

**DRAWING STRENGTH: A GROUP PROGRAM FOR ADOLESCENT
FEMALES WHO HAVE BEEN SEXUALLY COERCED**

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Abstract

The purpose of this applied project is to guide professional helpers in offering services to adolescent females who have experienced sexual coercion. This project contains a review of relevant literature as well as a description of and instructions for implementation of a therapeutic group program. Literature pertinent to sexual coercion and consent, adolescent development, effective and ineffective coping, and group and expressive arts therapy is summarized and synthesized. Following this, the literature review process and group program creation are described, an overview of the group program is offered, and project strengths, limitations, and future research directions are discussed. This project culminates with an appendix that contains a group program manual instructing therapists on how to implement an expressive arts therapy group with adolescent females who have experienced sexual coercion.

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Chapter 1: Introduction

Sex and sexuality are a part of life for virtually all human beings. For many, sexual intercourse is experienced as a positive, pleasurable, and consensual activity. For some, intercourse is even an act that deepens the bond between two people, an avenue through which two people can communicate feelings of love and devotion to one another (Smiler et al., as cited in Russell, 2005). Although for some, intercourse is an enjoyable experience, physically and emotionally, others have experienced the deep hurt, anger, injustice, and shame of nonconsensual sex. Rape, sexual assault, sexual abuse, incest—these are all words used to describe the most severe forms of nonconsensual sexual contact—that which is physically forced upon one person by another, and is punishable by law. At first it may seem that consent is fairly cut-and-dry: Either both parties agree to participate, or not. However, sometimes it is not that simple. Could there ever be a case in which intercourse is not consensual, yet not forced? The following two fictional case examples shed some light on this.

1. John and Tracey have been dating for 4 months. For the past month and a half, John has been trying to convince Tracey to have sex with him. He argued that everyone else at their school is doing it, that if Tracey loved him she would do it, and that it is cruel to be a tease. Tracey repeatedly told John that she wanted to wait until she was married. Finally, one day, John told Tracey that if she wouldn't have sex with him, he would find someone who would. On that day, Tracey gave in and had sex with John.
2. Laura and Jim met at a party one night when they were both drinking alcohol. Throughout the night, Jim kept pouring Laura more and more drinks. At one

point Laura found herself alone in a room with Jim. He started removing her clothing and his own, at which point Laura began to put her clothes back on, with a worried look on her face. However, Jim persisted in removing his own clothing, while nagging Laura and calling her names. Laura was not in the best frame of mind to make a firm decision. She wondered if by spending the whole night talking to Jim, she had led him on. She ended up having sex with Jim that night.

In the two above scenarios, there is sexual contact that is not physically forced, and there is no threat of physical force or violence, but is it consensual? There is much debate within the consent literature. Some academics argue that any yes equals consent (Archard, 1998; Panichas, 2001). Intuitively, this may seem like the obvious conceptualization, especially to those in favour of simplicity. However, in response to the two above case examples, some scholars (Beres, 2007; Hickman & Muehlenhard, 1999; Humphreys, 2005) would argue that although there is, in the end, some form of agreement, the female participants in each example have been coerced and have not given consent freely. They have not given consent.

Beres (2007), Hickman and Muehlenhard (1999), and Humphreys (2005) conceptualized consent as something that can only be given freely. From this perspective, consent has more than just a behavioural component, it also has a cognitive and an affective component—the internal state of the individual, the element of desire. Therefore, a sexual encounter would be considered nonconsensual if: (a) one party does not wish to engage in sexual activity, (b) that party expresses disinterest either verbally or nonverbally in a way that the desiring individual can perceive and understand, and (c) the

first party is then convinced into engaging in sexual activity by the second party (Beres, 2007). This second description of consent is one that I, as the author of this project, endorse because it validates the experiences of those who find themselves participating in sexual activity because of someone else's desires, not their own, even though they expressed their unwillingness at some point. Can you imagine how it would feel after being in Tracey or Laura's shoes in one of the above situations, to be told that you had just experienced consensual sex?

Purpose of the Project

Understanding consent can help us begin to understand sexual coercion, a type of sexual contact that is not consensual, nor is it forced. Sexual coercion, a central concept to this project, will be more thoroughly described and defined in Chapter 2. The aim of this project is to (a) contribute to the understanding of the experience of what it is like to be coerced into unwanted sexual activity as an adolescent female; (b) understand how effective coping and healing takes place; and (c) in turn, to create a therapeutic program that will be helpful to this population.

According to the literature, young women experience a great deal in adolescence. They go through many changes, including the formation of their own personal identities (Steinberg, 1993), a decrease in life satisfaction (Goldbeck, Schmitz, Besier, Herschbach, & Henrich, 2007) and self-esteem (Heaven & Ciarrochi, 2008), and receive conflicting social messages about how they should behave in sexual situations (Hartwick, Desmarais, & Hennig, 2007; Hyde, Drennan, Howlett, & Brady, 2008; Morgan & Zurbriggen, 2007; Powell, 2008). In the midst of all these transitions, many adolescent females are faced with sexually coercive experiences and end up having sex even though they had no

sexual desire to do so (Morgan & Zurbriggen, 2007). After experiencing sexual coercion, college females have reported that many negative emotions arise (Caraway, 1997). It is possible that this effect is even more pronounced in adolescent females who are already going through a turbulent developmental period (Goldbeck et al., 2007; Heaven & Ciarrochi, 2008). Therefore, creating a group program to help adolescent females cope with verbal sexual coercion is important in improving the psychological wellbeing of youth.

Conceptual Framework

This section discusses relational cultural theory, the theoretical perspective that I have chosen to conceptualize this project. This section also discusses how relational cultural theory has changed over time, reasons why it was chosen, and limitations of this perspective.

Relational cultural theory. In understanding the psychological structures of young women, the theoretical work of Jean Baker Miller can be of assistance (Jordan, 2008). In her groundbreaking book, *Toward a New Psychology of Women*, Miller (1986) described how living as the nondominant group in society has shaped women into very different psychological beings than men. While traditional theories of psychology have described development as the pathway from childlike dependence to mature independence, emphasizing the importance of a self-sufficient, clearly differentiated, autonomous self, the Stone Center at Wellesley College (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991) viewed “connection” (p. 2) as a basic human need, and one that is especially strong in women.

Theoretically, girls perceive themselves to be more similar than different to their earliest maternal caretakers, so they do not have to differentiate from their mothers in order to continue to develop their identities. This is in contrast to boys, who must develop an identity that is different from the mother's in order to continue their development. Thus, women's psychological growth and development occur through adding to rather than separating from relationships. Consequently, defining themselves as similar to others through relationships is fundamental to women's identities. (Bylington, 1997, p. 35)

Relational-cultural theory (RCT), which grew out of Miller's (1986) work, was borne from an exploration of how feminine psychological development converges with the forming of relationships. RCT makes a very useful theoretical framework within which to ground the project at hand for a number of reasons. First, RCT can be applied to the relationship between a female experiencing sexual coercion and the individual applying coercive tactics towards her. The decision to engage or not engage in sexual activity may have intense ramifications on their relationship and, therefore, the relationship (and its type, quality, and essence) may be an important factor in sexual coercion. The experience may, furthermore, have an impact on the individual's willingness to connect with others in the future. Second, the contextual factors of a female's life, particularly relationships between her and members of her support network (family, friends, coworkers, classmates, teachers, and/or counsellors) may have implications on her recovery from a sexually coercive experience. Third, RTC provides valuable information as to the ways in which psychotherapists can most effectively work with their clients. Relational approaches to counselling are collaborative and emphasize

how stories emerge out of cocreated encounters between psychotherapists and clients.

The relational counsellor has a responsibility to build a bridge to the participant using his or her own special awareness, skills, experience, and knowledge (Evans & Gilbert, 2005) with the intent of comprehending meaning from within clients' own subjective frame of reference. Counsellors working from this perspective strive to pay close attention to the client with curiosity, empathy, and compassion, encouraging the client to share his or her experiences.

Miller (1986) described how as the nondominant societal group women have been delegated responsibility for the necessary but nonpreferred, "less important" (p. 76) tasks of serving and caring for others. According to Miller, this has led women to develop incredible strengths and skills that, unfortunately, regardless of their vast necessity and importance, are minimized and devalued as "women's work" (p. 26). These strengths have led women to a unique understanding and appreciation for human connection, and have also led women to define themselves in terms of their relational connections with others. From Miller's perspective, females have been socialized to value relationships and to take on the role of serving and caring for others—in other words, to put others' needs before their own. According to Miller, males have been socialized in an entirely different way. They have been taught that their value lies in individuation, competition, and personal achievement. Those who spend time attending to the needs of others are not only detracting from the time they could be spending working towards personal achievement, they are also at risk of being perceived as feminine. Any male who has ever been called sissy or girly can attest to the reality that this is not meant to be a compliment (Miller, 1986).

According to Miller (1986), “The central point here is that women’s great desire for affiliation is both a fundamental strength, essential for social advance and at the same time the inevitable source of many of women’s current problems” (p. 89). The preceding quotation provides insight into how women might experience sexual coercion. From Miller’s (1986) viewpoint, because men are concerned primarily with meeting their own needs and understand women’s role in society as meeting the needs of others, men might tend to expect and even demand compliance with men’s own desires. Meanwhile, women are often concerned primarily with meeting the needs of others and putting aside their own needs (Miller, 1986). This way of being might compel them to be convinced into sexual activity that is desired by another but not by themselves. Due to the female desire to have experiences enhance emotional connectivity with other people, they might even hold out hope that, in turn, men will fulfill their needs for affiliation and human connection. However, women are likely to encounter frustration in finding their relational needs unmet. A scenario like the fictional case involving John and Tracey above could contribute to our understanding of how society sets women up to be coerced into unwanted sexual activity—fulfilling the needs of others, and likely experiencing negative emotions at the realization that no one is there to fulfill their own needs (Miller, 1986).

Since *Toward a New Psychology of Women* (Miller, 1986) was published, RCT has evolved and has been applied to clinical psychotherapy as a feminist approach called relational cultural therapy. The evolution of relational cultural therapy has broadened the scope of its applicability beyond that of women’s psychology. Professionals who work within this framework today acknowledge that both women and men require meaningful

human connections to stay psychologically and emotionally healthy (Walker, 2010), although society may shape each gender in different ways. Furthermore, Walker (2010) discussed the negative impact that patriarchal society has on not only women, but also on racial minorities and other minority groups. Relational cultural therapy helps us to consider the implications that a society based on competition, independence, autonomy, and personal achievement may have on different groups within that society, including people's needs for connectivity. The next section describes the tenets behind relational cultural therapy, which shifts the subject away from *what* and towards *how*, describing the ways in which RCT suggests personal and social changes be made.

Relational cultural therapy. Much of the recent literature related to RCT is actually focused on relational cultural *therapy* (RC therapy), which is theoretically similar, but places focus on taking action and putting the theoretical perspective to use to drive social change. According to Walker (2010), there is a common misconception that we are in a postfeminist (and postracial) era, which goes against real people's lived experiences. Walker argued that although at a surface level there may be movement towards equality, there are "deep structured power-over dynamics" (p. 39) that remain in place, and are even reproduced in some traditional psychotherapy situations. Walker went on to utilize a case study to demonstrate the usefulness of RC therapy in modern day counselling.

In her case study, Walker (2010) demonstrated how she approached therapy as a collaborative effort with the client to find solutions to client-identified challenges. Together, they explored the client's past experiences, placing particular emphasis on important interpersonal relationships. Slowly and gently, Walker began to explore with

the client how thoughts and feelings about past relationships (i.e., relational images) might be constraining the client's responses to rigid patterns in current relationships. Furthermore, Walker began to slowly introduce the possibility of elements of patriarchal culture as an influencing factor on the client's past and current relationships. Overall, the goal was to move the client from chronic disconnection back to connection using the therapeutic relationship as a template. In working towards connection and by employing immense empathy and respect the RC therapist also aims to empower clients and help them identify or develop strategies for resistance against oppression (Walker, 2010).

In early stages of RC therapy, it is important for the therapist to validate the client and take the client's expressed experiences as truth, as these accounts are in fact truth to the client (Governors State University & American Psychological Association, 2009). As therapy progresses, the therapist may begin to elicit discrepant images—images that demonstrate evidence contrary to beliefs related to negative relational images (Governors State University & American Psychological Association, 2009; Walker, 2010). These techniques are some of the subtle strategies used in RC therapy, however, RC therapy overall places more emphasis on the therapist's presence (warm, accepting, and visibly engaged) and attitude than on specific interventions (Governors State University & American Psychological Association, 2009).

The basic underlying tenet behind RC therapy is that, based on the current North American societal structure, events sometimes happen in the lives of individuals that cause psychological or emotional disruption and subsequent changes in behaviour, which lead to chronic disconnection. To be happy, healthy, and whole, one must strive to find ways to move back towards interpersonal connection. RC Therapy may be one venue

individuals find useful in working towards reconnection—first with the therapist, and later with others outside of therapy (Governors State University, & American Psychological Association, 2009; Walker, 2010).

Limitations. In stating the usefulness of RCT and RC therapy as a framework within which this project is situated, it is useful to also consider limitations of this particular perspective. Of note, this framework is not taken necessarily as truth, as I recognize that one of many other frameworks could have been adopted instead, including other feminist or counselling theories. RC therapy was chosen for its applicability to counselling psychology specifically and, therefore, its relevance to creation of a therapeutic program.

As in any theoretical framework, assumptions are made about people and society. The RCT assumption that women and men are psychologically different may not be a view shared by all. In fact, some men may be more psychologically similar to women than to other men, and some women more similar to men than other women. Therefore, the assumption that women and men are psychologically different may be seen as a limitation of RCT. RC therapy, however, takes this into consideration, emphasizing connectedness as integral to all people, men included.

RCT also assumes that connection is integral to psychological wellbeing, especially in women. This tenet may be one with which some disagree. There may in fact be instances in which individuals live solitary lives, devoid of human connection, and remain psychologically healthy. Furthermore, the extent to which connection is integral to psychological wellbeing may differ from person to person, depending upon factors such as personality (e.g., introvert versus extrovert). Therefore, the assumption

that all people, especially women, must connect emotionally with others to achieve psychological health may be up for debate and may be seen as a limitation of RCT.

Rationale

It is important for professional helpers who work with young women to understand the complexities of how young women experience sexual coercion and how they recover from these experiences. This exploration includes the emotions young women feel in these situations, immediately and in the months that follow. Due to the negative effects that sexually coercive experiences have reportedly had on college women (Caraway, 1997), it is fair to speculate that such experiences might have similar effects on adolescent women. Furthermore, because there are negative effects that arise for most females following sexual coercion, it is important for professional helpers who work with this population to be provided with ideas regarding how help might be offered to such adolescents. Through reviewing and weaving together relevant literature to create a picture of adolescent female needs and possible avenues of healing, I have created a program that is grounded in research to offer help to those who have experienced sexual coercion (see the Appendix). The purpose of this project was to generate insight and provide helping professionals with a tool to meet the needs of young women after they have experienced sexual coercion.

Guiding Questions

The literature review contained in this project was driven by three questions:

1. How do adolescent females understand and respond emotionally to verbal sexual coercion?
2. What is the process of recovery from sexually coercive experiences?

3. What strategies are employed by female adolescents to cope with sexually coercive experiences?

The importance of this study lies in understanding the coping and recovery aspect, in order to create a program that inspires healing during a difficult developmental period. Although sexual coercion has become a popular topic of recent study (Broach & Petretic, 2006; Caraway, 1997; Crown & Roberts, 2007; Hartwick et al., 2007; Hyde et al., 2008; O'Sullivan, 2005), discovering how individuals move from the experience of being coerced sexually to one of healing, growth, and moving on has received relatively little attention. Through obtaining information about sexual coercion and pairing it with information about adolescent coping in other situations a picture began to form, which provided guidance to this project. Pulling together literature on perhaps seemingly unrelated topics—sexual coercion, adolescent development, coping, and group therapy—allowed new understandings to form regarding ways to help adolescent females become psychologically balanced following sexual coercion. Helping those who are younger in age and who may have fewer coping strategies at their disposal (Garnefski, Legerstee, Kraaij, van den Kommer, & Teerds, 2002) is a specific area that merited creation of a concrete therapeutic strategy. Implications of this literature review informed the creation of a program that has potential to meet the needs of many adolescents, as sexual coercion is a common occurrence for teens, when compared with the general public (O'Sullivan, 2005). Furthermore, the format of the program created is specifically designed to appeal to adolescents, increasing the likelihood of positive outcomes.

Although males also experience sexual coercion, this project focused solely on the experience and psychological and emotional needs from the viewpoints of females. This

is not to imply that males' experiences of sexual coercion are unimportant, or that they do not warrant study and therapeutic efforts. This project drew on RCT and focused solely on the female viewpoint to narrow the scope of the project, as sexual coercion is assumed to be experienced differently by females due to power dynamics between the dominant (male) and nondominant (female) groups. Therefore, although this project focused only on females' experiences of sexual coercion, I understand that both genders experience sexual coercion; however, giving voice to male experiences was outside the scope of this project.

