corey & Corey, 2006; Sanderson, 2006; Yalom, 2005). However, these remain the core skills of any group leader facilitating group experiences. Duncan (2004) succinctly summarized effective leadership when she wrote, "An effective therapist can provide validation as to how the abuse was traumatic for an individual woman while affirming that healing is possible" (p. 85). It is fundamental for an effective trauma facilitator to follow these core communication skills, utilize current knowledge of CSA and sexuality, and incorporate current research and best practices in order to provide helpful trauma therapy. Finally, it is important that counsellors always foster therapeutic relationships that promote initiative and empowerment and provide opportunities to experience alternatives from past patterns (American Psychological Association, 2007).

Summary

A summary of the information reviewed in this chapter regarding the design and delivery of psycho-educational adolescent trauma groups concludes this section. Within

the design and delivery of trauma groups there are four key considerations therapists need to consider: (a) establish comprehensive safety within the group setting (Allen, 2005; Duncan, 2004; Herman, 2001; Lubin & Johnson, 2008; Sanderson, 2006); (b) Foster client empowerment that increases the level of trust and safety within each survivor and that encourages and facilitates client choice, planning, and actions (Allen, 2005; Briere & Scott, 2006; Lubin & Johnson, 2008; Schachter et al., 2008); (c) Maintain thorough awareness of current comprehensive research about CSA, trauma, treatments, sexuality, diversity, and adolescence (Allen, 2005; Briere & Scott, 2006; Duncan, 2004; Herman, 2001; Lubin & Johnson, 2008; Sanderson, 2006); and (d) Include safeguards for the members throughout the delivery of trauma group programs that will help them manage their thoughts, feelings, and actions related to healing (reference).

Another area that is absolutely necessary to pay attention to in the design and delivery of a group program are the various ethical principles. These principles clearly form rigorous standards of best practice include that of respect for the dignity of persons, responsible caring, and integrity in relationships (Canadian Psychological Association, 2000). Ethical principles require therapists to offer a consistent practice of using informed consent, having screening protocols, preparing members for group participation, outlining risks and the safeguards, and addressing termination (Allen, 2005; Briere & Scott, 2006; Corey et al., 2007; Duncan, 2004; Rothschild, 2000; Sanderson, 2006).

The final consideration of this summary includes the necessary safeguards for trauma facilitators. First, self-awareness and reflective practice are critical safeguards to maintain ethical and effective group treatment (Chen & Ryback, 2004). Throughout the

delivery of the RPGP, the facilitators need to follow a rigorous self-care regime for their own maintenance and rejuvenation of all domains of their personal wellness (Allen, 2005; Briere & Scott, 2006; Corey et al., 2007; Duncan, 2004; Sanderson, 2006). And, the last and most wise recommendation to leaders, is to balance and limit the amount of trauma work within their professional practice (Allen, 2005; Briere & Scott, 2006; Corey et al., 2007; Duncan, 2004; Sanderson, 2006).

In conclusion, it is emphasized throughout the Phoenix Rising group that it is critical for therapists to develop trusting, warm, and ethical therapeutic relationships with all members. It is also acknowledged that group members show repeated acts of courage when they take steps towards their recovery (Allen, 2005). The proposed group has the potential to be of great use, if the practices described in this chapter are followed, to many community agencies. The overarching goal is to foster wellness in those that have suffered trauma. The full group program is outlined, in ample detail, in Appendix A.

Chapter 4: Research Procedures and Ethical Rigour

This chapter outlines the research procedures followed in gathering printed references, the libraries utilized for research, and community resources. The chapter concludes with an explanation of the ethical rigour followed in the research and design of this proposal.

Printed references included in this literature review and manual design came from a variety of sources. Government databases regarding mental health and Canadian demographics were initially searched to define the Canadian status of support for children and youth recovering from sexual abuse. Electronic databases were used to search for journal articles, and include psychARTICLES, PsychINFO, Ovid Search, Academic Search Premier, SAGE, and Psychology and Behavioural Science Collection. Terms such as “childhood sexual abuse and group therapy”, “trauma and group therapy”, “post-traumatic growth”, “resiliency”, and “PTSD and youth groups” were entered to each journal database. Seminal articles were chosen based on the quality and breadth of the research with preference given to those articles published since 2000.

This project also utilized books from the University of Saskatchewan and Alberta libraries that explained theoretical and the contemporary practical applications of trauma psychology. Quality references regarding CSA, PTSD, resilience, and PTG provided historical background in the development of trauma psychology. Numerous workbooks and sourcebooks purchased from Amazon elaborated on trauma psychology, practical application of PTSD recovery, anxiety and youth, and recovery from CSA.

Four informal community contacts enriched the research process. First, a conversation with the director and counsellors at Saskatoon Sexual Assault and

Intervention Centre helped me gather more ideas and ways to structure the group program. In October 2008, I attended a conference “Trauma and Refugees in our Schools” where Dr. Jazwat Guzder was the keynote speaker. I enjoyed learning from First Nation’s elders, who act as liaisons within the Saskatoon Public School Division, as they speak so hopefully of the need to address diversity in healing. Finally, the resources and personnel at the Hope Foundation in Edmonton, Alberta were invaluable in providing articles, inspiration, and support to this writer.

Parts of this Master’s Degree in Counselling project originated as a class assignment for my group counselling elective within my graduate training. For my project, I significantly revamped and redesigned the vast majority of the original material. For example all the chapters are new material. The group manual, which is over 200 pages, is also new since I only created some basic, draft lesson plans for the group course. In addition, I gave considerable attention to the facilitator notes in my group manual to ensure optimal learning for all stakeholders involved. As a result, this project has produced a very comprehensive, creative group-counselling manual, building upon what I learned in my group counselling course.

It is important to note that at all times, I adhered to the Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2000). Also, this project did not require ethics approval because participant data was not collected.

Chapter 5: Conclusions

PRGP was written in consideration of the most recent and relevant research available to me regarding adolescent female recovery from CSA and trauma symptoms. The combination of philosophical premises, therapeutic safety, and PTG creates an empowering framework of therapeutic change for adolescent females who have experienced childhood sexual abuse. As the title of the group implies, it is anticipated that the participation in the PRGP will facilitate the rebirth of self from the ashes of past sexual abuse.

Strengths of the Proposal

This project was based on comprehensive research regarding trauma, group therapy, and the developmental needs of adolescent females. In planning this manual, both the challenges that girls face along with their resiliency and strength in response to these challenges were considered. Issues such as trust and mistrust, fear, emotional regulation, and attachments were processed as they arose. Individual and group empowerment flourishes in an environment of safety, and this condition is protected by appropriate boundaries throughout the group counselling experience. The therapeutic factors of universality and reduction in isolation, the instillation of hope, and interpersonal healing are instrumental factors in creating healing group environments (Yalom, 2005).

Presently, Saskatoon does not have an outpatient program for women who are in the early stages of healing from CSA. *Phoenix Rising: Helping Adolescent Female Survivors of Child Abuse through Group Work* is intended to fill this gap (see Appendix A). PRGP can be delivered by master-level trained counselors, who are a large

proportion of practicing therapists in Canada (Corey et al., 2007; Sinclair & Pettifor, 2001).

Another strength is that this detailed group manual incorporates culturally sensitive practices to the largest minority group in Canada, our First Nations. Counsellors can further reflect diversity principles in practice if the group members include other global ethnic groups. Successful therapeutic work with girls and women are very similar to the guidelines for effective multicultural counselling whereby facilitators strive to use gender sensitive and culturally sensitive affirming practices in providing services to this population.

Also, group interventions and approaches relevant for trauma survivors are included such as how to cope with memories, reduce negative self-talk, increase sense of empowerment, self-care practices, and assertive communication. The manual contains ample details on how to prepare, facilitate, and evaluate the various strategies used in the group to promote wellness in the early stage of recovery. Considerations of the inherent resilience and potential post-traumatic growth for each member are addressed clearly in the intake assessments and final few sessions. Meaning-making and the development of a new sense of self are integral to the healing process outlined in Pre-session handout 1.1.

Limitations of the Proposal

Even though trauma treatment literature was reviewed and followed in the design of the proposal, time restrictions did not allow for a full review of all trauma literature related to both genders of youth. This project was limited to adolescent female survivors of CSA. Discussion of adolescent male therapy was not addressed at any time, which would have provided a more comprehensive analysis of adolescent treatment. If both

these areas had been accomplished, a more generic treatment proposal could have been developed.

Perhaps another limitation is the limited topic coverage since the group is designed for eight sessions (with a pre- and post-session). Many topics were not addressed, such as sex education and healthy relationships. These topics were mentioned in the research as beneficial for CSA survivors because this information helps neutralize anxiety, provides a language for discussing sexuality, facilitates a healthy body image, and corrects misconceptions about sexuality (Hecht et al., 2002).

The program also does not address the dynamics of the following sources of trauma: family violence, date rape, or community violence issues. The program also does not address the most commonly violated ethical principle in counselling—sexual contact between therapist and client (Corey et al., 2007; Herilhy & Corey, 1992). It is recommended that these topics and others be incorporated into a second stage of group trauma recovery.

From an administration perspective, the table of contents and cross-referencing, although complete and useful for this project, is not conducive to adding or subtracting policies or forms. Leaders may also find the organization of the manual is not conducive to their learning or facilitation style.

The main significant limitation to the manual is it has not been tested, validated, or reviewed by anyone working in a wellness agency. For example, the handouts have not received any client feedback on the relevance, organization, or ease of use. In addition, leaders and/or clients have not reviewed the proposed topics, timing, and placement of activities. Thus, anyone who uses this manual should carefully review the

material to ensure it is suitable material to use and that it can be facilitated in an ethical, competent manner. Ideally, before this group is run, a pilot program should be offered with ample time for the facilitators to meet and discuss how the content is effective or not. Then, a revision incorporating these findings can be published.

Implications for Further Research

Longitudinal research regarding the efficacy of psycho-educational group counselling programs for female youth is lacking. Further research is certainly needed to evaluate the efficacy of group interventions with current brain research and trauma. There is a need to know why certain factors appear to be therapeutically effective group programs and what the specific outcomes of particular interventions are. This knowledge can then be used to guide treatment planning and design. In addition, further longitudinal descriptive research may help counsellors understand the process by which female youth change in both group and individual therapy and which aspects the female youth see as most beneficial.

Another logical extension to this adolescent group would be the development of a parallel parent group. Family-focused interventions are widely used as an approach to treatment for adolescents with PTSD whereby parents can provide information, complete the history, and most importantly believe, support, and encourage the daughter (Duncan, 2004). However, there are limitations to parental group effectiveness if family members are unable or unwilling to invest themselves (Duncan, 2004; Sanderson, 2006). Assessment of the parent's perception of the adolescent's traumatic experiences and post-traumatic symptoms gives the assessor information about potential strengths or weaknesses in the member's family support system, and potential obstacles to parental

engagement (Hecht et al., 2002; Manly, 2008). Family members may also need to be assessed for their own distress at having witnessed, caused, or failed to prevent the victimization or traumatization of their child (Gil, 1996). Certainly the assessment of parental perceptions, primary or secondary PTSD symptoms or associated distress, and stage of readiness to change would be essential to the design of any family or parent treatment plan (Duncan, 2004; Gil, 1996).

Another possible research application would be the delivery of trauma therapy within residential and/or outpatient addiction recovery since clinical studies of patients in substance abuse treatment programs have shown a high correlation with a client history of trauma. Najavits and colleagues reported that patients with current PTSD comprise 30 to 59% of substance abuse treatment sample populations (Najavits, Gallop, & Weiss, 2006). Najavits et al. also noted that among women with PTSD, substance use disorders are 1.4 to 5.5 times more prevalent than among women without PTSD (Najavits et al., 2006). Researchers concluded, “It appears that to effect long term changes in relation to substance use, the underlying pain needs to be addressed” (Najavits et al., 2006, p. 1608). Hence, a number of integrated treatment protocols have been developed to address this co-morbidity and studies have begun to evaluate their effectiveness (Ouimette & Brown, 2003). While most of the studies involved women, only one was specifically concerned with adolescents (Najavits et al., 2006). In conclusion, the PRGP would have many more research possibilities with differing audiences and combinations of needs.

Implications for Practice

Given the paucity of early psycho-educational counselling groups for female youth recovering from CSA and possible trauma manuals that exist, the PRGP adds a

much-needed resource to the present counselling field. It provides a clear guide to other counsellors in organizing, structuring, marketing, and facilitating a target group with such developmental and topical considerations. Possible applications could be further developed for additional groups of adolescent women with intellectual difficulties and incarcerated youth. However, it is important that facilitators of this program acknowledge both the strengths and limitations of this program proposal and manual. Research findings and the recommendations included in this program proposal and manual should not be applied to work with adolescents with personality disorders like borderline or schizophrenic populations. As the author I am aware that modifications to the program proposal and manual included herein may be required to appropriately address the full range of youth with their unique personalities, learning styles, lifestyles, and needs.

Summary

The PRGP proposal and manual provides a safe, ethical, and well-crafted opportunity for female youth to begin addressing the impact of CSA at a pivotal time whereby new cognitive, social, emotional, and behavioural patterns can be adopted within the supportive framework of group. While this program proposal and manual have been developed in consideration of the most recent and most relevant literature available on trauma and group therapy for adolescents, the success of the Phoenix Rising psycho-educational group counselling program will be enhanced when the unique needs and circumstances of the group participants are accommodated. The manual that follows outlines suggested activities to guide teen women through the initial stage of recovery and learn about safety, coping, sharing, and celebrating growth from childhood sexual

abuse. Even today, the ancient symbol of the rising phoenix still is an inspiring symbol of hope. It is my desire that the phoenix phenomena, which is a supremely beautiful, rare, and unique experience, can occur for both therapists and clients who complete this program.

References

- Abernathy, B. E., (2000). Who am I? Helping trauma victims find meaning, wisdom, and a new sense of self. In G. R. Waltz, J. C. Bleuer, & R. K. Yep, (Eds.), *Compelling counselling interventions: Celebrating vistas* (pp. 199–212). Mahwah, NJ: Lawrence Erlbaum Associates.
- Allen, J. G. (2005). *Coping with trauma: Hope through understanding* (2nd ed.). Washington, DC: American Psychiatric.
- Allen, J. G. (2008). Psycho-education. In A. Reyes, J. Elhai, & J. Ford (Eds.), *The encyclopedia of psychological trauma* (pp. 534–536). Hoboken, NJ: Wiley.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (Rev. 4th ed.). Washington, DC: Author.
- American Psychological Association. (2007). Guidelines for the psychological practice with girls and women. *American Psychologist*, 62(9), 949–979.
doi:10.1037/0003-066X.62.9.949
- Archibald, L. (2006). *Promising healing practices in Aboriginal communities: Final report of the healing foundation* (Vol. 3). Ottawa, ON, Canada: Aboriginal Healing Foundation.
- Arthur, N., & Collins, S. (2005). *Culture-infused counselling: Celebrating the Canadian mosaic*. Calgary, AB, Canada: Counselling Concepts.
- Assembly of First Nations. (n.d.). *Current issues*. Retrieved from <http://www.afn.ca/index.php/en>

- Avinger, K. A., & Jones, R. A. (2007). Group treatment of sexually abused adolescent girls: A review of outcome studies. *American Journal of Family Therapy*, 35, 315–326. Retrieved from <http://www.tandf.co.uk/journals/titles/01926187.asp>
- Blonna, R. (2007). *Coping with stress in a changing world* (4th ed.). Boston, MA: McGraw-Hill.
- Blue, A., & Darou, W. (2005). Counselling First Nations people. In N. Arthur & S. Collins (Eds.), *Culture-infused counselling: Celebrating the Canadian mosaic* (pp. 303–330). Calgary, AB, Canada: Counselling Concepts.
- Brento, L. K., & Longhurst, J. E. (2005). The resilient brain. *Reclaiming Children and Youth*, 14, 52–60. Retrieved from <http://reclaimingjournal.com/>
- Briere, J. (1992). *Child abuse trauma: Theory and treatment of lasting effects*. Newbury Park, CA: Sage.
- Briere, J., & Scott, C. (2006). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment*. Thousand Oaks, CA: Sage.
- Bryant, R. (2008). Acute stress disorder. In A. Reyes, J. Elhai, & J. Ford (Eds.), *The encyclopedia of psychological trauma* (pp. 12–14). Hoboken, NJ: Wiley.
- Canadian Association of Sexual Assault Centres. (n.d.). *Canadian Association of Sexual Assault Centres*. Retrieved from <http://www.casac.ca/english/home.htm>
- Canadian Psychological Association. (2000). *Canadian code of ethics for psychologists* (3rd ed.). Retrieved from <http://www.cpa.ca/cpaside/userfiles/Documents/Canadian%20Code%20of%20Ethics%20for%20Psycho.pdf>

- Cappuzi, D. (2003). *Approaches to group work: A handbook for practitioners*. UpperSaddle River, NJ: Merrill Prentice Hall.
- Chamberlain, P., & Moore, K. (2002). Chaos and trauma in the lives of adolescent females with antisocial behaviour and delinquency. In R. Greenwald (Ed.), *Child trauma handbook: A guide for helping trauma exposed children and adolescents* (pp. 79–103). Binghamton, NY: Haworth Maltreatment and Trauma.
- Chen, M., & Rybak, C. (2004). *Group leadership skills*. Toronto, ON, Canada: Thomson Nelson.
- Chew, J. (1998). *Women survivors of childhood sexual abuse: Healing through group work*. Binghamton, NY: Hawthorn.
- Cook, A., Spinnazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., . . . van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, 35(5), 390–398.
- Corder, B. F. (2000). *Structured psychotherapy groups for sexually abused children and adolescents*. Sarasota, FL: Professional Resource.
- Corey, G., & Corey, M. S. (2006). *Groups: Process and practice* (7th ed.). Belmont, CA: Brooks/Cole.
- Corey, G., Corey, M. S., & Callanan, P. (2007). *Issues and ethics in the helping professions* (7th ed.). Belmont, CA: Brooks/Cole.
- Cori, J. L. (2008). *Healing from trauma: A survivor's guide to understanding your symptoms and reclaiming your life*. Philadelphia, PA: Marlowe & Company.

- Dietrich, A. M. (2007). Traumatic impact of violence against women. In C. E. Stout & E. K. Carl, *Trauma psychology: Issues in violence, disaster, health and illness* (Vol. 2, pp. 259–282). Westport, CT: Praeger.
- Doyle, L., & Napier-Hemy, J. (Eds.). (2008). *Sexual abuse counselling: A guide for parents and children*. Ottawa, ON, Canada: National Clearinghouse on Family Violence.
- Duncan, K. A. (2004). *Healing from the trauma of childhood sexual abuse: The journey of women*. Westport, CT: Praeger.
- Ellensweig-Tepper, D. (2000). Trauma group psychotherapy for the adolescent female client. *Journal of Child and Adolescent Psychiatric Nursing, 13*(1), 17–18.
doi:10.1111/j.1744-6171.2000.tb00071.
- Fairholm, J., & Ferguson, P. (2007). *Prevention in motion: Abuse and harassment prevention for adults who work with children and youth* (5th ed.). Ottawa, ON, Canada: Canadian Red Cross.
- Feminist Therapy Institute. (1999). *The feminist therapy code of ethics* (Rev. ed.). Retrieved from http://www.chrysaliscounseling.org/Feminist_Therapy.html
- Fergus, S., & Zimmerman, M. A. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annual Review of Public Health, 26*, 399–419. doi:10.1146/annurev.publhealth.26.021304.144357
- Figley, C. R. (2002). *Treating compassion fatigue*. New York, NY: Brunner/Mazel.
- Ford, J. (2008a). Adolescence. In A. Reyes, J. Elhai, & J. Ford (Eds.), *The encyclopedia of psychological trauma* (pp. 14–19). Hoboken, NJ: Wiley.

- Ford, J. (2008b). Complex post-traumatic stress. In A. Reyes, J. Elhai, & J. Ford (Eds.), *The encyclopedia of psychological trauma* (pp. 152–154). Hoboken, NJ: Wiley.
- Foy, D., Eriksson, C., & Trice, G. (2001). Introduction to group interventions for trauma survivors. *Group Dynamics: Theory, Research, and Practice*, 5(4), 246–251.
doi:10.1037/1089-2699.5.4.246.
- Freyd, J. (2008). Betrayal trauma. In A. Reyes, J. Elhai, & J. Ford (Eds.), *The encyclopedia of psychological trauma* (p. 76). Hoboken, NJ: Wiley.
- Gerrity, D. A., & Matthews, L. (2006). Leader training and practices in groups for survivors of childhood sexual abuse. *Group Dynamics: Theory, Research, and Practice*, 10(2), 100–114.
- Gerrity, D. A., & Peterson, T. L. (2004). Groups for survivors of childhood sexual abuse. In J. L. DeLucia-Waak, D. A. Gerrity, C. R. Kalodner, & M. T. Riva (Eds.), *Handbook of group counselling and psychotherapy* (pp. 497–545). Thousand Oaks, CA: Sage.
- Gil, E. (1996). *Treating abused adolescents*. New York, NY: Guilford.
- Gladding, S. (2003). *Group work: A counselling specialty* (4th ed.). Upper Saddle River, NJ: Merrill Prentice Hall.
- Guzder, J. (2007). Fourteen dijnns migrate across the ocean. In B. Drozdek, & J. P. Wison (Eds.). *Voices of trauma: Treating psychological trauma across cultures*. New York, NY: Springer Science & Business Media.

- Hecht, D. B., Chaffin, M., Bonner, B. L., Worley, K. B., & Lawson, L. (2002). *Treating sexually abused adolescents*. In J. E. B. Myers, L. Berliner, J. Briere, C. T. Hendrix, C. Jenny, & T. A. Reid. (Eds.), *APSAC handbook on child maltreatment* (2nd ed., pp. 159–171). Thousand Oaks, CA: Sage.
- Herlihy, B., & Corey, G. (1992). *Dual relationships in counseling*. Washington, DC: American Counsellor Association.
- Herman, J. L. (2001). *Trauma and recovery: From domestic violence to political terror*. London, United Kingdom: Basic Books.
- Hippe, J. (2004). Self-awareness: A precursor to resilience. *Annual Review of Public Health, 26*, 399–419.
- Horowitz, M. (2008). Traumatic stress. In A. Reyes, J. Elhai, & J. Ford (Eds.), *The encyclopedia of psychological trauma* (pp. 667–669). Hoboken, NJ: Wiley.
- Hurtes, K. P., & Allen, L. R. (2001). Measuring resilience in youth: The resiliency attitudes and skills profile. *Therapeutic Recreation Journal, 35*, 333–347.
- Janoff-Bulman, R. (2006). Schema-change perspectives on post-traumatic growth. In L. G. Calhoun & R. G. Tedeschi (Eds.), *Handbook of post-traumatic growth: Research and practice* (pp. 81–99). Mahwah, NJ: Laurence Erlbaum.
- Joseph, S., & Linley, P. A. (2006). *Positive therapy: A meta-theory for psychological practice*. New York, NY: Routledge.
- Joseph, S., & Linley, P. A. (2008). Psychological assessment of growth following adversity: A review. In S. Joseph & P. A. Linley (Eds.), *Trauma, recovery, and growth: Positive psychological perspectives on post-traumatic stress* (pp. 21–36). Hoboken, NY: Wiley.

- Kilmer, R. P. (2006). Resilience and post-traumatic growth in children. In L. G. Calhoun & R. G. Tedeschi (Eds.), *Handbook of post-traumatic growth: Research and practice* (pp. 264–333). Mahwah, NJ: Laurence Erlbaum.
- Knight, C. (2006). Groups for individual with traumatic histories: Practice considerations for social workers. *Social Work, 51*(1), 20–30. Retrieved from http://findarticles.com/p/articles/mi_hb6467/is_1_51/ai_n29250429/
- Lepore, S., & Revenson, T. (2007). Relationships between post-traumatic growth and resilience: Recovery, resistance, and reconfiguration. In L. G. Calhoun & R. G. Tedeschi (Eds.), *Handbook of post-traumatic growth: Research and practice* (pp. 24–46). Mahwah, NJ: Lawrence Erlbaum.
- Levine, P. A. (with Frederick, A.). (1997). *Waking the tiger healing trauma: The innate capacity to transform overwhelming experiences*. Berkley, CA: North Atlantic Books.
- Linley, P. A., & Joseph, S. (2008). Post-traumatic growth. In A. Reyes, J. Elhai, & J. Ford, (Eds.), *The encyclopedia of psychological trauma* (pp. 481–483). Hoboken, NJ: Wiley.
- Lubin, H., & Johnson, J. (2008). *Trauma-centered group psychotherapy for women: A clinician's manual*. New York, NY: Haworth.
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*, 543–562.
- Macdonald, K., Lambie, I., & Simmonds, L. (1995). *Counselling for sexual abuse: A therapist's guide to working with adults, children, and families*. Oxford, United Kingdom: Oxford University.

- Magnea, G., & Lanius, R. A. (2008). Biology, brain structure, function: Adult. In A. Reyes, J. Elhai, & J. Ford (Eds.), *The encyclopedia of psychological trauma* (pp. 84–89). Hoboken, NJ: Wiley.
- Mancini, A. D. & Bonanno, G. A. (2008). Resilience. In A. Reyes, J. Elhai, & J. Ford (Eds.), *The encyclopedia of psychological trauma* (pp. 584–586). Hoboken, NJ: Wiley.
- Manly, J. T. (2008). Child maltreatment. In A. Reyes, J. Elhai, & J. Ford (Eds.), *The encyclopedia of psychological trauma* (pp. 119–124). Hoboken, NJ: Wiley.
- Masten, A. S. (2001). Ordinary magic. *American Psychologist*, *56*, 227– 238.
- Masten, A. S., & Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American Psychologist*, *53*, 205–220.
- Masten, A. S., & Reed, M. J. (2002). Resilience in development. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 74–88). New York, NY: Oxford University.
- Matthews, L. L., & Gerrity, D. A. (2002). Therapists' use of boundaries in sexual abuse groups: An exploratory study. *Journal for Specialists in Group Work*, *27*, 78–99.
doi:10.1177/0193392202027001007
- McFarlane, A. C. (2008). Post-traumatic stress disorder. In A. Reyes, J. Elhai, & J. Ford (Eds.), *The encyclopedia of psychological trauma* (pp. 483–491). Hoboken, NJ: Wiley.
- Métis National Council. (n.d.). *Highlights*. Retrieved from <http://www.metisnation.ca/>

- Morgan, T., & Cummings, A. L. (1999). Change experience during group therapy by female survivors of childhood sexual abuse. *Journal of Consulting and Clinical Psychology, 67*(1), 28–36.
- Najavits, L. M., Gallop, R. J., & Weiss, R. D. (2006). Seeking safety therapy for adolescent girls with PTSD and substance abuse: A randomized controlled trial. *Journal of Behavioral Health Services & Research, 33*, 453–463.
- Napier-Hemy, J. (2008). *Sexual abuse counselling: A guide for parents and children*. Retrieved from http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/nfntsx-visac-sexabusecoun_e.pdf
- Navalta, C. P., Andersen, S. L., & Teicher, M. H. (2008). Biology, brain structure, function: Child. In A. Reyes, J. Elhai, & J. Ford (Eds.), *The encyclopedia of psychological trauma* (pp. 90–93). Hoboken, NJ: Wiley.
- Neimeyer, R. A. (2006). Re-storying loss: Fostering growth in the post-traumatic narrative. In L. G. Calhoun & R. G. Tedeschi (Eds.), *Handbook of post-traumatic growth: Research and practice* (pp. 68–80). Mahwah, NJ: Lawrence Erlbaum.
- Nisbet-Wallis, D. A. (2002). Reduction of trauma symptoms following group therapy. *Australian and New Zealand Journal of Psychiatry, 36*, 67–74. Retrieved from <http://www.brown.uk.com/brownlibrary/wallis.pdf>
- Noll, J. G., Horowitz, L. A., Bonanno, G. A., Trickett, P. K., & Putnam, F. W. (2003). Revictimization and self-harm in females who experienced childhood sexual abuse. *Journal of Interpersonal Violence, 18*(2), 1452–1471.
doi:10.1177/0886260503258035

- Ouimette, P., & Brown, P. J. (Eds.). (2003). *Trauma and substance abuse*. Washington, DC: American Psychological Association.
- Ozer, E. J., & Weiss, D. S. (2004). Who develops post-traumatic stress disorder? *Current Directions in Psychological Science*, *13*(4), 169–172. Retrieved from <http://www.jstor.org/pss/20182942>.
- Pennebaker, J. W. (1997). *Opening up: The healing power of expressing emotion*. New York, NY: Guilford.
- Phoenix. (2008). In *Oxford English Dictionary*. Retrieved from <http://www.oed.com/>
- Rao, A., Reyes, G., & Ford, J. G. (2008). Child sexual abuse. In A. Reyes, J. Elhai, & J. Ford (Eds.), *The encyclopedia of psychological trauma* (pp. 1–12). Hoboken, NJ: Wiley.
- Reyes, G., & Ford, J. G. (2008). Attachment. In A. Reyes, J. Elhai, & J. Ford (Eds.), (2008). *The encyclopedia of psychological trauma*. Hoboken, NJ: Wiley.
- Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment*. New York, NY: W.W. Norton.
- Ruzek, J. I., Young, B. H., & Walser, R. D. (2003). Group treatment of post-traumatic stress disorder and other trauma-related problems. *Primary Psychiatry*, *10*, 53–57.
- Sanderson, C. (2006). *Counselling adult survivors of child sexual abuse* (3rd ed.). London, United Kingdom: Jessica Kingsley.
- Schachter, C. L., Stalker, C. A., Teram, E., Lasiuk, G. C., & Danilkewich, A. (2008). *Handbook on sensitive practice for health care practitioners: Lessons from adult survivors of childhood sexual abuse*. Ottawa, ON, Canada: Public Health Agency of Canada.

- Schiraldi, G. R. (2008). *Post-traumatic stress disorder sourcebook: A guide to healing, recovery, and growth*. New York, NY: McGraw Hill.
- Schulz, W. (n.d.). *Ethics and group counselling*. Retrieved from <http://www.sogc.org/guidelines/pdf/ps100%5F3.pdf>
- Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, *55*, 5–14.
- Sinclair, C., & Pettifor, J. (Eds.). (2001). *Companion manual to the Canadian code of ethics for psychologists* (3rd ed.). Ottawa, ON, Canada: Canadian Psychological Association.
- Snyder, C. R., & Lopez, S. J. (Eds.). (2002). *Handbook of positive psychology*. New York, NY: Oxford University.
- Statistics Canada. (2006). *Fact sheet: 2006 census Aboriginal demographics*. Retrieved from <http://www.ainc-inac.gc.ca/ai/mr/is/cad-eng.asp>
- Strong, M. (1998). *Bright red scream: Self-mutilation and the language of pain*. New York, NY: Penguin.
- Tedeschi, R. G., & Calhoun, L. G. (1996). The post-traumatic growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, *9*(3), 455–471. Retrieved from http://66.199.228.237/boundary/Childhood_trauma_and_PTSD/PosttraumaticGrowthInventory.pdf
- Tedeschi, R. G., & Calhoun, L. G. (2004). Post-traumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, *15*(1), 1–18. Retrieved from <http://www.jstor.org/pss/20447194>

- Tedeschi, R. G., & Kilmer R. P. (2005). Assessing strengths, resilience, and growth to guide clinical interventions. *Professional Psychology: Research and Practice*, 36(3), 230–237.
- Trickett, P. K., Noll, J. G., & Putnam, F. W. (2011). The impact of sexual abuse on female development: Lessons from a multigenerational, longitudinal research study. *Development and Psychopathology*, 23, 453–476.
- Ullman, S. E. (2007). Relationship to perpetrator, disclosure, social reactions, and PTSD symptoms in child sexual abuse survivors. *Journal of Child Sexual Abuse*, 16(1), 19–36. doi:10.1300/J070v16n01_02
- van der Kolk, B. A. (2003). Posttraumatic stress disorder and the nature of trauma. In M. F. Solomon & D. J. Siegel (Eds.), *Healing trauma: Attachment, mind, body, and brain* (pp. 168–195). New York, NY: Norton.
- van der Kolk, B. A., MacFarlane, A. C., & Weisaeth, L. (Eds.). (1996). *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. New York, NY: Guilford.
- Wekerle, C., Leung, E., Goldstein, A., Thournton, T., & Tonmyr, I. (2009). *Substance use among adolescents in child welfare versus adolescents in the general population: A comparison of the maltreatment and adolescent pathways (MAP) Longitudinal Study and the Ontario Student Drug Use Survey (OSDUS) datasets*. London, ON, Canada: University of Western Ontario.
- Westbury, E., & Tutty, L. M. (1999). The efficacy of group treatment for survivors of childhood abuse. *Child Abuse & Neglect*, 23(1), 31–44. doi:10.1016/S0145-2134(98)00109-4

- Williams, M. B., & Poijula S. (2002). *The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms*. Oakland, CA: New Harbinger.
- Wolin, S. J., & Wolin, S. (1992). *The resilient self: How survivors of troubled families rise above adversity*. New York, NY: Villard Books.
- Wolin, S. J., & Wolin, S. (1999). *Survivor's pride: Building resiliency in youth at risk* [Motion Picture]. Longmont, CA: Sopris West Educational Services.
- World Health Organization. (2006). *Global estimates of health consequences due to violence against children*. Geneva, Switzerland: Author.
- Yalom, I. (with Leszcz, M.). (2005). *The theory and practice of group psychotherapy* (5th ed.). New York, NY: Basic Books.

APPENDIX A:

**FACILITATOR'S MANUAL PHOENIX
RISING:
A GROUP PROGRAM FOR SEXUALLY
ABUSED FEMALE YOUTH**



Note. Clipart obtained from Microsoft Office Online for educational purposes only. Retrieved from <http://office.microsoft.com/enus/clipart/results.aspx? Category=CM790019251033>

Table of Contents

Introduction.....	74
Tables: Goals and Objectives of the Phoenix Rising Group	84
PRE-SESSION MEETING	89
SESSION 1: FINDING SANCTUARY.....	116
SESSION 2: LET IT BEGIN WITH ME	143
SESSION 3: GAINING PERSONAL POWER	165
SESSION 4: THE PHOENIX IS GETTING STRONGER.....	182
SESSION 5: PREPARATION FOR SHARING AND LISTENING	204
SESSION 6: HONOURING OUR VOICES.....	216
SESSION 7: FEELINGS	229
SESSION 8: PHOENIX RISING: MOVING FORWARD	245
FOLLOW UP SESSION: WHAT'S UP?.....	261
APPENDIXES B TO K.....	271
REFERENCES.....	289

Introduction

This manual is designed to assist the facilitator guiding an introductory trauma youth group. The potential members of the Phoenix Rising Group will include adolescent women between the ages of 16 and 18, who have experienced sexual abuse in their past. This group will address stage one recovery (safety) as delineated by Herman (2001). The overarching purpose of this introductory group will be to establish the members' psychological safety within a group setting in order to impart information regarding coping strategies for trauma symptoms. From this safe base, the group will act as a social microcosm to foster new intrapersonal and interpersonal learning such as joining with others in a therapeutic endeavor, social learning, validation of self-identity, and corrective recapitulation of the primary family group (Yalom, 2005).

The four purposes of this trauma group are to: (a) establish emotional group safety to contain, and then stabilize, the initial trauma stressors within each group member; (b) help to restore personal power to each member as she understands, identifies, and manages her trauma symptoms by implementing coping strategies; (c) share and listen to other personal stories in a safe, affirming group environment; and (d) educate and process personally what it means to be a survivor of CSA. The suggested member size and duration of the Phoenix Rising Group will be six to eight female adolescents, ages 16 to 18, and eight, two-hour evening sessions.

The purpose of this manual will be to provide counsellors with helpful resources, information, and strategies to offer a group for those recovering from childhood sexual abuse. The criteria for group membership and the procedures for recruitment and screening will be discussed, followed by an outline of the structure and organization of the group. Goal design and assessment measures will be included in this manual along with evaluation of group satisfaction. Finally, the eight sessions, along with pre and post

sessions, will be presented in a systematic manner to help the leaders understand the process and facilitate a Phoenix Rising Group Program.

Criteria for Group Membership

This Phoenix Rising Group Manual will be specifically designed for master trained therapists to deliver sessions to adolescent female members who have experienced childhood sexual abuse (CSA). The critical prerequisite for group participation is that each member needs to be emotionally able to benefit from group dynamics and to participate in the group. Do not assume that blanket acceptance of all abused youth to group therapy is recommended (Duncan, 2004; Sanderson, 2006).

Recruitment and Marketing

Advertising and recruitment will clearly inform potential participants that this group is specifically designed for female teens that have experienced childhood sexual abuse (CSA). Leaders who wish to reach as many potential members as possible should publicize the purpose, expectations, and guidelines of the group in the worker's agency, or in other helping organizations in the community such as youth centres, addiction agencies, high schools, and foster homes (Capuzzi, 2003; Cory & Corey, 2006). See Appendix c: Marketing Poster. To attract referrals who would most benefit from this group, marketing posters will need to outline as much information as possible regarding the group's purpose (Gil, 2000).

Screening Potential Members

It is assumed that the client is aware of her victimization and is actively seeking help to recover from its affects. Determining the suitability of a youth for group work is important, since the group modality requires the facilitators to perform some management functions along with acting as an 'expert' in the educational component (Lubin & Johnson, 2008).

Criteria and Cautions

Youth with severe depression, psychosis, or serious developmental delays may be overwhelmed or ostracized in a group and also may disrupt the progress of others so need to be offered alternate services (Hecht et al., 2002). Furthermore, exploring the level of commitment and any barriers to regular attendance will be another important criteria for screening as irregular attendance would be disruptive and potentially damaging to the other members of the group (Yalom, 2005).

Procedure

Once referrals have been gathered, the leaders will schedule individual intake sessions to determine whether the teen's needs and goals will match the objectives of the group (Lubin & Johnson, 2008). Leaders will need to impart information about the nature of the group within an open and questioning atmosphere to ensure prospective members make an informed decision as to whether they are ready and willing to join this particular group (Chen & Rybak, 2004; Corey, Corey & Callanan, 2007). It will be imperative at this point, to invite each survivor to ask questions of the co-facilitators such as: the aims of the group and general design of the program, facilitator's experience and qualifications, along with the responsibilities of both members and facilitators (Gladding, 2003; Sanderson, 2006). This is important because it establishes an equal power balance and provides opportunity for clarification and realistic expectations of each member (Feminist Therapy Code of Ethics, 1999). Leaders will need to clearly explain that therapy balances recounting the details of abuse and resulting symptoms with strongly utilizing the life resources and future goals of each member (Dolan, 1991).

The screening interview will begin with an overview of goals and session topics and will be structured by the completion of two documents. First, a standard intake questionnaire will survey the following topics: (a) comfort in self-disclosure mostly regarding the present, (b) readiness for group membership as indicated by of the goals

accomplished in individual therapy, (c) present life situation such as general and mental health, (d) school/job stability and achievement, (e) coping ability, (f) possible substance abuse, (g) lack of memory of the abuse, (h) self-mutilation, and (i) whether they are a perpetrator of abuse (Gerrity & Mathews, 2006; see Appendix B: Screening Interview Questions).

It will be very important that the client is given an opportunity to tell the therapist the details of her victimization in a context of warmth and support and her disclosure be treated compassionately and respectfully (Dolan, 1991). The client will be gently asked to disclose everything she feels the leaders need to know to provide the best understanding of her needs.

Dolan (1991) suggested the intake meeting provide information regarding symptoms commonly experienced by survivors of sexual abuse. "It should be stressed that sexual abuse affects different people in different ways, so that symptoms and severity vary from person to person" (Dolan, 1991, p. 25). The second document will be a symptom checklist that provides a comprehensive understanding of the youth's experiences and reactions to the past abuse (see Appendix B). This checklist will also inform the client that she is not alone with these symptoms, that others have had similar experiences. Once the client has been asked and accepts joining the Phoenix Rising Group Program, additional forms will be completed: (a) baseline measurement of the Post-traumatic Growth Inventory (see Appendix d), (b) informed consent (see Appendix D), and (c) release of information (see Appendix f).

Structure and Organization of the Group

Duration of Phoenix Rising Group. This closed group will be structured around eight psycho-educational weekly sessions. Each session will be for two hours. The group is suitable for 6 – 8 female teens, aged sixteen to eighteen years and will be led by two female therapists so as not to replicate the family dynamics. A follow-up meeting

three months after the final session will conclude the group cycle, in which a final assessment can be taken and participants can share any changes or new challenges that have arisen since the group ended.

Marketing and Recruitment. The presenting agency could be the community sexual assault centre. Referrals for the specified age group and stage of recovery can be garnered from other community family agencies, mental health workers at the local addiction centre, public safety workers with young offenders, and local high school counsellors. Thus, marketing will be a poster sent via email targeted at mental health professionals working with older youth throughout the city.

Location and Room Design. This type of group requires a safe, private, and comfortable setting. Nearby bathroom and kitchen facilities would make this meeting place as self-contained as possible. Since referrals come from schools and agencies throughout the city, the central location is convenient and anonymous. Transit bus service should stop near the entrance and be wheel chair accessible.

Suggested Topics, Goals, and Interventions: Healthy family and dating relationships, coping with trauma symptoms, improving self esteem and communication patterns, self-care strategies such as sleep, diet, exercise, relaxation, guided imagery, and meditation are topics to be explored within the proposed psycho-educational trauma group (Allen, 2005; Avinger & Jones, 2007; Hecht et al., 2002).

Childcare Services. This should be available free of charge for group members who require this service. Leaders are encouraged to find volunteer agencies that provide childcare.

Handouts. These materials should present easily understood information on topics such as common myths about abuse, trauma symptoms, effective coping strategies, and community resources available to group members. Discussions, readings, and handouts are useful methods to help members understand trauma, its

effects, and how to heal from the trauma (Hecht et al., 2002). Briere and Scott (2006) suggested therapists consider four issues when deciding what (if any) written material to make available and how it should be used: (a) the quality of the handout materials, (b) the language of the handout materials, (c) the cultural appropriateness of the information or depictions within all handout materials, and (d) the risk of insufficient cognitive-emotional integration whereby content does not match the developmental level of the members.

Documentation /File Notes. Documentation for the group session, along with individual member notes, will need to be written after each session. There should be a session summation of the theme or issues addressed documented along with behavioural observation of each member. In the written notes, there is no need to identify individuals, thus preserving confidentiality and remember to refrain from naming another specific member in a second member's notes (Brabender, Fallon, & Smolar, 2004).

Prep and Debriefing Time for the Facilitators. A pre-group meeting (one hour) would allow the leaders to prepare the meeting room, review the goals of upcoming session, and gather the necessary materials. The time to debrief and complete documentation will occur after each session (1.5 hours).

Supervision. It is suggested the leaders receive monthly clinical supervision from a qualified professional (Corey & Corey, 2006; Yalom, 2005).

Group Agenda

There will be four segments common to all group meetings: relaxation strategies, which are body-focused experiences, then an information session followed by a process discussion. Each session will conclude with a closing summary and final circle check with a member volunteering each week to share an inspirational reading. The format of

imparting information followed by the therapeutic process can be repeated a couple times within a two- hour group meeting.

Relaxation Strategies

After the welcome, various relaxation strategies will be introduced at the beginning of each session. These relaxation strategies prepare members both mentally and physically for the new learning of each session. Because the relaxed state is characterized by the decrease of muscle tension, heart rate, breathing rate, and blood pressure along with promoting a passive mental state, these relaxation exercises are strategically placed in the first thirty minutes of each session (Blonna, 2007; Bourne, 2005). Since breathing is the basis for both life and relaxation, diaphragmatic breathing is the core skill to learn to control stress responses (Bourne, Brownstein, & Garano, 2004; Williams & Pojiula, 2002). All relaxation techniques presented in the PRGP begin with getting in touch with the pace and depth of breathing (Blonna, 2007; Bourne, 2005; Cormier & Nurius, 2003; Williams & Pojiula, 2002). Mindfulness-based stress reduction (MBSR) is another element of the relaxation strategies incorporated within the session design (Bourne, 2005; Cormier & Nurius, 2003; Williams & Pojiula, 2002). This particular set of exercises practices continuous, immediate, and non-judgmental awareness of physical sensations, perceptions, affective states, thoughts, and imagery (Blonna, 2007; Bourne, 2005). With the members relaxed and alert, they are ready for learning new information.

Information Session

The rationale of the information session is to introduce trauma-related topics or the theme of the group session. The information session has the dual purpose of concurrently imparting information and evoking internal conflict: the therapist does not try to argue or convince members of the points made in the lecture, but rather waits for the expression of distress to begin the trauma-based exploration. Using a cognitive

construct will help the survivor contain feelings that are associated with the trauma whereby the white board can be used as an externalizing defense for group members to more safely explore the traumatic material (Lubin & Johnson, 2008). An understanding of symptoms or common responses to trauma is reassuring to many clients (Lubin & Johnson, 2008). By learning new information and naming emotions that previously were only experienced somatically, teens will feel more empowered to handle the challenges associated with the therapeutic process. A closing summary that highlights the information presented will bridge the return to members' intellect. Always the final activity will be completion of a session evaluation.

Process Discussion

Once the information has been conveyed, the group will need to relate the information to their experiences. Specific therapeutic steps facilitated by the leaders, as suggested by Lubin and Johnson (2008), include: (a) engage with the client; (b) label the experience from the past; (c) state her perceptions as incorrect; (d) test out perceptions and/or behaviours with the group members; and (e) summarize the complex but healing interaction. During these active processing discussions the group facilitators should be aware that direct interaction with the clients during the discussion could symbolically parallel a traumatic theme. In this way, the facilitators function as a witness to the traumatic material, and may be experienced both as the accepting caregiver and as the unhelpful bystander who looks on while the victim was being harmed (2008). In either case, the traumatic schema is extended to include the leaders or the group. In this moment, the youth allows the group into her private world (Corey & Corey, 2006). The group facilitators' role in this process is to invite an alteration of the maladaptive schemas by making clear distinctions between the person and the trauma, and between the past and the present (Lubin & Johnson, 2008; Rothschild, 2000; Yalom, 2005).

Closing Summary and Final Circle Check

The goals of the summary are to recap the main learning points of the session. The use of the impartial flipchart or whiteboard further will facilitate the transition from emotional process to intellect. This final step will allow the members to gain distance from their feelings in preparation for leaving the group space (Lubin & Johnson, 2008). The role of the process therapist becomes sandwiched in the middle between the role as the educator at the start and finish of each session. Within this educational role, the counsellor can more easily exit the room, leaving the members with each other and the board (2008). Within the design of the PRGP the final circle check is often used as a means to move from the emotional brain to the rational, logical brain whereby the member focus on evaluation or meaning of the session and setting goals for the upcoming week.

Miscellaneous Comments

FOR ADDITIONAL INFORMATION: Prior to implementation of this group manual, facilitators are strongly recommended to read Chapters 1 through 5 of this project in order to understand the framework and context. In addition, it is ideal that facilitators who utilize this manual have previous experience working with adolescents, have experience in conducting counselling groups, and are familiar with the impact of sexual abuse on human development.

COPYRIGHT STATEMENT: The material included in this group manual is subject to copyright. Permission of the author or the author's supervisor (Professor Dawn McBride) should be sought prior to implementation of the manual. For permission please email the author's supervisor at dawn.mcbride@uleth.ca.

The reader may use ideas and the handouts from this manual providing they are referenced as:

In-text: (Gibbs, 2011)

Gibbs, B. (2011). *Phoenix Rising: Helping adolescent female survivors of child abuse through group work*. (Unpublished master's project). University of Lethbridge, Lethbridge, AB, Canada.

Table A1: Goals and Objectives of the Phoenix Rising Group Program

Long-Term Group Goals	Short-Term Group Goals and Related Objectives	Session Theme(s) to Address The Goal & Corresponding Objectives	Measurement of the Goal & Corresponding Objectives
<p>1.To establish and maintain intrapersonal and interpersonal emotional safety within group dynamics.</p>	<p>a. Lead participants through initial stages of group process by:</p> <ul style="list-style-type: none"> i. developing an understanding of the group counselling process (Yalom, as cited in Corey & Corey, 2006), ii. developing comfort level surrounding sharing personal information, iii. developing a working alliance with the group leaders and group members (Corey & Corey, 2006). <p>b.Explore member’s expectations and fears of group participants (Corey & Corey, 2006).</p> <p>c.Facilitate the development of a group agreement (Yalom, as cited in Corey & Corey, 2006).</p> <p>d.Inform about the significance and guide practice of boundary setting and assertive communication skills.</p>	<p>This foundational goal runs throughout all group sessions but is established in the pre-session.</p> <p>Session 2 – Let it Begin with Me</p>	<ul style="list-style-type: none"> i. Client attends all sessions on a punctual basis. ii. Client fully participates in all exercises and debriefing opportunities throughout each group session. iii. Client fully participates in all exercises and debriefing opportunities throughout each group session. iv. Client fully participates in all exercises and debriefing opportunities throughout each group session.

Table A2: Goals and Objectives of the Phoenix Rising Group Program

Long-Term Group Goals	Short-Term Group Goals and Related Objectives	Session Theme(s) to Address The Goal & Corresponding Objectives	Measurement of the Goal & Corresponding Objectives
<p>2. To identify the nature of trauma and the range of stress symptoms and disorders, including Post-traumatic Stress Disorder (PTSD)</p>	<p>a. Lead participants through information regarding stress and a self-assessment of their trauma symptoms (S.U.D.Scale) and present coping strategies.</p> <p>b. Lead participants to increase awareness of how past trauma impacts thoughts, beliefs, and body response.</p>	<p>Pre- Session</p> <p>Session1 – Finding Sanctuary</p> <p>Session 2 – Let it Begin with Me</p> <p>Session 3 – Gaining Personal Power</p>	<p>i. Complete self assessment (S.U.D. Scale) regarding trauma symptoms, thoughts and beliefs, and coping strategies.</p> <p>ii. Complete Trauma Coping Inventory</p> <p>iii. Complete Trauma and Beliefs Worksheet</p>

Table A3: Goals and Objectives of the Phoenix Rising Group Program

Long-Term Group Goals	Short-Term Group Goals and Related Objectives	Session Theme(s) to Address The Goal & Corresponding Objectives	Measurement of the Goal & Corresponding Objectives
<p>3. Guide the design and implementation of a self-care action plan, called the Phoenix Rising Kit, to manage persistent trauma symptoms related to emotional regulation.</p>	<p>a. Individualize an action plan from the range of coping strategies that were introduced, modeled, and/or practiced within group sessions:</p> <ul style="list-style-type: none"> i. Diaphragmatic Breathing ii. Guided imagery to find sanctuary and anchors iii. Habits of self-care such as sleep, nutrition, exercise, healthy lifestyle activities iv. Progressive Muscle Relaxation v. Dual Awareness vi. Defusing Flashbacks vii. Identify Triggers viii. Mindfulness meditations (Happiness, Tactile Awareness, Loving Compassion) ix. Affirmations <p>b. Guide the design of the Phoenix Rising Kit to encompass S.M.A.R.T. goals and the traditional medicine wheel</p>	<p>Within each session, information is presented on educational topics and relaxation techniques.</p> <p>Pre- Session</p> <p>Session 1 – Finding Sanctuary</p> <p>Session 2 – Let it Begin with Me</p> <p>Session 3 – Gaining Personal Power</p> <p>Session 4 – The Phoenix is Getting Stronger</p> <p>Session 5 – Preparation for Listening and Sharing</p> <p>Session 1- Finding Sanctuary</p>	<ul style="list-style-type: none"> i. Practice self assessment of anxiety levels (S.U.D. Scale) throughout sharing and listening within group sessions ii. Expand and share experiences in the application of self-care habits regarding sleep nutrition, exercise, stress management, healthy lifestyle activities and relaxation strategies. iii. Practice and apply dual awareness and suggestions to defuse flashbacks and triggers when applicable between sessions iii. Participants will become more aware of and track their somatic sensors and feelings. iv. Participants will reframe their critical comments and old beliefs.

Table A4: Goals and Objectives of the Phoenix Rising Group Program

Long-Term Group Goals	Short-Term Group Goals and Related Objectives	Session Theme(s) to Address The Goal & Corresponding Objectives	Measurement of the Goal & Corresponding Objectives
<p>4. Provide a forum in which adolescents begin to share and listen to others without being re-traumatization</p>	<p>a. Assist members in the preparation of their personal safety plan to employ while listening and sharing.</p> <p>b. Assist members in the preparation of their personal script</p> <p>c. Provide opportunity to practice their personal safety plan while sharing their own story and listening to others.</p> <p>d. Invite members to express gentle encouragement and support to peers</p>	<p>Session 5 – Preparation for Listening and Sharing</p> <p>Session 6 – Honoring our Voices</p> <p>Session 7 – Feelings</p> <p>Session 6 – Honoring our Voices</p> <p>Session 7 – Feelings</p>	<p>i. Each member remains grounded when listening to others and sharing her personal story.</p> <p>ii. Members share expressions of encouragement and support for each other.</p>

Table A5: Goals and Objectives of the Phoenix Rising Group Program

Long-Term Group Goals	Short-Term Group Goals and Related Objectives	Session Theme(s) to Address The Goal & Corresponding Objectives	Measurement of the Goal & Corresponding Objectives
<p>5. Begin exploring personal understanding of the survivor experience.</p>	<p>a. Facilitate processing the personal meaning in sharing and listening to others</p> <p>b. Brainstorm ways to safely discharge anger and sadness (Levine, 1999).</p> <p>c. Discuss and apply model of grief to personal experience (Corey & Corey, 2002).</p> <p>d. Facilitate the expression of thoughts and feelings for each other.</p> <p>e. Facilitate termination of the group experience.</p> <p>f. Review each</p>	<p>Session 6 – Honoring our Voices</p> <p>Follow-Up Session</p> <p>Session 7 – Feelings</p> <p>Session 7 – Feelings</p> <p>Session 8 – Phoenix Rising: Moving Forward</p> <p>Session 8 – Phoenix Rising: Moving Forward</p> <p>Forward</p>	<p>i. Members actively participate in all group exercises:</p> <p>ii. Balloon Ceremony,</p> <p>iii. Write letter of encouragement and celebration to self.</p> <p>iv. Participate in the closing ritual of polished stones.</p> <p>v. Complete PTGI</p>

Pre - Session Meeting Plan



Note. Clipart obtained from Microsoft Office Online for educational purposes only. Retrieved from <http://office.microsoft.com/enus/clipart/results.aspx? Category=CM790019251033>

Pre-Session Meeting Plan

Objectives

1. Participate through initial stages of group development by:
 - a. Commit to the group counselling process (Yalom, as cited in Corey & Corey, 2006),
 - b. Learn about effective ways to share personal information and entry levels of comfort,
 - c. Begin to develop a working alliance with the group leaders and members (Corey & Corey, 2006).
 - d. Explore personal expectations and fears of being committed group participants (Corey & Corey, 2006).
 - e. Contribute to the development of a consensus group agreement (Yalom, as cited in Corey & Corey, 2006).
2. Learn about stress and how it manifests in the body and mind. Complete self-assessment of trauma symptoms and present coping strategies to extend awareness of personal goals necessary to begin design of individual coping plans (Bourne, 2005; Schiraldi, 2008; Williams & Poijula, 2002).
3. Begin to practice and monitor personal level of stress response throughout group sessions (William & Poijula, 2007).
4. Practice diaphragmatic breathing as the foundational intervention to connect minds and body in recovery from traumatic symptoms (Blonna, 2007; Bourne, 2005; Williams & Poijula, 2002).
5. Complete PTGI as baseline measurement at beginning of group sessions.

Materials Required

- Room posters
 - P.1 The Recovery Process,
 - P.2 Phoenix Rising Group Session Topics,
 - P.3 Creating Your Own S.U.D. Scale.
- Room supplies
 - lanyards with name tags,
 - markers (six to eight for each member),
 - individual water bottles,
 - flipchart easel with paper and large-nib markers,
 - large potted plant,
 - quilt,
 - four pillar candles -red, yellow, white and blue,
 - pottery bowl of polished rocks,
 - bowl or basket,
 - container for completed feedback forms,
 - box of tissues,
 - CD player and various choices of instrumental music,
 - snacks and beverages.
- Phoenix Rising Treasure Boxes
 - various gift and tin boxes filled with pens, stress balls, gum, journals, stickers, and individual bottles of bubbles.
- Pre session client handouts

- P.1 The Recovery Process,
- P.2 Phoenix Rising Group Session Topics,
- P.3 Creating Your Own S.U.D.S. Scale,
- P.4 What Can I Expect From The Leaders,
- P.5 Supersize Your Group Experience,
- P.6 Trauma Symptom Checklist,
- P.7 My Ability To Cope With Trauma.
- Measurement form
 - Appendix d: Post-Traumatic Growth Inventory.
- Evaluation forms
 - Appendix G: Outcome Rating Scale,
 - Appendix H: Session Rating Scale.
- Administrative forms
 - Appendix I: Group Leaders Debriefing Outline,
 - Appendix J: Case File Notes.

Room Preparation

- Place greeting table by the room entrance with
 - nametags, lanyards, and markers,
 - Phoenix Rising Treasure Boxes stacked attractively on greeting table.
Include a couple of extra Phoenix Treasure Boxes to allow for ample choice,
 - session handouts and evaluation forms.
- Arrange chairs in a circle with large potted plant in the centre of quilt.
- Place a copy of Appendix G on each member's chair to complete before the leader opens the meeting.

- Place four coloured pillar candles around the plant one each yellow, white, red, and black to denote the four directions of the medicine wheel (Sams, 1990).
- Place a pottery bowl of polished stones, empty bin, and box of tissues on the quilt.
- Reserve two chairs across from each other for the group leaders to sit (Corey & Corey, 2006).
- Reserve a chair beside the co-facilitator for any tardy members (McBride, 2008).
- Prepare juice, water, fruit, and snacks in kitchen considering dietary and allergy restrictions.
- Play soft instrumental music as background to signal gathering time before and after each two-hour session.

Leader Preparation

- Review stages of group development (Corey & Corey, 2006) and goals of pre-group meetings (Yalom, 2005).

First Group Meeting: Laying the Foundation of Containment and Trust

The first group session will set the tone for the entire group experience (Corey & Corey, 2006; Gladding, 2003; Yalom, 2005). In the first few sessions, members will become acquainted, build collaboration, clarify personal and group goals, and learn group protocol (Brabender, 2002; Capuzzi, 2003; Chen & Rybak, 2004; Corey & Corey, 2006). At this time, the essential requirements of confidentiality and group rules will be reviewed (Corey et al., 2007). In addition, the first session should focus on exploring the members' fears, expectations, hopes, feelings, and questions of the leaders. This type of

discussion can serve to reduce members' initial anxiety and begin the creation of trust. Time needs to be given exploring how to function as a group, how to receive the most benefit from the experience, as well as consideration of the possible risks and ways to minimize these risks (Corder, 2000; Corey & Corey, 2006; Gerrity & Mathews, 2006). These topics are considerations to establish psychological safety in any group. Each of these areas will be discussed along with facilitation of setting individual goals.

Group Guidelines

During the screening and at the first session, the facilitators will encourage the members to provide input on how to develop a safe place within the group. Clarifying the limits of confidentiality and each member's responsibility to establish a safe environment creates boundaries that are clear and specific (Canadian Psychological Association, 2002, Principle 1:44; Chen & Rybek, 2004; Corey & Corey, 2006; Gladding, 2003). Defining boundaries at the beginning of the group process and by explaining group roles and responsibilities, will be helpful if problems and conflict occur later (See Handouts P.4 and P. 5). The discussion will centre on what is needed to create safe treatment for trauma survivors. Encouraging social contact outside of group meeting breaks the isolation and family secrets and any attempt to reconnect socially should be supported (Lubin & Johnson, 2008).

Maximize Results: Expectations to being in a Group

For many youth, this may be the first therapeutic group experience, so discussing norms and expectations is essential to alleviate anxiety about joining a group and to begin the process of establishing group norms. To optimize the time in the group, key behaviours, such as maintaining respectful behaviour, committing to regular attendance, and abstaining from drugs and alcohol, will provide maximum benefits for both the

individual and the group (Lubin & Johnson, 2008). These details are explained within the informed consent.

The leaders will tell prospective members the rationale in sharing meaningful parts of their thoughts and feelings regarding the here-and-now, and also from the past. They will also reassure members that the leaders will guide this examination of the here-and-now interactions in the group, and then, link their present connections to experiences outside the group (Chen & Rybak, 2004; Yalom, 2005). As members 'think out loud' in the group, which means sharing honestly what is happening within oneself, self-awareness will expand (Yalom, 2005). When others do the same, this new information from the other members' can be used for further self-reflection. This is one of the critical benefits of group therapy (Corey et al., 2007; Gladding, 2003). As the group progresses, personal and direct statements to others in the group provides honest feedback to support others. Each member decides how much of their story to disclose, and how soon.

Phoenix Rising will focus on the aftermath of the abuse, not the details of the event. Feelings surrounding the event, not the details, are what are important (Rothschild, 2000). Members will be reassured they will not be asked to share deep, dark secrets in this introductory trauma group, only feelings and symptoms. In the screening meeting, attempt to gain a commitment from each youth to be an active participant, not an observer (Chen & Rybak, 2004).


Goal Setting

Gladding (2003) suggests that individual treatment goals be small, formulated early in therapy, specific, and achievable during the group process. The purpose of this group is to manage trauma symptoms, so that each youth will be able to manage their stress responses and establish their own emotional stabilities between sessions. New

coping skills are introduced and applied as members listen to others and begin re-storying their personal narrative within sessions. The result of this individualized goal setting process is entitled the Phoenix Rising Action Kit. The development, design, application, and evaluation of the new personal strategies are the crux of the measurable success of a member's goals. There is ongoing appraisal and revision of individual strategies throughout the design of each member's Phoenix Rising Kit.

Measurement of Change

Cornish and Benton (as cited in Corey & Corey, 2006) suggested that major personality restructuring should not be expected in brief group therapy. However, the group process must be evaluated to assess the working environment. Corey and Corey (2006) reasoned that evaluating the group process benefits both the members and leaders: for this group, evaluation will include the assessment of activities within the group, the member's behaviour, and the facilitator's own reaction to the group process (see Appendix I). Ongoing evaluation of group and individual goals will be conducted and will include feedback on the group process. Each session will be assessed with specific feedback forms distributed at the beginning and end of the meeting (see Appendix G and H). An alternate self-reflection form (Appendix K) is also included in the list of appendix to provide a suggestion for individual goal and session evaluation.



Welcome and Overview**15 minutes**

- Co-facilitator greets group members at door and invites each member, upon arrival, to complete individual lanyard nametag, writing first name only.
- Instruct each group member to choose one Phoenix Treasure Box from the stack on greeting table, inside each box are various supplies for member's use during the upcoming sessions.
- Instructs each group member to complete Appendix G: Outcome Rating Scale located on the chair in circle they choose for the evening session.
- Asks completed form to be handed into bin located on quilt before session begins.
- Once everyone is seated a co-facilitator initiates formal welcome by lighting the four candles.
- Facilitators introduce themselves.
- Brief introduction of the group (history, rationale, and goals). Refer to Room Poster and handout P. 01 as visual explanation of recovery process and how our program fits in the process.
- Facilitator outlines structure of the group as being process oriented, psycho-educational, and therapeutic. Within each session a variety of activities are included such as group discussion, mini-lectures, structured experiential exercises, guided imagery, relaxation techniques, written exercises, homework, and closing activity that consists of sharing volunteer choice of excerpts, poetry, songs, or drawing.
- Facilitators review housekeeping items: location of washrooms, parking or bus arrangements, childcare arrangements, and format of each session.

Introduction of Group Members**10 minutes**

- Invite each group member to introduce herself by first name only, indicate whether she has had previous group counselling experience, provide a one-word description of her personality, and describe what it is like for her to be here.
- Comment briefly on the one-word description and/or experience of beginning in the group without delving deeply into individual situations (Chen & Rybak, 2004).
- Relate or note participants according to similar one-word feeling descriptors and ask each person to share what she needs from the group leaders or the group to improve her comfort level.
- Lead conversation into the purpose and importance of adding coping to a member's skill set to help her manage the speed and intensity of the sharing process and personal healing (Rothschild, 2000).

Diaphragmatic Breathing and the S.U.D. scale**10 minutes**

- Demonstrate, with the co-facilitator, how to complete deep cleansing diaphragmatic breathing.
- Instructions
 - Sit in a chair with your back straight and your head up.
 - Slowly breathe in through your nose.
 - As you breathe in, push your stomach forward.
 - Let your ribs expand and your shoulders rise as the air fills your lungs completely from the top.
 - When your lungs feel full, slowly exhale through your mouth.