Definition of Terms

Many of the terms of importance for this study have been described in different ways by different researchers. This section provides clarification of the definitions adopted for the present study. First, as described above, *sexual consent* refers to agreement to participate in sexual activity, in the absence of coercion, pressure or force of any kind (Beres, 2007; Hickman & Muehlenhard, 1999; Humphreys, 2005). As Powell (2008) indicated, *sexual coercion* is a situation in which sexual contact occurs after one party expresses lack of desire and the other person exerts some sort of pressure (aside from physical force or threat of physical force) to attain sexual contact. According to Powell, *verbal sexual coercion* is sexual coercion that uses only verbal tactics, such as threatening to break off a relationship, belittling, nagging, name calling, or yelling. Some of these tactics constitute emotional abuse.

Sexual contact and *sexual activity* are terms used interchangeably in this document. For the purposes of the present study, these terms refer to a variety of activities, ranging from fondling or manual stimulation under clothing, to oral sex, to

vaginal or anal intercourse. Although kissing and fondling over clothing are often precursors to sexual contact or activity, they are not included in the definition of sexual contact or activity for this project. This is to ensure that clients invited to participate in the group program proposed have encountered similar experiences and can relate to one another.

Affect, emotional reactions or responses, emotions, affective reactions or responses, and feelings, are words used in this paper to describe somatic and/or affective experiences felt within the body in response to a cognitive or an environmental stimulus. Moreover, the term *coping*, a central concept in the present study, can be defined simply as any attempt to deal with stress (Lazarus, 2006). The terms described here will be further expanded upon in later chapters.

In the next chapter, a summary of relevant literature will be described, to provide a deeper understanding of verbal sexual coercion, adolescent females, and coping. It will highlight the importance of the present study in expanding knowledge on the topic of coping with sexual coercion. Chapter 3 will contain a detailed description of the research design used this project. Chapter 4 will provide an overview of the project contained in the Appendix, and Chapter 5 will present the projects strengths and limitations as well as future research directions.

Chapter 2: Literature Review

The sections included in this chapter provide background on research relevant to nonconsensual sexual experiences, adolescent females' development, coping, and group therapy. The aim of this literature review is to provide a deeper understanding of sexual coercion and how adolescent females may experience and attempt to cope with the experience. The first section clarifies what is meant by the term sexual coercion and describes some of the factors influencing this construct. The second section provides some background on the adolescent period of development and explains how sexual coercion may become a factor in adolescents' lives. The third section describes theoretical assumptions about coping and reviews some of the recent literature on how the use of different coping strategies may relate to psychological health. Finally, the fourth section informs readers about the benefits and relevant applications of group therapy, with a focus on expressive arts techniques and meeting the needs of adolescent female clients.

Sexual Coercion

This section contains a review of relevant literature on sexual coercion, including how it is defined, contributing societal factors, prevalence, and potential emotional after-effects. The section ends by touching on considerations related to cultural minorities' experiences of sexual coercion.

What is sexual coercion? Sexual coercion is challenging to study, largely due to the immense lexical disagreement in the literature. Terms that have been used interchangeably include: sexual coercion, date rape, acquaintance rape, unwanted sex play, rape by acquiescence, sexual influence, sexual pressure, dating violence, courtship

violence, intimate partner violence, sexual assault, sexual harassment, and rape, as well as others (O'Sullivan, 2005). In looking at these interrelated terms, it becomes clear that not only are there several terms for sexual coercion, but there is also more than one definition (Crown & Roberts, 2007).

The term sexual coercion has been used to describe anything from unwanted sexual activity in general, to verbal pressure to have sex, to sex that is unwanted but not unwilling. Caraway (1997) defined verbal sexual coercion as a woman having sexual intercourse although she does not want to, due to the pressure of a man's spoken arguments. This definition draws a boundary between a woman's actions and her desires and asserts that coercion is based on a lack of desire, regardless of the woman's actions. However, others have argued that sexual coercion only exists when the nondesiring partner communicates disinterest in sexual activity (O'Sullivan, 2005). The difficulty in defining sexual coercion is evident in this discrepancy. According to some researchers, the communication of disinterest in sexual activity need not be verbal (Hyde et al., 2008; Powell, 2008). In western culture, just saying no to sex is less common than other, equally clear methods of communication (Hyde et al., 2008). Body language, facial expressions, and other forms of nonverbal communication must be taken into account. From this perspective, responsibility should be placed on both female and male participants to communicate desire or lack thereof and both must be observant and respectful of reluctance in the other party (Powell, 2008).

Still other scholars use the term sexual coercion as an overarching term to describe any type of sexual behaviour in which one partner uses force, pressure, or persistence to attempt to obtain sexual activity with another person who does not wish to

engage in such activity (Schur, 2007). This definition includes a continuum of interactions, from sexual harassment to rape (Schur, 2007). Powell (2008) agreed with the conceptualization of sexual victimization as a continuum, but did not use the words sexual coercion as the overarching term to describe it. Instead, Powell described sexual coercion as the grey area of the continuum between force and consent and as any sexual encounter in which one party does not want to participate, but experiences pressure (not including physical force or threats of violence) from the other partner to engage in sexual activity. The nondesiring partner must communicate lack of desire for coercion to have occurred, but the communication need not be verbal.

For the purposes of this project, Powell's (2008) description was used as the definition of sexual coercion. Methods of sexual coercion that are commonly used include removal of clothing, persistent kissing or touching, verbal arguments, pleading, lies, or emotional manipulation, such as threatening to break off the relationship (Broach & Petretic, 2006). Powell's (2008) definition can be modified to describe verbal sexual coercion by limiting pressure to that which is exerted through verbal communication. Therefore, the definition of verbal sexual coercion used for the purpose of this project was as follows: any sexual encounter in which one party does not want to participate, communicates lack of desire in a way that is understood by the desiring party, but experiences verbal pressure from the desiring party, resulting in sexual contact.

Traditional social scripts. From a feminist stance traditional gender roles are believed to be played out and reinforced over and over through one's culture. This reinforcement makes it difficult for individuals to behave in organic, idiosyncratic ways. Instead, Anderson and Aymami (as cited in Hartwick et al., 2007) found that individuals

tend to adhere to rigid, socially defined roles and patterns of behaviour or scripts in order to fit in and avoid negative repercussions. These scripts are particularly salient in the context of sexual interactions. The traditional script for male sexual behaviour is one of active initiation, power, persistence, dominance, and constant willingness (Hartwick et al., 2007; Morgan & Zurbriggen, 2007). Powell (2008) added that in sexual situations, males are even expected to be aggressive in going after what they want. With a socially-defined role such as this, it is unfortunate, but not surprising that some young men attempt to gain access to sex in any way they can.

The traditional female script, on the other hand, is not one script at all, but many. One is a script that positions women as gatekeepers who must resist sexual temptations and limit the access of insatiable males (Hartwick et al., 2007). A second traditional female script is one of passive receptivity, wherein they are expected to succumb to male desires (Morgan & Zurbriggen, 2007; Powell, 2008). A third female script is “token resistance” (Hyde et al., 2008, p. 480), wherein women should pretend not to want sex when in actuality they do. Considering the presence of all of these conflicting scripts, it is not surprising that women, especially young women, have difficulty making decisions and asserting themselves when it comes to sex. These scripts reveal cultural expectations that clash to the extent of creating a climate in which women cannot appease them all; a climate that is bound to create confusion and incongruence between women’s behaviours and their expectations.

Woollett and Marshall (1997) conducted a qualitative study in which they asked a focus group of young women aged 14 to 16 from East London about their lives and relations with others, with a particular focus on their sexual experiences, and

representations of their bodies. The discourses participants produced reflected conflicting ideas one might expect from those trying to navigate inconsistent social scripts. The young women moved rapidly among various discourses including: (a) discourses of independent decision making (in terms of decisions involving their bodies), and (b) those of negotiation with parents and romantic partners, (c) discourses of sex as a right of passage, and (d) discourses of sex as risking loss of dignity. It is likely that these discrepancies are quite problematic for young women. How does a young woman know whether to independently assert herself or to negotiate outcomes? How does she know if virginity is to be rejected or revered? The variability in scripts seems to make space for individual processes of decision making, while simultaneously condemning all decisions in different ways. Given the similarity in culture and media messages of sexuality and individuality, Woollett and Marshall's (1997) study likely has application to young women who live in North America.

When there is a discrepancy between one's attitudes and behaviours or *cognitive dissonance*, unpleasant affective states are likely to result (Aronson, Wilson, Akert, & Fehr, 2004). For example, if a young woman who valued independence and conceptualized sex as resulting in loss of dignity was verbally coerced into sexual activity, she would likely experience a discrepancy in her attitudes ("I should make decisions independent of others' influence" and "girls who have sex outside of long-term relationships are immoral") and her behaviour (having sex with someone outside of a long-term relationship). According to cognitive dissonance theory (Aronson et al., 2004), this situation would likely lead to negative affect.

Prevalence of sexual coercion. Approximately 50% of college women have experienced unwanted sexual activity within the context of a romantic relationship at some point (O'Sullivan & Allgeier, 1998). Additionally, as many as 70% of college women have experienced a partner's persistent attempts to have sex after explicit refusal on the woman's part (Struckman-Johnson, Struckman-Johnson, & Anderson, 2003). A study conducted by Byers and Lewis (as cited in Morgan & Zurbriggen, 2007) found that in one quarter of cases in which women responded to sexual advances with refusal, the man persisted in attempting to coerce her into sex. These statistics suggest that sexual coercion is a common occurrence that many individuals have experienced, from one side of the fence or the other. This highlights the importance of thoroughly understanding the effects of this occurrence.

Emotional effects. The emotional effects of sexual coercion are widely experienced, but research in this area remains sparse. Broach and Petretic (2006) conducted a study that compared three groups of undergraduate women: (a) those who had experienced rape, (b) those who had experienced sexual coercion, and (c) those who had experienced neither. They found that on 7 of the 10 subscales of the Trauma Symptom Inventory there were no significant differences between the rape and coercion groups. The three subscales that did show differences were dysfunctional sexual behaviour, intrusive experiences, and tension reduction behaviour. Broach and Petretic (2006) also found that on the same 7 subscales that showed no difference between rape and coercion groups, there were significant differences between the coercion and nonvictim group. These seven subscales included anxious arousal, anger or irritability, depression, defensive avoidance, dissociation, impaired self-reference, and sexual

concerns. These findings imply that sexually coercive experiences may lead to psychological and emotional disturbances, and such disturbances may be similar in many ways to those felt following a rape experience (Broach & Petretic, 2006).

In another study, Caraway (1997) found that a sample of college women reported feeling hurt, upset, angry, vulnerable, taken advantage of, scared, tired, unwell, guilty, and regretful following experiences of sexual coercion. Some women in this study also reported that their self-esteem had plummeted, while some blamed themselves for the event in some way (Caraway, 1997). Similarly, Zweig, Barber, and Eccles (1997) have found that experiences of sexual coercion were related to lower levels of psychological and social functioning.

The results of the above studies seem to demonstrate that sexual coercion is not to be taken lightly. It is a serious matter that can have significant negative psychological and emotional effects on those who are coerced, and in some ways sexual coercion is similar to the effects of rape. For this reason, it is important to consider how the affected individuals might be helped to recover, heal, and feel whole again.

Multicultural considerations. Difficulties surrounding experiences of sexual coercion may be compounded for women of ethnic minorities. According to Bryant-Davis, Chung, and Tillman (2009), in cases where racial minority women experience sexual assault, the experiences of racism and poverty combine with detrimental emotional effects of sexual assault to lead to increased severity of psychological difficulties. These women may experience increased vulnerability due to societal power differentials and lack of appropriate resources. Furthermore, additional barriers to treatment may exist for ethnic minority women, including language barriers, discrimination, and loss of faith in

community resources due to past negative experiences (Bryant-Davis et al., 2009).

Kuyper and Vanwesenbeeck (2011) added that gay, lesbian, and bisexual individuals are at heightened risk for experiencing sexual coercion (defined in their study as unwanted sexual contact). This literature provided a sound argument for the importance of requiring multicultural competencies from counsellors and for finding ways to ensure services reach minority populations.

Adolescent Females

This section provides a glimpse of what it is like to be an adolescent female. Specifically, this section discusses adolescent females' psychological development, sexual experiences, and experiences of sexual coercion.

Psychological development. Adolescence is often a very tumultuous developmental stage, marked by many biological and social shifts (Arnett, 1999). Psychological shifts have also been observed, as demonstrated in Goldbeck et al.'s (2007) work. These authors found that life satisfaction decreases dramatically in adolescence, particularly for female adolescents, ultimately bottoming out around age 15 to 16 (Goldbeck et al., 2007). Similarly, Seiffge-Krenke (2000) noted that stress increases in early adolescence and that high stress levels continue throughout the teenage years. Unfortunately, heightened stress during this critical developmental period can have detrimental effects on the development of the prefrontal cortex and hippocampus, which can make individuals more susceptible to depression later in life (Andersen & Teicher, 2008).

Another psychological construct that becomes salient in adolescent years is self-concept, or one's perceptions and opinions of the self. According to Erikson's (1968)

theory of development, human beings go through six stages throughout the lifespan. At each one, there is a crucial hurdle, a challenge that must be resolved. The resolution of each stage is theorized to lead to high self-concept. The stage that corresponds to adolescence is *identity*, meaning that this is the challenge adolescents must meet to maintain positive self-concept and high self-esteem (Erikson, 1968).

Heaven and Ciarrochi (2008) conducted a longitudinal study measuring self-esteem and hope in adolescents over the course of 4 years. As adolescents progressed from Grade 7 to 10, findings demonstrated downward trajectories of both hope and self-esteem. Moreover, declines were more severe for female adolescents than males. This research suggests that females are at risk for developing low self-esteem during their teenage years (Heaven & Ciarrochi, 2008).

In addition to physical changes that occur for females during adolescence, life satisfaction tends to be at a low (Goldbeck et al., 2007). Young women attempt to clarify who they are and what intimacy means to them (Erikson, 1968). The following sections explore sexual experiences and pressures, another challenge that adolescent females face, in conjunction with the aforementioned difficulties.

Sexual experiences. Teens experiment sexually at earlier ages than they have in the past, with the average age of first intercourse now being 16 years of age (Powell, 2008). Before any first sexual encounter has taken place, adolescents must rely on secondhand information to formulate their conceptions about how such an encounter might or should play out (Morgan & Zurbriggen, 2007). Such information is likely to replicate gender role stereotypes akin to the scripts described above in the “Traditional Social Scripts” section.

Powell (2008) described sexual encounters among youth as “embodied practice” (p. 177) or nonverbal negotiation of sexual consent, requiring the transmission and understanding of nonverbal cues. Although adolescents are encouraged to say no to sex, it seems that this is not always appropriate in the sociocultural contexts in which young women find themselves. Alternatively, through expressing nonverbal cues and reading and appreciating the cues of one’s partner, one can respond appropriately and respectfully (Powell, 2008). In light of the social scripts that boys and girls learn to reproduce—the aggressive and insatiable sexual appetite script for boys, and the conflicting gatekeeper versus receptive or passive female versus token resistance scripts for girls (Hartwick et al., 2007; Hyde et al., 2008; Morgan & Zurbriggen, 2007; Powell, 2008)—it is not surprising that encounters between young women and men do not always play out in a courteous manner in which each member makes an effort to read, respect, and follow the other’s nonverbal cues.

Experiences of sexual coercion. Compared to the general public, adolescents and young adults are at particularly high risk of experiencing sexual coercion (O’Sullivan, 2005). In fact, the vast majority of victims of sexual coercion are young and female (Caraway, 1997). Today’s teenaged girls live in a world where women are supposedly sexually liberated and empowered to make decisions about their sexuality (Powell, 2008). However, the decision to say no to sex is as complex, confusing, and as difficult as ever. Pressures to engage in sexual activity are very salient to teenage girls, and gender roles are deeply engrained in Western societal norms (Morgan & Zurbriggen, 2007). Social pressures to have sex have been found to weigh on both male and female high school students; however, interpersonal pressures affect females more than males

(Hyde et al., 2008). Although both genders experience general, implicit pressures to be sexually active from their peers in the larger context of high school, it is mainly females who experience the overt verbal and physical enticement of sexual coercion.

During their teenage years, many young people struggle to make sense of the ways of the world, understand the expectations of others, and identify their personal desires. Sometimes, during this process, confusion may ensue. One study suggested that teens have a difficult time distinguishing seduction scripts from rape scripts (Morgan & Zurbriggen, 2007). This confusion may be particularly salient for adolescents because they are still formulating their ideals and conceptions about how the world works. These young people look to their parents, peers, partners, and the media to learn about sex, sexuality, relationship norms, expectations, and gender roles, as they tend to have limited experiential knowledge on these subjects (Morgan & Zurbriggen, 2007). Information from the various sources must be integrated with personal thoughts and desires; a difficult task due to the often conflicting or skewed information they receive. Furthermore, in many sexual encounters, individuals may feel some ambivalence about whether or not they want to participate (Hyde et al., 2008; O'Sullivan, 2005). Without knowing whether one wants to participate, it is exceedingly difficult to communicate one's desires. With ambivalence, confusion, and societal and interpersonal pressure in place, it is not easy for young women to find their voices, and have a sense of agency in sexual encounters (Morgan & Zurbriggen, 2007).

In a qualitative study, Morgan and Zurbriggen (2007) found that most females experienced expressed sexual desire from their boyfriends. Their boyfriends' seemingly constant desire was attributed by the young women to be a normal strong male sex-drive.

In Morgan and Zubriggen's study all participants reported that their agreement to engage in sexual activity was due to a desire to continue the relationship or to please their partner, and not due to a personal sexual desire. Some participants also reported verbal or physical pressure exerted by their partners (Morgan & Zurbriggen, 2007).