- Gently pull your stomach back in with your stomach muscles, fully draining air from the lower portion of your lungs (Blonna, 2007).
- Lead the group in practicing this activity for the length of a slow and gentle piece of music, such as ocean-waves (Blonna, 2007).
- Introduce SUDS scale by reviewing poster on wall. Explain that purpose of this self-assessment is to communicate to self and others when you need to pause from continuing with emotional or cognitive experiences (Rothschild, 2000).
- Complete quick circle check comparing each member's SUDS level when they walked into the meeting compared to after the deep cleansing breaths. Introduce the connection of feelings and body sensations.

Developing Group Guidelines	20 minutes
------------------------------------	-------------------

- Brainstorm the similarities and differences between being a member of a school classroom and being a member of a group-counselling situation. Then brainstorm similarities and differences between the roles of a classroom teacher and group facilitator.
 - Review P.3 What Can I Expect From the Leaders handout, and
 - Review P.4 Supersize Your Group Experience handout.
- Ask participants to identify the expectations they hold for themselves, group leaders, and group participants to create a safe and comfortable group atmosphere for everyone (Corey & Corey, 2006).
- Include these topics of group guidelines: limits of confidentiality, attendance and punctuality, cell phones use, socializing outside the group with participants, managing other members' comments, protocol for the tissue box, conflict

resolution, and level of profanity acceptable to the group (Corey et al., 2007; Lubin & Johnson, 2008; McBride, 2008; Yalom, 2005).

- Brainstorm ways to maximize the personal benefits of being a member of a counselling group. Throughout each of these large group discussions link similar expectations between participants, then review *Supersize Your Group Experience* handout.
- Normalize group members' fears and concerns when joining a new group. Remind participants about their right to choose how much and what to share with others (Chen & Rybak, 2004; Yalom, 2005). Reassure members that the leaders will facilitate this examination of the here-and-now interactions, and then link participant's connections to experiences outside the group (i.e., family encounters).
- Obtain group consensus, before documenting the group agreement that will be posted in the room. Ensure the group agreement is in plain language (AUTHOR, 2005). Use the exact words of the group participants, whenever possible, because this enhances ownership and compliance with the guidelines.
- Explain that the group agreement is flexible and can be modified as the group develops and as concerns are expressed and resolved by the group.

Social Break

10 minutes

Information Session: Trauma and Stress	10 minutes
---	-------------------

- Previously write on flipchart paper these definitions and explain
 - CSA, trauma, stress, traumatic stress
- Refer to Room Poster and Handout P. 1 Recovery Process and ask how this first circle labeled as “trauma” matches their present situation.
 - Link various group member’s sharing with information presented and with feelings or experiences of other group participant

Symptoms of and Coping with Trauma	20 minutes
---	-------------------

- Trauma Symptom Inventory (see Handout P.6).
 - Tragedies such as school shootings, along with the increase in professional and public awareness of the prevalence of, and harm caused by, child abuse has led to increased attention to PTSD in children.
 - Since that time, many PTSD instruments were adapted to or specifically designed for children (Grisso, Vincent, & Seagrave, 2005).
 - The *Trauma Symptom Checklist for Children (TSC-C)* is the most frequently used standardized instrument in North America, with normative data and adequate reliability, validity, and sensitivity to changes through the course of treatment (Hecht et al., 2002).
 - The time required to administer the 54-item self-report is about 15 minutes followed by 5-10 minutes to score and profile (Author, 2005).

- Explore the group members' experiences with and emotional responses to completing the symptom checklist. Refrain from delving deeply into one person's experiences at this time (Corey & Corey, 2006).
- Distribute Coping with Trauma (see Handout P.7) and provide 5 minutes for participants to complete.
- Debriefing Questions
 - Ask everyone to identify and share specific coping skills they already possess.
 - Ask everyone if they are interested in gaining another new coping skill.
- Continue to observe out loud the commonalities between group members. In this way, the leader models the skill of 'thinking out loud' and connecting the symptoms that are common within the group.
- Assign homework: Add one pleasurable activity between the pre-session and first group session for example, a daily bubble bath as part of relaxing evening ritual.

Post-Traumatic Growth Inventory (PTGI)	10 minutes
---	-------------------

- Ensure each participant understands the inventory's purpose, that it is meant to create a baseline assessment at the start of the program, show growth at end of program, and provide information to better serve the members.
- Inform group that all information collected on the PTGI and Session Evaluation forms is anonymous.
- Ask members to leave both forms in the container located on the quilt.
- *Post-traumatic Growth Inventory (see Appendix d)*. This scale appears to have utility in determining how successful individuals, coping with the aftermath of

trauma, are in reconstructing or strengthening their perceptions of self, others, and the meaning of events (Joseph & Linley, 2008).

- 21-item scale of the Post-traumatic Growth Inventory (PTGI) encompasses the topics of New Possibilities, Relating to Others, Personal Strength, Spiritual Change, and Appreciation of Life (Tedeschi & Calhoun, 1996).

Evening Summary and Check Out	15 minutes
--------------------------------------	-------------------

- Summary: Return focus to session agenda and summarize key points (one or two sentences) within each section.
 - Check Out: Ask participants to choose a colour from the quilt on the floor that symbolizes how they feel as the group session ends.
 - Ask how the colour represents her feelings at this point in the evening.
 - Ask if anyone has noticed any changes in thoughts or physical responses from the beginning to the end of the session.
 - Link together, members who chose common colours and have had common feelings and experiences.
 - Facilitator reads closing explanation of the phoenix legend, then blows out candles to signal end of session.
 - Play instrumental music while the co-facilitator is distributing Session Rating Scale (see Appendix H)
 - Provide time to complete the evaluation form (see <http://www.talkingcure.com>).
- (a) The Outcome Rating Scale (ORS) (see Appendix G)

- Each group member completes this short checklist upon arrival at the meeting.
- This simple, four-item visual analog scale invites clients to assess areas of life functioning since the last session.
- Benefits of the ORS include: brevity, ease of administration and scoring, and high face validity (Duncan, Miller, & Sparks, 2004).

(b) Session Rating Scale 3.0 (SRS) – (see Appendix H).

- Before the final wrap up lecture members complete this simple, 4-item, pencil and paper, visual analog scale.
- Each client evaluates the key dimensions of effective therapeutic relationships.
- The SRS validity (.29), reliability (.88), and internal consistency are reported as being high (Duncan, Miller, & Sparks, 2004).

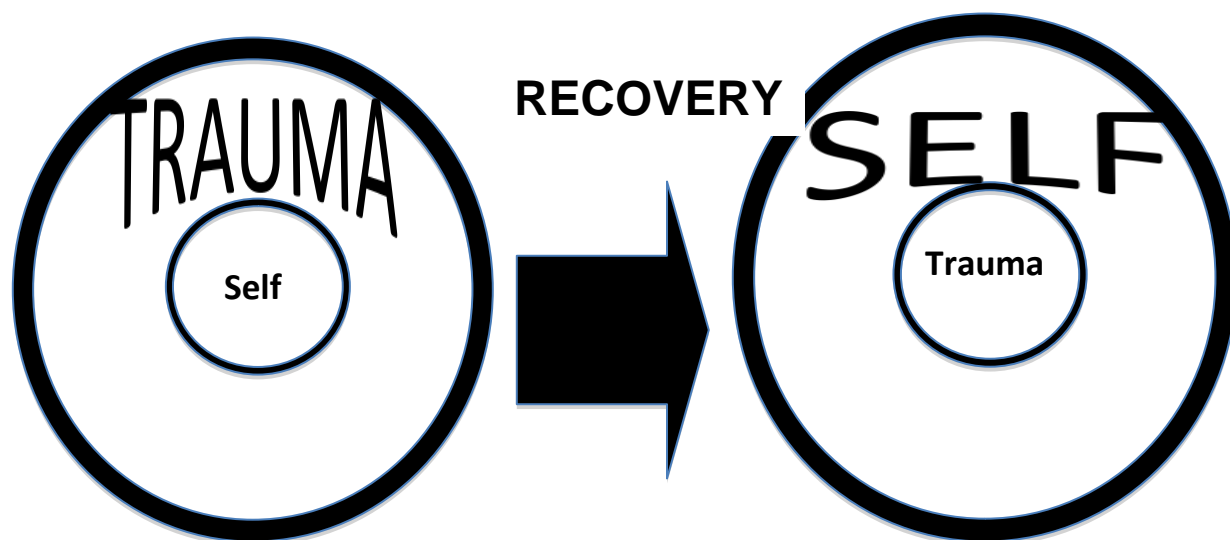
Group Leader Debriefing Pre-Session
--

60 minutes

- Analyze group dynamics following Appendix I: Group Leaders Debriefing Outline.
- Complete a copy of Appendix J: Case File Notes for each member.

ROOM POSTER and HANDOUT P.1 THE RECOVERY PROCESS

Handout compiled by Brenda Gibbs (2011) from sources listed at the end of this document.



A PERSON IN RECOVERY

- Believes that one has resources and choices
- Lives in the present as primary focus of awareness
- Realizes that she is past the trauma
- Separates her self from the abuse
- Begins to integrate her feelings and her thoughts with her actions
- Commits to restore personal boundaries and learns to trust self, then others
- Influenced, but not controlled, by the past

References:

Lubin, H., & Johnson, J. (2008). *Trauma-centered group psychotherapy for women: A clinician's manual* (p. 65). New York, NY: Haworth Press.

Schiraldi, G. R. (2008). *Post-traumatic stress disorder sourcebook: A guide to healing, recovery, and growth* (pp. 394–395). New York, NY: McGraw Hill.

ROOM POSTER and HANDOUT P.2 PHOENIX RISING GROUP SESSION TOPICS

PRE-SESSION MEETING

- Welcome and introductions
- Develop group guidelines
- Learning about trauma
- Complete trauma symptoms checklist
- Complete coping with trauma checklist
- Complete Post-Traumatic Growth Inventory

SESSION 1 FINDING SANCTUARY

- Distribute guidelines
- Guided imagery relaxation exercise
- Rebuilding the phoenix within through sleep hygiene, diet, exercise, relaxation, support network, and coping skills
- Begin phoenix rising action plan

SESSION 2 LET IT BEGIN WITH ME

- Learning new coping skills and strategies
 - relaxation and imagery – oases, anchors, and sanctuaries
 - boundaries
 - incorporates fun or pleasurable activities into your life

SESSION 3 GAINING PERSONAL POWER

- Progressive muscle relaxation exercise
- Learning more skills and strategies
 - thinking and feeling in a new way
 - dealing with flashbacks and triggers
 - dealing with anxiety
- Add more strategies to phoenix rising action plan

SESSION 4 THE PHOENIX IS GETTING STRONGER

- Mindfulness-based relaxation strategies
- Still learning more skills and strategies
 - my body is not the enemy
 - add more strategies to phoenix rising action plan

SESSION 5 PREPARATION FOR SHARING AND LISTENING

- More mindfulness based relaxation exercises
- Avoiding re-traumatization – practicing new skills
- Preparing personal script about the aftermath of trauma

SESSION 6 HONORING OUR VOICES

- Affirmations
- Relaxation exercises
- Listening and sharing without re-traumatization
- Closing ritual – balloon ceremony.

SESSION 7 FEELINGS

- Information session - feelings
- Complete exercise - the anatomy of my feelings
- Giving voice to my grieving cycle - shock, sadness, bargaining, anger, and acceptance

SESSION 8 PHOENIX RISING: MOVING FORWARD

- Complete Letter to my Rising Phoenix
- Culminating Activity (Guided Imagery-Rising Phoenix)

FOLLOW UP SESSION: WHAT'S UP?

- Chance to provide updates on continued or new changes in lives of members coping with trauma.
- Continue to encourage individual counselling to address important themes in more depth as the need arises.
- PTGI post evaluation

ROOM POSTER and HANDOUT P.3 CREATING YOUR OWN S.U.D. SCALE Subjective Units of Distress Scale

Handout compiled by Brenda Gibbs (2011) from sources listed at the end of this document.

- The purpose of the S.U.D. scale is to communicate to yourself, or others, how much distress you are experiencing. It is important that you assign your own measures.
- The scale has 11 points. A higher level of distress indicates as greater need to relax, ground, or take a break.

- 0 I am completely relaxed, with no distress in my body. I may be deep in sleep.
- 1 I am very relaxed; I may be awake but dozing off.
- 2 I am awake but feel no tension anywhere in my body.
- 3 I feel a little bit of tension somewhere in my body.
- 4 I am feeling some mild distress, apprehension, fear, anxiety, and body tension.
- 5 My distress is somewhat unpleasant but I can still tolerate it.
- 6 I am feeling moderate distress and unpleasant feelings. I have some worry and apprehension. My body is clearly telling me I am in distress.
- 7 My body tension is now substantial and unpleasant but I can still tolerate it and can think clearly.
- 8 I am feeling a great deal of distress with high levels of fear, anxiety, and worry that I am feeling in my body. I cannot tolerate this level of distress for very long.
- 9 The distress is so great that it is affecting my thinking. I just cannot think straight.
- 10 I am in extreme distress. I am filled with panic and I have extreme tension throughout body. This is the worst possible fear and anxiety I could ever imagine and it is so great that I just cannot think at all.

Reference

Williams M. B. & Poijula S., (2002). *The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms*. Oakland, CA: New Harbinger, p.41-42..

HANDOUT P.4

SUPERSIZE YOUR GROUP EXPERIENCE

Handout modified by B. Gibbs (2011) based on the work of references listed.

- Commit to yourself and the leaders to be an active participant, not an observer.
- It takes three commitments to be successful: beginning, middle and just before the end of the group.
- Expect to share meaningful parts of your thoughts, feelings regarding the here-and-now and your past.
- Decide how much and how soon to disclose your story. Understand what you share in the group need not be deep, dark secrets. Start with the feelings.
- Say what you mean, and mean what you say.
- Become fluent in 'thinking out loud' with the group.
- Leaders will facilitate your examination of the here- and –now interactions within the group, then linking to connections of your experiences outside the group
- Practice between each weekly meeting new behaviours you learn in the group.
- Complete the journal assignments throughout the course of the sessions.
- Focus on making personal and direct statements to others in the group.
- Expect to give and receive honest feedback to others.
- When giving feedback, use the sandwich approach (positive, critical, positive)
- Pay attention to consistent feedback.
- Expect some upheaval in your life with new behaviours. Initially people in your life may not be ready for or happy about the changes you have begun.

References:

Chen, M., & Rybak, C. (2004). *Group leadership skills* (p. 101). Toronto, ON, Canada: Thomson/ Nelson.
Prince Albert Family Service. (n.d.). *Informed consent documents*. Prince Albert, SK, Canada: Author.

HANDOUT P.5

WHAT CAN I EXPECT FROM THE LEADERS?

Handout adapted by B. Gibbs (2011) from sources listed at end of document.

Leaders are professional helpers who will display these actions at varying times throughout the group counselling process:

SOMETIMES THE LEADERS ARE LIKE MESSENGERS....

- a. **MODEL NEW BEHAVIOR:** Demonstrate boundaries, empathy, communication, and helping skills.
- b. **TEACH ABOUT ISSUES AND INFORMATION:** Provide information about the recovery process and share relevant research and theory.

SOMETIMES THE LEADERS ARE LIKE MONITORS....

- a. **OBSERVES EVERYONE IN THE GROUP:** Maintain vigilance over all functions of the group and its members.
- b. **ANALYZE WHAT HAS BEEN SAID:** Leaders listen and organize what has been shared into three themes: safety, self-care, and meaning making.

SOMETIMES THE LEADERS ARE LIKE THE MEDIATORS....

- a. **ASK GROUP MEMBERS TO ACT:** Engage group members based on analysis of observations.
- b. **EMPOWER MEMBERS:** Facilitate individual helping, problem solving, and actions.

AND SOMETIMES THE LEADERS ARE LIKE THE MEMBERS.....

- a. **PARTICIPATES IN THE GROUP:** Leaders can function as a member of the group with clear professional parameters.
- b. **SHARES HER LEARNING DURING THE GROUP SESSIONS:** Leaders can expand and develop both, professional and personal knowledge, as a result of each group process.

Reference:

Donaldson, M.A. & Cordes-Green, S. (1994). *Group treatment of adult incest survivors*. Thousand Oaks, CA: Sage, p. 38.

WORKSHEET P.6 TRAUMA SYMPTOM CHECKLIST

Handout compiled by B. Gibbs (2011) from a variety of sources listed at end of document.

Place a check mark beside each emotional symptom you commonly experience.

- I have feelings of terror that often leads to a panic response.
- I have obsessive thoughts that may occur in response to fear and anxiety.
- I have flooding of emotion. To control these feelings I initiate compulsive behaviour.
- I have numbed feelings that restrict a full range of feelings.
- I feel powerless when dealing with other people and their demands.
- I withdraw from others.
- I react to any invasion of privacy with aggressive outbursts.
- I have difficulty knowing and keeping personal boundaries.
- I have low tolerance of any frustration.
- I experience intense anxiety feelings that can shift quickly and dramatically.

Please count the number of check marks and write the number out of 10 in the space provided. _____ / 10

Place a check mark beside each emotional symptom you commonly experience.

- I experience a change in breathing patterns; first, it constricts, then it resumes as shallow, ragged, and/or uneven breathing.
- My muscles tense and I feel increased tightness felt throughout my body; an inability to move and a 'frozen in place' response happens.
- My face and skin lose colour and feel cold and clammy, then hot flushes occur and my skin feels sweaty.
- I show a look of vacancy and distance in my eyes, giving the appearance of not seeing or registering what is occurring.
- I am easily startled and do not like to be surprised.
- I am hyper-vigilant at all times; wherever I am, I scan for danger.
- I have a hard time falling asleep.
- I am easily awakened from sleeping.
- I am often awake during the time of night the abuse occurred.
- I show agitation and arousal when I perceive threat.
- My speech is rapid, disjointed, or disrupted.
- I may lose the ability to speak or be unable to express the traumatic experience in narrative form.

Please count the number of check marks and write the number out of 10 in the space provided. _____ / 10

Place a check mark beside each emotional symptom you commonly experience.

- My memory process part of my brain is disrupted; I cannot access images of the abuse or the memories may not be sequential.
- I experience interrupted processing of information related to my experiences.
- My mind goes blank; my thoughts that occurred during the abuse seem to disappear.
- I have a poor ability to tell others about the abuse.
- My mind disconnects from the trauma by blocking or forgetting memories.
- My memories are fragmented; I remember only isolated details or there is a loss of time and place within my memories.
- I experience shortened attention span, inability to concentrate, and disjointed and disorganized thought patterns about the abuse.
- I may not be able to process the emotional impact of the trauma, so I deny any knowledge about the event(s).
- My experience of trauma may have a surreal or dreamlike quality so I doubt the reality of the events.

Please count the number of check marks and write the number out of 10 in the space provided. _____ / 10

References:

- Duncan, K. A. (2004). *Healing from the trauma of childhood sexual abuse: The journey of women* (Ch. 1). Westport, CT: Praeger.
- Schiraldi, G. R., (2008). *Post-traumatic stress disorder sourcebook: A guide to healing recovery, and growth* (Ch. 2-3). New York, NY: McGraw Hill.
- Williams M. B., & Poijula S. (2002). *The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms* (pp. 45–46). Oakland, CA: New Harbinger.

WORKSHEET P.7

MY ABILITY TO COPE WITH TRAUMA

Handout compiled by Brenda Gibbs (2011) from sources listed at the end of this document.

Check the following statements that apply to you.

- I have a high degree of extraversion. I like to be with people.
- I am open to new experiences.
- I am conscientious in the work I do.
- I am an agreeable person.
- I believe that my source of personal power lies within me.
- I am confident in my own abilities to cope with situations.
- I try to find meaning in what happens to me.
- I try to break down bad situations into manageable parts I can handle.
- I am motivated to solve the problems that occur in my life.
- I am generally an optimistic person which means I generally view people and events more positively than negatively.
- I take control in situations wherever possible.
- I like a good challenge and rise to the occasion.
- I am committed to overcoming the bad things I have experienced in life.
- I have a good social support network and have people I can turn to.
- I understand my life's circumstances and what I can and cannot do about them.
- I actively try to structure my own life and make plans.
- I have faith in a power greater than myself that cares for me.
- I have a good sense of humour.
- I have a sense of hope.
- I like to try new things or look at things in new ways.
- I am open to how others feel.
- I am an action-oriented person.

Reference:

Williams M. B. & Poijula S., (2002). *The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms*. Oakland, CA: New Harbinger, p.6-7.

Session 1 Plan: Finding Sanctuary



Note. Clipart obtained from Microsoft Office Online for educational purposes only. Retrieved from <http://office.microsoft.com/enus/clipart/results.aspx? Category=CM790019251033>

Session 1 Plan: Finding Sanctuary

Objectives

1. Introduce purpose of the Phoenix Rising Action Kit;
 - a. each member will design an individualized plan of coping strategies for specific trauma symptoms,
 - b. each member will design a plan to stabilize emotional regulation.
2. Apply guided imagery to find personal inner sanctuary or anchor (Blonna, 2007; Rothschild, 2000; Sams, 1990).
3. Complete information packages of self-care habits regarding sleep, nutrition, exercise, stress management, healthy lifestyle activities, and relaxation strategies (Blonna, 2007; Bourne, 2005; Dolan, 2000; Williams & Pojiula, 2007).
4. Incorporate the design of the Phoenix Rising Kit with attention to participants' own needs, S.M.A.R.T goals, and the traditional medicine wheel (Blue & Darou, 2005; Cormier & Nurius, 2003; Meyers, n.d.; Sams, 1990).
5. Begin to learn about the different types of stress and complete self-inventories of trauma symptoms and present coping strategies (Bourne, 2004; Schiraldi, 2008; Williams & Poijula, 2002).
6. Practice newly learned self-care skills between sessions.
7. Lead participants into the transition stage of group development (Corey & Corey, 2006).

Material Required

- Room posters
 - 1.1 Medicine Wheel
 - 1.2 S-M-A-R-T Goals

- Room supplies
 - bowl or basket filled with strips of paper with suggestions from client handout 1.01 Self Care: Because You're Worth It,
 - lanyards with name tags,
 - markers (six to eight for each member),
 - individual water bottles,
 - flipchart easel with paper and large nib markers,
 - large potted plant,
 - quilt,
 - four pillar candles (red, yellow, white and blue),
 - pottery bowl of polished rocks,
 - container for completed feedback forms,
 - box of tissues,
 - CD player and various choices of instrumental music,
 - snacks and beverages.
- Phoenix Rising Treasure Boxes
 - various gift and tin boxes filled with pens, stress balls, gum, journals, stickers, and individual bottles of bubbles.
- Session 1 client handouts
 - 1.1 Self Care: Because You Are Worth It!
 - 1.2 S.M.A.R.T. Goals
 - 1.3 Sample Action Plan
 - 1.4 Action Plan Form
- Leader script 1.1 "Finding Inner Sanctuary: Peace Tree"

- Evaluation forms
 - Appendix G: Outcome Rating Scale
 - Appendix H: Session Rating Scale
- Administrative forms
 - Appendix I: Group Leaders Debriefing Outline
 - Appendix J: Case Files

Room Preparation

- Place greeting table by the room entrance with
 - nametags, lanyards, and markers;
 - *Phoenix Rising Treasure Boxes* stacked attractively on greeting table;
 - session handouts and evaluation forms.
- Arrange chairs in a circle with large potted plant in the centre of quilt. Always have copy of Appendix G: Outcome Rating Scale on each member's chair to complete before leader opens the meeting.
- Place four coloured pillar candles surrounding the plant. One each yellow, white, red, and black to denote the four directions of the medicine wheel (Sams, 1990).
- Place a pottery bowl of polished stones, empty bin, and box of tissues on the quilt.
- Reserve two chairs across from each other for the group leaders to sit (Corey & Corey, 2006).
- Reserve a chair beside the co-facilitator for any tardy members (McBride, 2008).
- Prepare juice, water, fruit, and snacks in kitchen considering dietary and allergy restrictions.
- Play soft instrumental music as background to signal gathering time before and after each two-hour session.

Leader Preparation

- Review stages of group development specifically transition stage and roles of leaders for this development (Corey & Corey, 2006).
- Review objectives of session 1.

Welcome**10 minutes**

- Co-facilitator greets group members at door and invites each member, upon arrival, to complete individual lanyard nametag, writing first name only. She also instructs that each group member will take the Phoenix Treasure Box chosen last week from the stack on greeting table.
- Review housekeeping items: location of washrooms, parking or bus arrangements, childcare arrangements, and format of each session.
- Encourage participants to initiate or continue individual counselling as necessary.
- Address any questions, comments, or personal reflections.
- Invite participants to bring in poetry, quotations, and short readings from books, or drawings to share at the end of each session. Ask for volunteer for next session.

**Guided Imagery:
Finding Inner Sanctuary Peace Tree****20 minutes**

- Explain the purpose of visualization, which is to induce a relaxation response by visualizing warm relaxing images, as a means to discover and strengthen personal awareness and coping skills (Blonna, 2007).
- Review the SUD scale and provide time for each person to check in with the group regarding her present appraisal. Inform the group that we will repeat this procedure after the guided imagery.
- Explain what grounding is and the importance of this skill in coping with trauma symptoms (Rothschild, 2000).

- Invite the co-facilitator as the model to demonstrate the steps to becoming grounded.
- Instructions for grounding
 - place both feet on floor;
 - experience sensations in your body, legs, buttocks, stomach, back, and head;
 - sit tall and relaxed in chair;
 - focus on the present body sensations;
 - repeat deep cleansing breaths.
- Read the script to the group in calm, steady, and soothing voice (see Leader Script 1.1: Finding Your Inner Sanctuary Peace Tree)
- Debrief group with possible questions
 - What strengths or roots do you possess that has helped you through the past years? Please share how this strength has helped in a stressful situation.
 - What other talents and attitudes need to be acknowledged that have helped you grow? Think of what your best friend would say about you or refer to the coping inventory for personal clues.
 - To help you discover more of these buried treasures, please be on the look out for the qualities that have make you strong. We discover more of these coping when we take time to reflect. Please take time each day to list in your journal how you handled situations with family and friends.

- Designing a Phoenix Rising Kit. Write the following group goals on the flipchart:
 - Provide a safe treatment group to discuss thoughts, feelings, and experiences concerning past trauma.
 - Choose and begin to practice skills and strategies to increase number of coping skills with trauma symptoms.
 - Explore and begin to share, within group, personal meaning making from past experiences.

Information Session**Self-Care: Because You're Worth It!!****15 minutes**

- Refer to room poster of the medicine wheel denoting the four quadrants of physical, mental, emotional, and spiritual dimensions of health. Incorporating the model of the medicine wheel is an excellent visual tool to guide members toward creating and maintaining harmony within all domains of life (Sams, 1990).
- Pass a basket or bowl filled with folded strips of paper. Each strip has an example or suggestion of healthy self-care actions. Each member reads the suggestion aloud, shares her experience with this example, and instructs the facilitator where this idea fits on the wheel.
- Distribute handout of basic self-care practices (Because I'm Worth It!) to act as reference in the next activity of designing an individualized personal coping kit. Ask each member to check off the sections or specific topics that are pertinent to her symptoms of trauma.

Social Break**10 minutes**

Set Individual Goals: Rising Phoenix Action Plan 40 minutes

- Distribute and discuss Handout 1.3 Sample Action Plan.
- Provide information about SMART goals as shown on poster and handout.
- Provide time (10 minutes) for each member to choose and create her own action plan (see Handout 1.4).
 - Debrief: As each member shares the specific goal she has chosen, facilitators link members and provide supportive suggestions and comments. Clarify each member's goal to make sure that it is realistic and achievable within the group timeline. Invite the group to blow victory bubbles after each person shares.
 - Share a couple goals you have chosen. What ideas are you willing to try?
 - How are they realistic and achievable? How will you know you have successfully reached your goal?
 - What is the key barrier you need to remove to meet your goals?
 - How do you feel about working on these goals you have chosen?
What is happening in your body when you complete this activity?
What old beliefs are you telling yourself about working towards new goals?

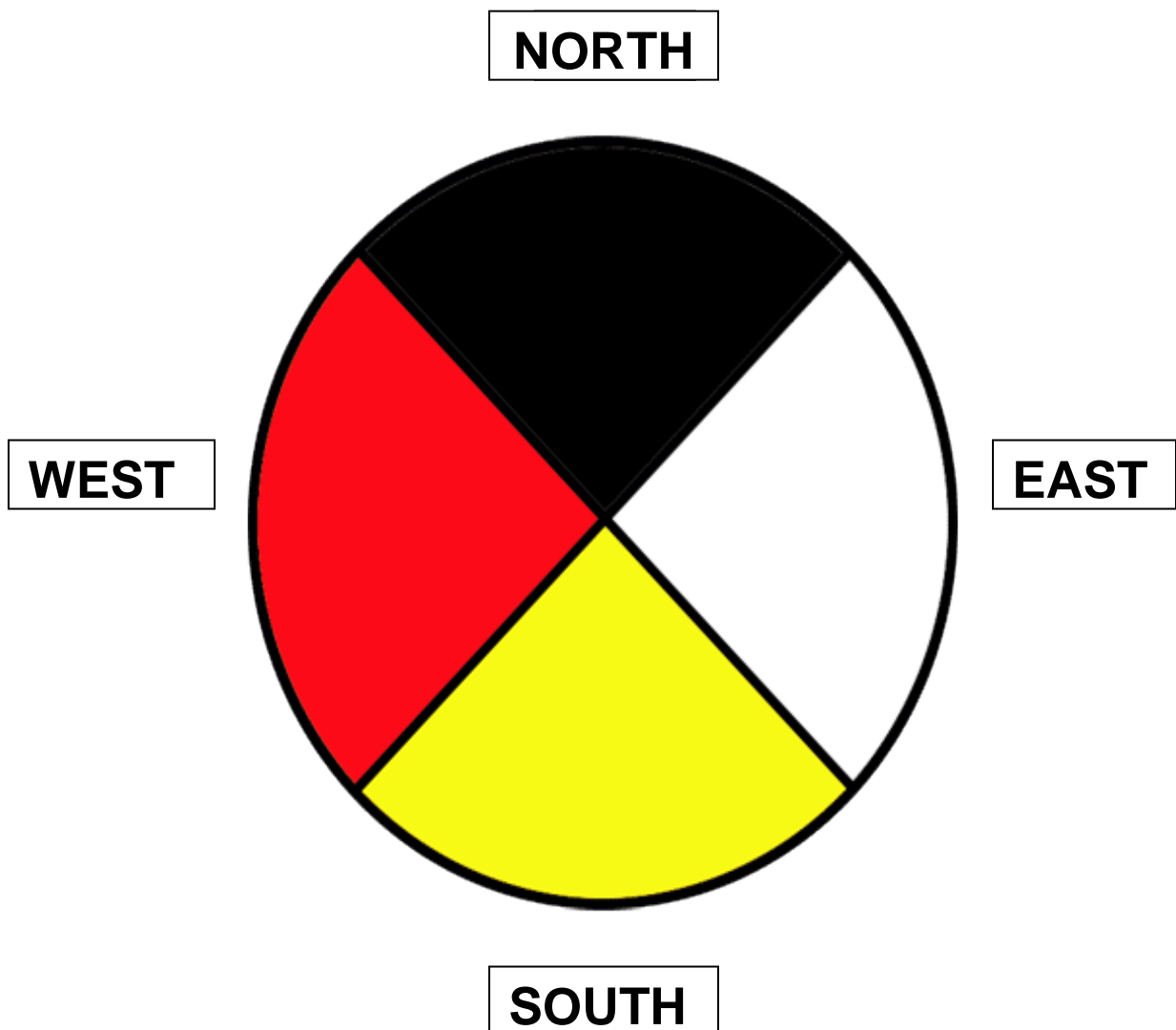
Evening Summary and Check Out**15 minutes**

- Summary: Return focus to session agenda and summarize key points (one or two sentences) within each section.
- Check out:
 - Ask each member to share high point of the session, low point of the session, and her goal for the week.
 - Volunteer reads her choice of inspirational poetry, song, excerpt, or drawing then blows out candles to signal end of the session.
 - Play instrumental music while Appendix H: Session Rating Scale is being distributed.
 - Complete Appendix H: Session Rating Scale
 - Return the completed form with lanyard into the bin on quilt.

Group Leaders Debriefing Session 1**60 minutes**

- Analyze group dynamics following Appendix I: Group Leaders Debriefing Outline.
- Complete a copy of Appendix J: Case File Notes for each member.

**Room Poster 1.1
Medicine Wheel**



“The First Nations worldview, from western Canada, reflects a model based on equality, connectedness, and harmony between humans and nature. The human is the least important and must serve the others. All parts much live in harmony”
(Blue & Darou, 2005, p. 311).

The Medicine Wheel

The teachings of the medicine wheel were originally explained orally with the circle being drawn in the earth and a gradual overlaying of symbols, as each meaning was explained by an elder (Four Directions Teaching, 2009). The Elder would usually begin with an explanation of the Four Directions and the centre of the wheel, which represents the Sacred Mystery. The Elder may go on to explain some of the following concepts: the four aspects of human personality--the physical, mental, emotional, and spiritual; the seasons--the changing from fall, winter, spring and summer occurs in a cycle; the four stages of life--childhood, adolescence, adulthood and elders; the races--red, white, black and yellow races; and the four physical elements of water, air, fire, and earth (Blue & Darou, 2005; Sams, 1990).

EAST – home of the eagle, beginning of life cycle, color yellow, place of illumination and enlightenment, male energy, the spiritual aspect of our personality, element of fire and sun, color white (Four Directions Teachings; Sams, 1990).

SOUTH – home of the coyote, porcupine, or moose, childhood and teen years, place of innocence, trust, and humility, child energy, the emotional aspect of our personality, element of water, color yellow or blue (Four Directions Teachings; Sams, 1990).

WEST – home of the bear, adult life, black, blue or red colour, place of introspection and insight, female energy, element of the earth, (Four Directions Teachings; Sams, 1990).

NORTH – home of buffalo, colour white or black, mental aspect of human personality, source of wisdom and logic (Four Directions Teachings; Sams, 1990).

References

- Blue, A., & Darou, W. (2005). In N. Arthur and S. Collins (Eds.), *Culture-infused counselling: Celebrating the Canadian mosaic* (pp. 303–330). Calgary, AB, Canada: Counselling Concepts.
- Sams, J. (1990). *Sacred path cards: The discovery of self through native teachings* (pp. 85–91). New York, NY: Harper
- The Four Directions Teachings – Aboriginal Teaching from five diverse First Nations in Canada.
www.fourdirectionsteachings.com/transcripts/cree.html

LEADERS SCRIPT 1.1

FINDING INNER SANCTUARY: PEACE TREE

Script created by Brenda Gibbs (2011) from a variety of sources listed at the end of this document.

Delivery Suggestions

- Speak in slow, calm, and soothing tone throughout each script.
- Allow for silence and/or pauses throughout delivery of the script.
- Both leaders model relaxed body posture and breathing techniques.
- Co-leader may want to visually monitor each participant for signs of emerging anxiety during the exercise.

Group Preparation

- Tell the group, as part of informed consent, why they are being invited to participate in this task. Some members may want to know how it will help them.
- It is important to stress to the members three things before the exercise starts:
 - At no time during this activity will anyone touch anyone else nor move out of her chairs.
 - If you want to close your eyes that is fine. You can also keep your eyes open and that is fine. If you do open your eyes, please look down at the ground and so you respect everyone's need for privacy.
 - You can stop this activity at anytime and if you do stop, just sit quietly while the others complete the activity. Please do not leave the room.

- Please get yourself into a comfortable position in your chair or on the floor with your feet planted on the floor. Your arms and hands can rest comfortably on your lap if you like.
- When you are ready, take a deep cleansing breath to begin this inner journey and continue to settle into your chair. Your back is straight but not rigid.
- And when ready take another cool deep breath, inhale through your nose and exhale the warm air slowly through your mouth.
- Again, listen to the rhythm of your breathing. Feel your tummy go in and out.
- Take another deep breath and feel your breath move down your torso and out the bottom of your feet.
- If you feel yourself starting to get fearful or anxious, know you are safe and are in this room with me. Move from feelings to thinking by counting backwards from 100.
- Take another deep breath. Feel your hands resting and your neck relaxed.
- Take a final deep breath and we will begin our inner journey to your inner sanctuary, the place of your own Tree of Peace.

Peace Tree Guided Imagery

- Begin this inner walk by entering a luscious forest of greenery.
- It is a sunny day with a warm gentle breeze rustling the leaves.

- You walk down a winding trail, and enjoy the beauty of rocks, plants, and wild flowers along the path.
- Keep walking and listen to the sounds of the forest until you come to a lovely grand tree.
- You stop and sit on a log close by and gaze up in awe at this wonderful tree.
- You breathe deeply, smell the forest, and listen.
- Feel the peace as it gently embraces you (pause). You are at peace.
- This tree has deep roots that have kept it upright all these years. You are one with the tree.
- You look up the tree trunk and examine the bark. Look at the size and colour and texture of the bark.
- The sap from the roots runs up and down to give life to every part of the tree. Your breath does the same. Feel the life force within you by taking a couple deep breaths.
- The wind blows around this tree. Sometimes softly, like today and sometimes in fierce storms, yet the tree is strong and does not break. It moves with the force of the wind but stays strong (pause).
- You too have had to move with the forces of storms but have not broken. You have survived and you are here, tall, and solid, resting, breathing, and peaceful.

- You look up at the branches of the tree and the lovely green leaves. The sprawling branches reach for the sunshine. They know their purpose.
- Above this tree is the bright blue sky with white fluffy clouds and a lovely warm sun.
- Look around the forest and breathe in the wonder and beauty of this place.
- You are safe (pause). Let the stillness and peace fill each cell of your body.
- You are part of something greater than yourself (pause).
- You are one with all that is around you – enjoy whatever you can (pause- about 30 seconds).

Closing of the Peace Tree Meditation

- Still in your mind..... rise slowly and turn to make your way out of the forest (pause).
- Feel the strength in your legs as you walk down the path into the light.
- Know you can return as often as you wish to visit your Inner Peace Tree.
- Take another deep cleansing breath and feel your renewed power (pause) as you walk back to your life.
- And now, gently wiggle your toes and fingers to bring yourself back into the room as we are going to end this activity in a minute.
- Slowly become aware of the circle and your chair (pause).

- I will count backwards from five and when you are ready, open your eyes to feel alert, refreshed, and ready to share. (*Count backwards very slowly and clearly 5,4,3,2,1*).

References:

- Beattie, M. (1996). *Journey to the heart: Daily meditations on the path to freeing your soul* (pp. 212–213). New York, NY: Harper.
- Blonna, R. (2007). *Coping with stress in a changing world* (4th ed., pp. 15–25). Boston, MA: McGraw-Hill.
- Sams, J. (1990). *Sacred path cards: The discovery of self through native teachings* (pp. 67–69). New York, NY: Harper.

HANDOUT 1.1

SELF-CARE: BECAUSE YOU'RE WORTH IT!!!!

Handout compiled by Brenda Gibbs (2011) from a variety of sources listed at the end of this document.

What is Self-Care? It is the amount of time you spend in activities related to improving your appearance and health. Self-care activities can be wide ranging and include such habits as your daily hygiene routine, diet, sleep, exercise, friendships, fun activities, prayer and meditation, and annual check-ups.

USE TWO DIFFERENT COLOURED PENS TO COMPLETE THIS EXERCISE. WITH ONE COLOUR, PLACE A CHECKMARK OF THE WAYS YOU RESENTLY TAKE CARE OF YOURSELF. THEN, CHOOSE A SECOND COLOUR CHECK ANY NEW STRATEGIES YOU CAN ADD TO YOUR SELF-CARE PLAN.

SLEEP: THIS IS HOW WE RESTORE OUR BODIES

AT THE CELLULAR LEVEL

- Anytime you rely on an alarm clock to wake yourself up you are **LIKELY** not getting enough sleep.
- Most people need eight hours of sleep each night to function optimally.
- Turn off your computer and cell phone by 11 pm each weeknight.

DIET: THIS IS HOW WE BUILD AND REPLENISH OUR

BODIES AT THE CELLULAR LEVEL

- Include all food groups in your daily diet: protein (meat or eggs or nuts or beans); calcium (dairy products); fruits and vegetables; cereal and grains.
- Avoid dieting.

- Eliminate or restrict the amount of caffeine and sugar in your diet.
- If you presently smoke, reduce your daily intake of nicotine.
- Eliminate or limit alcohol and drugs.
- Avoid processed snacks like potato chips or chocolate bars and avoid “fast” food as a regular part of daily diet.

***EXERCISE: THIS IS HOW WE STRENGTHEN AND
REFRESH OUR BODIES, MINDS, AND SOULS***

- Be physically active 30 minutes five times a week.
- Include strength training at least two times per week.
- Work out at your own pace to prevent muscle strains.
- Exercise with a friend.
- Choose activities you enjoy and can easily incorporate into your daily routine.
- Include some exercise outdoors.

DAILY HYGIENE: THIS IS HOW WE TAKE CARE OF OURSELVES

- Shower or bathe daily.
- Shampoo and condition your hair few times each week.
- Shave legs, and/or armpits.
- Use deodorant or antiperspirant daily.
- Floss and brush your teeth after meals.
- Create a home spa event with candles, music, and bubbles.
- Apply skin lotion to your body, especially in the winter.
- Use sunscreen on face and other exposed skin all through the year.
- Get a medical check-up once a year.

- Visit the dentist every 6 months.

FUN AND PLAY: THIS IS HOW WE CELEBRATE LIFE

- Maintain and nurture your sense of humour.
- Schedule regular fun, relaxation, and recreation.
- Watch movies that make you laugh.
- Take part in creative outlets that foster expression of your authentic self such as dancing, singing, painting, drawing, and music.
- Give yourself a Spa Day.
- Buy single sample size facial mask, bubble bath, fingernail polish, foot treatment, shaving supplies, and candles.
- Meet new people.
- Call a friend.
- Make a date with yourself. Do something fun for yourself.
- Join a recreation league.
- Be an armchair traveller. Look through travel magazines or books

PRAYER AND MEDITATION: THIS IS HOW WE LOOK INWARD

AND UPWARD TO STAY IN THE DAY

- Light a candle as a sign of hope and love.
- Lose yourself in great music.
- Help someone less fortunate than yourself.
- Smile and say “thank you” every hour that you are awake.
- Read and reflect, either in silence or with a pen, on inspirational readings.
- Notice beauty wherever you may find it today.

- Complete a daily gratitude journal for the next 100 days.
- Pray at the beginning and end of each day. More if you are feeling tense.
- Turn off the cell phone and be still: listen, smell, touch, and see your world.
- Find a favourite quiet place and spend time in nature (e.g. river, garden, park).
- Believe in something more powerful and greater than yourself or others.

STRESS MANAGEMENT TECHNIQUES:

THIS IS HOW WE KEEP OUR COOL

- Learn and practice self-relaxation techniques.
- Get a body or back massage.
- Give yourself a foot rub.
- Use visualization to practice succeeding in anxiety-producing situations.
- Listen to music to induce relaxation.
- Create an environment (your bedroom, bathroom, or serenity room) that promotes relaxation.
- Express your private thoughts and feelings in a journal (writing and drawing).
- Write a daily gratitude list for 100 days.
- Compliment others, say thank you, and smile at people you see.

MORE WAYS TO KEEP OUR COOL:

ELIMINATE TWISTED THINKING

- Identify negative self-thoughts and distortions.
- Speak to yourself as you speak to your most loved animal.
- Always be a good friend to you.

- Change negative thoughts and feelings into positive thinking patterns.
- Transform black and white thinking into positive realistic attitudes.
- Buy yourself a teddy bear or other soft toy for comfort.
- Accept and embrace the positive.
- Avoid thinking or speaking as a victim. Make choices for yourself in all situations.
- Avoid thinking or speaking like a bully. Own your actions and make new choices.
- Write yourself a Rainy Day Letter and carry it with you.

MY SUPPORT SYSTEM

- As you begin this journey of renewal, it is important to have connections with others when and if you need them.
- List the names and phone numbers in your journal of these support people.
- However, if none are available when you are in crisis, remember you are able to stay safe even when you cannot reach them.

1. My best friend _____
2. My partner or spouse _____
3. Local crisis line _____
4. Hospital _____
5. My therapist(s) _____
6. My doctor(s) _____
7. The family member to whom I am closest _____

8. My teacher _____

9. My social worker _____

10. My neighbour(s) _____

11. My child(ren) _____

12. If none of these people are available and I feel unsafe, I can do the following things

to remain safe until someone is available:

References:

- Blonna, R. (2007). *Coping with stress in a changing world* (4th ed., pp. 15–25). Boston, MA: McGraw-Hill.
- Bourne, E. J., Brownstein, A., & Garnau, L. (2004). *Natural relief for anxiety: Complementary strategies for easing fear, panic, and worry* (Ch. 1–5). Oakland, CA: New Harbinger.
- Dolan, Y. (2000). *One small step: Moving beyond trauma and therapy to a life of joy* (pp. 155–158). San Jose, CA: Authors Choice.
- Schiraldi, G. R., (2007). *10 simple solutions for building self-esteem: How to end self-doubt, gain confidence, and create a positive self-image* (p. 95–115). Oakland, CA: New Harbinger.
- Williams, M. B., & Pojiula, S. (2002). *The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms* (pp. 155–158). Oakland, CA: New Harbinger.

POSTER AND HANDOUT 1.2 SMART GOALS

Handout adapted by Gibbs (2011) from references listed at end of document.

The foundation to help you design the most effective coping kit is laid by creating goals that follow the S.M.A.R.T. criteria.

SPECIFIC - Be as specific as possible regarding the goal you want to reach.

Example: Improve the quantity of my sleep every night by one hour.

MEASURABLE - This quantifies your behaviour and tells you that you are on the right track.

Example: I wake up only once during the night and can return to sleep more easily.

ACHIEVABLE - What are the skills or knowledge required to make this goal a reality?

Example: Take a warm bubble bath 30 minutes before I get into bed. Turn off my cell phone and leave it in another room all night. Learn and repeatedly use dual awareness and relaxation exercises before I go to sleep each night.

REALISTIC - Check your circumstances to ensure they are conducive to successfully accomplishing your goal. If the goal is not realistic at this time, what barriers do you need to remove?

Example: I am tired of being tired all the time. I will go to bed at the same time every night. I will follow my relaxation rituals when I lay down in bed and if I wake up during the night. I will ask my mom to “babysit” my cell phone and computer at night.

TIMELINE – Establish short- and long-term checks to reach goal.

Example: Follow the same routine every night for three weeks. If I forget or skip a night, I will return to my commitment to improve the amount of sleep I get.

Reference

- Cormier, S., & Nurius, P.S. (2003). *Interviewing and change strategies for helpers: Fundamental skills and cognitive behavioural interventions* (5th ed.). Pacific Grove, CA: Brooks/Cole, pp. 271-276.
- Meyers, L. (n.d.). *Assignment #2: Group program with session plans & facilitator notes* [Web course tools]. Lethbridge, AB, Canada: University of Lethbridge.

HANDOUT 1.3 SAMPLE ACTION PLAN FORM

Created by Gibbs (2011) from the list of references at the end of this handout.

GENERAL GOAL: Add healthy eating habits to my diet

TASK	DATE	PROOF OF CHANGE	TIME FRAME TO REACH GOAL
Eat breakfast each day.	Today's Date	Eat breakfast by 9:00 am daily.	21 consecutive days
ADD 3 servings of fruits and vegetables to daily diet.	Weekend Date	Buy fruits and vegetables to make salads each day, and eat fruit or raw vegetables for morning and afternoon snack.	21 consecutive days
Drink 6 more glasses of water each day.	Today's Date	Replenish water bottle every morning and afternoon.	21 consecutive days

OBSTACLES TO SUCCESS	SUPPORTS FOR SUCCESS
1. I lack time in morning.	Go to bed earlier, set alarm earlier, and buy food I like.
2. I am bored with same food choices.	Be adventurous in buying new food, make a salad each day, eat fruit at 4 pm instead of chocolate bar, and try new recipes.
3. I drink coffee instead of water.	Drink coffee only in the morning; get new water bottle.

Reference

Cormier, S. & Nurius, P.S. (2003). Interviewing and change strategies for helpers: Fundamental skills and cognitive behavioural interventions (5th ed.). Pacific Grove, CA: Brooks/Cole, pp. 271-276.

HANDOUT 1.4 SAMPLE ACTION PLAN FORM

Created by Gibbs (2011) from the list of references at the end of this handout.

GENERAL GOAL: Add healthy eating habits to my diet

TASK	DATE	PROOF OF CHANGE	TIME FRAME TO REACH GOAL
	Today's Date		
	Today's Date		

OBSTACLES TO SUCCESS	SUPPORTS FOR SUCCESS
1.	
2.	
3	

Reference

Cormier, S. & Nurius, P.S. (2003). Interviewing and change strategies for helpers: Fundamental skills and cognitive behavioural interventions (5th ed.). Pacific Grove, CA: Brooks/Cole, pp. 271-276.

SESSION 2 PLAN: LET IT BEGIN WITH ME



Note. Note. Clipart obtained from Microsoft Office Online for educational purposes only. Retrieved from <http://office.microsoft.com/enus/clipart/results.aspx? Category=CM790019251033>

SESSION 2 PLAN: LET IT BEGIN WITH ME

Objectives

1. Trust a sense of safety within the group by trying new skills and learning how to contain emotions during and after experiential learning (Duncan, 2004; Sanderson, 2006).
2. Learn about stress and complete self-assessment of trauma symptoms and present coping strategies (Bourne, 2005; Schiraldi, 2008; Williams & Poijula, 2002).
3. Practice new coping strategies incorporating diaphragmatic breathing and progressive muscle relaxation (Bourne, 2005; Rothschild, 2000, Williams & Poijula, 2002).
4. Learn definition and importance of boundaries and communication patterns. Practice these new skills in-group and apply between sessions (Bourne, 2005; Schiraldi, 2008).
5. Understand stages of group development (Corey & Corey, 2006)

Materials Required

- Room posters
 - Progressive Muscle Relaxation 2.01
 - Healthy Boundaries 2.02
 - Communication Patterns 2.03
 - Steps in Learning Assertiveness 2.04
- Room supplies
 - pillow for each member,

- string or yarn (at least three balls),
- index cards (five for each member),
- masking tape,
- lanyards with name tags,
- markers (six to eight for each member),
- individual water bottles,
- flipchart easel with paper and large nib markers,
- single potted plant,
- quilt,
- four pillar candles (red, yellow, white, and blue),
- pottery bowl filled with polished rocks,
- bowl or basket,
- container for completed feedback forms,
- box of tissues,
- portable CD player and various choices of instrumental music,
- snacks and beverages.
- Phoenix Rising Treasure Boxes
 - various gift and tin boxes filled with pens, stress balls, gum, journals, stickers, and individual bottles of bubbles.
- Leader Script 2.01
 - Progressive Muscle Relaxation and Finding Your Inner Oasis
- Session 2 client handouts
 - Progressive Muscle Relaxation 2.01
 - Healthy Boundaries 2.02
 - Communication Patterns 2.03

- Steps in Learning to be Assertive 2.04
- Evaluation forms
 - Appendix c: Outcome Rating Scale
 - Appendix G: Session Rating Scale.
- Administration forms
 - Appendix I: Group Leader Debriefing Outline
 - Appendix J: Case File Notes

Room Preparation

- Place greeting table by the room entrance with
 - nametags, lanyard, and markers (first name only),
 - *Phoenix Rising Gift Boxes* stacked attractively on greeting table,
 - session handouts and evaluation forms.
- Arrange chairs in a circle with large potted plant in the centre of quilt.
- Place a copy of Appendix G: Session Rating Scale on each member's chair.
- Place four colored pillar candles around the plant. One each yellow, white, red, and black to denote the four directions of the medicine wheel (Sams, 1990).
- Place a pottery bowl of polished stones, empty bin, and box of tissues on the quilt.
- Reserve two chairs across from each other for the group leaders to sit (Corey & Corey, 2006).
- Reserve a chair beside the co-facilitator for any tardy members (McBride, 2008).
- Prepare juice, water, fruit, and snacks in kitchen considering dietary and allergy restrictions.

- Play soft instrumental music as background to signal gathering time before and after each two-hour session.

Leader Preparation

- Review transition stage of group development (Corey & Corey, 2006).
- Review objectives and content for this session.

Welcome**15 minutes**

- Invite completion of the Outcome Rating Scale before the circle begins. Scan self-assessments before opening the meeting.
- Welcome everyone and make sure the nametags (first name only) are used to encourage group connection.
- Encourage participants to initiate or continue individual counselling as necessary.
- Address any questions, comments, or personal reflections from previous session.
- Clarify group protocol.
- Invite participants to bring in poetry, quotations, and small portions from readings, or drawings to share at the end of each session. Ask for volunteer for next session.
- Allow time for members to briefly share any significant event or changes experienced during the past week.

**Progressive Muscle Relaxation
and Finding Your Oasis****30 minutes**

- Define and explain purposes of progressive muscle relaxation (see room poster).
- Review suggested guidelines for practicing progressive muscle relaxation or any other form of deep relaxation.
- Prepare participants by giving a preview sequence of the muscle groups in the script.
- Read leaders' script to guide participants through the experience.

- Debrief questions
- How did your body and mind respond to the progressive muscle relaxation?
 - What was challenging for you in this exercise?
 - What was rewarding for you about the exercise?
 - Who wants to share and describe your oasis to the group?
 - How might you add a symbol of your visual sanctuary to your Phoenix Rising Kit?

Information Session: Boundaries	15 minutes
--	-------------------

- Write question on flipchart paper, “What is your understanding of the concept of ‘boundaries’ and their relevance to your life?”
- Brainstorm group thoughts and examples of boundaries.
- How might sexual abuse impact your boundaries?
- Some key points to include in the discussion, based on the work of Bourne (2005) and Schiraldi (2008) are:
 - Healthy personal boundaries remind us with a sense of safety and act as a blueprint for determining our interactions with others.
 - In addition, they inform and remind us of who we are and what our rights and responsibilities are.
 - Healthy boundaries are important in all relationships because they provide both the means to experience connection with others and a sense of separateness in relationship to others.
 - Healthy boundaries are established in all spheres of our life: physical, verbal, social, emotional, and mental.

- Healthy boundaries are not walls or mats. They create both healthy connection and healthy separation.

Social Break

10 minutes

Large Group Exercise: Boundaries**25 minutes**

- Arrange three concentric circles of yarn or wool or string on the floor of two separate rooms. If this is not available, then use the hallway as the second location for smaller group work.
- Divide participants into two groups. Ask for a volunteer to stand in the centre of the rings. Inform the remaining members of the group to stand at varying distances, where they are comfortable.
- Each participant takes a turn being in the middle and giving instructions where other group members stand in the circles. This helps increase member's awareness of boundaries and practicing assertiveness in maintaining their own boundaries.
- Possible debriefing questions
 - What did you learn about your boundaries in this exercise?
 - What was the challenge for you in this exercise?
 - Where would you place your family members, teachers, girlfriends, boys, and co-workers in the circles?
 - How often does guilt or fear determine any of your boundaries? Please give an example of this from your life.
 - How solid are your boundaries with your loved ones?
 - When I say "no" to people I care for, I feel.....

Assertiveness Exercise**15 minutes**

- Ask group to repeat these statements clearly and calmly:
 - “Yes, that works just fine for me.”
 - “No, that does not work for me.”
 - “No thanks.”
 - “That is not acceptable.”
 - “Stop it!”
 - “Okay, I can do that”.
- What are the benefits of clearly saying “yes” and “no”, for you, and for others?
- Brainstorm in groups of three, some phrases or other words that communicate the message of no. Share your ideas with large group to create a group list.
- Distribute Handout 2.02
 - Leader will model assertiveness with the co-facilitator and vice versa.
 - Participants will practice role-playing this script three times with different partners.
 - Give each member an index card with scenario to respond to. Possible scenarios: someone butting into line at the movie,
- Debrief with the large group about their new experience in practicing refusal in a clear and calm manner.
 - Be certain to inquire about the various body sensations with this new communication behaviour.

- Connect the group members with common experiences. Provide members the chance to be told that hearing refusals is okay and the member is still accepted.
- Homework: During the upcoming week, clearly, calmly, and politely say “no” if that is what you mean. Return to group next week with these new experiences.
 - Tip: the easiest way to practice saying this aloud is with pets or babies.

Evening Summary and Check Out

15 minutes

- Return the group’s focus to the session agenda and summarize key points (one or two sentences) within each section.
- Final circle check
 - Ask each member to share high point of the session, low point of the session, and her goal for the week.
 - Volunteer reads their choice of inspirational poetry, song, excerpt, or drawing then blows out candles to signal end of the session.
 - Complete Session Rating Scale (SRS): Appendix H and return, with lanyard, to the empty container on quilt. Also, place their Phoenix Rising Kits on the quilt.

GROUP LEADERS DEBRIEFING

60 minutes

- Analyze group dynamics following Appendix I: Group Leaders Debriefing Outline.
- Complete a copy of Appendix J: Case File Notes for each member.

HANDOUT 2.1

PROGRESSIVE MUSCLE RELAXATION

Compiled by Gibbs (2011) from the list of references at the end of this handout.

What is progressive muscle relaxation?

- This is a systemic technique of tensing and releasing muscles, throughout the body, that results in a deep state of relaxation.
- It is especially helpful for people whose anxiety is strongly associated with muscle tension.
- Daily practice will reduce general anxiety and lessen the intensity and frequency of panic attacks.
- Progressive muscle relaxation can be applied to cases of high blood pressure, childbirth preparation, ulcerative colitis eating disorders, anxiety and depression, academic performance, and stress management (Cormier & Nurius, 2003).

GUIDELINES FOR PRACTICING PROGRESSIVE MUSCLE RELAXATION

- Practice 20 minutes each day, preferably two 10-minute sessions.
- Find a quiet location with no distractions.
- Practice at regular times.
- Practice on an empty stomach.
- Assume a comfortable position with your entire body, your head, should be supported. Place a pillow underneath your knees. Sitting up is preferable to lying down if you are feeling tired and sleepy.
- Loosen any tight garments or wear comfortable clothing. Remove shoes, glasses, contact lenses, and jewelry.

- Make a decision to not worry about anything while you are in this exercise.
- Assume a passive, detached attitude. Let go and be curious about the experience. Do not try to relax. Do not try to control your body. Do not judge your performance.
- When you tense a particular muscle group, do so vigorously, without straining for 7 to 10 seconds. You may count to yourself “one-thousand-one”, “one-thousand-two”, “one-thousand-three”, and so on to mark off time.
- Concentrate on what is happening in your body. Feel the crescendo of tension in each particular muscle group.
- When you release the muscles, do so abruptly and then relax, enjoying the rush of limpness. Allow the relaxation to develop for at least 15 to 20 seconds before moving on to the next set of muscles. Enjoy the sensation.
- Allow all the other muscles in the body to remain relaxed as much as possible.
- Tense and relax each muscle group once, however, if a particular area feels especially tight you may repeat the process a couple more times.

References

- Blonna, R. (2007). *Coping with stress in a changing world* (4th ed., pp. 242–245). Boston, MA: McGraw-Hill.
- Bourne, E.J. (2005). *The anxiety and phobia workbook* (4th ed., pp. 80–83). Oakland, MA: New Harbinger.
- Bourne, E.J., Brownstein, A., & Garano, L. (2004). *Natural relief for anxiety: Complementary strategies for easing fear, panic, and worry* (pp. 12–16). Oakland, CA: New Harbinger.
- Cormier, S., & Nurius, P.S. (2003). *Interviewing and change strategies for helpers: Fundamental skills and cognitive behavioural interventions* (5th ed., pp. 511–520). Pacific Grove, CA: Brooks/Cole.
- Williams, M. B., & Pojula S. (2002). *The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms* (p. 35). Oakland, CA: New Harbinger.

LEADERS SCRIPT 2.1 PROGRESSIVE MUSCLE RELAXATION and FINDING YOUR INNER OASES

Created by Gibbs (2011) from the list of references at the end of this handout.

Delivery Suggestions

- Speak in slow, calm, and soothing tone throughout each script.
- Allow for silence and/or pauses throughout delivery of the script.
- Both leaders model relaxed body posture and breathing techniques.
- Co-leader may visually monitor group behaviour while the leader reads the script below.

Group Preparation

- You will start by sitting in a comfortable position in your chair or on the floor with your feet planted on the floor. Your arms and hands rest comfortably on your lap.
- Take a deep cleansing breath to begin this inner journey and settle into your chair. Your back is straight but not rigid.
- And just take another cool deep breath through your nose and exhale the warm air slowly through your mouth.
- Again, listen to the rhythm of your breathing. Feel your tummy go in and out.
- Take another deep breath and feel your breath move down your torso and out the bottom of your feet.
- At no time will anyone touch you in this task nor move out of their chair.

- If you want to keep your eyes open that is fine, just look down at the ground and not at anyone in the room.
- If you feel yourself starting to get fearful or anxious, then count backwards from 100.
- Take another deep breath. Feel your hands resting and your neck relaxed.
- Take a final deep breath and we will begin our inner journey to your inner sanctuary, the place of your own Tree of Peace.

Progressive Muscles Relaxation Instructions

- Wrinkle your forehead and hold this (pause) ... and then relax. Do this again but this time really notice the difference in your body as you let go of the tension.
- Tense the muscles in your forehead by raising your eyebrows as far as you can. Hold (pause)....and then notice what happens when you relax. Try it again and this time imagine your forehead muscles becoming smooth and limp as they relax.
- Tense the muscles around your eyes by clenching your eyelids tightly shut. Hold (pause)....and then relax noticing the difference between holding your muscles and releasing your muscles. Imagine sensations of deep warm relaxation spreading all around your eyes.
- Push your tongue against the roof of your mouth. Hold (pause)... and then relax. Notice the change that occurs around your neck, jaw and face when you relax. Try again and pay attention to this change.
- Tighten your jaw by opening your mouth so widely that you stretch the muscles around the hinges of your jaw. Hold (pause)....and then relax. Let your lips part

and allow your jaw to hang loose. Keep focusing on the sensations of being relaxed.

- Press the back of your head into the mat. Focus on tensing the muscles in your neck. Hold (pause)... and then relax (since this is such a common tension area, do the tense-relax cycle again).
- Take a few deep abdominal breaths and become mindful of the weight of your head sinking into whatever surface it is resting on.
- Roll your head to your right shoulder and hold (pause)... and then relax.
- Roll your head to your left shoulder and hold (pause)... and then relax.
- Tighten your shoulders by raising them up as if you were going to touch your ears. Hold (pause)... and then relax. And just keep focusing on the different sensations in each part of your body.
- Tighten the muscles around your shoulder blades by pushing your shoulder blades back as if you were going to touch them together. Hold the tension in your shoulder blades... and then relax (since this is another common tension area, you may want to repeat the tense-relax sequence again).
- Clench your fists and hold for 5 seconds then release for 10 seconds (pause). And just keep focusing on the different sensations in each part of your body.
- Tighten the muscles in your chest by taking in a deep breath. Hold for up to 10 seconds... and then release slowly. Imagine all excess tension flowing away when exhaling the breath.
- Tighten your stomach muscles by sucking your stomach in. Hold (pause).....and then relax. Imagine a wave of deep relaxation spreading through your abdomen.
- Tighten your lower back by arching it up. (Omit this section if you have lower back pain). Hold...and then relax.

- Tighten your buttocks by pulling them together. Hold...and then relax. Imagine the muscles in your hips going loose and limp. Imagine a wave of deep relaxation spreading through your buttocks.
- Squeeze the muscles in your thighs all the way down to your knees. You will probably have to tighten your hips along with your thighs, since the thigh muscles attach at the pelvis. Hold (pause)...and then relax.
- Tighten your calf muscles by pulling your toes toward you (flex carefully to avoid cramps). Hold (pause)...and then relax.
- Tighten your feet by pointing your toes downward. Hold (pause)...and then relax.
- Mentally scan your body for any residual tension. If a particular area remains tense, repeat one or two tense-relax cycles for that part of your body (Check that all members are relaxed).