Another qualitative research study, one that involved adolescent focus groups, suggested that reproductions of gender role stereotypes often play out in the real-life sexual encounters of youth (Hyde et al., 2008). In this study, female participants recounted experiences of males playing out the active or persistent sexual role: trying to "make" the participants have sex and trying to manipulate participants. In fact, some adolescents in these focus groups had experiences in which someone tried to force them to have sex and they had to struggle to escape (Hyde et al., 2008). In sexually coercive situations, participants commonly thought of the male aggressive behaviour as normal and blamed themselves for getting into unwanted situations (Hyde et al., 2008).

In reviewing the above literature, it seems clear that teenaged girls are very susceptible to verbal sexual coercion. Social messages and pressures collide with interpersonal persistence in creating uncomfortable situations in which there seems to be no right answer for the young women involved.

Coping

An understanding of what constitutes effective coping is key to finding out what might help young women to recover from sexually coercive experiences. According to the literature, there are some strategies that tend to be more adaptive than others. Furthermore, individual differences may play an important role, as what is deemed effective can differ from person to person and from situation to situation.

Coping theory. Lazarus (2006) defined coping in the following way: “Coping is concerned with our efforts to manage adaptational demands and the emotions they generate” (p. 10). According to Lazarus, coping is a process that involves ongoing appraisal of a stressful situation, including assessment of the presence, degree, and type of threat, assessment of one’s resources (options), and ability to moderate or overcome the situation. One very important factor involved in the appraisal process is *relational meaning*, which is the significance of the situation in terms of the individual’s relationship with the outside world, particularly other people. Essentially, the emphasis on relational meaning highlights the influence of social context, the presence of which impacts every situation (Lazarus, 2006). This corroborates Miller’s (1986) theoretical position, which posited that women’s experiences of the world and the meanings they take from those experiences are heavily influenced by relatedness with others.

Once an individual appraises a situation, the next step is to employ one or more strategies to minimize potential negative effects of the situation. Lazarus (2006) theorized that two main categories of coping exist: emotion-focused and problem-focused. Lazarus described emotion-focused coping as strategies used to reduce negative emotions stemming from a stressful event. He posited that emotion-focused coping was most beneficial in situations in which the individual does not have control over the outcome of the situation. Lazarus described problem-focused coping as strategies that attempt to directly alter or solve the problematic situation. He noted that problem-focused coping tends to be most adaptive in situations in which the individual has some degree of influence or control over the outcome.

Avoidant coping (a strategy consisting of denial, distraction, or escape or flight from the situation) is a third category over which there is some disagreement in the literature (Wilson, Pritchard, & Revalee, 2005). Lazarus and Folkman (as cited in Elgar, Arlett, & Groves, 2003) used the term approach coping as an overarching category that encompassed both emotion- and problem-focused coping. Lazarus and Folkman suggested avoidant coping as a contrasting category to approach coping. Conversely, Ptacek, Smith, and Dodge (as cited in Wilson et al., 2005) conceptualized avoidant coping as a subcategory of emotion-focused coping, noting that by avoiding a problem, one is also attempting to lessen associated uncomfortable emotions. Wilson et al. (2005) argued for the necessity of studying avoidant coping as separate from emotion-focused coping. Wilson et al. (2005) suggested that conceptualizing avoidant coping as a subcategory of emotion-focused coping was leading to skewed research results, as some studies were finding emotion-focused coping led to health improvement, while others were finding it to be associated with health deterioration.

Lazarus (2006) noted that the categories of coping he has proposed and studied are not black and white, nor are they mutually exclusive. After all, one strategy—for example, creating a list of pros and cons—could both bring an individual closer to resolution of the conundrum and lessen feelings of anxiety and worry. Therefore, the strategy would be both emotion- and problem-focused. Lazarus noted that coping is a very complex process and must not be removed from contextual factors. This viewpoint seems to support the idea that there could be overlap between avoidant and emotion-focused coping, while also supporting the idea that it is crucial not to oversimplify coping

research. The following section summarizes findings of research studying specific coping methods in relation to psychological health outcomes.

Coping strategies and associated outcomes. Which coping strategies work and which do not? As Lazarus (2006) has proposed, this can depend largely on idiosyncrasies of the person and situation in question. However, researchers have found some trends connecting certain coping methods with either improving or worsening health outcomes across populations (Kraaij, Garnefski, Schroevers, Weijmer, & Helmerhorst, 2010). Kraaij et al. (2010) conducted a study on participants experiencing fertility problems to test relationships between certain coping strategies and incidence of depression and anxiety. These authors found that positive refocusing (looking on the bright side), and goal disengagement (letting go of unattainable goals) were related to fewer symptoms of depression and anxiety. Goal reengagement (striving to meet new, reachable goals) was related to fewer depression symptoms only. Kraaij et al. (2010) also found that rumination (cyclical thinking about problems) and catastrophizing (severely exaggerating the negativity of a situation) were related to increased incidence of depression and anxiety symptoms. Kraaij et al.'s (2010) findings replicate what has been found in studying other specific and general populations (Garnefski, Boon, & Kraaij, 2003; Garnefski & Kraaij, 2006; Garnefski et al., 2002; Kraaij et al., 2008; Martin & Dahlen, 2005).

Garnefski et al. (2002) produced similar findings when studying a general sample of adults and adolescents who were not experiencing a common, specific stressor. An additional finding produced by this study was that self-blame also seemed to be related to increased depressive or anxious symptoms.

Zlomke and Hahn (2010) researched the relationship between cognitive emotional regulation strategies and worry as well as gender differences moderating these relationships. Although emotional regulation is a broader concept, encompassing any regulatory processes that modulate emotions, cognitive emotional regulation refers to conscious processes, which can therefore fit under the definition of coping. Zlomke and Hahn found that for all participants, catastrophizing and rumination were associated with increased worry. This finding corroborates Kraaij et al.'s (2010) findings described above. Other findings from Zlomke and Hahn's study were gender specific and, therefore, will be described in later sections.

Aldao and Nolen-Hoeksema (2010) conducted a study using an undergraduate sample to determine the relationships between particular cognitive emotional regulation strategies (rumination, thought suppression, reappraisal, and problem solving) and symptoms of three psychological disorders (depression, anxiety, and eating disorders). Aldao and Nolen-Hoeksema's findings demonstrated rumination and thought suppression to be maladaptive strategies, and reappraisal (reinterpreting an event as positive or benign—similar to positive refocusing) and problem solving to be adaptive. Additionally, the maladaptive strategies had stronger relationships (positive correlations) to wellbeing than the adaptive strategies (negative correlations). These results promoted a greater emphasis on reducing maladaptive strategies to fight psychopathology, rather than increasing adaptive strategies (Aldao & Nolen-Hoeksema, 2010).

To summarize, rumination, catastrophizing, self-blame, and thought suppression appear to be maladaptive methods for coping, while positive refocusing or reappraisal,

goal disengagement, goal reengagement, and problem solving appear adaptive. The next section explores whether these same trends are true for adolescent populations.

Adolescents and coping. Adolescents differ developmentally from adults, and perhaps also culturally, as they are entrenched in the challenges of secondary school, a smaller, more homogeneous community within the larger more heterogeneous community of their town or city. Therefore, the possibility exists that adolescent coping patterns differ significantly from adult patterns. Some researchers have taken it upon themselves to study these potential differences. Garnefski et al.'s (2002) study, briefly described earlier, compared adolescents and adults in the coping strategies they used and relationships of those strategies to mental health outcomes. Garnefski et al. collected data on the use of nine cognitive coping strategies: acceptance, catastrophizing, blaming others, positive reappraisal, putting into perspective, refocus on planning, positive refocusing, rumination, and self-blame. These researchers sought relationships between use of these strategies and symptoms of depression and anxiety. Findings demonstrated that adolescents used all coping strategies to a lesser extent than their older counterparts. Both adolescents and adults reported using the refocus on planning strategy most often, and the catastrophizing strategy least often. For both adolescents and adults, the strategies most highly correlated with symptoms of depression and anxiety were self-blame, catastrophizing, and rumination (positive correlations), and positive reappraisal (negative correlation). Garnefski et al.'s findings suggested that for both adolescents and adults, it would be useful to reduce time spent blaming oneself for problems, catastrophizing, and ruminating about problems, and to maximize time spent adjusting one's view of a situation to see the positive aspects, or create positive meaning around it.

Furthermore, since adolescents use all of these strategies to a lesser extent than adults, there seems to be both particular potential, and particular need, to instill healthy coping habits in this population.

Particular populations of adolescents have also been studied to shed light on coping effectiveness. Garnefski, Koopman, Kraaij, and ten Cate (2009) studied cognitive emotion regulation and psychological adjustment in adolescents with chronic diseases. Although the sample size was small, findings supported those of Garnefski et al. (2002). Garnefski et al. (2009) found rumination and catastrophizing to be related to internalizing problems, rumination alone was related to a lower quality of life, and positive reappraisal was not related to psychological adjustment in this study (Garnefski et al., 2009). It is unknown whether this was due to the nature of the stressor (chronic disease), the small sample size, or some other factor.

Horowitz, Hill, and King (2010) studied the relationship between specific coping strategies utilized by adolescents, and depression and suicidal ideation. Horowitz et al.'s findings demonstrated that although the behaviour disengagement avoidant strategy tended to be a predictor for depression, unexpectedly, the denial avoidant strategy was correlated with depression and suicidal ideation, but was not a predictor. Horowitz et al. suggested that denial could at times be a protective factor for adolescents immersed in situations beyond their control. The emotion-focused strategies of self-blame and substance abuse were positively correlated with depression. Although specific problem-focused strategies, including active coping, planning, and use of instrumental support were not found to be related to depression or suicidal ideation, the broad category of problem-focused coping was mildly negatively related to depression.

Seiffge-Krenke's (2000) longitudinal study looked at the relationship between various types of coping and emotional and behavioural problems. The main finding was that withdrawal (an avoidant strategy) was consistently related to increased emotional and behavioural problems. The relationship appeared to be bidirectional, in that withdrawal would increase symptoms, which in turn would increase withdrawal.

In summary, the above findings seem to demonstrate that whether a strategy is positively or negatively related to psychological symptoms is not necessarily dependent on whether the individual is an adult or adolescent. Like adults, adolescents seem to find positive reappraisal to be an adaptive strategy, and catastrophizing, rumination, and self-blame to be maladaptive. However, research did show that adolescents tend to use all above strategies to a lesser extent than adults. Moreover, the literature on adolescent coping added that, for adolescents, a tendency towards problem-focused strategies may slightly buffer against psychological symptoms, and that behavioural disengagement, withdrawal, and substance abuse, all avoidant strategies, are positively related to symptomatology. Furthermore, the use of denial may or may not be maladaptive, and this may be dependent on the amount of control the adolescent has in the situation.

Effects of gender on coping. Males and females are biologically different and socialized in very divergent ways. For this reason, some researchers have found it important to study gender differences in coping patterns. According to Piko (2001), female adolescents have been found to use more passive coping and more support-seeking coping than their male counterparts. However, Piko (2001) did not find any significant differences between males and females in terms of use of problem-analyzing

coping or risky coping (i.e., using drugs and alcohol and participating in risky sexual behaviour).

Piko (2001) also found that as adolescents age, they rely less and less on support-seeking coping, regardless of gender. Although this is consistent with the norms of western, patriarchal society, it is inconsistent with women's needs and desires (Jordan, 2008; Walker, 2010). From the perspective of RCT, it is imperative for females to continue to take comfort in relationships and social support, so they may see their challenges and the healing process as meaningful. Therefore, as adolescent females age, they may be relinquishing one of their most powerful coping tools because society tells them to strive for independence.

Renk and Creasey (2003) studied a sample of late adolescents, looking for differences in coping between those of different genders and different gender identities. Gender identity was determined by the Bem Sex-Role Inventory (Bem, 2010), which elicited individuals' identification with a variety of traditionally masculine and feminine adjectives. Findings indicated that females and those high in femininity were more likely to endorse emotion-focused coping, while those high in masculinity were more likely to endorse problem-focused coping. Avoidant coping was not related to gender or gender identity (Renk & Creasey, 2003). Interestingly, Renk and Creasey did not report males as being more likely to endorse problem-focused coping, only those higher in masculinity, or those identifying with traditionally masculine adjectives. This suggests that biological gender may play a smaller part than social influence in determining preferred coping styles.

Horowitz et al. (2010), who studied the relationship between coping and depression and suicidal ideation in adolescents, reported that although females use more emotion-focused coping than males, males do not use more problem-focused coping than females. This seems to support Renk and Creasey's (2003) findings. Although it is often expected that males would use more problem-focused coping than females, this may be an out-dated assumption or an assumption based on Horowitz et al.'s finding that girls use emotion-focused coping to a greater extent. Zlomke and Hahn (2010) looked at gender differences in the use of more specific coping strategies. Zlomke and Hahn's findings demonstrated that females tend to use rumination and putting into perspective more often than males, while males tend to blame others more often than females.

Zlomke and Hahn (2010), along with other researchers (Wilson et al., 2005), have also studied the usefulness of various strategies for males versus females. Zlomke and Hahn found that, for males only, refocusing on planning was related to reduction in worry. Conversely, for females only, acceptance of the situation and positive reappraisal were related to reductions in worry (Zlomke & Hahn, 2010). According to RCT, these trends may be related to societal norms. Males, as those with more societal power, are expected to take action, and have confidence in their abilities to do so. Females, however, may be less confident and less supported, as the nondominant group in society, when they attempt to action. Therefore, for women, accepting and changing their views may tend to be more successful than attempting to change the situation, as a cultural group with less power (Miller, 1986; Walker, 2010).

Although Wilson et al. (2005) found some similarities between adolescents' gender and outcomes associated with various coping styles, and they also found some

differences. In terms of similarities, Wilson et al. found that for both males and females, increased emotion-focused coping was associated with better health, while increased avoidant coping was associated with increased physical symptoms (i.e., poorer health). Additionally, for both genders an increase in problem-focused coping was associated with an increase in vigour. In terms of gender differences, problem-focused coping was associated with decreased depression and confusion for females only, and increased tension for males only. This seems contradictory to findings by Zlomke and Hahn (2010), which suggested that males would benefit from problem-focused coping (specifically the refocus on planning strategy), while females would not. Wilson et al. (2005) also found that avoidant coping was associated with increased depression, tension, confusion, and anger for females only. Overall, findings by Wilson et al. (2005) suggested that coping effectiveness should take gender into account, as there are many gender differences in effects of coping on health.

Seiffge-Krenke's (2000) research suggested that females might be more likely than males to withdraw (a maladaptive, avoidant strategy) in response to stressful life events. Furthermore, findings suggested that females are more likely to respond to distress with internalizing syndromes, as opposed to males who respond more often with externalizing syndromes. Seiffge-Krenke's study seems to suggest that females are at risk of coping maladaptively, and that this may be an important area of focus for professional helpers.

Finally, Starr and Davila (2009) investigated corumination, the process of cyclically discussing a problem in a way that is neither constructive in working towards a solution nor effective in processing emotions towards greater understanding and

acceptance. This coping is a strategy generally believed to be prevalently used by teenage girls. Starr and Davila tested an all-female sample of early adolescents, and their findings revealed that there was a positive correlation between rumination and depression, as well as positive correlations between rumination and friendship security, communication, and interpersonal competence. Longitudinally, depression was not predicted by rumination, in this study. Therefore, the degree to which this coping mechanism is adaptive or maladaptive is unclear.

To summarize, many gender differences have emerged in the literature regarding adolescent coping and effects of coping strategies on physical and psychological health. These results outlined the importance of studying females independently from males. Findings have shown that although females use and endorse emotion-focused coping more readily than males, they do not use problem-focused coping less readily. Emotion-focused coping appears to be associated with better health, while avoidant coping appears to be associated with poorer health, and more psychological problems for females. The relationship between gender and the usefulness of problem-focused coping remains unclear, as some researchers found it to be associated with decreased worry in males only (Zlomke & Hahn, 2010), while others found it to be associated with decreased depression and confusion for females, and increased tension in males (Wilson et al., 2005). Problem-focused coping may also be associated with increased vigour in both genders (Wilson et al., 2005). When it comes to specific strategies, females tend to use more rumination and invest energy putting experiences into perspective compared to their male counterparts, and females who use more acceptance and positive reappraisal tend to be less worried than other females. Females are also more likely to use withdrawal as a

coping mechanism and to experience more internalizing syndromes. Furthermore, rumination is associated with depression, but also with positive aspects of friendship and sociability. The literature reviewed here outlines the complexity of female adolescent coping. Some strategies seem adaptive or maladaptive, while others may differ due to the situation, based on conflicting findings in the literature. The literature outlined here regarding adaptive and maladaptive coping, particularly for adolescent females, was integral in the creation of the group program manual found in the Appendix.

Group Therapy

As described in previous sections, RC therapy (Walker, 2010) provides a useful theoretical framework to use when embarking upon work with adolescent females who have been sexually coerced. However, this theory does not suggest concrete formats or techniques to work from. The following sections address, in a more concrete sense, which therapeutic approaches might be particularly advantageous in helping young females initiate healing following sexually coercive experiences. Particular attention is paid to formats and techniques that are developmentally appropriate for adolescent females. The RC therapy relational perspective and theoretical basis can still be used as an overarching framework of respect, equality, reconnection, and empowerment. While working within an RC Therapy framework, efficacious formats and tools, as described below, can be implemented.

Why group therapy works. Group therapy has been demonstrated to be a useful therapeutic format for many different client populations (Barlow, Fuhriman, & Burlingame, 2004; Burlingame, Fuhriman, & Johnson, 2004). In contrast with individual therapy sessions, group therapy allows for peer modelling—for clients to learn

vicariously through the trials and victories of others who they consider to be like them as opposed to the “expert” therapist. Groups allow clients to see that they are not alone, that others are struggling with similar problems, and that others are finding ways to overcome such problems. Meanwhile, the therapist is still present to ensure that the group remains a respectful and safe place for sharing, to provide structure where needed, and to tie together threads of client experience in ways that enhance meaningfulness. In group therapy clients have the opportunity to give and receive feedback, which allows for practice of appropriate interpersonal communication and provides insight into clients’ behaviours and the responses those behaviours elicit from others. Groups also provide a place in which clients can try on new roles or ways of relating to others. Moreover, group settings often elicit transference reactions, making groups appropriate forums for dealing with family of origin dynamics, or other significant interpersonal struggles (Liebmann, 2004).

According to Yalom (as cited in Kivlighan & Holmes, 2004), there are a variety of factors that contribute to the healing power of group therapy. The first factor is hope: through coming together for a common purpose and through seeing other people at different stages of progression, hope is bolstered in the group. The second factor is universality. Universality is the recognition that others have similar problems and that one is not alone. The third factor is imparting information: clients gain knowledge from the experience of other members as well as from the therapist. Altruism is the fourth therapeutic factor of group therapy: clients realize that they have something to offer other members, in the form of feedback, advice, lived experience, support, and empathy. The fifth factor is reworking the family group: through group dynamics clients can work

through residual family issues and experience something different than they did in their own families. Clients may come to realize that closeness, sharing, and even disagreements, can result in growth, support, and empathy, instead of rejection. Development of social skills is the sixth factor: clients can experiment with different ways of relating to others and improve communication abilities. Yalom's seventh and eighth therapeutic factors are interpersonal learning (input), and interpersonal learning (output). Through sharing insights about other group members and receiving others' responses to one's own behaviours, clients learn about themselves and about interacting effectively with others. The ninth factor is cohesiveness: a feeling of belonging. The tenth factor is catharsis: the release of pent-up feelings. The eleventh factor is an existential realization: that the client has the power and responsibility to create their own life. The twelfth and final factor is imitative behaviour: vicarious learning through observing others and hearing about their experiences. Yalom's factors (as cited in Kivlighan & Holmes, 2004) provide a comprehensive description of the many ways in which clients can benefit from group therapy. The following section delineates the constructs that should be present in group therapy in order to maximize its efficacy.

Effective group therapy. To provide the best possible outcomes in group, three things are necessary: skilled therapists, suitably referred clients, and clearly defined group objectives (Barlow et al., 2004). The following two paragraphs will address what makes a good therapist, and later sections will discuss screening of clients and the creation of appropriate goals.

Therapists should be supportive, empathic, and offer the appropriate amount of structure to the group (Riva, Wachtel, & Lasky, 2004). The amount of structure needed

depends upon the specific characteristics of group members. The greatest level of structure should be provided at the beginning stage of the group, when anxieties are high, and ambiguity is likely to increase these anxieties. In these early sessions, the therapist should find ways to foster group cohesiveness. As group work progresses, the skilled therapist will know when to slowly back away and allow the group dynamics to take centre stage. Effective leaders are flexible, in that they do not need to impose a rigid schedule, but allow the group to grow and progress in its own way, for maximum benefit. Effective leaders take what they are given and work with emergent gems that arise in session. Through allowing member dynamics to drive the group, therapists encourage clients to take ownership of the group and take part in determining the direction in which group work progresses. At times it is advantageous for therapists to take a backseat in determining the course of discussion or exploration and focus instead on providing context and meaning to what is occurring naturally in the group (Riley, 2001; Stockson, Morran, & Krieger, 2004).

Effective leaders are also skilled at managing interpersonal dynamics within the group. This includes processing, blocking, supporting, drawing out, and linking, among other skills (Morran, Stockton, & Whittingham, 2004). Facilitation of processing is an essential skill, which involves initiating discussions about emotional responses and insights sparked by occurrences in the here and now or by experiences from outside group (Morran et al., 2004). Blocking is a technique used when a group member is monopolizing the group's time. Blocking consists of politely interrupting the member in question, perhaps providing a brief paraphrase of what the member has expressed, and inviting sharing from other group members. Supporting is a skill used when a member of

the group seems apprehensive about sharing in the group (Morran et al., 2004). The leader supports this member by validating and reassuring, to encourage the client to engage more openly in the group. Drawing out is a method whereby the leader invites participation from a particularly withdrawn group member by calling on them directly (Morran et al., 2004). Linking is a skill used to increase cohesiveness, unity, and meaningfulness in the group (Morran et al., 2004). By linking, the leader makes explicit the commonalities between participant accounts, thereby tying together themes that unite the group (Morran et al., 2004). As group therapists become more experienced, and more skilled, they are able to execute the aforementioned techniques seamlessly and effectively at the most opportune moments.

Stages of group development. Brabender and Fallon (2009) described a five-stage progression that groups evolve through during the course of group psychotherapy. Brabender and Fallon's model was developed through the synthesis of relevant literature, as well as professional, clinical experience.

Stage one. Stage one is known as formation and engagement. This stage occurs at the beginning of group psychotherapy and is characterized by feelings of tension and anxiety. Group members react in their own ways to the ambiguity that occurs at the beginning of this new and foreign experience. Expectations are often high, and the therapists may be placed on a pedestal, seeming to be the ones who will provide all the answers and insight. Punctuality and attendance tend to be very good. Members may experience an internal struggle between the urge to open up and confide in the group and their desire to keep a guard up, avoiding making vulnerabilities apparent to other

members. The transition into stage two depends upon members' resolution of this struggle in favour of some degree of sharing (Brabender & Fallon, 2009).

Stage two. Stage two is called conflict and rebellion. During this stage, the group members become more comfortable with each other, and more informal. Group members may brazenly express opinions and challenge one another. This is a way of testing the waters. By the end of stage two, the group may become disenchanted with the therapists and directly challenge the therapists. Members may admit that they expected the therapist to act as an expert and have all the answers. Not only do clients test boundaries through tardiness and other forms of rebellion, but when the therapist does not measure up to the idealized perception created by group members, said members may challenge the group leaders' authority directly. Transition into the next stage rests on the clients' realizations that they may express dissatisfaction to an authority figure without experiencing rejection or emotional backlash. The group must establish a norm regarding tolerance of disagreement without sacrificing connection, in relationships with the therapist and with each other (Brabender & Fallon, 2009).

Stage three. Stage three is known as unity and intimacy. Resulting from the successful resolution of conflicts from the previous stage is a sense of deepening connection within the group. Clients trust one another more due to the newfound understanding that the relationships formed within the group can withstand open, honest communication, including constructive feedback. Therefore, personal disclosures increase and are usually met with support and empathy. Group boundaries continue to be pushed; however, in a different direction: group members may toy with notions like extending friendships beyond group sessions. The idealized view of the group leaders

has been removed, so members can begin to see leaders for their true value, and understand that therapists' roles are to provide structure and increase meaningfulness, not to have all the answers (Brabender & Fallon, 2009).

Stage four. Stage four is the stage of integration and work. At this stage the group has come to understand and respect boundaries and norms and have developed a commitment to group objectives. Clients are willing to challenge other members when they feel it will be helpful and promote insight, although it may not always be an easy or comfortable process. There is a high level of comfort with each other, demonstrated by relaxed, candid conversation, and the use of humour and playfulness. There may be inter- or intramember ambivalence regarding intimacy versus protecting personal vulnerabilities. Culmination of this stage results from realization that relationships and life are not either-or situations—they are not that simple—and members benefit from learning to accept the complexity of conflicting emotions and ideas (Brabender & Fallon, 2009).

Stage five. The fifth and final stage, termination, brings about recollection of previous losses in members' lives. Members naturally tend to review and reflect upon the progress of one another. There is often a mix of emotions that surface. Members benefit from integrating all that has been learned in group into a framework for approaching life outside group, which can be enhanced by reviewing critical incidents that occurred in the sessions. Members learn to accept the duality of group (and subsequently of other things in life), by reflecting upon what the group fulfilled for them, but also what it failed to provide. Also beneficial is the process of discussing what is to

come. Clients may discuss hopes, fears, and goals for the future, and offer one another support and encouragement (Brabender & Fallon, 2009).

The five stages provide a context for therapists, within which they can begin to understand the behaviours and interactions of their own particular groups. The stages also provide a framework for therapists, which may help them anticipate the group's needs at various times throughout progression and, therefore, design a program that is fitting and optimally effective.

Considerations regarding group therapy. When designing a group program, there are several considerations that should be taken into account. This section will discuss some of these items, including prescreening, ethical conduct, goal setting, processing, and feedback and evaluation.

Prescreening. Prescreening is the practice of selecting appropriate candidates for a group. Number of group participants, types of presenting problems (i.e., homogeneous versus varied), and demographic characteristics (e.g., mixed versus single gender) are all factors to consider when determining composition of a particular group. It is important to choose participants whose goals align with group objectives (Riva et al., 2004). Whether or not to include clients who are known to be disruptive may be another consideration in some clinical settings. If the disruption is such that it may hinder the development of the other group members, it may be advisable to exclude someone (Liebmann, 2004). Source of referrals and criteria for participation will determine whether appropriate clients are selected. Therefore, it is important to be deliberate in methods of recruitment and screening.

Ethical considerations. Ethics are a vital consideration from the moment one decides to embark upon planning a therapy group onwards. It would be impossible to cover the vastness of professional ethics pertaining to group therapy within the confines of this project, so the basics will be touched upon, with references provided for further reading. All group leaders should adhere to the code of ethics that is prescribed by their professional association. Psychologists in Canada must adhere to the Canadian Psychological Association's (2011) *Canadian Code of Ethics for Psychologists*, which dictates four principles that psychologists must practice. In order of importance, these principles are: respect for the dignity of persons, responsible caring, integrity in relationships, and responsibility to society (Canadian Psychological Association, 2001). Above all else, psychologists are expected to do what they believe is right in all facets of professional practice. The following paragraphs discuss particular areas in which ethical practice plays a significant role.

An imperative issue to explore early on in the group formation process is nondiscrimination and inclusivity (Liebmann, 2004). It should be clear to everyone involved, including leaders, referring professionals, and potential group participants, that individuals of all nationalities, cultural backgrounds, religions, socioeconomic status, and sexual orientations are welcome. The exception would be a group specific to a minority population, such as a group for Asian women who have experienced sexual coercion (Liebmann, 2004). Conducting the group and relating to group members should also consist of displaying cultural competence and sensitivity. This means being aware of and open to different types of cultural norms, and not measuring group members against North American standards of interaction. In preparing to do this, counsellors must

analyze and question their own assumptions and prejudices about other cultural groups (DeLucia-Waack, 2004). Cultural sensitivity also entails discussing cultural differences in group, so that it is clear that there are individual differences in ethnicity, experience, behaviour, and tradition, but this does not translate into value differences between people (Chi-Ying Chung, 2004). Having this discussion also avoids the appearance of an “elephant in the room,” an important factor that is being tiptoed around. Specific considerations for working with individuals from particular cultures will be discussed in later sections. Overall, it is beneficial for leaders to be aware of and keep in check personal biases, openly discuss culture within session avoiding value judgments, and be open to differences between clients in their preferred ways of being, learning, and interacting within the group.

Another important ethical consideration involved in group therapy is boundaries (Liebmann, 2004). When entering a situation in which people will be getting to know one another quite intimately, it is important to set ground rules regarding boundaries that should be respected. Each group will have to set their own guidelines, by discussing in the first session important topics related to boundaries. One of these is confidentiality, which is described in more detail in the following paragraph. Another is contact outside of group. Should members be able to connect after session? If this is permitted, it may be advisable to avoid discussion of in-group issues and events during outside contact, so as not to create private references that alienate other group members. If clients do get together outside of sessions, it may disrupt the group dynamic, so it is an important issue for the group to discuss as a whole. Furthermore, boundaries need to be made explicit regarding participation expectations. These may be set by the facilitators, or discussed

with participants, but it is a good idea to decide whether and to what extent participation and sharing are required. It may be useful to create a boundary that states that members will respect anyone who wishes not to share on a particular topic and that everyone has a right to refuse to answer any question posed. Facilitators should also discuss topics such as respect, punctuality, missed sessions, and use of mobile phones (Liebmann, 2004). Creating these boundaries provides structure and may quell anxieties caused by the ambiguity of such a novel situation. To put clients further at ease, the therapists can explain their roles as well as the way in which most sessions will be scheduled. The boundaries discussion would also be a good time for the therapists to remind clients that therapists cannot accept gifts or engage in dual roles, including attendance at clients' events outside therapy (Canadian Psychological Association, 2001).

Confidentiality is an ethical issue that becomes more complex the greater the number of people present in the therapy session. Therefore, therapy groups pose the utmost complexity. This is because, although the facilitators can ensure that they themselves will not disclose any identifying information to outside persons (except in extenuating circumstances such as threat of harm to self or others), the facilitators cannot guarantee that other group members will do the same. Therefore, it is very important to discuss confidentiality at the first group meeting, to convey the seriousness of confidentiality, reasons why it should be observed, and potential consequences if it is not.

To promote trust and safety in the group, facilitators should aim to ensure clients buy-in to the importance of keeping members' names and identifying information private. Furthermore, the group should discuss how to proceed upon a chance meeting with another member of the group, taking into consideration the possibility that some

members may wish to keep their membership private from friends and family. If clients are permitted to contact one another outside of the session, it should be discussed how confidentiality should be handled in placing telephone calls or sending e-mails. At some point in the first session, it is advantageous to have each member pledge to uphold group confidentiality (Liebmann, 2004).

Consent is another important ethical issue to be aware of when running a therapy group. The facilitator must ensure that participants understand and agree to the treatments being offered in the group and are aware that they are free to withdraw from group or any particular activity at any time, if they wish. Participants should also understand the consequences of withdrawal, and potential risks and benefits of treatments being offered. Additionally, participants should be informed about what records will be kept of their progress, how these records will be kept secure, and who has access to the records. Ideally, this information should be presented orally and in writing (Tymchuk, 1997).

In conclusion, ethics are a primary concern for facilitators running a therapy group. Ethical conduct should be the primary consideration when providing therapeutic services and should be given ample attention and thought.

Goals. Once the group is formed and members have pledged confidentiality, completed the informed consent process, developed group boundaries, and discussed culture, the topic of therapeutic goals should be addressed. Goals are one of three key factors that contribute to positive group outcomes (Barlow et al., 2004). The group participants should be informed of the goals which drove the creation and assembly of the group. Participants should also be given an opportunity to reflect upon and express

personal goals that they would like to work towards through group progression.

Additional overall group goals may also be identified. Goals should be as concrete as possible to ensure the goal setter and others will be clear on what constitutes success.

This process provides further structure to the group, gives it a purpose, and provides criteria for evaluation of group success upon termination (Liebmann, 2004).

Processing in groups. The art of processing may be the most important counsellor skill in group therapy (Ward & Litchy, 2004). Processing is a skill which entails commenting or querying in ways that get participants to examine what is happening relationally, cognitively, and affectively in the here-and-now, in relation to patterns and themes which plague the client in life outside of group (Yalom, 2005). Processing may mean exploring transference reactions in-group in relation to family of origin experiences, or noting behavioural patterns in-group that are hindering one or more facets of everyday life. Processing involves looking for deeper meaning and understanding of here and now experiences in ways that clients may not be accustomed to. For this reason, clients may stumble upon insights never before realized. Processing is invaluable to effective therapy, as this is how a great deal of the therapeutic progress is achieved (Ward & Litchy, 2004).

Feedback and evaluation. Finally, it is important to address the considerations of feedback and evaluation. It is advisable to request feedback throughout the duration of the group at regular intervals to allow modifications that will benefit the current group. Requesting feedback may be done in a variety of ways (Liebmann, 2004). Brief feedback forms using likert scales and also providing space for open-ended feedback can be filled out anonymously and returned to the group leader by placing in an envelope or box.

Anonymity allows clients to provide honest comments without fear of repercussions from insulted group leaders. This process is presumed to lead to more honest feedback.

Liebmann (2004) suggested more creative ways of collecting feedback in groups. One such method entails hanging three large sheets of paper on the wall at the end of session, one for elements of group that were appreciated, one for elements that were disliked, and one for suggestions. Another method Liebmann (2004) put forth was to invite participants to write expectations on sticky notes at the beginning of session, and at the end anonymously place those notes under one of two headings, indicating whether the expectation was fulfilled or not. Whichever method the facilitators choose, it is important to collect feedback so that the group may be continuously improved.

Evaluation is beneficial in that it provides evidence of the group's effectiveness, which may be used in obtaining funding, arguing for the continuation of the group, or advocating for instatement of similar groups in future. If the evaluation reveals the group to be ineffective, this also provides useful information—that changes are needed.

Evaluation can be conducted by collecting pre- and post-group measures on group members, evaluating the construct that is expected to change in response to the group intervention. This may include formal and/or informal psychological assessment of participants, on constructs such as depression, anxiety, self-esteem, social effectiveness, aggression, or resiliency, among others. Evaluation should consist of the same measures being conducted before and after therapy (Liebmann, 2004).