Closing of the Progressive Muscle Relaxation Meditation

- And just remember these peaceful and positive sensations can grow stronger and stronger each time you choose to relax.
- You are so deeply comfortable in your relaxed body.
- Remember, anytime you wish, you can return to this special place by just taking time to relax.
- And now, gently wiggle your toes and fingers to bring yourself back into the room.
- Slowly become aware of the circle and your chair (pause).
- I will count backwards from five and when you are ready, open your eyes to feel alert, refreshed, and ready to share. (*Count backwards 5,4,3,2,1*)

References

- Blonna, R. (2007). *Coping with stress in a changing world* (4th ed., pp. 242–245). Boston, MA: McGraw-Hill.
- Bourne, E.J. (2005). *The anxiety and phobia workbook* (4th ed., pp. 80–83). Oakland, CA: New Harbinger.
- Cormier, S., & Nurius, P.S. (2003). Interviewing and change strategies for helpers: Fundamental skills and cognitive behavioural interventions (5th ed., pp. 511–520). Pacific Grove, CA: Brooks/Cole.
- Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment* (pp. 135–140). New York, NY: W.W. Norton.
- Williams, M. B., & Pojula S. (2002). *The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms* (pp. 34–36). Oakland, CA: New Harbinger,

Room Poster and Handout 2.2 Healthy Boundaries

Adapted by Gibbs (2011) from the list of references at the end of this handout.

What does healthy boundaries mean and why are they important?

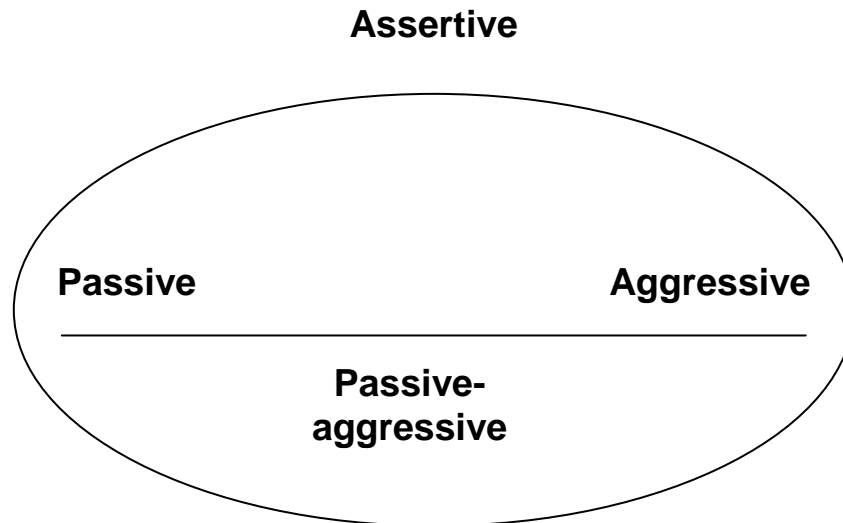
- Healthy personal boundaries provide us with a sense of safety and act as a blueprint for determining our interactions with others.
- In addition, they inform and remind us of who we are and what our rights and responsibilities are.
- Healthy boundaries are important in all relationships because they provide both the means to experience connection with others and a sense of separateness in relationship to others.
- Healthy boundaries are established in all spheres of our life: physical, verbal, social, emotional, and mental.
- Healthy boundaries do not look like walls or mats. They create both healthy connection and healthy separation.

Reference

- Bourne, E.J. (2005). *The anxiety and phobia workbook* (4th ed.). Oakland, CA: New Harbinger. pp. 251-259.
- Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment*. New York, NY: W.W. Norton, pp. 140–146.
- Schiraldi, G. R., (2008). *Post-traumatic stress disorder sourcebook: A guide to healing, recovery, and growth*. New York: McGraw Hill. pp. 55–57.

Room Poster and Handout 2.3 Communication Patterns

Compiled by Gibbs (2011) from the reference listed at the end of the document.



Passive Behaviour is shown when you....

- Yield or submit to others preferences while discounting your own rights and needs
- Do not tell others what you want.

• ***Passive Aggressive Behaviour is shown when you....***

- Often feel guilty when you express your own wants and needs.
- Are overly invested in being “nice” or “pleasing” to everybody
- Are afraid to alienate or anger parents or special someone.
- Communicate in passive manner but your behaviours are often aggressive. This often leaves others confused, annoyed, and resentful.

Aggressive Behaviour is shown when you....

- May communicate in demanding, hostile, or abrasive tone.
- Obtain cooperation from others through intimidation, manipulation, or sheer force.

Assertive Behaviour is shown when you...

- Express an attitude and way of acting where you are comfortable sharing your feelings, asking for what you want or saying no to something you do not want.
- The benefits of practicing assertive communication is that you get more of what you want and brings you increased respect from others.

Reference

Bourne, E.J. (2005). *The anxiety and phobia workbook* (4th ed.). Oakland, CA: New Harbinger, p. 252-53.

Handout 2.4

Steps in Learning to be Assertive

Compiled by Gibbs (2011) from the list of references at the end of this handout.

1. Develop nonverbal assertive behaviours

- Look directly at the other person.
- Keep an open rather than closed posture (do you need to describe what this looks like?).
- Stand your ground when speaking with the other person.
- Stay calm. A calm and assertive message carries more weight than an angry message.

2. Become aware of your own unique feelings, needs, and wants.

Tell others what you feel inside and say what changes you would like.

- Writing both parts of the message out helps prepare in speaking clearly to another.
- You will be clear within yourself, which helps make communication clear.
- Other people are not mind readers so be sure to tell the other person what you want.

Reference:

Bourne, E.J. (2005). *The anxiety and phobia workbook* (4th ed.). Oakland, CA: New Harbinger, p. 254-55.

Session 3 Plan: Gaining Personal Power



Note. Clipart obtained from Microsoft Office Online for educational purposes only. Retrieved from <http://office.microsoft.com/enus/clipart/results.aspx? Category=CM790019251033>

SESSION 3 PLAN: GAINING PERSONAL POWER

Objectives

1. Introduce and relate trauma coping skills to gain emotional regulation:
 - a. Compare and contrast how past trauma impacts thoughts and beliefs (Williams & Pojiula, 2002),
 - b. Begin the practice of dual awareness (Rothschild, 2000; Williams & Pojiula, 2002).
2. Continue the design and application of personal Rising Phoenix Action Kit that incorporates newly acquired coping strategies (Cormier & Nurius, 2003).
3. Understand healthy group development at the transition stage, and moving into the working stage. New communication patterns and increased risk taking will be incorporated throughout each session (Corey & Corey, 2006).

Materials Required

- Room Posters
 - Dual Awareness and Flashbacks 3.01
- Room supplies
 - index cards (five or six for each member),
 - lanyards with name tags,
 - markers (six to eight for each member),
 - individual water bottles,
 - flipchart easel with paper and large nib markers
 - large potted plant
 - quilt,
 - four pillar candles (red, yellow, white and blue),

- pottery bowl filled with polished rocks,
- bowl or basket,
- container for completed feedback forms,
- box of tissues,
- CD player and various choices of instrumental music
- snacks and beverages.
- Rising Phoenix Treasure Boxes
 - Various gift and tin boxes filled with pens, stress balls, gum, journals, stickers, and individual bottles of bubbles.
- Session 3 client handouts
 - 3.1 Understanding Your Traumatic Beliefs and the Cost of Coping
 - 3.2 Dual Awareness and Flashbacks
 - 3.3 Steps in Developing Dual Awareness
 - 3.4 Ways to Deal with Flashbacks
 - 3.5 Get a Grip!
- Evaluation forms
 - Appendix c: Outcome Rating Scale
 - Appendix G: Session Rating Scale

Administration forms

- Appendix I: Group Leaders Debriefing Outline
- Appendix J: Case File Notes

Room Preparation

- Place greeting table by the room entrance with:
 - Nametags, lanyard, markers
 - Stack *Phoenix Rising Gift Boxes* attractively on greeting table. Inside each gift box includes a journal, pen, stickers, tissues, elastic, gum, bottle of bubbles, and stress balls.
 - Session handouts and evaluation forms
- Arrange chairs in a circle with large potted plant in the centre of quilt.
- Place four pillar candles (yellow, white, red, and black) surrounding the plant denoting the four directions of the medicine wheel (Sams, 1990)
 - Also placed on quilt is a pottery bowl of polished stones, empty bin, and box of tissues.
- Reserve two chairs for the group leaders to sit across from each other that allows for comprehensive observation of all participants and accurate non-verbal communication between facilitators (Corey & Corey, 2006).
- Always reserve a chair beside the co-facilitator for any tardy members (McBride, 2008).
- Prepare juice, water, fruit, and snacks in kitchen being considerate of dietary and allergy restrictions.
- Play soft instrumental music as background to signal gathering time before and end of each two-hour session.

Leader Preparation

- Review transition stage of group development (Corey & Corey, 2006).

Welcome**10 minutes**

- Co-facilitator greets group members at door and invites each member, upon arrival, to complete individual lanyard nametag, writing first name only. She also instructs that each group member will take the Phoenix Treasure Box chosen last week from the stack on greeting table.
- Members complete Appendix G when they take their seat. Pass the completed form to leader.
- When the final form has been given to leader, the co-leader stops music to signal the beginning of group session.
- Leader welcomes everyone and introduces topic and agenda of tonight's session.
- Encourage participants to initiate or continue individual counselling as necessary.
- Invite participants to bring in poetry, quotations, and short readings from books, or drawings to share at the end of each session. Ask for volunteer for next session.
- Allow time for members to briefly share any significant events or changes experienced during the past week.

**Information Session:
Understanding Traumatic Beliefs
and the Cost of Coping****15 minutes**

- Distribute and complete inventory Understanding Your Traumatic Beliefs and the Costs of Coping 3.1
- Discuss and link common beliefs and actions among the large group.

Information Session: Dual Awareness**10 minutes**

- Distribute and discuss Handout 3.2. What is dual awareness?
 - Developing or reconnecting with the ability for dual awareness allows the participants to address a trauma while secure in the knowledge that the actual, present environment is trauma-free.

Social Break**10 minutes****Coping Skills: Defusing Flashbacks****50 minutes**

- Review handout 3.2 explaining flashbacks (5 minutes)
- Distribute handout 3.4 Ways to Defuse Flashbacks
 - Practice the DVD technique with a partner answering each question as it applies to a positive memory (allow 7 minutes for each person),
 - Repeat exercise individually in written form with a traumatic memory (10 minutes).
 - Possible debriefing questions: (15 minutes)
 - How comfortable was this technique to use with a flashback?
 - Was it more or less comfortable than when you used it with a positive memory?
 - Distribute handout 3.5 Get a Grip as closing large group discussion

Evening Summary and Closing Circle Check	15 minutes
---	-------------------

- Return focus to session agenda and summarize key points (one or two sentences) within each section.
- Closing circle check out
 - Ask each member to share one of her qualities or characteristics that is being rebirthed or recreated.
 - Volunteer reads their choice of inspirational poetry, song, excerpt, or drawing then blows out candles to signal end of the session.
 - Complete Session Rating Scale (SRS): Appendix H and return, with lanyard, to the empty container on quilt. Also, place their Phoenix Rising Kits on the quilt.

Group Leaders Debriefing Session 3	60 minutes
---	-------------------

- Analyze group dynamics following Appendix I: Group Leaders Debriefing Outline.
- Complete a copy of Appendix J: Case File Notes for each member.

SESSION HANDOUT 3.1 UNDERSTANDING YOUR TRAUMATIC BELIEFS AND THE COSTS OF COPING

Adapted by Gibbs (2011) from the list of references at the end of this handout.

Check the possible cost column first. Write any other possible costs that you have experienced from your present beliefs. Then check the beliefs that match what you presently experience.

BELIEFS AND COPING STRATEGIES	POSSIBLE COSTS
<input type="checkbox"/> I develop aches and pains to avoid doing things I do not want to do and then believe I am sick.	<input type="checkbox"/> I procrastinate in completing assigned tasks <input type="checkbox"/> I isolate myself from others. OR <input type="checkbox"/> I may have problems completing school and/or work tasks. <input type="checkbox"/> Other:
<input type="checkbox"/> I believe others should do what I want them to do.	<input type="checkbox"/> I experience lots of anger and frustration in relationships. <input type="checkbox"/> Other:
<input type="checkbox"/> I believe others betray my trust; <input type="checkbox"/> I believe I will be let down by others; <input type="checkbox"/> The truth is, I do not trust anyone.	<input type="checkbox"/> I isolate myself; OR <input type="checkbox"/> I have few friendships; OR <input type="checkbox"/> I often experience depression. <input type="checkbox"/> Other:
<input type="checkbox"/> I believe that I am right and that my point of view is right, even when evidence says it is wrong.	<input type="checkbox"/> I have difficulty in negotiating conflict or making plans because I always need to be in control OR <input type="checkbox"/> I experience poor relationships. <input type="checkbox"/> Other:
<input type="checkbox"/> I do not believe in thinking or planning ahead.	<input type="checkbox"/> I choose to drink and drive; OR <input type="checkbox"/> I have unsafe sex sometimes; OR <input type="checkbox"/> I have frequent sex with strangers. <input type="checkbox"/> Other
<input type="checkbox"/> I believe failure is unacceptable.	<input type="checkbox"/> My anxiety increases regarding upcoming challenges in work or school. <input type="checkbox"/> Other:

<input type="checkbox"/> I believe fear is a weakness.	<input type="checkbox"/> I suppress many feelings, especially fear. OR <input type="checkbox"/> I deny that I experience feelings. <input type="checkbox"/> Other:
<input type="checkbox"/> I believe that expressions of anger, such as direct threats, intimidation, sarcasm, or passive aggressiveness, are good ways to get what you want from people.	<input type="checkbox"/> I experience conflict with others, OR <input type="checkbox"/> unsatisfying relationships, OR <input type="checkbox"/> loneliness, OR <input type="checkbox"/> depression. <input type="checkbox"/> Other:
<input type="checkbox"/> I believe to win any struggle with someone else means the winner has power.	<input type="checkbox"/> I have problems in resolving conflicts. <input type="checkbox"/> Other:
<input type="checkbox"/> I believe I do not deserve to be happy or enjoy positive activities like social events or exercise.	<input type="checkbox"/> I have difficulty enjoying daily life; OR <input type="checkbox"/> I practice minimal self-care practices; OR <input type="checkbox"/> I often exhibits isolation, depression, and shame. <input type="checkbox"/> Other:
<input type="checkbox"/> I surrender to my pain.	<input type="checkbox"/> I give up and isolate from others; OR <input type="checkbox"/> I often experience hopelessness, regrets, or anger. <input type="checkbox"/> Other:
<input type="checkbox"/> I believe others cause my pain. <input type="checkbox"/> I am not responsible for anything negative that happens in my own life.	<input type="checkbox"/> I experience loss of friendships, family, or romantic relationships OR <input type="checkbox"/> People seem to avoid me. <input type="checkbox"/> Other:
<input type="checkbox"/> I spend a great deal of time thinking about past pain, mistakes, and problems.	<input type="checkbox"/> I miss good things that happen right now and then regret missing my life today. <input type="checkbox"/> Other:
<input type="checkbox"/> I believe my actions do not have an impact on others.	<input type="checkbox"/> I cause unintentional pain to others;OR <input type="checkbox"/> I feel invisible around others. <input type="checkbox"/> Other:
<input type="checkbox"/> I believe conflict is enjoyable.	<input type="checkbox"/> I can be aggressive with others to feel powerful. <input type="checkbox"/> Other:

Reference

Williams, M. B., & Pojula S. (2002). *The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms*. Oakland, CA: New Harbinger, p. 51-55.

ROOM POSTER and HANDOUT 3.2 Dual Awareness and Flashbacks

Adapted by Gibbs (2011) from the list of references at the end of this handout.

WHAT IS DUAL AWARENESS?

- The ability to check body awareness in the present while remembering distressing event from your past.
- OBSERVING SELF = now; WHILE YOU NOTICE YOUR EXPERIENCING SELF= then.
- This will enable you to accept and reassure yourself that trauma is NOT occurring in the present time.

WHAT IS A FLASHBACK?

- It is a sudden, vivid memory of the past that intrudes in the present with strong emotions and makes the past seem as if it is actually occurring in the here and now.
- Usually flashbacks cannot be predicted.
- Usually flashbacks include auditory and visual memories of the trauma, or the body sensations, emotions, and behaviours.
- It feels like the event is happening once again. A survivor does not black out, dissociate, or lose consciousness during a flashback, but does leave the present time temporarily.
- Flashbacks may involve explicit memories of entire or partial scenes.
- Usually involves sensory and emotional aspect of the traumatic event
- Hyper arousal occurs because the entire nervous system is involved.

Important self-care suggestions: if doing these exercises are too powerful alone, then complete them in therapy session or work with your supportive person through these memories.

References

- Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment*. New York: W.W. Norton.
- Williams, M. B., & Pojula S. (2002). *The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms* (pp. 51–55). Oakland, CA: New Harbinger.

HANDOUT 3.3

STEPS IN DEVELOPING DUAL AWARENESS

Handout modified by Brenda Gibbs (2011) from a variety of sources listed at the end of this document.

Example of Dual Awareness Process

Low Level Stress: Parking Ticket

- STEP 1: Remember a recent mildly distressing event (For example, seeing a parking ticket on your windshield as you walk up to your car)
 - a. What happens to your body?
 - b. What happens to your muscles?
 - c. What happens in your stomach?
 - d. Has your breathing change? How so?
 - e. Has your body temperature changed? Is it uniform or variable in different parts of your body?

- STEP 2: Bring your awareness back to the present, in this room.
 - a. Notice the colour of the walls and the texture of the carpet.
 - b. Feel your feet on the floor and wiggle your fingers.
 - c. What is the temperature of the room?
 - d. What smells do you notice in the room?
 - e. Are you comfortable sitting in your chair?

- f. Has your breathing changed as your focus of awareness changed?
- o STEP 3: Return to thinking about the event that caused you mild distress.
 - a. Is it possible to keep your present awareness as you remember that event?
 - b. What happens to your self-talk? Repeat or write down what comes to mind. Example dialogue...”I am upset right now and I know I can deal with it right now.” Make sure that, if necessary, you include the conjunction “and” when describing your feelings, and the event, and how you will deal with the situation.

PRACTICE WITH A PARTNER:

Increase your ability to improve dual awareness by repeating the process using another low-level stressor. The person not practicing will read through the questions in step 1, 2, and 3. The person practicing dual awareness will use an example from a personal event during the past couple weeks. Each person will have at least one personal practice and one turn to read through the steps.

References

- Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment* (pp.129–135.). New York, NY: W.W. Norton,
- Williams, M. B., & Pojula S. (2002). *The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms* (pp. 49-50). Oakland, CA: New Harbinger.

SESSION 3.4 HANDOUT: Ways to Deal with Flashbacks

Compiled by Gibbs (2011) from the list of references at the end of this handout.

1. Journaling to Defuse Flashbacks

Choose a particular flashback to analyze through journal writing. Answer these questions in your analysis:

- a. In what situation(s) have you felt the same way before?
 - b. How are the present and past situations similar? Is there a similar setting, time of the year, sound, or other aspect? If there is a person involved, how is that person similar to the one who was involved in your past trauma(s)?
 - c. How are the present and past situations different? Is there different about your current life situation, support system, or environment? If there is a person involved, how is that person different from those involved in your past trauma(s)?
 - d. What actions can you take (if any) to feel better now, especially if you feel unsafe in your flashback?
- If the old memory does not cause you to be unsafe, you may need to give yourself a positive message that you CAN survive or work through or do something different.
 - However, if you are truly unsafe, it is important to protect yourself. Describe your plan to keep yourself out of danger.

2. The DVD Technique

Imagine you have recorded the trauma memories on a DVD that allows you to play the memory in small sections using the one and off controls. You can even fast-forward or rewind which gives you a sense of power and control about remembering. You can add helpful images to the DVD at the beginning or end of the memory such as an image of your sanctuary or an alternate ending to the memory.

Practice with a positive memory then repeat written exercise considering the trauma.

The event I choose to remember is:

When I use positive images to frame my flashback, I would include:

When I fast-forward through this event I sensed: (saw, felt, heard, smelled, experienced):

When I rewind this event, I (saw, felt, heard smelled, experienced):

When I frame the ending of the event, I would include:

References:

Dolan, Y. (1991). *Resolving sexual abuse: Solution-focused therapy and Ericksonian hypnosis for adult survivors* (pp. 13–14). New York, NY: W.W. Norton.

Williams, M. B., & Pojula S. (2002). *The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms* (pp. 52-54). Oakland, CA: New Harbinger..

HANDOUT 3.5 GET A GRIP!

Created by Gibbs (2011) from the list of references at the end of this handout.

STOP what you are experiencing if possible. For example, stop playing the music, stop watching the movie, stop the car, stop reading, etc.

Go to your actual safe place.

CALM yourself so that you can experience grounding and a sense of boundaries (talk to yourself, take a few deep breaths, or go to another room

Remember imagery or your inner sanctuary, and experience a safe place.

ORIENT yourself to the PRESENT through the five senses. What do you feel, see, touch, hear, or smell in the present? Say aloud the Names of the objects that you see. Hold onto a symbol of healing and safety. Wash your face with cold water. Stomp your feet on the floor. Clap your hands. Count something. Bring your age from the memory forward by counting the passage of each year until you are in the now.

Take ACTION. Take care of yourself to move through the trigger. For example, call a friend, focus on the safety of your room, write in a journal about the present, listen to a soothing tape, play with pets, and 'contain' the memory in some kind of freezer or vault. Only you have the key. Spray the memory with imaginary cleanser and wipe it clear as on an eraser board.

References:

- Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment* (pp. 65-73). New York, NY: W.W. Norton.
- Spinal-Robinson, P., & Easton Wickham, R. (1998). *High tops: A workbook for teens who have been sexually abused* (p. 57). North Battleford, SK, Canada: Battlefords Sexual Assault Centre.
- Williams, M. B., & Pojula S. (2002). *The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms* (pp. 54–55). Oakland, CA: New Harbinger.

Handout 3.6

Managing Your Triggers

Compiled by Gibbs (2011) from the list of references at the end of this handout.

The benefits of managing your triggers are that you gain more control over your life and the trauma loses its power. To control your triggers, you will need to plan ahead and find ways to deal with them before they appear. It helps to identify support people who can help you deal with triggers. Some ways to manage triggers are:

- Make the practice of self-care a top priority each day. Include all domains of wellness throughout the day.
- Practice grounding exercises.
- Practice relaxation exercises.
- Practice deep breathing exercises.
- Use only appropriate medication.
- Practice time management to make priorities in your day.
- Avoid extra stress in your life.

Best Practice:
Structure your life to avoid triggers.

References:

- Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment* (pp. 116-118). New York, NY: W.W. Norton.
- Williams, M. B., & Pojula S. (2002). *The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms* (pp. 60-68). Oakland, CA: New Harbinger.

SESSION 3.7 HANDOUT: RISING PHOENIX ACTION PLAN FORM

Adapted by Gibbs (2011) from the list of references at the end of this handout.

GENERAL GOAL: _____

TASK	DATE	PROOF OF CHANGE	TIME FRAME TO REACH GOAL
1.			
2.			
3.			

OBSTACLES TO SUCCESS	SUPPORTS FOR SUCCESS
1.	
2.	
3.	

Reference

Cormier, S. & Nurius, P.S. (2003). *Interviewing and change strategies for helpers: Fundamental skills and cognitive behavioural interventions* (5th ed.). Pacific Grove, CA: Brooks/Cole, p.266-70.

Session 4 Plan: The Phoenix is Getting Stronger



Note. Clipart obtained from Microsoft Office Online for educational purposes only. Retrieved from <http://office.microsoft.com/enus/clipart/results.aspx? Category=CM790019251033>

Session 4 Plan: The Phoenix is Getting Stronger

Objectives

1. Gain knowledge of physical responses to stress and trauma and discuss body image (Blonna, 2007; Bourne, 2005; Schiraldi, 2007; Williams & Pojiula, 2002).
2. Introduce mindfulness strategies to coping skills repertoire for creating the Phoenix Rising Action Kit (Blonna, 2007; Bourne, 2005; Williams & Pojiula, 2002).
 - a. Develop the ability to apply dual awareness to anxious situations – nightmares and preparing to sleep (Rothschild, 2000; Williams & Pojiula, 2002),
 - b. Practice how to defuse flashbacks (Dolan, 1991; Williams & Pojiula, 2002),
 - c. Identify triggers that may cause symptoms of emotional deregulation (Rothschild, 2000; Schiraldi, 2007; Williams & Pojiula, 2002),
3. Understand healthy group development at the transition stage, and moving into the working stage. New communication patterns and increased risk taking will be incorporated throughout each session (Corey & Corey, 2006).

Materials Required

- Additional wall posters
 - 4.01 Mindfulness and Trauma
- Room supplies
 - index cards (few for each member),
 - box of Ritz crackers,
 - lanyard with nametags,

- markers (six to eight for each member),
- Individual water bottles,
- flip chart easel with paper and large nib markers,
- large potted plant,
- quilt,
- four pillar candles (red, yellow, white, and blue),
- pottery bowl with of polished rocks,
- bowl or basket,
- container for completed feedback forms,
- box of tissues,
- CD player and various choices of instrumental music,
- snacks and beverages.

Phoenix Rising Treasure Boxes

- various gift and tin boxes filled with pens, stress balls, gum, journals, stickers, and individual bottles of bubbles.

Session 4 client handouts

- 3.6 Managing Your Triggers
- 3.7 Rising Phoenix Action Plan Form
- 4.1 Mindfulness and Trauma
- 4.2 Loving Kindness Affirmations
- 4.3 “I am Learning” Affirmations

Leader scripts

- 4.1 Mindful Breathing Exercise
- 4.2 Ritz Cracker Meditation
- 4.3 Loving Kindness Meditation

- 4.4 Happiness Meditation

Evaluation Forms

- Appendix G: Outcome Rating Scale
- Appendix H: Session Rating Scale

Administrative forms

- Appendix I: Group Leaders Debriefing Outline
- Appendix J: Case File Notes

Room Preparation

- Place greeting table by the room entrance with
 - nametags, lanyard, and markers,
 - *Phoenix Rising Treasure Boxes* stacked attractively on greeting table,
 - session handouts and evaluation forms.
- Arrange chairs in a circle with large potted plant in the centre of quilt.
- Place a copy of Appendix G on each member chair to complete before leader opens meeting.
- Place four pillar candles, one each of yellow, white, red, and blue denoting the four directions of the medicine wheel around the plant (Sams, 1990) .
- Place a pottery bowl of polished stones, empty bin, and box of tissues on the quilt.
- Reserve two chairs across from each other for the group leaders to sit (Corey & Corey, 2006).
- Reserve a chair beside the co-facilitator for any tardy members (McBride, 2008).
- Prepare juice, water, fruit, and snacks in kitchen considering dietary and allergy restrictions.

- Play soft instrumental music as background to signal gathering time at the beginning and at the end of each two-hour session.

Leader Preparation

- Review stages of group development, specifically transition and working stage, and roles of leaders for this development (Corey & Corey, 2006).
- Review objectives and content for this session.

Welcome**10 minutes**

- Invite completion of the Outcome Rating Scale before the circle begins. Scan self-assessments before opening the meeting.
- Welcome everyone and address any questions, comments, or personal reflections from previous session.
- Gently state this is the halfway session of the group to begin preparation of termination of the group.
- Allow time for members to briefly share any significant events or changes experienced during the past week.
- Invite participants to bring in drawings, poetry, quotations, and brief portions from readings, to share at the end of each session. Ask for volunteer for next session.

**Information Session
My body is not the enemy****20 minutes**

- Lead discussion through these main points:
 - During a traumatic event, the body experiences anxiety, fear, and pain.
 - In response to these dangers, the victim often feels like her body has let her down or failed her.
 - Ask the large group these questions:
 - How does a person treat someone they view as an enemy?
 - A survivor often treats her body as an enemy because she does not trust it. She will often ignore, denigrate, hurt, fear, or hate her body.

- Viewing the body as the enemy (and not the offender as the enemy) leads to self-destructive behaviours such as drinking, drugging, cutting and mutilating, promiscuity, running, or controlling. These symptoms mask the real wound of trauma.
 - Taking care of the body is an essential practice in the healing process.
- Briefly review and assess self-care choices, managing triggers with large group.
 - Allow 10 minutes to work on Handout 3.7 Rising Phoenix Action Plan Form.

Application of Dual Awareness to Anxiety**20 minutes**

- Complete this session with distribution of handout 3.6 Action Plan and provide few minutes to add personal strategies to coping kit.
- Homework suggestions: Journaling, practice different ways to defuse flashbacks, manage triggers and practice dual awareness.
- Ask members to return next week prepared to share various methods and what worked best.

Application to Challenging Situations**15 minutes**

- Provide practice time when noted in the worksheet.
 - a. Application of Dual awareness to Anxiety 4.1
 - b. Preparation Before Sleep and Script to Help Recover from Nightmares 4.2.

Social Break**10 minutes****Mindfulness Based Relaxation Exercises****30 minutes**

- Explain the benefits of practicing mindfulness. Refer to room poster 4.01.
- Follow this sequence of scripts about demonstrating and expanding the members' practice of mindfulness (Allow 10 minutes total for each meditation. 4 minutes for guided practice and 6 minutes group debriefing)
 - Leaders Script 4.1 Mindful Breathing,
 - Leaders Script 4.2 Compassion Meditation, and
 - Leaders Script 4.3 Happiness Meditation.

Evening Summary and Check Out**15 minutes**

- Return focus to session agenda and summarize key points (one or two sentences) within each section.
- Check out
 - Ask each member to share the one or two loving kindness statements they chose as examples of gentleness to self. No need to process these final choices.
 - Ask volunteer to read their chosen inspirational poem, or play song, or read excerpt to group.
 - Complete Appendix H: Session Rating Scale (SRS).
 - Instruct members to hand completed form into empty bin, along with lanyard.

Group Leader Debriefing Session 4**60 minutes**

- Analyze group dynamics following Appendix I: Group Leaders Debriefing Outline.

- Complete a copy of Appendix J: Case File Notes for each member.

Handout 4.1

APPLICATION of DUAL AWARENESS to ANXIETY

Adapted by Gibbs (2011) from the list of references at the end of this handout.

When memories repeatedly intrude, they are “unwelcome, uninvited, and painful.” Often these memories result in intense fear and vulnerability, rage at the intrusions, deep sadness, disgust, or great guilt.

SAMPLE of DUAL AWARENESS to ANXIETY

This minute I am feeling _____ (insert name of current emotion).

And I am sensing in my body _____,

_____, and _____ (name at least 3 body sensations).

Because I am remembering _____ (name of trauma).

Meanwhile, I am looking around where I am now in _____ (year) and

Here _____ (name the place where you are)

And I can see _____ and _____ (name couple things in sight now and here).

And so I know _____ (name the same trauma, title only)

IS NOT HAPPENING NOW/ANYMORE.

Now.... My Chance to Practice and Practice

Right now I am feeling _____ (insert name of current emotion).

And I am sensing in my body _____,

_____, and _____ (name at least three body sensations).

Because I am remembering _____ (name of trauma).

At the same time, I am looking around where I am now in _____ (year) and here _____ (name the place where you are)

And I can see _____ and _____ (name couple things in sight now and here).

And so I know _____ (name the same trauma, title only)

IS NOT HAPPENING NOW/ANYMORE.

Reference:

Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment*
New York: W.W. Norton, p. 129-135.

Handout 4.2

PREPARATION BEFORE SLEEP and SCRIPT TO HELP RECOVER FROM NIGHTMARES

Compiled by Gibbs (2011) from the list of references at the end of this handout.

I am awake in the night feeling _____ (usually fear, panic, or anxiety)

And will be sensing in my body

a) _____,

b) _____, and

c) _____

(name at least three sensations).

*Because I am remembering _____ (name the title of trauma only, NO
DETAILS).*

AT THE SAME TIME, I will look around where I am NOW in 20____ (year),

here _____ (name the place where you will be),

and I will see _____,

_____ *(name three details what you see*

now).

AND IT IS NOT HAPPENING NOW/ ANYMORE.

References:

Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment*. New York, NY: W.W. Norton.

Williams, M. B., & Pojiula S. (2002). *The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms* (pp. 51–55). Oakland, CA: New Harbinger.

Room Poster and Session Handout 4.3 Mindfulness and Trauma

Adapted by Gibbs (2011) from the list of references at the end of this handout.

- The more we try to fight the symptoms of trauma-related stress, the more the symptoms are magnified, then more arousal occurs which causes a vicious cycle.
- We cannot change our past, however, we can change our response to the past so that we have a different present.
- Learn to tolerate-not-dread--- unpleasant thoughts or experiences and know that with acceptance these times will pass.
- Suffering is one way to learn kindheartedness and a new way of relating to yourself and the world.
- Mindfulness is the opposite of dissociation.
- All people are of two minds: (a) the wisdom mind is wise, dignified, compassionate, and good-humoured; and (b) the ordinary mind fixates on painful emotions and thoughts, worries, obsessions, and judgments.
- One learns to rest in the wisdom mind: experiencing its deeper inner peace.

Cultivating Five Attitudes of Mindful Practice

- *COMPASSION = holding one's self and others within loving kindness or gentle friendliness.*
- *VASTNESS = knowing the wisdom mind is vast, like the ocean, and deep enough to absorb any negative thoughts or feelings.*
- *ACCEPTANCE = willing to allow all experiences into our awareness without trying to change, fix, or escape the thoughts or feelings.*
- *BEGINNER'S ATTITUDE = being open to learning and change.*
- *GOOD HUMOUR = not be so serious but willing to smile and even laughing at one's self.*

References

- Blonna, R. (2007). *Coping with stress in a changing world* (4th ed., pp. 242–245). Boston, MA: McGraw-Hill,
- Bourne, E.J., Brownstein, A., & Garano, L. (2004). *Natural relief for anxiety: Complementary strategies for easing fear, panic, and worry*. Oakland, CA: New Harbinger.
- Kabat-Zinn, J. *Wherever you go, There you are* (pp. 103–125). New York, NY: Hyperion.
- Schiraldi, G. R. (2008). *Post-traumatic stress disorder sourcebook: A guide to healing, recovery, and growth*, (2nd ed., pp. 148–154). New York, NY: McGraw Hill.

Leaders Script 4.1

Mindful Breathing Exercise

Adapted by Gibbs (2011) from the list of references at the end of this handout.

Delivery Suggestions

- Speak in slow, calm, and soothing tone throughout each script.
- Allow for silence and/or pauses throughout delivery of the script.
- Both leaders model relaxed body posture and breathing techniques.
- Co-leader may visually monitor group behaviour while the leader reads the script below.

Group Preparation

- Tonight we will begin by sitting upright in a chair with your back is straight but not rigid. Notice where the chair supports your back.
- Notice how the chair supports your butt and legs.
- Notice your feet connecting to the floor.
- Notice how your breath is moving through your body.
- Settle into your chair and notice the support it gives your body and feel the floor underneath your feet.
- And just take another deep cleansing breath.
- You might think of your body as a tall majestic mountain, which is always steadfast, even when temporarily surrounded by darkness or storm.
- Your breath is like a warm summer wind surrounding this mighty mountain.
- Breathe slowly and deeply moving your breath up from the bottom of your belly.
- Listen to the steady rhythm as you blow each warm breath out your mouth.
- Allow your eyes to close gently or keep them half open, your gaze resting on a spot on the floor in front of you.

- At no time will anyone touch you in this task nor move out of their chair
- If you feel yourself starting to get fearful or feeling anxious... then count backwards from a 100.
- Feel each cool breath as you inhale, and each warm breath as you exhale. (pause and model deep cleansing breath).
- And now with each breath, release all the tension in your jaw (*pause*), in your mouth (*pause*), through your neck and shoulders (*pause to allow for a couple deep cleansing breaths*), and finally, release all the tension in your abdomen (*pause*).
- And now, as you feel your body relax and settle, just allow yourself to come to rest in your wisdom-mind (*pause*), which is always ready to express and fill your body with the energy of loving-kindness (*pause*), serenity (*pause*), and (*say with a smile in your voice*) good-humour. (*Silence. Allow these three qualities to permeate the mind/body of each member*).

Mindful Breathing Exercise

- And now you can begin to pay attention, specifically, to your breathing,
- Feel the rise and the fall of your abdomen, to the cool incoming airflow through your nostrils, down your throat and into your lungs.
- Notice the warm breath as you exhale out of your lungs.
- And just keep breathing in a relaxed and deeply satisfying manner.
- And as you focus on your body, you will notice that thoughts enter your mind.
- Notice the ordinary-mind being busy with plans, worries, questions, judgments, and so on. Simply say to you, “there’s a thought” and watch it float by, as if on a screen up on a cloud.

- Then, simply bring your attention back to your breathing.
- And, when the next thought comes into awareness, gently bring your attention back to your breath again.
- Do this repeatedly without getting upset, and just breathe (*Long pause between 20-30 seconds depending on level of relaxation*).

Closing of Meditation

- With this, you have been introduced to empowering knowledge.
- Remember your breath and wisdom mind are always with you.
- During the upcoming week, please return as often as you wish to be renewed by this inner space of steadfast strength and serenity (*Pause*).
- And now, I will count backwards from 5 to 1.
- You will return to the room and feel alert, relaxed, refreshed, and ready to talk about your experience. (*Count backwards from 5 to 1*).

References

- Blonna, R. (2007). *Coping with stress in a changing world* (4th ed., pp. 242–245). Boston, MA: McGraw-Hill.
- Kabat-Zinn, J. (1994). *Wherever you go, there you are* (pp. 103–112). New York, NY: Hyperion.
- Schiraldi, G. R., (2007). *10 simple solutions for building self-esteem: How to end Self-doubt, gains confidence, and create a positive self-image* (pp. 53–78). Oakland, CA: New Harbinger.
- Schiraldi, G. R. (2008). *Post-traumatic stress disorder sourcebook: A guide to healing recovery, and growth* (2nd ed, pp. 150–151). New York, NY: McGraw Hill.

Leaders Script 4.2 Compassion Meditation

Adapted by Gibbs (2011) from the list of references at the end of this handout

Delivery Suggestions

- Speak in slow, calm, and soothing tone throughout the script.
- Allow for silence and/or pauses throughout delivery of the script.
- Both leaders model relaxed body posture and breathing techniques.
- Co-leader may visually monitor group behaviour while the leader reads the script below.

Group Preparation

- Tonight we will begin by sitting upright in a chair with your back is straight but not rigid. Notice where the chair supports your back.
- Notice how the chair supports your butt and legs.
- Notice your feet connecting to the floor.
- Notice how your breath is moving through your body.
- Settle into your chair and notice the support it gives your body and feel the floor underneath your feet.
- And just take another deep cleansing breath.
- At no time will anyone touch you in this task nor move out of their chair
- If you feel yourself starting to get fearful or feeling anxious... then count backwards from a 100.
- And just take another deep cleansing breath.
- You might think of your body as a tall majestic mountain, which is always steadfast, even when temporarily covered by darkness or storm. Your breath is like a warm summer wind surrounding this mighty mountain.

- Breathe slowly and deeply, purposefully moving your breath through your nostrils, throat and lungs to the bottom of your belly.
- Listen to the steady rhythm as you blow each warm breath out your mouth.
- Allow your eyes to close gently or keep them half open, your gaze resting on a spot on the floor in front of you.
- At no time will anyone touch you in this task nor move out of their chair
- If you feel yourself starting to get fearful or feeling anxious... count backwards from a 100.
- Feel each cool breath as you inhale, and each warm breath as you exhale.
(pause and model deep cleansing breath).
- Breathe abdominally and release all tension from your jaw, in your mouth, in your shoulders, and finally, in your abdomen. As you feel your body relax and settle, allow yourself to come to rest in your wisdom-mind, which is kind, peaceful, and good-humoured.

Compassion Meditation

- And now, imagine a very compassionate Being standing in front of you.
- The Being is gentle and kind and makes you feel safe, accepted, and cherished. Perhaps the Being is someone you have known, or it might be someone that you imagine.
- For the next few moments, notice what it feels like in your body, heart, and mind to be in such loving presence (*Pause*).
- As you inhale, absorb that Being's compassion and loving kindness, much as you would when you receive the sunshine while lying on the beach. Receive and savour the healing energy of this gift for three breaths (*Silence for 10 --20 seconds*).

- Remember a time when you were kind to and accepting of yourself.
- Now silently repeat these statements after me:
 - May I be kind to myself and others (*Pause*).
 - May I see myself as whole (*Pause*).
 - May I be happy with myself and others (*Pause*).
 - May I care about my pain (*Pause*).
 - May I be free of suffering (*Pause*).
 - May I find peace within myself (*Pause*).

- And now, settle with the sensation of receiving these loving affirmations. Savour the healing energy of this gift for three breaths (*Silence for 10 --20 seconds*).

Closing the Exercise

- With this, you have been introduced to more empowering knowledge. Remember your breath and wisdom mind is always with you. Remember to notice all your body senses. Return as often as you wish to this inner space of steadfast tenderness and serenity.
- Repeat these compassionate statements as often as you want during the upcoming week.
- In a moment, I will count backwards from 5 to 1. You will return to the room and feel alert, relaxed, refreshed, and ready to talk about your experience. (Count backwards from 5 to 1).

References

- Blonna, R. (2007). *Coping with stress in a changing world* (4th ed., pp. 242–245). Boston, MA: McGraw-Hill.
- Kabat-Zinn, J. (1994). *Wherever you go, there you are* (pp. 103–125). New York: Hyperion.
- Schiraldi, G. R. (2007). *10 simple solutions for building self-esteem: How to end Self-doubt, gains confidence, and create a positive self-image* (pp. 53–79). Oakland, CA: New Harbinger.
- Schiraldi, G. R. (2008). *Post-traumatic stress disorder sourcebook: A guide to healing recovery, and growth* (2nd ed., pp. 150–151). New York, NY: McGraw Hill.

Leaders Script 4.3 Happiness Meditation

Adapted by Gibbs (2011) from the list of references at the end of this handout.

Delivery Suggestions

- Speak in slow, calm, and soothing tone throughout the script.
- Allow for silence and/or pauses throughout delivery of the script.
- Both leaders model relaxed body posture and breathing techniques.
- Co-leader may visually monitor group behaviour while the leader reads the script below.

Group Preparation

- Tonight we will begin by sitting upright in a chair with your back is straight but not rigid. Notice where the chair supports your back.
- Notice how the chair supports your butt and legs.
- Notice your feet connecting to the floor.
- Notice how your breath is moving through your body.
- Settle into your chair and notice the support it gives your body and feel the floor underneath your feet.
- And just take another deep cleansing breath.
- Listen to the steady rhythm as you blow each warm breath out your mouth.
- Allow your eyes to close gently or keep them half open, your gaze resting on a spot on the floor in front of you.
- At no time will anyone touch you in this task nor move out of their chair
- If you feel yourself starting to get fearful or feeling anxious... then count backwards from a 100.

- Breathe abdominally and release tension in your jaw, around your mouth through your neck and shoulders, throughout your abdomen, and anywhere else in your body there is any tension
- As you feel your body relax and settle, also allow yourself to settle in your wisdom mind, which is kind, peaceful, and good-humoured.
- You might think of your body as a tall majestic mountain, which is always steadfast, even when temporarily covered by darkness or storm. Your breath is like a warm summer wind surrounding this mighty mountain.

Happiness Meditation

- Think about what it is like to smile, perhaps to feel the warm, playful, joyful aspects of your Authentic Self. Notice what this feels like in your body. Perhaps, just the thought of a smile creates a warm and contented experience and a softening of your face.
- Allow your face to form a genuine half-smile; smile and allow your eyes to soften.
- Allow your mind to rest in your belly, settling peacefully there. As you breathe into the belly, allow yourself to feel happiness there. Perhaps that brings a feeling of serenity or light to that area of the body. Enjoy this sensation for a couple of minutes.
- And just spread this feeling of warmth and light into your heart. Breathe the peace into your heart.
- Continue in this way, allowing happiness to settle into your lungs, your throat, and other regions of your body. Finally surround your whole body with this peaceful and happy warmth.

Closing the Exercise

- With this, you have been introduced to more empowering knowledge.
Remember your breath and wisdom mind is always with you. Remember to notice all your body senses.
- In the upcoming week, return as often as you wish to this inner space of steadfast strength and serenity.
- Repeat these compassionate statements as often as you want during the upcoming week.
- In a moment, I will count backwards from 5 to 1. You will return to the room and feel alert, relaxed, refreshed, and ready to talk about your experience.
(Count backwards from 5 to 1.)

References

- Blonna, R. (2007). *Coping with stress in a changing world* (4th ed., pp. 242–245). Boston, MA: McGraw-Hill.
- Kabat-Zinn, J. (1994). *Wherever you go, there you are*. New York: Hyperion, p. 103-125.
- Schiraldi, G. R., (2007). *10 simple solutions for building self-esteem: How to end Self-doubt, gains confidence, and create a positive self-image* (pp. 53–78). Oakland, CA: New Harbinger.
- Schiraldii, G. R. (2008). *Post-traumatic stress disorder sourcebook: A guide to healing recovery, and growth* (2nd ed., pp. 150–151). New York, NY: McGraw Hill.

**Session 5 Plan:
Preparation for Sharing and Listening**



Note. Clipart obtained from Microsoft Office Online for educational purposes only. Retrieved from <http://office.microsoft.com/enus/clipart/results.aspx? Category=CM790019251033>

Session 5 Plan: Preparation for Sharing and Listening

Objectives

1. Practice a tactile awareness meditation as another addition to coping skills repertoire (Blonna, 2007; Bourne, 2005; Schiraldi, 2008).
2. Begin to create a personal plan to avoid retraumatization and a personal script regarding the aftermath of trauma.
3. Lead the group into the working stage of group development (Corey & Corey, 2006).

Materials Required

- Room supplies
 - lanyards with name tags,
 - markers (six to eight for each member),
 - individual water bottles,
 - flipchart easel with paper and large nib markers,
 - large potted plant,
 - quilt,
 - four pillar candles – red, yellow, white, and blue,
 - pottery bowl of polished rocks,
 - bowl or basket,
 - container for completed feedback forms,
 - box of tissues,
 - CD player and various choices of instrumental music,

- snacks and beverages.
- Items suggested during tactile awareness exercise:
 - sugar cubes,
 - ice cubes,
 - sea shells,
 - marbles,
 - large polished stones,
 - tennis ball,
 - tea bag,
 - erasers,
- Phoenix Rising Treasure Boxes
 - various gift and tin boxes filled with pens, stress balls, gum, journals, stickers, and individual bottles of bubbles.
- Session 5 client handouts
 - 1.4 Action Plan Form
 - 5.4 Personal Script – Aftermath of Trauma
- Leader scripts
 - 5.1 Tactile Meditation
- Evaluation forms
 - Appendix G: Outcome Rating Scale
 - Appendix H: Session Rating Scale
- Administrative forms
 - Appendix I: Group Leaders Debriefing Outline
 - Appendix J: Case File Notes

Room Preparation

- Place greeting table by the room entrance with
 - nametags, lanyards, and markers,
 - Phoenix Rising Treasure Boxes stacked attractively on greeting table,
 - session handouts and evaluation forms.
- Arrange chairs in a circle with large potted plant in the centre of quilt.
- Place a copy of Appendix G on each member's chair to complete before leader opens the meeting.
- Place four coloured pillar candles around the plant one each yellow, white, red, and black to denote the four directions of the medicine wheel (Sams, 1990).
- Place a pottery bowl of polished stones, empty bin, and box of tissues on the quilt.
- Reserve two chairs across from each other for the group leaders to sit (Corey & Corey, 2006).
- Reserve a chair beside the co-facilitator for any tardy members (McBride, 2008).
- Prepare juice, water, fruit, and snacks in kitchen considering dietary and allergy restrictions.
- Play soft instrumental music as background to signal gathering time before and after each two-hour session.

Leader Preparation

- Review stages of group development specifically transition stage and working stage and the roles of leaders for this development (Corey & Corey, 2006).
- Review objectives and content of this session.

Welcome**10 minutes**

- Co-facilitator greets group members at door and invites each member, upon arrival, to complete individual lanyard nametag, writing first name only.
- Invite completion of the Outcome Rating Scale before the circle begins.
- Leader scans self-assessments before opening the meeting.
- Co-leader opens each session by lighting the four pillar candles.
- Welcome everyone and address any questions, comments, or personal reflections from previous session.
- Allow time for members to briefly share any significant events or changes experience during the past week regarding the practice of mindfulness
- Invite participants to bring in poetry, quotations, and small portions from readings, or drawings to share at the end of each session. Ask for volunteer for next session.

Stress Strategies: Tactile Awareness Meditation 20 minutes

- In preparation for completing everyday activities in a mindful manner, each participant will be given a different object to experience.
- Bring out suggested items once members close their eyes. Examples of objects that create a range in tactile experiences might include sugar cubes, marbles, large polished stones, tennis ball, tea bag, erasers, seashells, and ice cubes.
- Read through leaders script 5.2.
- Possible debriefing questions

- What was this experience like for you? What were the tactile experiences that stand out for you?
- What did you learn about yourself in this tactile experience?
- What parts were challenging and what parts were easy for you to complete?

Homework Assignment

- Additional ways to practice mindfulness includes mindfully completing an everyday activity. For example, try eating a meal, showering, driving, texting on your cell phone, or walking through the mall.
- Notice what your body feels like during each of these activities. Review all the senses (sight, sound, touch, taste) while you are completing the actual experience.
- Report to the group at the start of next week to share what you learned about yourself.

Social Break	10 minutes
---------------------	-------------------

Information Session: Working with the Aftermath of Trauma First	10 minutes
--	-------------------

- Every traumatic event consists of three elements, any one of which can increase or decrease the ultimate impact of the trauma.

- The three parts of the event are: (1) the circumstances leading up to the event, (2) the incident itself, and (3) the circumstances following the incident, both short-term (minutes and hours) and long-term (days, weeks, months).
- The time following the event is critical because the quality of contact and help the victim receives will influence the overall outcome.
- Sometimes, what happens after the incident is more emotionally devastating than the incident itself.
- Another important benefit is that when you discuss the end, you reinforce your knowledge that the event did end and you survived.
- In this stage of your recovery, the length of your story and details are contained.

Preparation of Script and Safety Plan	10 minutes
--	-------------------

- Inform the participants only the aftermath of the worst abuse event will be shared.
- Distribute another copy of the Action Plan Form 1.4 to continue development and refinement for creation of safety plan.
- Inform members that sharing is paced according to the SUDS level and anchors or sanctuary should be listed as this helps reduce arousal.
- The benefit of pacing is that the survivor reports a greater sense of self-control over memories.
- Distribute the outline 5.3 as homework.

Evening Summary and Check Out**15 minutes**

- Return focus to session agenda and summarize key points (one or two sentences) within each section.
- Check out:
 - Ask each member to share an animal she would choose for protection and/or as a symbol of herself. Listen for the qualities that are most valued by each participant and reflect how this often is a reflection of her Authentic Self.
 - Ask volunteer to read a chosen inspirational poem, song, or excerpt to group. She blows out the candles at the end of her sharing.
 - Complete Appendix H: Session Rating Scale (SRS).
 - Hand completed form into empty bin along with lanyard.

Group Leader Debriefing Session 5**60 minutes**

- Analyze group dynamics following Appendix I: Group Leaders Debriefing Outline.
- Complete a copy of Appendix J: Case File Notes for each member.

Leader Script 5.1

Tactile Awareness Exercise

Adapted by Gibbs (2011) from the list of references at the end of this handout

Delivery Suggestions

- Speak in slow, calm, and soothing tone throughout each script.
- Allow for silence and/or pauses throughout delivery of the script.
- Both leaders model relaxed body posture and breathing techniques.
- Co-leader may visually monitor group behaviour while the leader reads the script below.

Group Preparation

- Begin by sitting upright in your chair with both feet flat on the floor and your hands resting in your lap.
- Your back is straight not rigid. Take a deep cleansing breath to settle into your chair and feel the floor underneath your feet.
- Allow your eyes to close gently or keep them half open, your gaze resting on a spot on the floor in front of you.
- At no time will anyone touch you in this task nor move out of their chair
- If you feel yourself starting to get fearful or feeling anxious... then count backwards from a 100.
- And just take another deep cleansing breath.
- You might think of yourself as a mountain that is always steadfast and present, even if covered by darkness or storm. Allow your eyes to close gently or keep them half open, resting on a spot on the floor in front of you.

- And now with each breath, release all the tension in your jaw (*pause*), in your mouth (*pause*), through your neck and shoulders (*pause to allow for a couple deep cleansing breaths*), and finally, release all the tension in your abdomen (*pause*).
- And now, as you feel your body relax and settle, just allow yourself to come to rest in your wisdom-mind (*pause*), which is always ready to express and fill your body with the energy of loving-kindness (*pause*), serenity (*pause*), and (*say with a smile in your voice*) good-humor. (*Silence. Allow these three qualities to permeate the mind*). And now with each breath, release all the tension in your jaw (*pause*), in your mouth (*pause*), through your neck and shoulders (*pause to allow for a couple deep cleansing breaths*), and finally, release all the tension in your abdomen (*pause*).
- And now, as you feel your body relax and settle, just allow yourself to come to rest in your wisdom-mind (*pause*), which is always ready to express and fill your body with the energy of loving-kindness (*pause*), serenity (*pause*), and (*say with a smile in your voice*) good-humor. (*Silence. Allow these three qualities to permeate the mind.*)
- Focus attention specifically to your breathing, to the rising and falling of the abdomen, to the air flowing through your nostrils and down your throat and to fill your lungs. Then exhale.

Tactile Awareness Exercise

- For this part of the exercise try to keep your eyes closed. If that does not feel safe, look up at the ceiling until this part is over.
- Take your time to examine via your senses of touch, smell, and sound each item you receive.

- When you have finished your tactile examination, pass the item to the right until the original item is once again with the original participant.
- Now, hold your hands out to receive a small item (The co-facilitators gives one item at a time to each member from the hidden bag of various items. When the first participant passes the item to her right, give her another item from the bag.)

Closing of Meditation

- And now you have examined each item.
- You have been introduced to empowering knowledge – your body senses. They are here to connect you to the world and to others and to yourself.
- Also remember that your breath and wisdom mind is always with you.
- And now, I will count backwards from 5 to 1.
- You will return to the room and feel alert, relaxed, refreshed, and ready to talk about your personal experience with the group.

References

- Blonna, R. (2007). *Coping with stress in a changing world* (4th ed., pp. 242–245). Boston, MA: McGraw-Hill.
- Kabat-Zinn, J. (1994). *Wherever you go, there you are* (pp. 103–112). New York, NY: Hyperion.
- Schiraldi, G. R. (2008). *Post-traumatic stress disorder sourcebook: A guide to healing, recovery, and growth* (2nd ed., pp. 149–154). New York, NY: McGraw Hill.

Handout 5.1

Aftermath of Trauma – My Script

Adapted by Gibbs (2011) from the list of references at the end of this handout.

Name the Trauma _____

(Single sentence, no details). Example: "There was a car accident.

_____”

Main events of the trauma without any detail. (2-3 sentences)

Tell where you were at the end of the incident.

(Example: "I was thrown from the car.")

Describe the aftermath while the leader monitors the storyteller and storyteller monitors her own SUDS level of arousal. Possible debriefing questions for each storyteller

1. What emotions did you experience telling the story?
2. What body reactions did you experience?
3. What actions do you think you need to complete now?
4. What beliefs about yourself and others became clear?
5. What sensory experiences was part of the aftermath? How can you own the experience as a part of your story?

Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment*. New York: W.W. Norton, p.156-58.

Williams, M. B., & Pojiula, S. (2002). *The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms*. Oakland, CA: New Harbinger, p.197.

Session 6 Plan: Honoring Our Voices



Reference:

Note. Clipart obtained from Microsoft Office Online for educational purposes only. Retrieved from <http://office.microsoft.com/enus/clipart/results.aspx? Category=CM790019251033>

SESSION 6 PLAN: HONOURING OUR VOICES

Objectives

1. Continue to implement personal safety plan to prevent retraumatization pertaining to:
 - a. sharing story and,
 - b. listening to other stories (Chew, 1995; Rothschild, 2000).
2. Explore and process personal understanding and/or meaning of the survivor experience (Dolan, 1991; Herman, 2001).
3. Practice effective communication skills like loving affirmations to replace old beliefs and feelings (Blonna, 2007; Riso, 1993; Schiraldi, 2007).
4. Examine personal process of sharing and listening after participating in the balloon ritual of letting go and celebration (Dolan, 1991; Herman, 2001).
5. Understand healthy group development at the transition stage, moving into the working stage. New communication patterns are attempted and increased risk taking will be incorporated throughout each session (Corey & Corey, 2006).

Material Required

- Room supplies
 - balloon bouquet,
 - 5-10 blank index cards for each member
 - masking tape,
 - lanyards with name tags,
 - markers (six to eight for each member),
 - individual water bottles,

- flipchart easel with paper and large-nib markers,
- large potted plant,
- quilt,
- four pillar candles -red, yellow, white, and blue,
- pottery bowl filled with polished rocks,
- bowl or basket,
- container for completed feedback forms,
- box of tissues,
- CD player and various choices of instrumental music,
- snacks and beverages,
- Rising Phoenix Treasure Boxes
 - Various gift and tin boxes filled with pens, stress balls, gun, journals, stickers, and individual bottles of bubbles.
- Client Handouts
 - 6.1 Loving Kindness Affirmations
 - 6.2 I am Learning Affirmations
- Evaluation forms
 - Appendix G: Outcome Rating Scale
 - Appendix H: Session Rating Scale
- Administrative forms
 - Appendix I: Group Leaders Debriefing Outline
 - Appendix J: Case File Notes

Room Preparation

- Place greeting table by the room entrance with
 - helium-filled balloon bouquet on greeting table,

- nametags, lanyards, and markers,
 - Rising Phoenix Treasure Boxes stacked attractively on greeting table,
 - session handouts and evaluation forms.
- Arrange chairs in a circle with large potted plant in the centre of quilt.
 - Place a copy of Appendix G on each member's chair to complete before leader opens the meeting.
 - Place four coloured pillar candles around the plant. One each yellow, white, red, and black to denote the four directions of the medicine wheel (Sams, 1990).
 - Place a pottery bowl of polished stones, empty bin, and box of tissues on the quilt.
 - Reserve two chairs across from each other for the group leaders to sit (Corey & Corey, 2006).
 - Reserve a chair beside the co-facilitator for any tardy members (McBride, 2008).
 - Prepare juice, water, fruit, and snacks in kitchen considering dietary and allergy restrictions.
 - Play soft instrumental music as background to signal gathering time before and after each two-hour session.

Leader Preparation

- Review stages of group development, specifically transition stage and roles of leaders for smooth group development (Corey & Corey, 2006).
- Arrange for one facilitator to solely focus on the participant sharing while the second facilitator monitors the group interactions and makes observations.
- Switch these roles when the next storyteller begins.
- Review objectives and content of this session.

Welcome**20 minutes**

- Invite completion of the Outcome Rating Scale before the circle begins. Scan self-assessments before opening the meeting.
- Welcome everyone and make sure the nametags (first name only) are used to encourage group connection.
- Encourage participants to initiate or continue individual counselling as necessary.
- Address any questions, comments, or personal reflections from previous session.
- Clarify group protocol.
- Need to be very overt that the group is ending. The good-bye needs to be done gradually as this is likely the first time they have experienced a healthy acknowledged good bye. The goal is to get your members focused that two more sessions are left.
- Invite participants to bring in poetry, quotations, small portions from readings, or drawings to share at the end of each session. Ask for volunteer for next session.
- Allow time for members to briefly share any significant event or changes experienced during the past week.

Sharing and Listening**80 minutes**

- Allow 5 minutes for each participant to share and 10 minutes for debriefing each participant (6 x 15 = 80 minutes. Allow 2 members to complete next week).
- Allow members to volunteer when they are ready to share.

- Check the identification of each member's safe place to help monitor her anxiety before the sharing session begins. This helps avoid any retraumatization.
- Provide reality checks for the storyteller and help her connect emotions with body sensations.
- Remind everyone to stay grounded while listening to other stories of trauma.
- When storyteller begins to dissociate, the facilitator uses the safe place to pause in the member storytelling using the methods below:
 - Ask questions that involve all the senses to settle the client into self-control.
 - Ask member to self-assess her SUD level.
 - Try to include humour whenever necessary because laughter is always a good remedy for hyper-arousal.
 - Continue with guiding the storyteller's sharing and enhance the awareness of body sensations with her emotions.
- Trembling of the body is a healing action that repairs the connection between the emotion of fear and frozen body memories. Facilitator focuses awareness of this and encourages the storyteller to monitor how she handles the trembling if it occurs.
 - Possible debriefing questions
 - What did you feel in your body as you talked about the aftermath?
 - What are you feeling now?
 - Is there anyone else you need to share this aftermath with?
 - How can you deal with fears differently now that you have shared with us?
 - What would you like to hear from the group right now?

Social Break	10 minutes
---------------------	-------------------

Information Session: Affirmations Practicing Loving Kindness to Yourself	20 minutes
---	-------------------

- Distribute five blank index cards to each participant along with a copy of Handouts Loving Kindness Statements 4.02 and New Learnings 4.03.
- Provide 10 minutes to read the statements from the lists, choose some statements that resonate within, and have each member copy the chosen statements onto index cards. These can be taken home for use during the upcoming week.
- Stickers and markers are also available for decorating each card.
- Possible debriefing questions
 - What did you enjoy about the exercise?
 - What was difficult or challenging for you?
 - Have you had any of these experiences?
 - Now, with the knowledge of loving kindness and the wise-mind of mindful practice, how can you change the patterns?

Closing Ritual: Balloon Ceremony	20 - 30 minutes
---	------------------------

- Explain that tonight has been a declaration of each member's courage, honesty, and self-control. To symbolize the significance of this sharing with and honouring of each other, the group will complete a Letting Go Ceremony outside.
- A short script read by the leader before the balloons are released together guides completion of the balloon ritual.
- Invite each member to stop at the entrance table as we move outside.

- Choose a balloon from the balloon bouquet that best symbolizes what can you release from within. Carry this balloon outside, and contemplate the release of your pain and give silent thanks for the gifts you have received.
- Form a large circle, keeping the distance of an arm span between each member.
- Leader will recite this script or something along this format:
 - Creator, Higher Power, God of my understanding, I give thanks for your presence within and around me tonight. I give thanks to your guidance and strength shared within all members tonight and for the wisdom and love of our leaders in our sharing. Let the balloon fly away peacefully so that I may be restored and renewed allowing me to find my true self. With this knowledge and healing, I hope to better serve the world in your glory.
 - I am ready, willing, and oh, so able to let go of past pain that has caused me distress and turmoil. I am ready, willing, and able to release this balloon to symbolize my new freedom.
- Allow time for group to respond spontaneously, with hugs, tears, laughter, or stillness.
- Return to meeting room for debriefing circle:
 - How did you experience the letting go ritual in your thoughts, feelings, or body sensations?
 - Share what were the kinds of issues or feelings you named as you let go of the balloon.
 - How will your life be different without this issue or emotion?
 - What can you do to keep moving ahead through your Phoenix recovery?

Evening Summary and Check Out**15 minutes**

- Return focus to session agenda and summarize key points (one or two sentences) within each section.
- Final circle check
 - Given we have two more meetings left, what is one thing you have done since beginning this group that you are proud of doing?
 - Volunteer reads inspirational poetry, song, excerpt, or drawing with the group.
 - Play music softly while distributing and members complete Appendix H.
 - Return form with lanyard to the empty container on quilt. Also, place their Phoenix Rising Kits on the quilt.
 - Co-facilitator blows out candles as the final participant hands in forms and lanyard.

Group Leader Debriefing Session 6**60 minutes**

- Analyze group dynamics following Appendix I: Group Leaders Debriefing Outline.
- Complete a copy of Appendix J: Case File Notes for each member.

Handout 6.1

Loving Kindness Affirmations

Compiled by Gibbs (2011) from the list of references at the end of this handout

What are affirmations? How can they help me?

Affirmations are positive statements asserting that a goal the speaker or thinker wishes to achieve is already happening.

Developing a positive mindset is one of the most powerful life strategies there is. Affirmations can be an essential element in life success and good health.

With this power you can turn failure around into success and take success and drive it to a whole new level.

From the list below, place a check mark in the box beside the statements you can repeat to yourself.

- I fully accept and believe in myself just the way I am.
- I accept all the different parts of me.
- My feelings and needs are important.
- It is good for me to take time for myself.
- I have many good qualities. I don't have to prove myself.
- I can offer the world many talents and gifts to make it a better place.
- I deserve to be supported by people who care for me.
- I deserve the respect of others.
- I trust and respect myself and am worthy of the respect of others.
- I know what my values are and I am confident in the decisions I make.
- I graciously accept compliments.