Conclusion. There are many elements to take into account when planning and conducting a therapy group. Carefully considering issues regarding prescreening, ethical

conduct, goal setting, processing, and feedback and evaluation is a prudent step towards increasing the likelihood of group success.

Group therapy with particular populations. All clients have a cultural background that influences how they view themselves and their relationship to others. Therefore, it is important not to categorize people or assume understanding based on their group membership. This can lead to stereotyping and a failure to recognize the unique aspects of each individual's cultural identity. There are multiple dimensions that make up a person's cultural identity, and the intersections of those factors are what make people unique (Arthur & Collins, 2005).

To enhance culturally sensitive practice, it can be useful to develop a knowledge base regarding beliefs and values associated with various cultures. This section provides some basic information about cultural groups that may be relevant to planning a therapy group for adolescent females in Western Canada, including: Aboriginals, Africans, Asians, gay, lesbian, bisexual and transgender clients, and adolescents.

Aboriginal clients. Aboriginal culture holds a significant place in many Canadian cities and is an important part of Canadian heritage. In 2006, there were approximately 1,169,435 people of Aboriginal ancestry living in Canada, and those people made up about 3.8% of the total Canadian population (Statistics Canada, 2006). Therefore, there is a strong possibility that a therapy group for young women who have experienced sexual coercion may contain one or more Aboriginal members or members with Aboriginal roots. For this reason, it is useful for group facilitators to have some knowledge about Aboriginal culture and about approaches that may be particularly engaging for Aboriginal participants. However, it is also important not to generalize the

comments made here to all Aboriginal people but instead to assess each situation on an individual basis to discover what is helpful and harmful behavior on the part of the therapist. According to Tlanusta Garrett (2004), Aboriginal people place great value on the “harmony ethic” (p. 170), which is a propensity towards harmony and balance in relationships, a communal focus, generosity, and reciprocity. Cooperation and contribution are of focus, and aggression is believed to be of value only for the greater good of the family or tribe, not for personal gain. Another traditional value of Aboriginal people is respect for others’ autonomy. Aboriginal people tend to believe that mistakes are part of the learning process and that it is inappropriate to attempt to control or influence the behaviours of others. To do so would upset the world’s natural balance. Other elements that hold significance in Aboriginal culture are: eagle feathers (earned through demonstrating courage, the light and dark of the feather represent the duality of life), circles (talking circles, drumming circles, the circle of life, the earth, the seasons), family involvement, and rituals. Due to the communal focus of the culture, groups tend to be particularly effective therapeutic methods for Aboriginals (Tlanusta Garrett, 2004).

It is also helpful to be aware of cultural norms that may be useful when interacting with Aboriginal peoples. For example, for some Aboriginal groups, direct eye contact and standing or sitting in very close proximity can seem invasive. Handshakes should be gentle so as not to portray aggression or dominance. Hospitality and gift giving are important, so sharing a beverage or snack may increase rapport. Silence is often used during early parts of initial meetings, to allow one another to become comfortable in the environment. Finally, the development of trust often relies on a

nonjudgmental, open attitude on the part of the therapist, which does not aim to influence or control the client (Tlanusta Garrett, 2004).

The above information offers some insight into Aboriginal tradition. However, it is important to consider clients as individuals, and allow them to share their unique views and beliefs. Personal views rest on level of acculturation, as well as personality and past experiences. Therefore, it is wise not to make assumptions.

Black African clients. A second cultural group that may be important to understand in order to create a group program for girls in Western Canada is African people. According to Statistics Canada, in 2006 there were 421,185 people of African ethnic backgrounds living in Canada, 1.3% of the total population. Trends in Black African culture include the following values: spirituality, movement, expression of emotion, community, outward verbal expression, cooperation, mutual respect, and creativity (Pack-Brown & Fleming, 2004).

Asian clients. Asians are a third cultural group of interest when creating a therapy group for Western Canadian teens. In 2006, there were 3,831,665 people with Asian ethnic backgrounds, 12.3% of the total Canadian population (Statistics Canada, 2006). There is a wide range of Asian cultures and the specific details for each group cannot be included here. However, we know that at least for some traditional Asian cultures, there is an emphasis on humility, community, and upholding the family name through one's behaviour. Family honour is tied to women's actions. Therefore, for some there may be a great fear of shaming the family if one missteps. It is uncommon for Asian individuals to exhibit help-seeking behaviour, aside from seeking familial support (Chi-Ying Chung, 2004). Asian values are very different from North American values,

which emphasize individuality, assertiveness, and achievement. Therefore it is important for group leaders to make space for personalities that do not aspire towards Western ideals.

The above paragraphs covered how some individuals may find their cultures impact their experience of counselling. Some clients with Aboriginal roots may find a group approach preferable to individual counselling, and may prefer to begin the session with some reflection time and sharing of a snack or beverage. Some Black African clients may find that the group format also works well for them, and that creative opportunities during session are welcome. Furthermore, some clients who identify with certain traditional Asian cultures may find that they also benefit from a group format, but may place greater value on privacy, divulging fewer personal details. Canada has a rich multicultural population, and therapists will encounter people of a wide variety of walks of life, some of whom they may have negative reactions to. To effectively and ethically engage in multicultural counselling, therapists should know about their own cultural heritage, reflect upon personal attitudes and biases, and strive to understand where such assumptions stem from (Torres-Rivera, Phan, Maddux, Wilbur, & Tlanusta Garrett, 2001). It is of the utmost importance that therapists remain open-minded and strive to learn from the clients themselves about their own unique backgrounds and values. The following paragraphs provide some insight into other Canadian subcultures, including gay, lesbian, bisexual, transgender, and adolescent clients.

Gay, lesbian, bisexual, and transgender clients. Gay, lesbian, bisexual, and transgender (GLBT) clients might be cautious about entering therapy groups because not long ago conversion therapy was practiced and homosexuality was considered a

psychological disorder. Although there have been improvements in mental health settings in terms of acceptance of GLBT clients, there are still some practitioners who have outdated views and still use methods such as conversion therapy. Therefore, it is a good idea to state at the outset (throughout recruitment for the group) that GLBT clients are welcome, and will be treated respectfully (Horne & Levitt, 2004). As with having group members of other minority groups, it will be important for the facilitators to watch for discrimination against GLBT clients within the group, and deal with it appropriately and directly. Finally, the topic of handling chance meetings outside of group may be of particular relevance if there are several GLBT clients in-group, as this subculture can be a very tight-knit community and encounters may be more likely (Horne & Levitt, 2004).

Adolescent clients in group therapy. Earlier sections have already given an overview of the adolescent developmental period. These next four paragraphs explore how adolescents respond to group therapy. During adolescence, individuals are finding their own identities, individuating from their parents, and trying to find their own places in the world (Riley, 2001; Shechtman, 2004). Along with this comes a greater emphasis on peer relationships (Kahn & Aronson, 2007). Moreover, during adolescence, the brain reaches a level of development that allows adolescents to empathize with others, as they are increasingly able to engage in perspective taking. For these reasons, therapy groups in which members can relate to peers really fit for this age group (Shechtman, 2004).

According to Haen and Well (2010), adolescence is a time of contradiction: longing for closeness but pushing people away, and wanting to stand out but simultaneously wanting to blend in. Rebellion and challenging authority are additional trademarks of the adolescent developmental stage (Riley, 2001; Shechtman, 2004).

Therefore, leaders are faced with added trials in working with these clients. Facilitators must balance structure in session with encouragement of free expression and demonstrate patience when establishing trust and getting clients to open up. Despite such challenges, facilitators should strive to harness adolescents' strengths, such as an increase in creative energy at this life stage (Riley, 2001).

Adolescent groups tend to be more effective if they are small, single-gender, and divided by developmental level. According to Riley (2001), age separations should be as follows: preteens (up to 12 years of age), early teens (13 to 16 years of age), and late teens (17 years of age and older). Separating by age helps to avoid preteens being exposed to information about the more risky behaviour of older teens. Avinger and Jones (2007) added that separation by developmental level might be more valuable than separating by chronological age, as rate of development varies by individual. This highlights the importance of clinical judgment and careful decision making during prescreening. Separating by gender helps to avoid the distraction of sexual tension and increases the comfort level with personal disclosures, especially of a sexual nature. Limiting the size of groups increases the safety of participants (Riley, 2001).

According to relevant literature, group therapy approaches are appropriate and effective for adolescent clients (Shechtman, 2004). Facilitators should be patient, nonjudgmental, and open-minded to enhance rapport, and trust, and therefore adolescent engagement. Teens can be challenging to work with, but savvy group leaders will pinpoint and work with client strengths. Small groups separated by developmental level and gender seem to be the most effective.

Group expressive arts therapy. Expressive arts therapy consists of any therapeutic approach that incorporates one or more creative outlets, including movement, drama, visual arts, writing, and music (Malchiodi, 2003). In contrast, the term art therapy is more specific and usually refers primarily to visual arts such as painting, drawing, sketching, moulding, carving, and cutting and pasting. Expressive arts have been found useful in healing trauma and bringing unconscious material to the surface so that it may be processed and worked through (Malchiodi, 2003). Mind-body techniques have received increasing attention in the literature, and holistic health has been gaining popularity (Malchiodi, 2003). Part of the appeal of expressive arts therapy is that it may be considered a mind-body approach as it taps into the emotional, cognitive, and kinesthetic areas of the brain simultaneously. This may lead to a more complete method of processing than linguistic processing alone (Malchiodi, 2003).

Multimodal expressive arts therapy is the process of deepening therapeutic processing through responding to one mode of expression with another. For example, an individual might create a painting to depict that individual's affective state, then write a poem stemming from words that come to mind when viewing the artwork, then respond to the poem through bodily movement. Each successive mode of expression tends to lead to a deeper therapeutic level and enhances meaning (Malchiodi, 2003).

Advantages of using art therapy in groups. Liebmann (2004) described advantages of using art therapy with clients, with a focus on the visual arts. Liebmann noted that art therapy is different than the creation of art for aesthetic value, because in art therapy the goal is process based, not the output of a final product. By removing the emphasis on aesthetic value from the perspective of outside observers, clients can feel

comfortable in immersing themselves in the process, and give and receive support to and from other group members, regardless of artistic ability levels. Therefore, some advantages of art therapy are its appropriateness for clients of varying ability levels and the freedom it gives clients to let go, play, and explore, without emphasis on appearance of final products (Liebmann, 2004). This shift can move a client from a mindset of doing what one “should” to doing what one feels, wishes, or desires, which may be therapeutic in and of itself. Another advantage is the de-emphasis of verbal expression. Clients who are not proficient linguistically, and those who rely too heavily on constant chatter, can benefit from and enjoy the shift to a visual form of expression. Furthermore, art is useful in expressing things that may be difficult, painful, or uncomfortable to put into words. Therefore, art may be able to lift a barrier to promote more open expression. Other advantages include enjoyment of creation, an ability to try out alternatives without committing to one, a propensity to increase awareness of feelings, the ability to express taboo feelings, the concreteness of what is produced promoting facilitation of discussion, and the mobilization sparked by active participation in a project. Lastly, the creation of an artwork creates a venue through which to interact with the therapist, in a mode that is more discreet and less direct. This may contribute to openness with the therapist that would otherwise be too daunting (Liebmann, 2004).

Riley (2001) added that “the creative process generates healing energy that will find its way to areas of need if allowed to circulate freely” (p. xi). This statement is an affirmation of the power of art therapy and a reassurance to therapists that they need not impose rigid structure upon the artworks to be created, or worry if artworks are off topic. Allowing clients to create freely should lead to insight and personal growth.

According to Haen and Well (2010), art therapy fits well with the adolescent mindset. Like artists, adolescents seem to simultaneously desire to be seen and hidden, and art can be an effective way to do this.

In summation, expressive arts therapy is a way of uniting mind and body, which may be deepened by switching modalities within a single session. Visual art provides an outlet that transcends verbal and linguistic barriers and can be used to foster connections within groups, regardless of artistic ability levels. Moreover, art seems to have an innate propensity for healing and seems appropriate for teenaged clients. The above strengths provide a rationale for utilization of creative therapeutic techniques in counselling, particularly in the therapeutic program included in this project.

Maximizing effectiveness of art therapy. To maximize benefits gained through art therapy in groups, it is imperative to sever the mental link between art and aesthetic beauty (Liebmann, 2004; Riley, 2001). This can be done by reminding clients and by modelling. For example, the facilitators might create alongside clients, ensuring that the facilitators' artwork does not aim to be aesthetically pleasing. Additionally, facilitators should ensure that their comments regarding client works do not imply value judgment, but rather, engage discussion around descriptive elements of the work.

For art therapy to be effective, it should be made clear from the outset that group leaders will not be interpreting artworks. This is crucial in protecting clients from feeling vulnerable (Riley, 2001). Furthermore, people are all individual, and art is very subjective, making it nearly impossible to accurately interpret someone else's artwork. An image that represents fear for one individual might represent excitement for another, and anger for yet another. Therefore, it is not ethically responsible for facilitators to

attempt to interpret artworks in any case. The artist of the work is the only person who really knows what it means, so interpretation should be left up to the artist.

Finally, to maximize effectiveness of group art therapy, norms and guidelines should be developed collaboratively at the beginning of group formation (Liebmann, 2004). Particular to art therapy, things to discuss would include nonjudgment (no insults to others' artwork), safety, and expectations regarding sharing (including the right to withhold information about oneself and one's artwork). A balance should be struck between respecting clients' rights to decide if and when they are comfortable sharing and a need for discussion and contribution from everyone to add richness and value to the group. Each group must find their own ways in which to strike that balance.

In conclusion, to maximize effectiveness of group art therapy, facilitators should actively and overtly draw emphasis away from production of art for aesthetic beauty, avoid offering interpretations of members' artwork, and establish norms to promote sharing while respecting privacy. The next section will delineate therapeutic considerations that are unique to group art therapy.

Considerations unique to art therapy. When it comes to art therapy, there are some additional considerations that must be given some thought. The first is selection, acquisition, and preparation of art materials (Liebmann, 2004). Taking into consideration the program's budget, group leaders will have to do some planning, and perhaps even get creative about what can be used to create artwork. Materials can be collected from home, or bought at a local craft store or department store. To cut costs, household items such as cardboard boxes, old magazines, and egg cartons can be reused as art supplies. Items from nature, such as leaves, twigs, flowers, and sand, can be used as well. With

adolescents, it is a good idea to start off with familiar media such as felt-tip pens, crayons, pencils, and magazines, and gradually move towards more unexpected media (Liebmann, 2004). This allows adolescents to become comfortable with the group before being invited to step out of their comfort zones and take artistic risks. In addition to the materials already described, art can be made from: modelling clay, paper plates, cups, utensils, fabric, paint (finger, acrylic, watercolour, oil, block, powder, etc.), beads, wood, conte, pastels, newspaper, glue, wire, metal, glitter, cotton balls, yarn, stickers, and foam, among many other things. Group facilitators may draw upon craft stores and their own imaginations for inspiration, keeping in mind developmental levels and safety of their clients (Liebmann, 2004). Once materials are gathered, storage of those materials will have to be arranged. Availability and quality or type of space will determine what type of materials are appropriate and whether materials can be kept at the group meeting location or must be transported from facilitators' homes each week. With ample planning and creativity, exciting materials can be identified, arranged, and used to enhance the therapeutic experience

Related to storage of art supplies, facilitators must determine how to handle storage of artworks. Just as clients' personal information and files must be kept safe, secure, and confidential, so too must artwork produced in therapy. A locked room or cabinet would be appropriate, as long as the group leaders are the only people with access to that space. Alternately, group members may take their own artwork home with them.

Unique to the practice of art therapy is the option of verbal communication, at least during creation of artwork. The facilitators will have to decide whether creation will occur in silence, alongside some discussion, in silence sometimes and during

discussion sometimes, or whether this should be decided amongst the group. Sometimes creating in silence may deepen the experience; however, silence prohibits the connection with others that group members may be craving (Liebmann, 2004).

Art therapy requires unique consideration of session structure. For example, in structuring the physical space, one must consider not only location of chairs and clients in relation to one another and the facilitators, but also placement of tables and materials. Practical considerations include locating clients within reaching distance of materials. Ideally, the group meeting space would have an area with tables and art materials at which clients would create, and a separate space in which chairs could be arranged in a circle at which clients and facilitators could engage in debriefing, processing, and discussing, without a physical barrier (table) between them. In terms of structure, facilitators must also decide upon a schedule structure, incorporating discussion, art making, and processing of art (Liebmann, 2004). Some groups may prefer to simply do a brief check-in before diving into art production, while others will prefer to have a more in-depth discussion at the beginning. Furthermore, processing the artwork can be structured in different ways. Each client could share their work, and discuss briefly, or the group could focus on one or two pieces per session, ensuring that different clients' art is chosen each week. The latter technique may provide deeper processing; however, if using this approach, facilitators should process the art in a way that allows all members to relate, to ensure that it is still group therapy that is taking place (Liebmann, 2004).

Similar to other types of therapy, in art therapy facilitators must decide how directive to be in session. In providing direction for an art project, the facilitator may be as specific or as broad as he or she chooses, but this choice should be a deliberate one,

based on the stage of group development and the characteristics of the group. Clients who lack confidence will feel more comfortable with structured, concrete direction, as will clients who are new to art therapy (Liebmann, 2004). However, narrowing the scope of the art too much can stunt psychological growth and expression for clients who know what they want to convey (Liebmann, 2004; Riley, 2001). Therefore, considerable thought should go in to the directives provided. Alternately, sometimes, discussion at the beginning of the session may bring about emergent themes, which can drive the art created. Either way, the topics driving the artwork should be in line with client needs (Liebmann, 2004).

Unique to art therapy situations, the therapists can choose whether or not to participate in making their own art. There are advantages and disadvantages to doing so (Liebmann, 2004). Through participation, the therapists reduce the power differential, by putting themselves in the same situation their clients are in. Additionally, through participation, therapists can model various things, including openness and art not driven by aesthetic beauty. However, it is important not to detract from client needs. Therapists who participate must ensure they do not become too immersed in creating, thereby making themselves unavailable to clients (Liebmann, 2004). Furthermore, therapists should consider whether sharing their own work is appropriate. This decision will be driven by reflection on whether the sharing would be benefiting clients, or benefiting the therapist. Avoidance of role reversal is imperative.

In summary, providing a group art therapy program demands some additional consideration. Materials, storage, amount of discussion during creation, structure, amount of direction, and therapist participation are all topics to be considered. In doing

so, one may create a program that is organized, produces favourable outcomes, and runs smoothly. The next section takes a look at group therapy with the particular population of interest in this project: individuals who have experienced nonconsensual sex.

Group therapy with clients who have experienced nonconsensual sexual activity. While this project focuses on sexual coercion specifically, recent literature provides information on groups with survivors of other types of nonconsensual sex (Gerrity & Peterson, 2004), which may be informative. The following paragraphs shed some light on why group therapy may be beneficial to these types of clients and approaches that have proven to be particularly useful.

Group therapy has been found to be a particularly helpful method for childhood sexual abuse (CSA) survivors embarking upon the healing process. There are many reasons for this. One reason is that it helps clients realize in a very direct and concrete way that they are not alone, others have experienced similar trauma, and others understand (Gerrity & Peterson, 2004). Furthermore, clients can begin to realize that there is nothing inherently wrong with those other group members, which may help them come to the realization that there is nothing wrong with themselves either (and that they are not to blame). In this way, some of those deeply ingrained misattributions may be dispelled. Additionally, Hazzard, King, and Webb (as cited in Avinger & Jones, 2007) suggested that group therapy might provide an outlet and opportunity for growth without necessitating extensive self-disclosure. Release of feelings, discussion of hopes and fears, and here and now processing can take the place of in-depth retelling of the story of trauma.

Avinger and Jones (2007) conducted a meta-analysis of the literature on group therapy for adolescent CSA survivors. Findings demonstrated that both psychodrama and humanistic approaches appear to decrease anxiety in adolescent girls, while trauma-focused cognitive behavioural therapy has the potential to reduce posttraumatic stress disorder symptoms, such as hypervigilance, avoidance, hyperarousal, and flashbacks. Of the five studies that reported depression outcomes, only psychodrama resulted in lower depression scores, indicating a reduction in depressive symptoms (Avinger & Jones, 2007). Of the six studies that reported self-esteem outcomes, all six (including psychodynamic, humanistic, multidimensional, trauma-focused cognitive behavioural therapy, and psychodrama approaches) reported significant improvements in self-esteem (Avinger & Jones, 2007). Preliminary findings also suggested that psychodrama approaches may decrease guilt and shame in adolescent CSA survivors (Avinger & Jones, 2007).

The literature seems to demonstrate that psychodrama is a particularly useful tool in helping adolescents who have experienced nonconsensual sexual activity. Although none of the studies reviewed other forms of expressive arts therapy with adolescent CSA survivors, adolescents in general seem to respond well to both art and drama therapy (Haen & Well, 2010).

Gerrity and Peterson (2004) suggested that, in terms of group topics, CSA survivors would benefit from a focus on appropriate boundary setting and respect for the boundaries of others. Additional therapeutic goals may include: inner child work, grief work, expression of affect related to the trauma, including breaking through the barrier of dissociation, and learning healthy coping skills (Gerrity & Peterson, 2004).

To recap, when it comes to group therapy with adolescents who have experienced nonconsensual sex, it appears as though expressive arts modalities would be efficacious. This information provides some helpful direction regarding how to create an effective therapy group for young women who have experienced sexual coercion.

Psychodrama. As described in the previous section, psychodrama is an expressive arts modality that has shown promise for use with groups of clients who have experienced nonconsensual sexual activity. To be precise, psychodrama techniques appear to have the potential to reduce anxiety and depression and increase self-esteem in populations like this (Avinger & Jones, 2007).

Carbonell and Partelano-Berehmi (as cited in Avinger & Jones, 2007) described a psychodrama technique with three phases. The early phase of the group therapy is used for warming up, building cohesion and trust, and learning about drama techniques. During the second phase, group members each write, direct, and act out the story of their trauma. For those who find this part too overwhelming, alternatives are provided. The final phase consists of reenacting the event. This is a critical phase for therapists, as they must help clients to reframe the event or find new meaning in the experience. Additionally, in the final phase, clients are given the opportunity to rewrite the ending, which can be empowering and give clients a sense that they are in control of their own lives once again.

Psychodrama seems to be particularly effective in helping young women who have experienced nonconsensual sex, above what other therapeutic methods provide (Avinger & Jones, 2007). This may be due to the potency of exposure to the traumatic event, as it is experienced in psychodrama with all the senses, as opposed to just one.

Furthermore, the ability to rewrite the ending to their own stories could be a concrete way of showing clients that they have the power to create their own lives and futures, which may inspire newfound optimism and strength (Avinger & Jones, 2007).

Conclusion. The literature reviewed in this section has provided some guidance in developing a therapy program for adolescent girls who have experienced sexual coercion. Working from within a feminist RC therapy framework, the program described in Chapter 4 of this project expresses respect for clients as experts on their own lives, and encourages movement towards reconnection as an overarching therapeutic goal (Walker, 2010). The group format functions in line not only with that goal, but also with adolescents' developmental stage and tendency towards connection with peers (Kahn & Aronson, 2007; Shechtman, 2004). Group therapy seems fitting for adolescents who have experienced sexual coercion specifically, because they will have the opportunity to see that they are not alone; many others are going through the same thing and coping (Avinger & Jones, 2007). Finally, an expressive arts therapy program should be beneficial due to the appropriateness for adolescents' burst of creativity (Riley, 2001) and due to their ambivalence about trust and self-disclosure (Haen & Well, 2010). This is because the arts are modalities in which stories may be told directly or indirectly, through use of metaphors and analogies. Although various modalities will be used, psychodrama will conclude the therapy group, as research suggests that psychodrama can be quite transformative with similar clients.

Chapter 3: Method

This project consists of a detailed literature review aimed at understanding experiences of sexual coercion felt by adolescent females (see Chapter 2) and a group program manual designed to help such individuals (see the Appendix). The purpose of this chapter is to describe how the research for the literature review was completed and presented and how the group program was created.

Methodology

This section describes the literature reviews conducted and how those reviews came together to provide information about how adolescent females experience sexual coercion. As stated in Chapter 1, three research questions drove the search of the literature. The questions were as follows:

1. How do adolescent females understand and respond emotionally to verbal sexual coercion?
2. What is the process of recovery from sexually coercive experiences?
3. What strategies are employed by female adolescents to cope with sexually coercive experiences?

Resources searched to locate information pertinent to this project included: The University of Lethbridge and University of Calgary Library Catalogues, academic research databases such as PsycINFO, PsycARTICLES, Ovid, EBSCO Host, Gender Studies Database (GSD), and SocINDEX, and the public Internet source Google Scholar (2011). Additional resources were located through use of references found in particularly relevant articles. Efforts were made to find recent information by focusing primarily on articles published during the last 10 years. However, some older articles of particular

relevance to the project were included, especially in areas in which current research was unavailable.

First, I needed to seek a guiding framework for the project. It was important that this theoretical framework be informative to counselling psychology in order to guide creation of a therapeutic program. Additionally, it was important that this theory be rooted in a feminist perspective in order to drive change: namely, empowerment of adolescent females. Through consultation with my supervisor, I decided that RCT and RC therapy was a framework that fit the criteria. Therefore, “Relational Cultural Theory,” “Relational Cultural Therapy,” and “RCT” were key search terms used during the literature review process to inform the overarching theory guiding this project.

The second step in answering the aforementioned guiding questions was to define sexual coercion. I did so by conducting searches using keywords such as “sexual coercion,” “verbal sexual coercion,” “sexual pressure,” and “sexual consent.” In reading related articles and amalgamating the information read, I was able to devise a definition that communicated a shared understanding between several researchers and that fit with the project at hand. As such, sexual coercion, within the context of this study, was defined as a situation in which Person A (without using force or threat of force) successfully influences Person B to engage in unwanted sexual activity, after Person B has effectively communicated, verbally or nonverbally, lack of desire to engage in such behaviour.

The third task was to describe factors related to sexual coercion that would be important in understanding sexual coercion as a whole and in understanding its effects on particular individuals. By using search terms similar to those mentioned in the above

paragraph and combining with other search terms, such as “social scripts,” “psychological effects,” and “emotional effects,” I was able to develop a deeper understanding of sexual coercion in conjunction with concepts related to the effects such experiences may have on human beings.

Next, I sought to understand the developmental, cognitive, and affective states of adolescent females, the population of interest for this particular project. Terms such as “adolescence,” “teenagers,” “teens,” “adolescent development,” “cognitive development,” “emotional development,” “sexual coercion,” and “sexual experiences” were searched individually and in varying combinations. Information from articles found was used to formulate and express an understanding of the particular challenges facing those in the adolescent developmental stage. In doing this, I was able to make inferences regarding how adolescent females would respond to experiences of sexual coercion, an area that is sparsely covered in current research.

Research does indicate that female adolescents are at heightened risk for experiencing verbal sexual coercion (Caraway, 1997; O’Sullivan, 2005), which has been found to lead to harmful emotional consequences, including anxious arousal, anger or irritability, depression, defensive avoidance, dissociation, impaired self-reference, and sexual concerns (Broach & Petretic, 2006). Therefore, it seems prudent to provide effective clinical programming to assist such clients, improving their mental and emotional wellbeing, and thereby increasing the likelihood that they will develop into strong, successful women with much to contribute to society.

Literature on coping was searched to inform the area of this project that focused on emotional and psychological healing after experiencing unwanted sexual contact via

coercion. Coping theory, as well as types of coping and related outcomes were researched using search terms such as “coping,” “effective coping,” coping theory,” “cognitive coping,” “emotion-focused coping,” “problem-focused coping,” “avoidant coping,” “adaptive coping,” “maladaptive coping,” and “healthy coping.” Some of these terms were combined with the keyword “adolescent” to yield results more specific to the target population of interest.

Finally, group therapy was researched with a focus on expressive arts therapy programs and approaches appropriate for adolescent populations coping with unwanted sexual experiences. Search terms such as “group therapy,” “art therapy,” “psychodrama,” “group therapy for adolescents,” and “group therapy stages” were used to inform this section. Information gathered from these searches was compiled to create a section that described the advantages of using group therapy, instances and populations in which group therapy is particularly beneficial, and methods of group therapy which could be useful in helping young women deal with effects of unwanted sexual contact.

Designing the Group Program

In addition to reviewing current, relevant literature, I attended a hands-on expressive arts therapy workshop, led by social worker and expressive arts therapist, Carmen Richardson MSW, RSW, RCAT on April 23, 2010. This experience gave me a peek into the perspective of a client, including the excitement of exploring various media, and fear of sharing too much. I took this into consideration when designing the expressive arts therapy program contained in this project. After collecting information on group therapy, expressive arts therapy, and therapy for adolescents, it became clear that the group program I was designing had to be well formatted and well planned out to

satisfy a few different sets of criteria. The challenge was to create a project that fits with the theoretical framework of RC therapy (Governors State University & American Psychological Association, 2009; Walker, 2010), the group stages of development (Brabender & Fallon, 2009), and the needs of adolescent females following experiences of sexual coercion. The program plan had to accomplish the following: (a) encourage interrelatedness and connection; (b) coax the group from guardedness to openness, to assertiveness (including the ability to deal with conflict), to intimacy and deep personal work, and then eventually to goodbye; and (c) incorporate interventions that would bring clients from anxiety, depression, and self-doubt to happiness, trust, understanding, and self-acceptance. Fortunately, these were all compatible processes, which I was able to weave into a session plan that addresses client needs from various angles (the Appendix).

Addressing relational cultural therapy goals. In drawing from the wisdom of RC therapy, it is important to make the group therapy process one that incorporates relational connectedness throughout. The program contained in this project requires such a perspective. This means cultivating a comfortable, casual environment. It also means building rapport by engaging clients in the process and respecting and incorporating their feedback when possible. The atmosphere created should be warm, comfortable, and informal. Through doing this, the sessions are likely more interesting and relevant to young, female participants, increasing their engagement and openness in participation and sharing.

The program addresses the overarching goals of RC therapy through facilitating interpersonal reconnection. The group format in and of itself facilitates movement towards this goal, as do the specific expressive arts tasks, discussions, and processing

efforts undertaken during sessions. Examples include group drawings or paintings and discussion or processing that invites group members to relate, empathize, and identify commonalities between group members' experiences and cognitive and affective responses.

Addressing group development goals. Evidently, this program addresses several layers of goals. The program addresses the goals of group formation progression (Brabender & Fallon, 2009). Therapeutic tasks are specifically formatted to aid in progression through the group stages by encouraging certain types of interactions between group members. In the early sessions (likely to coincide with the Formation and Engagement stage), facilitators lead low-risk activities with familiar and nonthreatening materials that encourage clients to open up and reveal vulnerabilities slowly and at their own pace.

In the next few sessions (likely to coincide with the Conflict and Rebellion stage), group and partnered art projects are introduced. These art projects are designed to bring interpersonal challenges to the spotlight so that such hurdles can be addressed and overcome, strengthening the group and providing important transferable skills to clients.

In the following few sessions (likely to coincide with the Unity and Intimacy stage), deep sharing is encouraged through topics that place particular emphasis on affective communication, more intimate disclosures, and empathizing with one another. Increased vulnerability and disclosures will likely occur naturally due to higher comfort levels and trust within the group.

During the next sessions (likely to coincide with the Integration and Work stage), tasks encourage direct self-reflection and exposure to memories and reenactments of the

sexually coercive incidents. This group work is designed to allow clients to (a) discover that they are strong enough to face difficult memories and emotions, and (b) directly reflect upon the experience. Cognitive restructuring is executed through exploration of what was learned or gained through the experiences, the reality that clients have survived these experiences, and wisdom or skills regarding how to approach sexual decisions and self-advocacy in the future.

During the Termination stage, the final session, clients are given an opportunity to explore and express affect and relevant experiences related to the goodbye. Through session tasks, clients reflect upon progress and future goals or directions.

It is important to note the variability of stages in different groups, as stages may occur at different times for different groups. Therefore, it is very important for facilitators to be flexible and use their own good judgment in adapting the program to fit with their clients' needs (Brabender & Fallon, 2009).

Addressing after-effects of sexual coercion. Finally, goals of this specific program, which aim to address the after-effects of being sexually coerced are also addressed. As depression, anxiety, and low self-esteem are some common outcomes following sexual coercion (Broach & Petretic, 2006; Caraway, 1997), these are the three areas of focus for this program. Self-esteem is addressed through building positive ideas about personal identity, expressing these in various ways, and being accepted by the group. Furthermore, self-esteem is maintained when conflicts occur within the group that do not result in rejection or exclusion of any member. The message sent is that although no one is perfect, and individuals will not always agree, clients are still worthwhile human beings, worthy of love and acceptance, despite their faults. Anxiety and

depression are addressed through expressing, confronting, and working through these feelings through the expressive arts.

Specifically, anxiety is addressed through combating avoidance: bringing clients face to face with anxiety-provoking stimuli (confronting memories, identifying and examining affective reactions), long enough to allow the physical anxiety reactions to dissipate.

Depression is addressed through psychodrama: reenacting the sexually coercive situation in a safe setting with a greater feeling of control and empowerment, and creating a new (preferred) ending, is meant to inspire optimism and combat depression. By targeting depression, anxiety, and self-esteem, there may also be positive effects experienced indirectly in terms of feelings of increased resilience and agency and reduced guilt and self-blame.

Session Structure

Each session is structured to have three main parts: an opening discussion, engagement with particular expressive arts modalities, and then processing. The discussion is designed to open up the floor to client ideas, feelings, and experiences. A central topic and discussion questions are usually suggested in the program manual, but the needs of the group can guide the discussion in whichever direction will be most useful. Group process is to be observed, and opportunities utilized to bring forth deeper meaning apparent in here-and-now interactions. Such occurrences can be used to provide further discussion that is deeper and more meaningful.

Engagement with expressive arts media entails participation in one or more of the following each session: drawing, painting, sculpting, drumming, listening to music,

writing, movement, and acting. Often, clients will be invited to express themselves through one type of media, and then deepen the experience by expressing a reaction to the first piece through a different medium. This is known as multimodal expressive arts therapy (Malchiodi, 2003). There is usually a suggested topic or subject around which expression may be centred. Alternatively, ideas may grow out of the session's discussion.