- I believe in beauty and goodness in the world around me.
- I believe in my ability to succeed.
- I treat others and myself with tenderness and respect.
- I love myself just the way I am.
- I can meet difficulties with calmness and confidence.
- I can look deeply into myself without fear.
- I don't have to be perfect to be loved.
- The more I love myself, the more I am able to love others.
- I am confident, strong, and independent.
- I am awake and alert to the world around me.
- I am proud of myself and of my abilities.
- I use the difficulties life brings in order to grow.
- I believe this day is precious and I will live it as if it were my last.
- I respect myself and take proper care of my body.
- I love myself and will do only what is truly good for me.
- I forgive those that have wronged me.
- I seek forgiveness for the wrongs I have done.
- I accept my mother and father for exactly who they are.
- I can let go of the past and open myself to the present and the future.

References

- Bourne, E. J. (2005). *The anxiety and phobia workbook* (4th ed. P. 295.). Oakland, CA: New Harbinger.
- Riso, D. J. (1993). *Enneagram transformations: Releases and affirmations for healing your personality type* (pp. 31-113). Boston, MA: Houghton Mifflin,.
- Schiraldi, G. R., (2007). *10 simple solutions for building self-esteem: How to end self-doubt, gains confidence, and create a positive self-image* (pp. 95–115). Oakland, CA: New Harbinger.

Session Handout 6.2

“I am Learning” Affirmations

Compiled by Gibbs (2011) from the list of references at the end of this handout

From the list below, place a check mark in the box beside the statements you can repeat to yourself.

- I am learning to love myself and be kind to myself every day.
- I am learning to believe in my unique worth and capabilities.
- I am learning to recognize and take care of my needs.
- I am learning that I can keep my own identity in relationships and in groups.
- I am learning to nurture my own growth and development.
- I am learning that I own all of my feelings without fear.
- I am learning that my happiness does not depend on pleasing others.
- I am learning to trust others and myself.
- I am learning that the best I can do is good enough.
- I am learning that I can allow myself to relax and enjoy life.
- I am learning to ask others for what I need.
- I am learning to say no when I mean no.
- I am learning to let go of my worries and fears.
- I am learning to let go of guilt and shame.
- I am learning to accept that it is okay to make mistakes and to try something new.
- I am learning to accept myself just the way I am.

- I am learning to let joy and gratitude fill my heart.
- I am learning to show my real self, without being afraid.
- I am learning that I am bringing something good and beautiful into the world.
- I am learning to support others from the fullness of my heart.
- I am learning that I can say no to myself without feeling deprived.
- I am learning that all that I need will be supplied.
- I am learning to actively embrace all that life brings.
- I am learning that I can be gentle without being afraid.
- I am learning that there is a power greater than myself.
- I am learning that from now on I will choose to live a better life.
- I am learning that I learn from everyone and everything.
- I am learning that here, in this moment, all is well.
- I am learning to see my true self, no matter how beautiful I am.
- I am learning to focus and complete one activity at a time.
- I am learning to be still, to enjoy the beauty around me, and to have quiet time in each day.
- I am learning to have some fun and laugh.

References

- Bourne, E. J. (2005). *The anxiety and phobia workbook* (4th ed., p. 296). Oakland, CA: New Harbinger.
- Riso, D. J. (1993). *Enneagram transformations: Releases and affirmations for healing your personality type* (pp. 30-113). Boston, MA: Houghton Mifflin.
- Schiraldi, G. R., (2007). *10 simple solutions for building self-esteem: How to end Self-doubt, gains confidence, and create a positive self-image* (pp. 95-115). Oakland, CA: New Harbinger

Session 7 Plan: Feelings



Note. Clipart obtained from Microsoft Office Online for educational purposes only. Retrieved from <http://office.microsoft.com/enus/clipart/results.aspx? Category=CM790019251033>

SESSION 7 PLANS: FEELINGS

Objectives

1. Provide an opportunity for practice of their personal safety plan to prevent retraumatization when:
 - a. sharing their own story and,
 - b. listening to other stories (Chew, 1995; Rothschild, 2000).
2. Discuss and apply model of grief to personal experience (Corey & Corey, 2006).
 - a. Increase and share awareness of connecting emotions to body sensations.
3. Choose personal affirmations to learn positive self-talk (Blonna, 2007; Rothschild, 2000; Schiraldi, 2007).
4. Brainstorm ways to safely discharge anger and sadness (Levine, 1999).
5. Understand healthy group development at the working stage, and preparing for the termination stage. New communication patterns and increased risk taking will be incorporated throughout each session (Corey & Corey, 2006).

Materials Required

- Room posters
 - 7.1 Thoughts, Feelings, and Behaviours Triangle
- Room supplies
 - roll of brown craft paper,
 - scissors,
 - lanyards with name tags,
 - markers (sets of 6-8 for each person)
 - individual water bottles,

- flipchart easel with paper and large-nib markers,
- large potted plant,
- quilt,
- four pillar candles (red, yellow, white and blue),
- pottery bowl of polished rocks,
- bowl or basket,
- container for completed feedback forms,
- box of tissues,
- CD player and various choices of instrumental music,
- snacks and beverages.
- Phoenix Rising Treasure Boxes
 - various gift and tin boxes filled with pens, stress balls, gum, journals, stickers, and individual bottles of bubbles.
- Client handouts
 - 7.1 Thoughts, Feelings, and Behaviours Triangle
 - 7.2 Some Facts About Feelings
 - 7.3 Discharging Emotions
 - 7.4 Further Reflections
 - 7.5 Recommended Activities to Help Discharge Feelings
- Evaluation forms
 - Appendix G: Outcome Rating Scale
 - Appendix H: Session Rating Scale
- Administrative forms
 - Appendix I: Debriefing Outline
 - Appendix J: Case File

Room Preparation

- Place greeting table by the room entrance with
 - nametags, lanyards, and markers,
 - Phoenix Rising Treasure Boxes stacked attractively on greeting table,
 - session handouts and evaluation forms.
- Arrange chairs in a circle with large potted plant in the centre of quilt.
- Place copy of Appendix G on each member's chair to complete before leader opens the meeting.
- Place four coloured pillar candles around the plant one each yellow, white, red, and black to denote the four directions of the medicine wheel (Sams, 1990).
- Place a pottery bowl of polished stones, empty bin, and box of tissues on the quilt.
- Reserve two chairs across from each other for the group leaders to sit (Corey & Corey, 2006).
- Reserve a chair beside the co-facilitator for any tardy members (McBride, 2008).
- Prepare juice, water, fruit, and snacks considering dietary and allergy restrictions.
- Play soft instrumental music as background to signal gathering time before and after each two-hour session.

Leader Preparation

- Review stages of group development (Corey & Corey, 2006) and goals sharing trauma meetings (Yalom, 2005).
- Arrange for one facilitator to solely focus on the participant sharing while the second facilitator monitors the group interactions and makes observations.
- Switch these roles when the next storyteller begins.
- Review objectives and content of this session.

Welcome and Overview	10 minutes
-----------------------------	-------------------

- Co-facilitator greets group members at door and invites each member, upon arrival, to complete individual lanyard nametag, writing first name only. She also instructs that each group member will take the Phoenix Treasure Box chosen last week from the stack on greeting table.
- Members complete Appendix G when they take their seat. Pass the completed form to leader.
- When the final form has been given to leader, the music stops to signal the beginning of group session.
- Welcome everyone; introduce topic and agenda of tonight's session with focus on preparation of finishing the group in a couple weeks.
- Encourage participants to initiate or continue individual counselling as necessary.
- Invite participants to bring in drawings, poetry, quotations, or short readings from inspirational books to share at the end of each session. Ask for volunteer for next session.

Complete final members: Sharing our Voice**30 minutes**

- Allow 5 minutes for each participant to share and 10 minutes for debriefing each participant. (2 x 15 minutes)
- Allow members to volunteer when they are ready to share.
- Check the identification of each member's safe place to help monitor her anxiety before the sharing session begins. This helps avoid any retraumatization.
- Provide reality checks for the storyteller and help her connect emotions with body sensations.
- Remind everyone to stay grounded while listening to other stories of trauma.
- When storyteller begins to dissociate, the facilitator applies the brakes and uses the anchor using the methods below:
 - Ask questions that involve all the senses to settle the clients into self-control.
 - Ask member to self-assess her SUD level
 - Try to include humour whenever necessary because laughter is always a good remedy for hyper arousal
 - Continue with guiding the storyteller's sharing and enhance the awareness of body sensations with her emotions.
- Trembling of the body is a healing action that repairs the connection between the emotion of fear and frozen body memories. Facilitator focuses awareness of this and encourages the storyteller to monitor how she handles the trembling if it occurs.
 - Possible debriefing questions
 - What did you feel in your body as you talk about the aftermath?

- What are you feeling now?
- Is there anyone else you need to share this aftermath with?
- How can you deal with fears differently now that you have shared with us?
- What would you like to hear from the group right now?

Social Break**10 minutes****Information Session: Some Facts About Feelings 15 minutes**

- Distribute Handout 7.1, 7.2, and 7.3 to group and allow time to read information. Ask members to highlight or underline what information was new or surprising.
 - Lead large group discussion about the key points and link how various exercises and self-care strategies have been included to promote expression of feelings with body sensations and thoughts.

Anatomy of My Feelings**40 minutes**

- Distribute page of feeling words as reference for this exercise.
- Invite members to work in pairs to help each other draw body outline.
 - Cut a piece of brown craft paper, large enough to draw full body outline.
 - One person lays on floor with arms away from body while the other draws their outline with a marker. Reverse places (ensure consent has been given and the option to stay stop at anytime).
- Once you have your personal body outline, place your name at the top of the sheet.

- Label where and how your body experiences various feelings (for example: anger, sadness, happiness, embarrassment, fear, anxiety, panic, frustration, boredom, excitement, gratitude, annoyance, disappointment, upset, tired, infuriated, depressed). For example, if you want to show anger, you may draw anger on the body outline in different places such as clenched fists, red face, frown, or loud voice.
- Possible debriefing questions
 - What did you learn about yourself from this experience?
 - What part of your body holds many of your emotions like frustration, resentment, and sadness?
 - What feelings are difficult or challenging to control?
 - What self-care strategies do you use to cope with big feelings?

Discharging Unwanted Feelings

20 minutes

- Possible homework writing assignment – Handout 7.4 Further Reflections
- Read excerpt from Peter Levine (1996) *Taming the Tiger*, page 19 – 21.
- Brainstorm coping skills and successful ways to discharge anger, fear, and sadness.

Evening Summary and Check Out

15 - 20 minutes

- Return focus to session agenda and summarize key points (one or two sentences) within each section.
- Assign more journal writing during the week related to saying good byes.
- Check Out

- Given next week is our last session, one thing I will miss about being in this group is_____.
- Volunteer reads her chosen selection of poetry or prose to the group. She blows out candles when she is finished the reading.
- Play instrumental music while Appendix H is being distributed and completed.
- Instruct members to hand lanyard and completed form into bin on the quilt upon their exit.

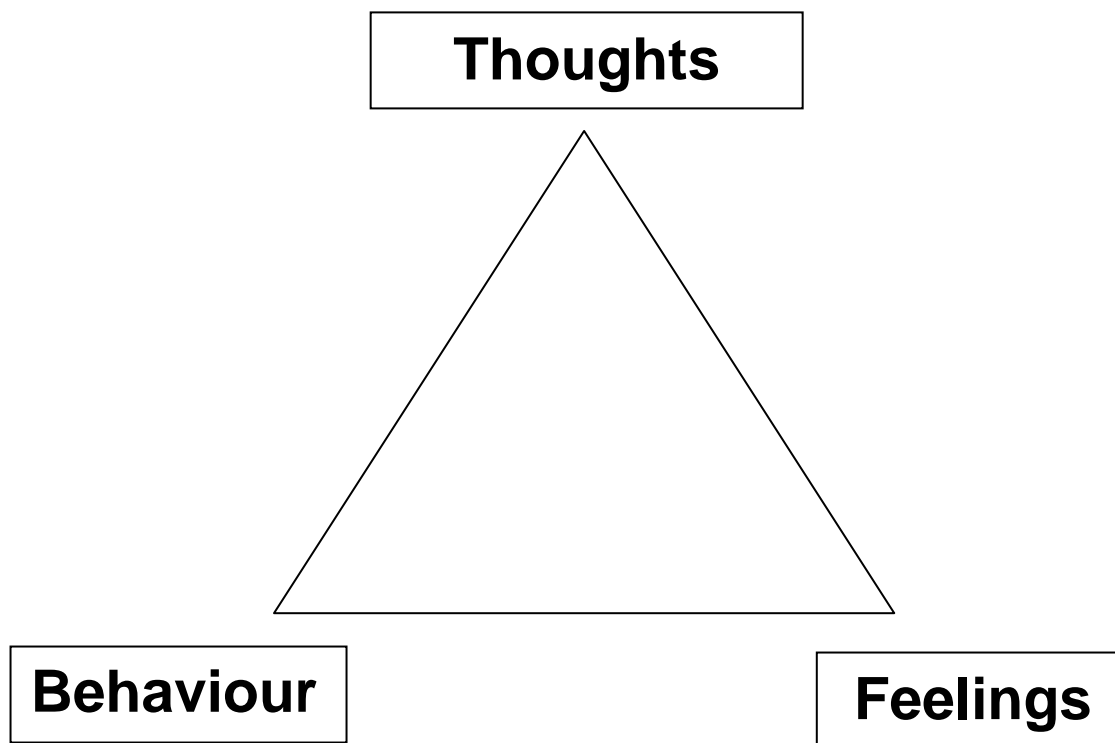
Group Leaders Debriefing

60 minutes

- Analyze group dynamics following Appendix I: Group Leaders Debriefing Outline.
- Complete a copy of Appendix J: Case File Notes for each member.

Room Poster and Handout 7.1 Thoughts, Feelings, and Behaviours Triangle

Adapted by Gibbs (2011) from the list of references at the end of this handout.



Reference

Cormier, S. & Nurius, P.S. (2003). *Interviewing and change strategies for helpers: Fundamental skills and cognitive behavioural interventions* (5th ed., p. 190). Pacific Grove, CA: Brooks/Cole.

Handout 7.2

Some Facts about Feelings

Adapted by Gibbs (2011) from the list of references at the end of this handout.

1. Unlike thoughts, feelings involve a total body reaction. This is mediated by the limbic system in your brain and autonomic nervous system in your body.
2. Our thoughts and our perceptions influence our feelings. That is why self-talk is very influential in affecting our feelings and behaviours.
3. There are two types of feelings: simple (basic) and complex. Simple (basic) emotions include anger, grief, sadness, fear, love, excitement, and joy. Complex emotions include the variations along the spectrum of the six basic emotions. Examples of complex emotions could be eagerness, relief, disappointment, or impatience.
4. Feelings are what gives you energy. If you are out of touch with your feelings or unable to express them, you may feel lethargic, numb, tired, or depressed. Thus, greater awareness and expression of feelings naturally gives you more energy.
5. Feelings often come in mixtures. Consider the anger iceberg diagram.
6. Feelings are often contagious. The more you learn to be in touch with your self and comfortable with your own feelings, the less prone you will be to being influenced by the feelings of others.
7. Feelings are not right or wrong. It is the perceptions or judgments that you mistakenly make which led to feelings may be incorrect or invalid.

8. Feelings come and go. Naming, claiming, and letting go of your feelings are all-important skills to avoid suppression or feeling stuck in only one emotion.
9. Feelings are often subject to suppression, especially for people with anxiety disorders.
 - Anxious people usually have a very strong need to control their environment as a means to control their anxiety.
 - Often a childhood history of critical parents influenced the child to suppress any natural expression because the parents were not comfortable with such expression.

References:

- Bourne, E. J. (2005). *The anxiety and phobia workbook* (4th ed., pp. 236–245). Oakland, CA: New Harbinger.
- Schiraldi, G. R., (2008). *Post-traumatic stress disorder sourcebook: A guide to healing, recovery, and growth* (2nd ed.), pp. 56–58. New York, NY: McGraw Hill.
- Williams, M. B., & Pojula S. (2002). *The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms* (pp. 122–125). Oakland, CA: New Harbinger.

Handout 7.3

Good Grief – What’s It All About?

Adapted by Gibbs (2011) from the list of references at the end of this handout.

The foundational PRPG model of recovery (Handout P. 1) focuses on the recreation of a healthy identity with the past trauma shifting from dominance to assimilation.

Hence, the appropriate title of Rising Phoenix.

The post-traumatic self may not be the same youth as before because the reconciliation of grief may be viewed as integrating and incorporating a lost or shameful experience into one’s life story (Abernathy, 2000; Gillies & Neimeyer, 2006).

Suggested Tips When Dealing with Trauma, Death, Separation, and Other Losses

- Allow yourself to grieve.
- There is no time limit on grief.
- Grief will come to end.
- Be gentle to and understand yourself.
- Use your support system and share honestly and openly with others.
- Stay connected to your senses and your body.
- Learn something new every day. Read something that requires effort, thought, and concentration.
- Take 30 minutes to hang out with yourself and try to get a better perspective on your life.
- Include play and fun in your daily schedule.

References

- Blonna, R. (2007). *Coping with stress in a changing world* (4th ed., pp. 382–383). Boston, mA: McGraw-Hill.
- Corey, G. & Corey, M., (2002). *I never knew I had a choice: Explorations in personal growth* (7th ed., pp. 403–411). Pacific Grove, CA: Brooks/Cole.
- Gillies, J., & Neimeyer, R. A. (2006). Loss, grief, and the search for significance: Towards model of meaning reconstruction in bereavement. *Journal of Constructivist Psychology*, 19, 31–65.
doi:10.1080/10720530500311182
- Neimeyer, R. (2006). Re-storying the loss: Fostering growth in the posttraumatic narrative. In L. G. Calhoun & R. G. Tedeschi, (Eds.), *Handbook of posttraumatic growth* (pp. 68-80). Mahwah, NJ: Lawrence Erlbaum Associates.
- Schiraldi, G. R. (2008). *Post-traumatic stress disorder sourcebook: A guide to healing, recovery, and growth* (2nd ed., pp. 249–254). New York, NY: McGraw Hill.
- Williams, M. B., & Pojiula S. (2002). *The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms* (pp. 133-138). Oakland, CA: New Harbinger..

Handouts 7.4 Further Reflections

Adapted by Gibbs (2011) from the list of references at the end of this handout.

1. What am I grieving today?
2. What did I learn about expressing emotions when I was growing up?
3. What feelings are the most difficult for me to express?
4. What do I fear would happen if I allowed myself to express the feeling that I'm most uncomfortable with?
5. Do I try to protect others from my feelings?
6. Do I blame myself for any loss I have experienced?
7. Is there an area of my life—past or present—in which I feel like a victim? What benefits do I receive from seeing myself in this way?
8. Is there a part of my old self or an old belief system that now gives me an opportunity to let go of something?
9. What can I still change about my life and what do I have to accept?
10. What relationship am I grieving today??
11. What painful parts of my past do I prefer to avoid thinking about?
12. What can I do to be gentle with myself?
13. What does forgiveness mean to me?
14. What new dreams are possible for me today?

References:

- Blonna, R. (2007). *Coping with stress in a changing world* (4th ed., pp. 382–383). Boston, mA: McGraw-Hill.
- Corey, G. & Corey, M., (2002). *I never knew I had a choice: Explorations in personal growth* (7th ed., pp. 403-411). Pacific Grove, CA: Brooks/Cole.
- Schiraldi, G. R., (2008). *Post-traumatic stress disorder sourcebook: A guide to healing, recovery, and growth* (2nd ed., pp. 249–254). New York, NY: McGraw Hill.
- Williams, M. B., & Pojula S. (2002). *The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms* (pp.130–135). Oakland, CA: New Harbinger.,.

Handout 7.5

Recommended Activities to Help Discharge Feelings

Adapted by Gibbs (2011) from the list of references at the end of this handout.

1. Talk to a supportive other and express your feelings as you share.
2. Write about circumstances and range of feelings out in journal or computer.
3. Discharging Sadness - Possible Questions to Consider
 - a. Do you cry?
 - b. Under what circumstances do you cry?
 - c. Do you cry because someone hurt you? Because you feel lonely?
Because you are scared?
 - d. Do you cry for no apparent reason?
 - e. Do you only cry alone or do you permit someone else to see you cry?
4. Discharging Anger or Venting Anger in a Safe Way
 - a. Hit a large pillow or mattress with tennis racket or both fists.
 - b. Scream into a pillow.
 - c. Hit a punching bag.
 - d. Throw eggs against a wall or into the bathtub.
 - e. Hit balls at the batting cage.
 - f. Chop firewood.
5. Enjoy athletic activities with intention to release a specific emotion such as anger.
6. Visualization – When taking bubble bath or bath, name and release feelings and watch them disappear down the drain. Enjoy the sense of being cleansed and refreshed.

References

- Bourne, E. J. (2005). *The anxiety and phobia workbook* (4th ed., pp. 91–93). Oakland, CA: New Harbinger.
- Corey, G., & Corey, M., (2002). *I never knew I had a choice: Explorations in personal growth* (7th ed., pp. 403–411). Pacific Grove, CA: Brooks/Cole.
- Schiraldi, G. R., (2008). *Post-traumatic stress disorder sourcebook: A guide to healing, recovery, and growth* (2nd ed., pp. 249–254). New York, NY: McGraw Hill.
- Williams, M. B., & Pojula S. (2002). *The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms* (pp.128–138). Oakland, CA: New Harbinger.

**Session 8 Plan:
Phoenix Rising- Moving Forward**



Note. Clipart obtained from Microsoft Office Online for educational purposes only. Retrieved from <http://office.microsoft.com/enus/clipart/results.aspx? Category=CM790019251033>

SESSION 8 PLAN: PHOENIX RISING – MOVING FORWARD

Objectives

1. Write letter of encouragement and celebration to your self to express accomplishments and barriers to further change (Dolan, 2000).
2. Complete the final stage of group development including:
 - a. expression of thoughts and feelings for each other,
 - b. plan personal preparation to transition from weekly group support to familiar support networks,
 - c. complete an evaluation of the program,
 - d. participate in the closing ritual, and
 - e. plan for follow up meeting.
3. Continue exploration of understanding of the survivor experience by participating in the closing visualization including the polished stone and feather ritual (Abernathy, 2000; Dolan, 1991; Duncan, 2004; Herman, 2001; Pearson, 2003; Sanderson, 2006; Rothschild, 2000; Tedeschi & Kilmer, 2005).

Materials Required

- Room supplies
 - Flower in vase or balloon bouquet,
 - writing paper,
 - envelopes,
 - feathers from craft store,
 - lanyards with nametags,
 - markers (six to eight for each member)
 - individual water bottles,

- flipchart easel with paper and large-nib markers,
- large potted plant,
- quilt,
- four pillar candles – red, yellow, white and blue,
- pottery bowl filled with polished rocks,
- bowl or basket.
- container for completed feedback forms,
- box of tissues,
- CD player and various choices of instrumental,
- snacks and beverages.
- Phoenix Rising Treasure Boxes
 - Various gift and tin boxes filled with pens, stress balls, gum, journals, stickers, and individual bottles of bubbles
- Session 8 client handouts
 - 8.1 Letter to Your Rising Phoenix
- Leaders script
 - 8.1 Culminating Activity: Rising Phoenix
- Evaluation forms
 - 8.1 Phoenix Rising Program Evaluation

Room Preparation

- Place greeting table by the room entrance with
 - Nametags, lanyards, and markers,
 - Phoenix Rising Treasure Boxes stacked attractively on the table,

- Session handouts and evaluation forms for this session,
 - Place a balloon bouquet or flowers in vase on table.
- Arrange chairs in a circle with large potted plant in the centre of quilt.
- Place a copy of Appendix G on each member's chair to complete before leader opens the meeting.
- Place four coloured pillar candles (white, red, green, and black) around the plant.
- Place a pottery bowl of polished stones, empty bin, and box of tissues on the quilt.
- Reserve two chairs for the group leaders to sit across from each other (Corey & Corey, 2006).
- Always reserve a chair beside the co-facilitator for any tardy members (McBride, 2008).
- Prepare juice, water, fruit, and snacks being considerate of dietary and allergy restrictions.
- Play soft instrumental music as background to signal gathering time before and ending of each two-hour session.

Leaders Preparation

- Review stages of group development (Corey & Corey, 2006) specifically regarding termination (Yalom, 2005).

Welcome**20 minutes**

- Invite completion of the Outcome Rating Scale before the circle begins. Scan self-assessments before opening the meeting.
- Welcome everyone. Briefly, introduce the centrality and universality of rituals in life. Today's session is a rite of passage, a release from past pain and a transition into a hopeful future.
- Encourage participants to initiate or continue individual counselling as necessary.
- Address any questions, comments, or personal reflections.
- Clarify group protocol for today's session. Leaders will share inspirational reading.

Acknowledgement of Each Other**20 minutes**

- Distribute one-index cards with phoenix logo to be given for each group member and facilitator. For example, if there are eight participants and two facilitators, then each person would receive nine index cards.
- Ask each person to write down a few personal reflections about the qualities and strengths of each participant or facilitator that have been valued or appreciated over the duration of the group. Sentence stems written on the flipchart may help with the acknowledgement process:
 - My hope for you is....
 - My greatest concern for you is....

- Some things I hope you do for yourself is...
- I hope you will consider....
- Allow 15 minutes, then exchange the cards with everyone in the room.
- Play instrumental music softly in the background during the work period.
- Invite each person to take a few minutes to quietly read the comments that they have received from the group.

Evaluation/Feedback

20 minutes

- Distribute the evaluation handout to each participant and allow time for completion.
- Debrief with large group, discuss comments or highlights mentioned by the group members.

Planning for Follow-up Session

10 minutes

- Group discussion to explore mutually agreed upon date for follow-up meeting scheduled four to six weeks after the last session.
- Theme of this meeting is left open and it affords the chance to provide updates on continued or new changes in lives of members coping with trauma.
- Continue to encourage individual counselling to address important themes in more depth as the need arises.

Social Break

10 minutes

Letter to Your Rising Phoenix**25 minutes**

- The purpose of this letter is to provide a personal summary and opportunity to integrate the key accomplishments and lessons learned of the entire group process.
- Writing or drawing or both can be incorporated as the means to consolidate this activity.
- Leaders will mail this letter in a month to each member to a location that is safe for the member.
- Possible debriefing questions to facilitate large group process
 - What are some of the 'snapshots' of the group experience for you?
 - What did you discover new about yourself that you most want to remember?
 - How do you feel like a rising phoenix today as compared to eight weeks ago?
 - What is the single most important learning you want to carry forward from this group?

Culminating Ritual: Rising Phoenix**25 minutes**

- The purpose of this culminating group ritual is to serve as a celebration and rite of passage that communicates encouragement and faith in each member's readiness to continue their healing journey.
- The ritual consists of three components: a guided imagery (see Leader Script 8.01), debriefing questions, and an offering of feathers and polished stones.

- Read the final guided imagery.
- Possible debriefing questions:
 - What was the experience like for you? What feelings were you aware of?
 - What part of the image was most vivid? Was it similar to your earlier drawing?
 - Do you remember any thoughts that occurred to you during the imagery?
 - Describe your phoenix. Was it like your drawing earlier?
 - Would you be willing to share one or more of the strengths represented by the stones?
 - How do you feel about yourself and your future, knowing that you have developed these strengths?
- Confirm the imagery has been sufficiently processed and inform the women they have earned the feather and stones.
- The facilitator stands to offer each woman a choice of feathers and the co-facilitator follows with the bowl of polished stones.
- The final offer passes the pottery bowl for both leaders and members to take a stone as reminder of future strengths not yet revealed.

Evening Summary and Check Out	15 minutes
--------------------------------------	-------------------

- Return focus to session agenda and summarize key points (one or two sentences) from each section.
- Leader or co-leader reads final inspirational poem, song, or excerpt to the group. Upon finishing the read, the speaker blows out the candles and music begins softly.

Group Leaders Debriefing**60 minutes**

- Analyze group dynamics following Appendix I: Group Leaders Debriefing Outline.
- Complete a copy of Appendix J: Case File Notes for each member.

Handout 8.1
PHOENIX RISING PROGRAM EVALUATION

1. In general, what have been the benefits have you gained from completing this group experience?

2. What part (s) was the most value to you?

3. Comment on the size of the group – would you recommend it be smaller, larger or the same size?

4. Comment on the number of sessions – would you recommend there be more, less or the same number of sessions?

5. What additional topics or new ideas would you like to suggest?

6. Do you have any recommendations for improvements with respect for future groups?

7. Would you recommend this group to others?

THANK YOU FOR YOUR COMMENTS.

Handout 8.2

Letter to Your Rising Phoenix

Adapted by Gibbs (2011) from the list of references at the end of this handout.

1. Write your name and address on the front of the envelope provided.
2. Write a letter of **praise and encouragement** to your Rising Phoenix within.

- Address or open the letter by writing “Dear _____ claiming the phoenix and your name.
- What was the most important awareness or lessons learned by attending this group?
- How are you different or changed since our first evening session?
- How do you now see yourself as a Rising Phoenix?
- To what degree did you attain your goals? What reminders do you need to continue to rise up as a gracious and strong phoenix?
- Draw what you imagine your Rising Phoenix looks today.

****You will receive this letter in the mail within the next six weeks as a reminder of how far you have progressed and your desired destiny.**

****You may want to bring this letter of encouragement with you to the follow-up session.**

Reference

Dolan, Y. (2000). *One small step: Moving beyond trauma and therapy to a life of joy*. San Jose, CA: Authors Choice, p. 167.

Leader Script 8.1

Culminating Ritual: Phoenix Rising

Created by Gibbs (2011) from the list of references at the end of this handout.

Delivery Suggestions

- Speak in slow, calm, and soothing tone throughout each script.
- Allow for silence and/or pauses throughout delivery of the script.
- Both leaders model relaxed body posture and breathing techniques.
- Co-leader may visually monitor group behaviour while the leader reads the script below.

Group Preparation

- Tonight we will begin by sitting upright in a chair with your feet flat on the floor, and your hands resting on your lap.
- Your back is straight but not rigid.
- Take a deep cleansing breath to settle into your chair and feel the floor underneath your feet.
- Allow your eyes to close gently or keep them half open, your gaze resting on a spot on the floor in front of you.
- At no time will anyone touch you in this task nor move out of their chair
- If you feel yourself starting to get fearful or feeling anxious... then count backwards from a 100.
- And just take another deep cleansing breath.
- You might think of your body as a tall majestic mountain, which is always steadfast, even when temporarily covered by darkness or storm.
- Your breath is like a warm summer wind surrounding this mighty mountain.
- Breathe slowly and deeply moving your breath up from the bottom of your belly.

- Listen to the steady rhythm as you blow each warm breath out your mouth.
- Feel each cool breath as you inhale, and each warm breath as you exhale.
(pause and model deep cleansing breath).
- And now with each breath, release all the tension in your jaw (*pause*), in your mouth (*pause*), through your neck and shoulders (*pause to allow for a couple deep cleansing breaths*), and finally, release all the tension in your abdomen (*pause*).
- And now, as you feel your body relax and settle, just allow yourself to come to rest in your wisdom-mind (*pause*), which is always ready to express and fill your body with the energy of loving-kindness (*pause*), serenity (*pause*), and (*say with a smile in your voice*) good-humor. (*Silence. Allow these three qualities to permeate the mind/body of each member*).

Rising Phoenix Meditation

- Imagine yourself walking to the nearby river so familiar, along a gravel path, and up a steep hill. You are excited to see the river for the first time since holiday break. Feel the strength in your legs as they carry you up the hill. Breathe deeply. Swing your arms in rhythm with your steps to move steadily up the path. Breathe deeply. Examine the colours and textures of the moss and lichen on the rocks as you walk along.
- Look up the path, to the top of the hill, knowing the river runs beyond. Imagine all the wise women who have previously walked this path before you. Keep walking, relaxed and happy. Feel the warm spring sunshine envelop your body. Feel the gentle fresh breeze caress your face and arms as you crest the hill.
Now you are standing at the top of the hill that overlooks the river valley.