Processing the experience of interaction with media used and here and now affective and cognitive reactions is the next step during session. Facilitators pose thought-provoking questions (suggestions are provided in the Appendix), and allow clients to interact, asking one another questions, and sharing whatever seems relevant to them. This is an opportunity for clients to reflect upon thoughts, feelings, reactions, and urges occurring in the current time and place. In doing so, it is possible to make connections between past experiences, relationships, relational styles, the creative media, the group, oneself, and one's current state of being. Such connections may lead to deeper understanding and meaning making, which have healing potential.

Each session is made whole by addition of shorter sections, which commence (greeting, check-in) and conclude (closing) the session. Additionally, breaks are provided each session to provide a few moments to rest, get organized, socialize, or use the restroom.

Conclusion

The group program manual included in the Appendix of this project was created with focused attention on the literature pertaining to sexual coercion, adolescent females, coping, and group therapy. Furthermore, creating such a manual required understanding

of RC therapy principles of empowerment and interpersonal relatedness, group development stages, and using expressive arts with youth. In combining knowledge of all of these interconnected areas, a group program was created to suit the needs of the population of interest, while leaving space for facilitator, client, and group input. The result is a manual for a program that aims to provide respect, resiliency, and healing of female youth who have been sexually coerced.

Chapter 4: Project Overview

Rationale for Program

The high estimates of frequency of men's attempts to coerce women into sex (Struckman-Johnson et al., 2003), and adolescents' particular susceptibility to being targeted by sexual coercion (O'Sullivan, 2005), paired with the detrimental emotional effects of being coerced into unwanted sexual activity (Broach & Petretic, 2006) demonstrates a need for programming in this area. To determine appropriate types and formats of such programming, one should examine the adolescent developmental period, and how programs are formatted for teens with similar issues. Teens' developmental tendency towards seeking support through peers, accompanied by successful outcomes associated with group therapy for childhood sexual abuse survivors suggests that a group therapy format would be appropriate (Gerrity & Peterson, 2004; Kahn & Aronson, 2007; Shechtman, 2004). Furthermore, teens' developmental tendency towards heightened creativity suggests that approaches allowing youth creative options may be useful (Haen & Well, 2010). Adolescence is often a difficult time developmentally and socially (Goldbeck et al., 2007; Seiffge-Krenke, 2000); therefore, it is important to optimize teen resiliency, especially following a stressful experience. According to Barlow et al. (2004), the most important elements in determining whether a program will be successful are: suitably referred clients, skilled therapists, and clearly articulated group objectives. The following sections describe these pertinent details.

Clients

This section describes the clientele targeted by the program. This section also addresses how group facilitators may go about recruiting and screening individuals for appropriateness.

Criteria for appropriateness. Clients who would be a good fit for this program are 13- to 19-year-old females who have experienced sexual coercion and are having difficulty recovering, as demonstrated by symptoms of anxiety, depression, and/or low self-esteem. Furthermore, the group members should not be individuals who have experienced more severe forms of unwanted sexual activity. This is to ensure that experiences of those who have only experienced sexual coercion are not minimized. Moreover, individuals who experience hallucinations or delusions would be inappropriate for the group until they are stabilized, as they may create disruptions. Clients should be grouped by age: 13- to 16-year-old clients together, and 17- to 19-year-old clients together, so the younger teens are not exposed to the more mature subject matter potentially discussed by the older teens (Liebmann, 2004). By creating groups of young women who are relatively homogeneous in age and in their experiences, the likelihood may be increased that clients will connect with one another, and be able to relate. However, the group will be kept culturally heterogeneous, allowing for women of varying ethnicities, sexual orientations, religions, and socioeconomic statuses, to promote inclusion. It is the facilitators' responsibility to ensure that all of the clients experience respect, feel safe, and are given the opportunity to benefit from the group and be heard, regardless of their cultural backgrounds.

Recruitment. Recruitment of clients for this program consists of (a) gaining referrals from other professionals, and (b) placing informational posters in areas where they may be seen by potential participants. In terms of gaining referred clients, it is important for facilitators to expand and make use of their networks. Contacts such as physicians, public health nurses, social workers, psychologists, school counsellors, teachers, and psychiatrists may be useful referral sources to tap into. Sending an e-mail or letter to contacts describing exactly the types of participants that are appropriate and what the group program entails will help to ensure that you receive appropriately referred clients. In terms of informing clients through informational posters, it is important to denote on posters the following information: (a) eligibility; (b) times and dates; (c) program objectives; (d) types of therapeutic activities provided; (e) process for enrollment; (f) facilitator contact information; and (g) that teens of all ethnicities, sexual orientations, religions, and socioeconomic statuses are welcome. Emphasis can be placed on inclusivity by including on the poster an illustration of a culturally heterogeneous group of adolescent females.

Prescreening. The process for prescreening is for facilitator(s) to meet with each potential group member and her family. During this meeting, facilitators will describe the group in greater detail, including requirements of participation, group size and composition, cost of participation (if applicable), payment options, and what to expect at meetings. If upon receiving detailed information about the program, the potential group member and family are onboard, facilitators will proceed with screening through an informal interview. If the client is indeed eligible for participation in the group, verbal

and written consent will be obtained from the client and her parents, payment arrangements will be made, and pregroup assessment measures will be administered.

The assessment instrument used is the second edition of the Behavioural Assessment System for Children (BASC-2), created by Reynolds and Kamphaus (2004). The BASC-2 is used as an outcome measure, and is administered before and after treatment so scores may be compared and program efficacy determined. According to Stein (2007), the BASC-2 is a reliable and valid formal assessment measure, which is designed to evaluate behaviours and affectivity of children and adolescents. Three assessment forms are included in the BASC-2. These forms are the teacher rating scale, parent rating scale, and self-report of personality. The teacher rating scale and parent rating scale forms are completed by teachers and parents evaluating the behaviours of a child or adolescent. The self-report of personality form is a self-report measure completed by the child or adolescent attending the group session. Each test has a series of items, each corresponding with a four-point likert scale. The group program included in this project makes use of the parent rating scale and self-report of personality forms to triangulate data and provide a more in-depth look at the client. The BASC-2 includes scales corresponding to levels of depression, levels of anxiety, and levels of self-esteem, which are of particular interest in evaluating the outcomes of the group program. These scales are helpful in determining whether outcomes of this particular program have been met (Stein, 2007).

Facilitators

Facilitators, also referred to as group leaders or group therapists, provide important structure and safety for clients in groups. The following sections describe what

constitutes an appropriate facilitator, what the facilitator's role is, and the extent to which facilitators should participate in expressive arts activities for the therapy group described in the manual included in this project.

Required credentials and experience. Appropriate facilitators will be individuals holding a master's degree in counselling, psychology, social work, or a related field. Facilitators should also be registered with the appropriate professional college or regulatory body. This ensures that there is a high standard of care being offered to all participants and that members of a potentially vulnerable population are receiving ethical treatment. Facilitators should embrace a feminist therapeutic perspective, such as RC therapy (Walker, 2010). Additionally, at least one of the facilitators for each group should be experienced in group facilitation and the administration and scoring of the BASC-2. These requirements ensure that facilitators are capable of handling the basic duties involved in running this program.

Role. Facilitators are responsible for all aspects of planning, implementing, and evaluating the group. This includes but is not limited to: acquiring materials, recruitment, screening, and evaluation of participants, ethical file management, and program evaluation. See program manual for more detail on facilitator roles.

Participation. There are some instances in which participation in expressive arts activities by facilitators will be appropriate, and some cases in which it will be inappropriate. Facilitators may participate in visual art activities when they are individual projects (not paired or group paintings or drawings). This may allow the facilitators to model the perspective of art as expression, not beauty. However, facilitators must remain aware of participant needs and behaviours, avoiding becoming

too immersed in creation. Facilitators should also limit sharing of their own art to instances in which it is for the benefit of the group, not the therapist. This is important for preventing role reversal.

Projects that are group or paired projects should be undertaken by only clients, to ensure that they have maximum space and creative agency; this also allows facilitators to pay attention to nonverbal group dynamics as well. Drumming and movement exercises are appropriate for facilitator participation. However, any activity in which facilitator participation would infringe upon time for client expression should not include facilitator participation. This means that the lyric sharing activity and all psychodrama participation will be limited to clients.

Objectives

As described in Chapter 3 of this project, the objectives of this group program include overarching RC therapy goals, group progression goals, and specific program goals. This section goes into deeper description of how each specific goal was tackled, in concrete ways, through facilitator instructions in the program manual.

Strategy for achieving relational cultural therapy goal. The overarching goal of the program is to increase relatedness. For clients, this may involve arriving at personal insights into one's psyche in order to break down barriers and become open with others once again (Walker, 2010). The main strategy in achieving this goal lies in the group formatting. The group format in and of itself provides a venue through which group members can communicate and begin to connect with others, while engaging in self-exploration. Furthermore, various modes of expression are engaged in, making it possible to connect on different levels, even when one is not ready to make personal

disclosures. Finally, discussion and processing questions suggested were designed with connection in mind—the questions are designed to promote openness and empathy between group members.

Strategies for achieving group progression goals. This section provides an in-depth look at the ways in which particular session tasks work towards moving the group from each group stage to the next.

Sessions one and two. Sessions one and two coincide approximately with the formation and engagement stage (Brabender & Fallon, 2009), within which the goal is for clients to find their own personal balances between sharing and safety. To move to the next stage, some degree of sharing must take place. To help clients through this stage, session one begins with surface sharing, wherein clients get to know about each other, but in safe, nonthreatening, not-too-personal ways. Discussions centre around boundaries and aligning expectations. Being provided with information about the group and what is to come, including safety and boundaries should help quell some of the mounting anxieties involved in finding oneself in a foreign situation. Art materials used in session one are familiar to set clients at ease as well.

Session two gradually has clients open up more through music and movement. Drumming and movement allows clients to express themselves without making any deep personal disclosures. The discussion and processing portions of the session allow clients to begin opening up to whatever extent they are comfortable, since the topic of identity allows for surface or deeper sharing.

Sessions three through five. These sessions coincide roughly with the conflict and rebellion stage (Brabender & Fallon, 2009). This means that group members will

begin challenging each other and the facilitators. This is encouraged, as open sharing despite possible fear of conflict is what moves the group through this stage. All three sessions presumed to temporally parallel this stage contain activities that are designed to spark interpersonal challenges, which must be worked through in order to move to the next stage. Facilitators must mediate potential disagreements skillfully, stepping back when appropriate, and intervening when discussions become too heated. It is also facilitators' responsibility to encourage authentic sharing from clients avoiding conflict. When group members challenge the facilitators, facilitators should aim to remain accepting of group members and their feedback. This is crucial in-group progression that can also provide clients with an experience that contradicts negative past experiences in which they may have been hurt emotionally upon sharing constructive feedback. Such an experience has potential to change client cognitive patterns and expectations in a positive direction.

Sessions six and seven. Unity and intimacy is the next stage in Brabender and Fallon's (2009) model; this stage is presumed to coincide with the sixth and seventh sessions of this group. Once group members have learned to express themselves assertively and authentically within the group, they tend to reach a new degree of closeness and trust. This stage is enhanced by session tasks and discussion and processing questions centring around empathy and deeper sharing.

Sessions eight through eleven. These sessions roughly temporally align with the integration and work group stage (Brabender & Fallon, 2009). Therefore, this is a time to focus on deep self-reflection, and coming face to face with personal issues that brought clients to the group. Session eight allows a look inward to what is really going on for

clients emotionally. The session task accomplishes this by encouraging expression of what is in clients' hearts through mixed media sculptures. Sessions nine through eleven get down to the raw material of client issues. These sessions involve direct work increasing skills that may buffer against future coercion and talking candidly about personal coercion experiences. Assertiveness training is approached from a psychodrama perspective, incorporating psychoeducation and allowing clients to practice behaviours that will allow them to find their voices and be heard. Essentially, skills involved in problem-focused coping are being taught here.

Clients are then exposed to difficult memories through psychodrama, which uses all of the senses, allowing clients to essentially face their fears. This group stage ends with cognitive restructuring around the coercive experiences, through retelling the story with a different ending—one that the client decides upon. This is meant to increase feelings of agency and empowerment, by allowing clients to realize that they have the power to let their voices be heard and shape their future experiences.

Session twelve. The final group session coincides with the *termination* stage of group development (Brabender & Fallon, 2009). Session twelve allows clients an opportunity to come to terms with personal cognitive and affective responses to goodbyes, losses, and endings, and to share those responses with the group. Moreover, this culminating session allows for a celebration of personal improvements made and invites clients to consider future personal goals. Through discussion and processing during this session, clients should leave with a new understanding of the complexity of life, an understanding that all things have positive and negative aspects and may be viewed from a variety of perspectives.

Strategies for achieving specific goals. This section describes how the group program aims to increase self-esteem, and decrease anxiety and depression in group participants. This section includes reasons why self-esteem, anxiety, and depression were targeted, as well as interventions suggested.

Increasing self-esteem. According to Erikson (1968), positive conceptualizations about the self result from successful resolution of developmental crises. During adolescence, individuals face the identity versus role confusion crisis. Resolution in favour of a strong sense of personal identity is theorized to lead to positive self-concept and high self-esteem (Erikson, 1968). Therefore, this program incorporated many opportunities for clients to explore their own identities while validating others. From expressing personal rhythms through drumming, to sharing ideas, communication styles, cultural backgrounds, and other disclosures during session discussions, to disclosing personal experiences and related affect, to sharing music which speaks to them, to demonstrating personal artistic style, clients are provided with many methods through which to explore and share who they are within the group. Furthermore, according to Carbonell and Partelano-Barehmi (as cited in Avinger & Jones, 2007), research has demonstrated psychodrama to be an effective approach in increasing self-esteem in adolescent females.

Decreasing anxiety. According to the principles of Pavlovian conditioning, an emotional response can become associated with a benign stimulus if that stimulus is paired often enough with a stimulus that is naturally emotion-provoking (Chance, 2006). Applied to this project, that means that negative affect, such as anxiety, may be provoked by thoughts, words, and mental images associated with sexual coercion, if those thoughts,

words, and images were paired with unpleasant or anxiety-provoking sexual experiences often enough. In order to reduce the anxiety response brought on by stimuli that reminds clients of sexual coercion, exposure therapy may be of use. According to Spiegler and Guevremont (2003),

When something makes us anxious or fearful, the last thing we want to do is expose ourselves to it. But often that is the best way to reduce the anxiety or fear—the common wisdom of getting back on the horse that has just thrown you. (p. 203)

This program aims to decrease anxiety through exposure to the thoughts, words, and images associated with the sexually coercive experience. A grounding technique is taught early in the group therapy process to give clients a tool to reduce anxiety if it becomes excessively heightened. Then exposure to difficult memories occurs. Although this may be uncomfortable at first, exploring the issue through art, music, writing, and drama provides exposure that should ultimately lessen anxiety, thereby improving emotional wellbeing of clients. Additionally, psychodrama has been shown to reduce anxiety in adolescent female CSA survivors (Carbonell & Partelano-Barehmi, as cited in Avinger & Jones, 2007).

Decreasing depression. Here the program is concerned with depression as a mood, rather than symptoms which necessarily meet the criteria for a diagnosis of a mental disorder. Depression and other unpleasant feelings can be effects of being coerced into unwanted sexual activity (Broach & Petretic, 2006; Caraway, 1997). According to Cormier and Hackney (2008), “Reflection or making meaning of emotional experience helps clients to understand their feelings and to regulate them” (p. 140).

Various avenues are utilized for reflection and meaning making in this program.

Discussion and processing portions of each session allow for sharing and making sense of difficult emotions. To facilitate this, the nature, purpose, and range of types of emotions are discussed early in therapy, and discussion and processing questions are specifically created with a focus on affect.

Emotion-focused coping (i.e., tools for emotional regulation) is taught indirectly through therapeutic suggestions like journaling and therapeutic tasks like expression through the arts. Furthermore, the psychodrama aspect of this therapeutic program is designed with a focus on creating new, more adaptive meanings and understandings around experiences of sexual coercion. According to Carbonell and Parteleno-Barehmi (Avinger & Jones, 2007), psychodramatic techniques are effective in reducing depression in female adolescent CSA survivors.

Chapter 5: Project Strengths, Project Limitations, and Future Research Directions

As in any pursuit, there are areas of this project that demonstrate particular strength, and other areas in which challenges arose. The following section describes relevant strengths and limitations of the project and concludes by suggesting topics related to this project in which future research is warranted.

Project Strengths

This section describes some of the most significant assets of this project. The population being served by this group program—adolescent females recovering from experiences of sexual coercion—is in fact a large group of individuals who remain underserved, possibly due to attitudes minimizing the importance of such issues. However, research demonstrates that serious emotional and psychological disturbances can result from experiencing sexual coercion (Broach & Petretic, 2006; Caraway, 1997; Zweig et al., 1997). Therefore, it appears that this project and the group program manual included have the potential to fill a gap in availability of psychological health services.

The group expressive-arts therapy format in which the program is designed is well suited for adolescent clients because group therapy provides an outlet consistent with adolescents' tendency to seek support from peers (Kahn & Aronson, 2007) and because art expressive-arts therapy is consistent with their developmental peak in creative energy (Riley, 2001). Furthermore, the group expressive-arts format is well suited to the overarching goal of interpersonal connection, as it allows connection in a variety of ways, through a variety of modes of expression. Fostering connections and the ability to connect may dramatically improve client resources for dealing with hardships in the future, thereby increasing client resiliency. Moreover, the expressive-arts format lends

itself to a variety of learning and communication styles, since there is such a wide range of therapeutic tasks engaging many of the senses.