- Stand tall and feel your feet firmly planted on the ground. Take a couple cleansing breaths. And now imagine wise women from the past who have gained strength from this view. They are with you.
- Look up and enjoy the expanse of the clear blue sky (*pause*), then look out at fresh water winding around the bend, (*pause*), then look over at the grass and trees and shrubs covered with the first blush of green (*pause*). Yes, breathe deeply embracing the power of sky above you and of earth at your feet.
- You savour the quickening energy of the emerging spring season. Your heart fills with warmth and you spontaneously express words of honour and gratitude for being able to witness this life-affirming day. (*Pause*)
- And now, just sit down and know that just as each rock and tree is unique, you too are part of this beautiful world. Just as the earth is being awakened from a long winter, your heart and mind are also about to experience a renewal. Your quest for wholeness and health has nurtured the awesome and amazing phoenix within yourself. (*Long pause*)
- Look up! See your rising phoenix ascend into the sky. Out of the ashes she rises!! She is beautiful! She is strong! She is sacred! She is with you always! (*Longer pause*)
- All your hard work and willingness to change has allowed the Authentic You to speak your Truth, hear your Truth, and know your Truth. This is the beginning of a new chapter in your life story. Lift your face up to hear the message your Rising Phoenix is here to share with you. (*Pause*)
- Give thanks and breathe deeply into your body the first message from your Rising Phoenix. (*Another pause*)

- Remember this place of listening and giving thanks. Your phoenix wants to encourage and support you in the coming years.

Polished Rocks Meditation

- Now look down at the prairie in front of you to see three beautiful polished river rocks. This has made each smooth past eight weeks of hard work. They represent your greatest strengths as a young woman ready to move forward with her life.
- Pick up each stone and feel its smooth coolness. Notice the colour and feel the weight and shape of each rock in your hand. Look closely at each stone and imagine a word or symbol or message just... for... you. Spend some time with each stone, reflecting on each message (long pause).
- And now it is time to place the stones in your pocket. Remind yourself that you can continue to polish these stones, refining your strengths. You will gather more polished stones as you mature and heal.
- You walk down the hill, smiling, as you feel the weight of the stones in your pocket. Life is good and getting better. So am I. (*pause*)

Closing of the Rising Phoenix Meditation

- Rise slowly and turn to make your way out of the forest (*pause*).
- Feel the relaxed strength in your body as you walk down the path into the light.
- And now, gently wiggle your toes and fingers to bring yourself back into the room.
- Slowly become aware of your chair in the circle (*pause*).

- I will count backwards from five and when you are ready, open your eyes to feel alert, refreshed, and ready to share. (*Count backwards 5,4,3,2,1*).

Reference:

- Blonna, R. (2007). *Coping with stress in a changing world (4th Ed.)*. Boston: McGraw-Hill, p. 247-48.
- Pearson, Q.M. (2003). Polished stones: A culminating guided imagery for counselling interns. *Journal of Humanistic Counselling, Education, and Development*, 42, 116-120.

Follow-up Session Plan: What's UP?



Note. Clipart obtained from Microsoft Office Online for educational purposes only. Retrieved from <http://office.microsoft.com/enus/clipart/results.aspx? Category=CM790019251033>

Follow-up Session: What's Up?

Objectives

1. Theme of this meeting is to provide accountability of goals and support in maintaining the change process (Chew, 1998; Corey & Corey, 2006).
2. Problem solve any barriers to successful coping.
3. Continue to encourage individual counselling to address important themes such as grieving and meaning making in more depth as the need arises (Abernathy,2000; Neimeier, 2006)
4. Complete PTGI post evaluation.

Materials Required

- Room supplies-
 - Flower in vase or balloon bouquet,
 - writing paper,
 - envelopes,
 - feathers from craft store,
 - lanyards with nametags,
 - markers (six to eight for each member)
 - individual water bottles,
 - flipchart easel with paper and large-nib markers,
 - large potted plant,
 - quilt,
 - four pillar candles – red, yellow, white and blue,

- pottery bowl filled with polished rocks,
- bowl or basket.
- container for completed feedback forms,
- box of tissues,
- CD player and various choices of instrumental,
- snacks and beverages.
- Phoenix Rising Treasure Boxes
 - Various gift and tin boxes filled with pens, stress balls, gum, journals, stickers, and individual bottles of bubbles
- Evaluation forms
 - 8.01 Phoenix Rising Program Evaluation

Room Preparation

- Place greeting table by the room entrance with
 - Nametags, lanyards, and markers,
 - Phoenix Rising Treasure Boxes stacked attractively on the table,
 - Session handouts and evaluation forms for this session,
 - Place a balloon bouquet or flowers in vase on table.
- Arrange chairs in a circle with large potted plant in the centre of quilt.
- Place a copy of Appendix G on each member's chair to complete before leader opens the meeting.
- Place four coloured pillar candles (white, red, green, and black) around the plant.
- Place a pottery bowl of polished stones, empty bin, and box of tissues on the quilt.
- Reserve two chairs for the group leaders to sit across from each other (Corey & Corey, 2006).

- Always reserve a chair beside the co-facilitator for any tardy members (McBride, 2008).
- Prepare juice, water, fruit, and snacks being considerate of dietary and allergy restrictions.
- Play soft instrumental music as background to signal gathering time before and ending of each two-hour session.

Leaders Preparation

- Review stages of group development (Corey & Corey, 2006) specifically regarding termination (Yalom, 2006).

Welcome**10 minutes**

- Invite completion of the Outcome Rating Scale before the circle begins. Scan self-assessments before opening the meeting.
- Welcome everyone.
- Encourage participants to initiate or continue individual counselling as necessary.
- Clarify group agenda for today's session.
- The leaders will share today's closing inspirational reading.

Bingo Card Icebreaker**10 minutes**

- Distribute the Bingo Card Icebreaker handout.
- Allow 5 minutes for group to circulate and complete the bingo questionnaire.

Interview Update**40 minutes**

- Theme of this meeting affords the chance to provide updates on continued or new changes in lives of members coping with trauma.
- Invite group to move into pairs for the interview activity and distribute handout sheet of possible questions.
- Allow each person 5 minutes to complete interview then return to large group circle.
- Co-Leader will list all triumphs and concerns reported on the flipchart.
- Large Group Debrief:

- Complete first three questions of the handout.
- Do you have anything else to say about yourself or your group experience during or since the group?
- If you had not been a member, would your life have been any different?

Social Break	10 minutes
---------------------	-------------------

Post-Traumatic Growth Inventory (PTGI)	10 minutes
---	-------------------

- Ensure each participant understands the inventory's purpose, that is meant to create a baseline assessment at the start of the program, show growth at end of program, and provide information to better serve the members.
- Inform group that all information collected on the PTGI and Session Evaluation forms is anonymous.
- Ask members to leave both forms in the container located on the quilt.
- *Post-traumatic Growth Inventory (see Appendix d)*. This scale appears to have utility in determining how successful individuals, coping with the aftermath of trauma, are in reconstructing or strengthening their perceptions of self, others, and the meaning of events (Joseph & Linley, 2008).
 - 21- item scale of the Posttraumatic Growth Inventory (PTGI) encompasses the topics of New Possibilities, Relating to Others, Personal strength, Spiritual Change, and Appreciation of Life (Tedeschi & Calhoun, 1996).

Evening Summary and Check Out**15 minutes**

- Summary: Return focus to session agenda and summarize key points (one or two sentences) within each section.
- Check Out: Facilitator reads closing explanation of the phoenix legend, then blows out candles to signal end of session.
- Play instrumental music while Appendix H: Session Rating Scale is being distributed by the co-facilitator

Group Leader Debriefing Pre-Session**60 minutes**

- Analyze group dynamics following Appendix I: Group Leaders Debriefing Outline.
- Complete a copy of Appendix J: Case File Notes for each member.

Post Session Handout: Interview Questions

1. What general impact has the group experience had on your life?
2. What are some changes you have made in your life since attending PRPG?
3. What challenges did you have with putting changes into your daily life since leaving the group?
4. What effects do you think your past participation in the group had upon significant people in your life?
5. Have you had any crisis in your life since leaving the group? How did you handle this?
6. In regards to your lifestyle, attitudes, and relationships with others, what have you become aware of since our last group session?

APPENDIX B: SCREENING QUESTIONS

Adapted by Gibbs (2011) from the list of references at the end of this handout

Phoenix Rising Group Program Possible Session Date: _____

Name: _____ **Date:** _____

Interviewed By: _____

1. Tell us about yourself right now: age? school? work? friends? romance?
2. To your knowledge, has anyone else in your family have an abuse history when they were growing up? Any siblings having the same experience?
3. How long have you been in individual therapy and how was it helpful or not?
Are you working with a personal counsellor at this time?
4. Tell us additional ways you have coped with the trauma so far.
5. What healthy and unhealthy resources and support do you currently have in your life?
6. What are you hoping to gain in the quality of your life from this group?

7. Have you had experience in group therapy before? What was that experience like?
8. What questions do you have about the group and about us as the facilitators?
9. Do you have any concerns about joining a group that is geared towards this topic?
10. What are some specific areas concerning trauma and childhood sexual abuse that you would most like to explore?
11. Are you willing to work with the group as a whole on your own personal issues?
12. Tell me about your family history. (Complete a family genogram).

13. Are there any other emotional or traumatic issues that you think we should know about before the group begins?

14. Have you had any previous psychological tests? Have you been hospitalized or completed drug/alcohol treatment programs? Are you on medication?

15. Are you able to commit to attending all eight sessions? Elaborate on the reasons.

16. Are there transportation, childcare concerns, or anything else that may stop your regular attendance?

References

- Briere, J., & Scott, C. (2006). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment*. Thousand Oaks, CA: Sage.
- Corey, M. S., & Corey, G. (2006). *Groups: Process and practice* (7th ed.). Belmont, CA: Brooks/Cole.
- Corey, G., Corey, M. S., & Callanan, P. (2007). *Issues and ethics in the helping professions* (7th ed.). Belmont, CA: Brooks/Cole.
- Gerrity, D., & Matthews, L. (2006). Leader training and practices in groups for survivors of childhood sexual abuse. *Group Dynamics: Theory, Research and Practice*, 10(2), 100-114.
- Gerrity, D. A., & Peterson, T. L. (2004). Groups for survivors of childhood sexual abuse. In J. L. DeLucia-Waak, D. A. Gerrity, C. R. Kalodner, & M. T. Riva (Eds.), *Handbook of group counselling and psychotherapy* (pp. 497-545). Thousand Oaks, CA: Sage.
- Grisso, T., Vincent, G., & Seagrave, D. (Eds.). (2005). *Mental health screening and assessment in juvenile justice*. London, United Kingdom: Guilford.
- Knight, C. (2006). Groups for individual with traumatic histories: Practice considerations for social workers. *Social Work*, 51(1), 20-30.
- Tedeschi, R. G. & Kilmer R.P. (2005). Assessing strengths, resilience, and growth to guide clinical interventions. *Professional Psychology: Research and Practice*, (36)3, 230-237

APPENDIX C: MARKETING POSTER

Graphics designed by Gibbs (2011).



PHOENIX RISING: A GROUP PROGRAM FOR SEXUALLY ABUSED FEMALE YOUTH

Adolescents who are in first stage of healing from childhood sexual abuse
Ages 16-18

8-week group sessions (along with pre and post sessions)
TOPICS: FINDING SANCTUARY, LET IT BEGIN WITH ME, GAINING STRENGTH,
SHARING AND LISTENING, FEELINGS, and CELEBRATION.
7-9pm

Tuesday evenings September 2 to October 21, 2011

Send Referrals To:
Brenda Gibbs
Saskatoon Sexual Assault and Information Centre
601-25th Street East
Phone: 683-0000

*Pre-group meeting will provide assessment and screening for suitable members
Orientation package and consent forms completed by interested young women*

<p style="text-align: center;">Appendix D: POST-TRAUMATIC GROWTH INVENTORY</p>
--

STEP 1: Identify a Life-Altering Event

Focus on one traumatic or life-altering event that has occurred in your life.

A. Check the general experience you are thinking of:

- × Loss of a loved one
- × Chronic or acute illness
- × Violent or abusive crime
- × Accident or injury
- × Disaster
- × Disability
- × Job loss

B. Indicate time lapsed since event occurred:

- × 6 months – 1 year
- × 1 – 2 years
- × 2 – 5 years
- × More than 5 years

STEP 2: Answer the Following Questions

Indicate for each of the following statements the degree to which the change reflected in the question is true in your life because of your crisis, using the following scale:

0= I did not experience this change as a result of my crisis.

1= I experienced this change to a very small degree as a result of my crisis.

2= I experienced this change to a small degree as a result of my crisis.

3= I experienced this change to a moderate degree as a result of my crisis.

4= I experienced this change to a great degree as a result of my crisis.

5= I experienced this change to a very great degree as a result of my crisis.

1. I changed my priorities about what is important in life. _____

2. I have a greater appreciation for the value of my own life. _____

3. I developed new interests. _____

4. I have a greater feeling of self-reliance. _____

5. I have a better understanding of spiritual matters. _____

6. I more clearly see that I can count on people in times of trouble. _____

7. I established a new path for my life. _____

8. I have a greater sense of closeness with others. _____
9. I am more willing to express my emotions. _____
10. I know better that I can handle difficulties. _____
11. I am able to do better things with my life. _____
12. I am better able to accept the way things work out. _____
13. I can better appreciate each day. _____
14. New opportunities are available which wouldn't have been
otherwise. _____
15. I have more compassion for others. _____
16. I put more effort into my relationships. _____
17. I am more likely to try to change things, which need changing. _____
18. I have a stronger religious faith. _____
19. I discovered that I'm stronger than I thought I was. _____
20. I learned a great deal about how wonderful people are. _____
21. I better accept needing others. _____

STEP 3: Total Your Responses

Score each factor by adding your answers from the following questions:

- Factor I: Questions 6, 8, 9, 15, 16, 20, and 21 Total _____
- Factor II: Questions 3, 7, 11, 14, and 17 Total _____
- Factor III: Questions 4, 10, 12, and 19 Total _____
- Factor IV: Questions 5 and 18 Total _____
- Factor V: Questions 1, 2, and 13 Total _____

STEP 4: Reflect on Your Growth

If you answered 0 or 1 for many of the questions in any section of the exercise, keep in mind that it may take time to experience change in the areas addressed by this question. Also remember, post-traumatic growth is an ongoing process. Your answers to these same questions may change over time as you change – as you develop and build upon your strengths and adjust to new circumstances. You may want to re-do this exercise, six months or even a year down the road to see how your responses change.

Factor I: Relating to Others Your Score _____

People who experience trauma typically score approximately 23 within the category of relating to others. If you answered with 4 or 5 to many of the questions in this section, you may be developing even stronger bonds with loved ones, reestablishing relationships with estranged family members and friends, or gaining more compassion for others, especially those who have suffered in similar situations.

Factor II: New Possibilities Your Score _____

People who experience trauma typically score approximately 18 within the category of new possibilities. If you answered with 4 or 5 to many of the questions in this section you may be noticing that you are beginning to make choices in a more conscious manner according to a plan. You also may be more likely to try to change things that need changing.

Factor III: Personal Strength Your Score _____

People who experience trauma typically score approximately 15 within the category of personal strength. If you answered with 4 or 5 to many of the questions in this section, you may be expressing greater self-reliance and feeling more able to accept how things turn out and developing personal strength that may help you through such hardships you encounter in the future.

Factor IV: Spiritual Change Your Score _____

People who experience trauma typically score approximately 5 within the category of spiritual change. If you answered with 4 or 5 to the questions in this section, you may be reevaluating spiritual beliefs, associating with a community of similar believers, or connecting with your spiritual roots.

Factor V: Appreciation of Life Your Score _____

People who experience trauma typically score approximately 11 within the category of appreciation of life. If you answered with 4 or 5 to many of the questions in this section, you may be developing a greater appreciation of life as a result of your crisis. Some explain this as trying to live each day more fully. Some may rethink their values and priorities about what is important in their life and act differently if they change their priorities – for example, by spending more time with their family.

(An on-line version of the inventory free [http://: www.helping.apa.org](http://www.helping.apa.org))

APPENDIX E: INFORMED CONSENT

Adapted by Gibbs (2011) from the list of references at the end of this handout

WELCOME TO THE PHOENIX RISING GROUP PROGRAM. We are very happy you decided to join and we are honoured to be a part of your healing journey. To ensure the best possible results, we would like to review counseling guidelines and expectations.

Counselling is different than talking to a friend or family member. Our conversations have specific goals, and although we will be supportive, we also will challenge you. Sometimes you might feel annoyed, tired or upset following a session. This can happen as you are processing new ways of thinking or because you've spoke about something that is bothering you. As a result of counselling, you may experience changes in your relationships or beliefs that have unexpected results. Usually these changes are very positive in the long term, but it may be difficult to experience as they are occurring. (Taken directly from Rowland, McBride, & Ellis-Toddington, 2010).

Please check each statement as you read and discuss this document with your counsellors.

AS A GROUP MEMBER I AGREE TO EACH OF THE FOLLOWING STATEMENTS:

- Keep group confidentiality at all times – meaning I will not tell anyone who is attending the group and I will not share private information about anyone
- Add towards a positive group experience by focusing on sharing my own thoughts, feelings, and experiences
- Arrive on time and participate when I feel safe to do so
- Ask questions if I do not understand something during the session
- Share my own story and feelings without the use of profanity whenever possible
- Attend each session with a clear and sober mind
- If I meet with other members outside of group, I will not gossip or criticize other members
- Notify the office of any changes to my phone or address information
- Understand that brief notes are completed after each counselling session to aid in planning
- Contact the distress line or go to the hospital if I am not coping well or if I am ever at risk for hurting myself or someone else
- My parents or my legal guardian may need to be contacted by the counsellors if they believe it is in my best interest to do so (or if the law requires it)
- If I disclose the name of the person that abused me and this person has not been charged, the counsellor may be legally required to report this abuse.

I KNOW THESE ARE MY RIGHTS IN GROUP COUNSELLING:

- Be treated with dignity, equality, and respect by the leaders and all group members
- Be a voluntary and active participant in choosing goals for my treatment
- To understand the available options and recommended counseling strategies
- To only allow personal disclosure with other agencies by granting signed permission
- To protect the anonymity of everyone else outside the group time and place. I can only initiate my own self-disclosure about membership in the group
- The limits to my confidentiality comes into place when: my own or another's life is in danger, a minor under the age of 18 or dependent adult requires protection, or a subpoena, warrant, or order is issued and counsellors are called to testify
- To seek a second opinion
- To know the leaders' qualifications, experience, and limitations regarding group therapy

AS A GROUP LEADER I AGREE TO:

- Treat each group member and my co-leader with great respect and dignity
- Be prepared for each group session
- Begin and end all group sessions on time
- Discuss the group process only with my co-leader and supervisor.
- If you tell me that you or someone else needs protection, I agree to do my best to access the resources that I am ethically and/or legally required to consult/report
- To record session notes in a way that respects your dignity and is not focused on details about your story but rather on process (themes)
- To keep your session notes in a secure, locked file only accessible by myself
- Evaluate each session to ensure that the group is helping all members resolve their problems and work on their goals
- To not become your friend but rather remain as your counsellor
- To set boundaries that ensure the promotion of safety and trust in the group room
- Not accept gifts from anyone in the group

 Group Member

 Date

 Group Leaders

 Date

References:

- Corey, M.S., & Corey, G. (2006). *Groups: Process and practice* (7th ed.). Belmont, CA: Brooks/Cole.
- Rowland, H., McBride, D., & Ellis-Toddington, J. (2010). *Informed consent for counselling at the University of Lethbridge*. Retrieved from <http://www.uleth.ca/counselling/>
- Wiger, D. E. (1999). *The clinical documentation sourcebook: The complete paper work resource for your mental health practice* (3rd ed., pp. 1.9–1.10). New York, NY: John Wiley & Sons.

APPENDIX F: RELEASE OF INFORMATION

Adapted by Gibbs (2011) from the list of references at the end of this handout

This release of information form must be signed before any personal information is released or obtained from another person or agency. This consent will expire at the end of the group process.

I, _____ (Name of Client)

_____ (Date of Birth)

Hereby authorize _____

Of _____

To release the following information:

To:

This consent form expires on _____

Client's signature (or person authorized to sign for client)

Date

Witness

Date

Reference

Wiger, D. E. (1999). *The clinical documentation sourcebook: The complete paperwork resource for your mental health practice* (3rd ed.). New York: John Wiley & Sons, pp. 5.13.

APPENDIX G: OUTCOME RATING SCALE

Outcome Rating Scale (ORS)

Name: _____ Age (yrs.): _____ Sex M/F: _____
ID # _____ Session # _____ Date: _____

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life. The marks to the left represent low levels and marks to the right indicate high levels.

Individually

(Personal well-being)

[_____]
Low High

Interpersonally

(Family, Close Relationships)

[_____]

Socially

(Work, School, Friendships)

[_____]

Overall

(General sense of well-being)

[_____]

Institute for the Study of Therapeutic Change
www.talkingcure.com

©2000, Scott D. Miller and Barry L. Duncan (permission to use cited on the website)

<h2 style="margin: 0;">APPENDIX H: SESSION RATING SCALE</h2>
--

Name: _____ Age (yrs): _____

Date: _____ Session # _____

**** Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.**

Relationship

I did not feel heard, understood, and respected.	[_____]	I felt heard, understood and respected.
--	-----------	---

Goals and Topics

We did NOT work on or talk about what I wanted to work on and talk about.	[_____]	We worked on and talked about what I wanted to work and talk about.
---	-----------	---

Approach or Method

The leaders' approach is NOT a good fit for me.	[_____]	The leaders' approach is a good fit for me.
---	-----------	---

Overall

There was something missing for me today.	[_____]	The session today was a good fit.
---	-----------	-----------------------------------

<p style="text-align: center;">APPENDIX I: GROUP LEADER DEBRIEFING OUTLINE</p>

Adapted by Gibbs (2011) from the list of references at the end of this handout

Name of Session: _____ Stage of Group: _____

1. At this stage of the group process, how well are participants building trust in each other, the group leaders, and in the group process (Corey & Corey, 2006)?

2. Who was actively engaged in today's discussion and activities?

Who was less involved?

What might be the reasons some participants are less involved?

How might we plan to increase the engagement of these participants (Corey & Corey, 2006)?

3. To what degree were participants engaged in today's discussion?

What might have been the barriers or incentives to participation?

How might we capitalize on these incentives or decrease these barriers in the next session?

4. What group and personal goals stated by the participants during today's discussion and assessments?

5. Have we planned ways to help participants achieve these goals in upcoming sessions? If not, how and where could we build this into our upcoming sessions?
6. What might we anticipate are the barriers to compliance with the group agreement in forthcoming sessions?
 - a. How might we plan to improve compliance with group agreement so that all participants feel safe, comfortable, and respected in the group
7. How did we do for time?
 - a. Is there anything we rushed through today that we should incorporate more fully into next week's session?
 - b. How might we plan to decrease time constraints for upcoming sessions?
8. How are we working together as co-leaders (Corey & Corey, 2006)?
 - a. How well did we take turns, build off each other's statements, and collaboratively address observations made within the group?
 - b. What might we do differently next time to improve our collaboration as co-leaders?

9. What feedback was obtained in the Session Evaluation forms?

How might we address and incorporate this feedback in the next sessions?

Reference

Wiger, D. E. (1999). *The clinical documentation sourcebook: The complete paperwork resource for your mental health practice* (3rd ed.). New York: John Wiley & Sons, pp. 5.13.

Appendix J: CASE FILE NOTES

Adapted by Gibbs (2011) from the list of references at the end of this handout

Client name: _____ Group: Phoenix Rising

Session Topic: _____ Date of today's group: _____

Main group topics and activities for week:

Observational Ratings Checklist:

BEHAVIOUR	LOW	MEDIUM	HIGH
Participated in group exercises			
Demonstrated ability to regulate emotions			
Disclosed appropriate /on task information about self			
Listened to others			
Supported others			
Participated with positive interactions			
Following group guidelines			
Progressing towards personal identified goals			

Individual contributions to this group session:

Counsellor _____

Signature _____ Date _____

Reference

Wiger, D. E. (1999). *The clinical documentation sourcebook The complete paperwork resource for your mental health practice (3rd ed.)*. New York: John Wiley & Sons, p.6.14.

**APPENDIX K:
SELF-REFLECTION FORM**

WHAT WAS THE BEST PART (HIGH POINT) OF
TONIGHT'S SESSION?

WHAT WAS THE WORST PART (LOW POINT) OF
TONIGHT'S SESSION?

WHAT IS MY GOAL FOR THIS COMING WEEK?

References

- Abernathy, B.E., (2000). Who am I? Helping trauma victims find meaning, wisdom, and a new sense of self. In Waltz, G.R., Bleuer, J.C., & Yep, R.K., (Eds.), *Compelling counselling interventions: Celebrating vistas* (pp. 199–212). Mahwah, NJ: Lawrence Erlbaum Associates.
- Avinger, K. A., & Jones, R. A. (2007). Group treatment of sexually abused adolescent girls: A review of outcome studies. *American Journal of Family Therapy, 35*, 315–326.
- Beattie, M. (1996). *Journey to the Heart: Daily meditations on the path to freeing your soul*. New York, NY: Harper.
- Blonna, R. (2007). *Coping with stress in a changing world* (4th ed.). Boston, MA: McGraw-Hill.
- Blue, A., & Darou, W. (2005). Counselling First Nations people. In N. Arthur & S. Collins (Eds.), *Culture-infused counselling: Celebrating the Canadian mosaic* (pp. 303–330). Calgary, AB, Canada: Counselling Concepts.
- Bourne, E. J. (2005). *The anxiety and phobia workbook* (4th ed.). Oakland, CA: New Harbinger.
- Bourne, E. J., Brownstein, A., & Garano, L. (2004). *Natural relief for anxiety: Complementary strategies for easing fear, panic, and worry*. Oakland, CA: New Harbinger.
- Brabender, V. (2002). *Introduction to group therapy*. New York, NY: Wiley.
- Brabender, V., Fallon, A. E., & Smolar, A. (2004). *Essentials of group therapy*. Hoboken, NJ: Wiley.
- Chen, M., & Rybak, C. (2004). *Group leadership skills*. Toronto, ON, Canada: Thomson Nelson.

- Corder, B. F. (2000). *Structured psychotherapy groups for sexually abused children and adolescents*. Sarasota, FL: Professional Resource.
- Corey, G. & Corey, M., (2002). *I never knew I had a choice: Explorations in personal growth* (7th ed.). Pacific Grove, CA: Brooks/Cole.
- Corey, G., & Corey, M. S. (2006). *Groups: Process and practice* (7th ed.). Belmont, CA: Brooks/Cole.
- Corey, G., Corey, M. S., & Callanan, P. (2007). *Issues and ethics in the helping professions* (7th ed.). Belmont, CA: Brooks/Cole.
- Cormier, S., & Nurius, P. S. (2003). *Interviewing and change strategies for helpers: Fundamental skills and cognitive behavioural interventions* (5th ed.). Pacific Grove, CA: Brooks/Cole.
- Dolan, Y. (1991). *Resolving sexual abuse: Solution-focused therapy and Ericksonian hypnosis for adult survivors*. New York, NY: W.W. Norton.
- Dolan, Y. (2000). *One small step: Moving beyond trauma and therapy to a life of joy*. San Jose, CA: Papier-Mache Press.
- Donaldson, M. A., & Cordes-Green, S. (1994). *Group treatment of adult incest survivors*. Thousand Oaks, CA: Sage.
- Duncan, B. L., Miller, S. D., & Sparks, J. A. (2004). *The heroic client: A revolutionary way to improve effectiveness through client-directed, outcome-informed therapy* (Rev. ed.). San Francisco, CA: Jossey-Bass.
- Duncan, K. A. (2004). *Healing from the trauma of childhood sexual abuse: The journey of women*. Westport, CT: Praeger.
- Gerrity, D. A., & Matthews, L. (2006). Leader training and practices in groups for survivors of childhood sexual abuse. *Group Dynamics: Theory, Research and Practice*, 10(2), 100–114.

- Gerrity, D. A., & Peterson, T. L. (2004). Groups for survivors of childhood sexual abuse. In J. L. DeLucia-Waak, D. A. Gerrity, C. R. Kalodner, & M. T. Riva (Eds.), *Handbook of group counselling and psychotherapy* (pp. 497–545). Thousand Oaks, CA: Sage.
- Gillies, J., & Neimeyer, R. A. (2006). Loss, grief, and the search for significance: Toward a model of meaning reconstruction in bereavement. *Journal of Constructivist Psychology, 19*, 31–65. doi:10.1080/10720530500311182
- Gladding, S. (2003). *Group work: A counselling specialty* (4th ed.). Upper Saddle River, NJ: Merrill Prentice Hall.
- Grisso, T., Vincent, G., & Seagrave, D. (Eds.). (2005). *Mental health screening and assessment in juvenile justice*. London, United Kingdom: Guilford.
- Hecht, D. B., Chaffin, M., Bonner, B. L., Worley, K. B., & Lawson, L. (2002). *Treating sexually abused adolescents*. In J. E. B. Myers, L. Berliner, J. Briere, C. T. Hendrix, C. Jenny, & T. A. Reid (Eds.), *APSAC handbook on child maltreatment* (2nd ed., pp. 159–171). Thousand Oaks, CA: Sage.
- Joseph, S., & Linley, P. A. (2008). Psychological assessment of growth following adversity: A review. In S. Joseph & P. A. Linley (Eds.), *Trauma, recovery, and growth: Positive psychological perspectives on post-traumatic stress* (pp. 21–36). Hoboken, NY: Wiley.
- Kabat-Zinn, J. (1994). *Wherever you go, there you are*. New York, NY: Hyperion.
- Lubin, H., & Johnson, J. (2008). *Trauma-centered group psychotherapy for women: A clinician's manual*. New York, NY: Haworth.
- McBride, D. (2008). *Assignment #2: Group program with session plans & facilitator notes* [Web course tools]. Lethbridge, AB, Canada: University of Lethbridge.

- Meyers, L. (n.d.). *Assignment #2: Group program with session plans & facilitator notes* [Web course tools]. Lethbridge, AB, Canada: University of Lethbridge.
- Morgan, T., & Cummings, A. L. (1999). Change experience during group therapy by female survivors of childhood sexual abuse. *Journal of Consulting and Clinical Psychology, 67*(1), 28–36.
- Neimeyer, R. (2006). Re-storying the loss: Fostering growth in the post-traumatic narrative. In L. G. Calhoun & R. G. Tedeschi (Eds.), *Handbook of post-traumatic growth* (pp. 68–80). Mahwah, NJ: Lawrence Erlbaum Associates.
- Pearson, Q. M. (2003). Polished stones: A culminating guided imagery for counselling interns. *Journal of Humanistic Counselling, Education, and Development, 42*, 116–120.
- Prince Albert Family Service. (n.d.). *Informed consent documents*. Prince Albert, SK, Canada: Author.
- Riso, J. (1993). *Enneagram transformations: Releases and affirmations for healing your personality type*. Boston, MA: Houghton Mifflin.
- Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment*. New York, NY: W.W. Norton.
- Rowland, H., McBride, D., & Ellis-Toddington, J. (2010). *Informed consent for counselling at the University of Lethbridge*. Retrieved from http://www.uleth.ca/counselling/sites/counselling/files/informed_consent_U_of_L_sept_9_2010.pdf
- Sams, J. (1990). *Sacred path cards: The discovery of self through native teachings*. New York, NY: Harper.
- Sanderson, C. (2006). *Counselling adult survivors of child sexual abuse* (3rd ed.). London, United Kingdom: Jessica Kingsley.

- Schiraldi, G. R. (2007). *10 simple solutions for building self-esteem: How to end self-doubt, gain confidence, and create a positive self-image*. Oakland, CA: New Harbinger.
- Schiraldi, G. R. (2008). *Post-traumatic stress disorder sourcebook: A guide to healing, recovery, and growth*. New York, NY: McGraw Hill.
- Spinal-Robinson, P., & Easton Wickham, R. (1998). *High tops: A workbook for teens who have been sexually abused*. North Battleford, SK, Canada: Battlefords Sexual Assault Centre.
- Tedeschi, R. G., & Calhoun, L. G. (1996). The post-traumatic growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress, 9*(3), 455–471.
- Tedeschi, R. G. & Kilmer R.P. (2005). Assessing strengths, resilience, and growth to guide clinical interventions. *Professional Psychology: Research and Practice, 36*(3), 230-237.
- Williams, M. B., & Pojiula S. (2002). *The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms*. Oakland, CA: New Harbinger.
- Wiger, D. E. (1999). *The clinical documentation sourcebook*. New York, NY: John Wiley & Sons.
- Yalom, I. (with Leszcz, M.). (2005). *The theory and practice of group psychotherapy* (5th ed.). New York, NY: Basic Books.