The program is cost-effective and time-efficient compared with one-to-one counselling, as two counsellors can serve four to six clients at once. Additionally, although a variety of materials are required, suggestions are provided regarding how to deliver the program more cost-effectively, if the budget is limited.

This program may be implemented in a variety of settings, ranging from churches, to schools, outpatient mental health facilities, and private practice mental health offices. Therefore, the program may be well positioned to reach many different teens, including those of varying socioeconomic status, race, religion, and sexual orientation.

The timing of this group program is designed to meet the needs of adolescent females attending high school. Therefore, the length of the program, along with suggested group meeting times, was designed to fit in with the average secondary school schedule: the length of the program is approximately the length of one school semester, and group meeting times are in the early evening.

During implementation of the program, anonymous feedback is collected every session, and face-to-face feedback collected upon completion of the program. This allows the clients not only to be a part of the program's development, potentially increasing feelings of investment in the group and boosting engagement, but also ensuring that over time the group progresses in meeting the needs of specific groups of clients and adolescents clients in general.

Overall, this project is proposing a group program that is tailored to meet the needs of adolescent females who have experienced sexual coercion and are struggling

with dealing with the experience. From the format, to the flexibility, timing, and the collaborative perspective, this program is invested in meeting the needs of its target population, and contributing to the happiness, confidence, and resiliency of female youth.

Project Limitations

This section covers limitations encountered in the creation of this project.

Through searching a wide range of electronic databases, it became evident that there is a gap in current research literature in terms of availability of data on adolescent females' emotional reactions and coping strategies in response to sexual coercion. Due to the negative effects on college-aged women (Broach & Petretic, 2006; Caraway, 1997; Zweig et al., 1997), it is likely that adolescents would be similarly affected. However, there is a need for further research in this area to pinpoint adolescent females' specific needs in cases where they experience sexual coercion. Furthermore, data on how one might cope with and effectively recover from such an experience are sparse, despite research that suggests sexual coercion leads to many of the same negative effects as rape (Broach & Petretic, 2006). Due to a lack of research in these two areas, this project used data pertaining to other populations and situations that seemed similar to create a program that would seem to meet adolescent females' needs following sexually coercive experiences. Therefore, one limitation of this project was a lack of directly pertinent research literature.

Within the parameters of this project, an expressive-arts therapy program was created for a particular population and presenting issue. Additionally, suggestions were made for evaluation of outcomes. However, there has not yet been an opportunity to implement and evaluate this program. Therefore, a second limitation is the fact that this

program has not yet been provided with evaluative feedback in direct response to its implementation. Once such evaluative feedback is collected, the program may be adjusted to run more effectively and efficiently.

Although a group program format is more cost-effective than the same program conducted one on one, the program described in this project requires a range of expressive arts materials. Therefore, this program is more expensive to run than a similar talk-therapy program, which is a limitation from the perspectives of budget-conscious organizations and facilitators. In response to this concern, some lower-cost options are suggested in terms of materials. Additionally, small group sizes are suggested (four to six participants, preferably), which creates a higher cost per participant as compared to a larger group. This may be seen as a limitation from a budget perspective, however, the added safety and increased attention and floor-time allotted to each participant seem to offset the additional monetary resources required.

Potential Future Research Directions

Although there has been a surge of recent research on sexual coercion—what it is, how and why it occurs, and its contributing factors (Broach & Petretic, 2006; Crown & Roberts, 2007; Hartwick et al., 2007; Morgan & Zurbriggen, 2007; O’Sullivan, 2005; Powell, 2008; Struckman-Johnson et al., 2003)—there appears to be a gap in the literature where one would hope to see information on adolescents and how they may recover from such experiences. From a counselling psychology perspective, understanding the experience is just the beginning. Next, researchers may look at the healing process from many angles, some of which are described below.

First, it may be wise to determine the specific negative effects that adolescents experience. Through qualitative methods, researchers could gather information including self-reported negative emotional, psychological, social, behavioural, and academic results of the sexual coercion. Interviewing parents or close friends of the participants could corroborate this information. Next researchers could conduct quantitative studies via paper and pencil or online questionnaires to determine whether the results are generalizable. This would provide researchers with an understanding of how adolescent females are affected by sexual coercion.

One angle from which researchers may begin to study adolescent healing from sexual coercion would be the perspective of coping. It would be beneficial to conduct qualitative interviews with adolescent females who have experienced sexual coercion to learn what coping strategies they used and which methods they found to be useful versus destructive. From there, a quantitative approach could help to determine whether the coping strategies discussed in the interviews are commonly helpful or destructive to the majority of adolescents, or if other factors (personality, for example) may mediate the relationship between coping and recovery. To eliminate subjectivity, adolescents could complete standardized assessments, measuring levels of emotional and psychological disturbance (focusing on areas determined to be common negative effects of sexual coercion) immediately after a sexually coercive experience, and months later. Self-reported frequency of use of various coping strategies could be compared with the results of the standardized tests to determine which coping strategies might be having positive effects, neutral effects, and destructive effects. Results of such studies would be informative to professional helpers in determining which specific coping strategies they

could be teaching teens to aid recovery. This information could be incorporated into the group expressive arts therapy program included in the Appendix of this project.

Finally, it would be useful to evaluate the efficacy of various types of therapies on adolescent females who have experienced sexual coercion. By administering a standardized psychological test prior to the beginning of therapeutic treatment, and administering the same test after completion of treatment, it may be possible to determine what effect the treatment had on psychological wellbeing. Administration and evaluation of the group expressive-arts therapy program included in this project using the BASC-2 (Reynolds & Kamphaus, 2004) will inform researchers and clinicians as to the effectiveness of the program. Other programs or techniques used with this population in clinical practice should be comparatively evaluated to determine ways in which treatment, including this program, could be enhanced.

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Appendix:
Drawing Strength:

An Expressive Arts Group Therapy Program for
Adolescent Girls

Group Program Manual



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About the Program

Who

Clients who would be appropriate candidates for this program are young women between the ages of 13 and 19 who have experienced sexual coercion and are having some degree of difficulty coming to terms with that experience. Appropriate clients will be those who have not experienced more severe forms of unwanted sexual contact, and those who do not have any type of mental disorder causing delusions or hallucinations. Appropriate clients are those who can communicate proficiently in English. Clients should be grouped based on age: 13 to 16 year olds together, and 17 to 19 year olds together. Approximately four to six clients should be assigned to each group. Having an even number of clients in each group is preferable as some therapeutic activities are paired.

Ideally, two female facilitators would co-facilitate this group. Appropriate facilitators would be individuals holding a master's degree in psychology, social work, or a related field. Facilitators should be certified or registered with the appropriate professional regulatory body or college, and should abide by the code of ethics put forth by that body. Facilitators should be individuals who understand and embrace a feminist therapeutic perspective, such as Relational Cultural Therapy (Jordan 2008; Walker, 2011). At least one of the facilitators for each group should be experienced and proficient in leading therapy groups. At least one of the facilitators should be familiar with the BASC-2 (Reynolds & Kamphaus, 2004), and trained in its administration.

The role of the facilitators is to prepare for each group (including acquiring necessary materials), lead each group session, provide safety and structure to clients in

the group, provide psychoeducation when necessary, and to tie together important themes and deepen meaning and understanding during discussions and processing. Facilitators are also responsible for recruiting, screening, assessing, and following up with clients. Additionally, facilitators are responsible for making concise progress notes on each client, keeping those notes in client files, and keeping client files in a secure, confidential location.

Other facilitator responsibilities include attending communication meetings. Facilitators should meet with each other for at least 60 minutes prior to the beginning of the first session to plan, organize, and delegate as necessary for the implementation of the program. Facilitators should also meet with one another for at least 30 minutes immediately before and 30 minutes immediately after each session to prepare and debrief the session. After all clients have attended follow-up meetings with one or both facilitators, facilitators should meet with one another to amalgamate information from client feedback, client assessments, and facilitator observations. Facilitators can use this information to evaluate the program and recommend future improvements.

What

This program addresses several layers of goals. Through facilitating interpersonal connectivity via the group format, group art tasks, discussions and processing, this program addresses the overarching goals of Relational Cultural Therapy (RC Therapy).

Additionally, the program addresses the goals of group formation progression (Brabender & Fallon, 2009) through therapeutic tasks designed to elicit development through the group stages by encouraging certain types of interactions between group members. Early on, a safe, comfortable space is created through establishing boundaries,

doing familiar activities, and using media. Gradually, risks in sharing are encouraged more and more, in accordance with Brabender and Fallon's (2009) Formation and Engagement group therapy stage. Once a degree of comfort with the group is developed, as evidenced by increased risk taking, activities are introduced, which require increasing interaction with other members, and at times conflict management and resolution. This is meant to move the group through the Conflict and Rebellion stage. Once group members learn how to effectively confront one another without severing relationships, deeper sharing is encouraged through emphasis on personal or emotional topics and encouragement to provide support and empathy to group members. This increases closeness, bringing upon Brabender and Fallon's (2009) Unity and Intimacy group therapy stage. If clients are willing to stay open even when confronting deeper issues, they will eventually be ready to enter the Integration and Work group therapy stage. Around the time at which this stage is expected, tasks encourage direct self-reflection, and exposure to difficult memories. Facilitators must monitor group progress to adjust program implementation as needed. For example, if the group takes longer to reach the Unity and Intimacy stage, facilitators may continue to assign tasks similar to those suggested for the previous stage. The directness of this stage of the program may be challenging for clients, but the challenges may be met with rewards of increased positive affectivity, and personal and interpersonal understanding and acceptance. The final session brings about the Termination stage. Goodbyes as well as the potential for new beginnings are explored through artistic expression.

There can be vast variability in the timing of occurrence of Brabender and Fallon's (2009) group stages. Therefore, facilitators must be cognizant of the needs of their particular group and adjust the program according to the group's progression.

In addition to fulfilling the goals of RC Therapy and the stages of group progression, this program addresses the specific needs of adolescent females who have experienced sexual coercion. These needs may include combating depression and anxiety and boosting self-esteem. Self-esteem is addressed through identity formation and expression, guided by discussions and artistic projects. Through group members' mutual acceptance of one another's identities, members learn that they have value. Anxiety is addressed through confrontation of anxiety-provoking stimuli (memories, images, or affect associated with the coercive incident) to allow physical symptoms of anxiety to dissipate and new understandings to be formulated. Depression is addressed through psychodrama: reenacting the experience, discussing to produce new meanings, and changing the story (play) to reflect said meanings, providing empowerment. In addition to affecting symptoms of depression, psychodrama has also been shown to reduce anxiety and increase self-esteem (Avinger & Jones, 2007).

When

The program should be scheduled so it coincides with the secondary school academic calendar to minimize attrition. Start dates would ideally be around the beginning of each school semester, and at 12 weeks in length should end around semester conclusion. The group should be held once per week on a weekday evening (aside from Friday) between the hours of 4 pm. and 8 pm. to minimize interference with school attendance.

Where

This program may be held in schools, youth groups, church groups, or community mental health agencies. The type of space or room required would be a place that provides a degree of privacy, which is spacious enough for physical movement and up to eight people. The space should be soundproof and have a large, secure storage area in which to store art supplies and client files. Chairs and at least one large table should be available for art creation.

How

The program creates change by allowing emotional expression through various art modalities. In doing this, clients foster connections and trust with peers, develop healthy ways of relating, and experience exposure to thoughts, images, sounds, and memories of the coercive incident(s) in a safe environment, accompanied by restructuring of meaning around it.

Why

The purpose of this program is to improve the emotional wellbeing of adolescent females dealing with experiences of sexual coercion. Such improvement of affective functioning may subsequently have positive repercussions on cognitive, academic, and behavioural aspects. By strengthening and empowering these young women, the program aims to enhance possibilities for their future career, relationship, and life prospects.

How to use this Manual

This manual is meant to be used as a guide. Ideally, it will be used in a flexible manner and modified to fit individual groups, incorporating facilitator and client ideas and feedback. This way, unique client needs can be met more effectively. Use only the processing or discussion questions relevant to your group. Feel free to modify and add your own questions, and ask questions that seem relevant in the moment to allow clients to come to deeper insights. The questions provided are simply suggestions designed to get the ball rolling.

Copyright Statement

The material included in this group manual is subject to copyright and the author's permission should be sought prior to implementation of the manual. For permission please email the author at jv.stark@uleth.ca. The reader may use ideas from this manual providing they are referenced as:

In-text: (Stark, 2011)

Stark, J. V. (2011). *Drawing strength: A group program for adolescent females who have been sexually coerced* (Unpublished master's project). University of Lethbridge, Lethbridge, AB, Canada.

Ethical Considerations

The facilitators leading this group should be familiar with and working in accordance with the ethical guidelines set out by their professional regulatory body or association. Ethical issues of particular relevance to this group program include: multicultural competency, storage of artwork, informed consent, confidentiality, and boundaries. Ideally, clients will take home artwork and pieces at the conclusion of each session. In cases where this is impossible, such as with session four's group painting, the facilitators may store the artwork in a secure, locked file cabinet or file room, until a suitable alternate solution is found. However, by the end of the group, clients should take all artwork home or arrange to shred or destroy.

Multicultural competency can be gained by developing awareness of various cultural viewpoints through speaking with people from different backgrounds, or through research of electronic or print sources. However, this is not the only step. Facilitators must also examine their own cultural backgrounds, biases, and prejudices, and reflect upon the origins of such prejudices (Torres-Rivera, Phan, Maddux, Wilbur, & Tlanusta Garrett, 2001). The facilitator must understand his or her own views in order to set aside those biases and work with clients as individuals. Once the facilitator is multiculturally competent, he or she is more capable of ethical group facilitation and ethical clinical practice in general. To increase cultural competency, facilitators may access *Enhancing Cultural Competency: A Resource Kit for Health Care Professionals* (Alberta Health Services, 2009). Another strategy for improving multicultural competence is to complete a cultural competence training course. It is the responsibility of the facilitators and their supervisors to assess whether competence has been achieved.

In terms of informed consent, it is imperative that all legal guardians of clients under 18 years of age and the clients themselves are fully informed of the nature and content of the group, and provide consent in writing. Information given should include limits of confidentiality, potential risks and benefits of group participation, client rights, and specific activities and topics that will be addressed. Additionally, emergency contact numbers should be collected, and boundaries set regarding contact between sessions. The informed consent process should be addressed prior to the first group session at the individual pregroup meetings.

Due to the sensitivity of group subject matter, confidentiality is of utmost importance. There should be no visible signs alluding to the content or purpose of the group visible to the public at the group meeting site. Furthermore, any announcements providing information to the group, which may be heard by the public, should avoid identifying the purpose or content of the group, instead using identifiers such as facilitator names. Client privacy should be protected in all circumstances. Furthermore, clients should be made aware of this importance so they can protect the privacy of the group and its members.

Boundaries are particularly important to protect vulnerable clients from potential retraumatization. Boundaries will be discussed and collaboratively determined in session one, but it is the facilitators' responsibility to ensure that key areas are covered, such as contact outside of session (intentional and unintentional), respectful treatment and acceptance of one another, and avoidance of physical contact in the psychodrama portion of the group.

Preparation

Participant Recruitment and Selection

Clients may be recruited through referrals from physicians, school counsellors, psychotherapists, or other health or social service care professionals. Such professionals can be made aware of the program through utilization of facilitators' professional networks. Participants can also be made aware of the program through informational posters placed in school, church, or mental health settings. Once referrals are received, facilitators can set up pre-session meetings during which they meet with a prospective client and her parents. At the meetings, facilitators would inform the family about the program, assess the suitability of the client for the group, and if the client is a good fit, complete the informed consent process and pregroup assessment measures.

Pregroup Meeting

Step one is to introduce the group program in greater detail than clients and family members may have gotten through referral sources or posters. Information to convey includes information in the "About the Program" section of this manual, as well as cost and payment options, if applicable. Information should be conveyed in clear, simple language, avoiding psychological jargon. If the family is interested in registering after learning more about the program, then the facilitators can begin step two: assessing suitability. This can be done in a casual interview format, ensuring that the candidate meets the following criteria. The client:

- is between the ages of 13 and 19;
- has experienced sexual coercion;
- has not experienced more serious forms of nonconsensual sexual activity;

- does not have any mental health concerns that may involve hallucinations or delusions, or other severely disruptive behaviours during session;
- demonstrates proficiency with the English language;
- is willing and able to participate in expressive arts activities and discussions; and
- can commit to regular weekly attendance during the group meeting time.

Step three involves completing the informed consent process, including verbally conveying the information, inviting questions, and allowing clients and client family members to read the consent form before signing. If desired, the family may take the form home to review before signing. Alternately, if the client and their guardians sign during the meeting, they should still be given a copy to take home for their records.

Finally, step four entails pre-session assessment. Facilitators can, at this point, separate guardians from the child in order to decrease influence they will have on one another's pre-session assessment responses. Then, facilitators can administer the outcome measure: the Behavior Assessment System for Children, Second Edition (BASC-2), Parent Rating and Self-Report of Personality scales (Reynolds, & Kamphaus, 2004).

Gathering Materials

Due to the artistic nature of the program, many different types of materials are required. This section outlines needed materials and offers suggestions regarding where to find them. Types of materials required include refreshments, art media, music media, writing media, dramatic props, and miscellaneous materials. It is advisable to determine the number of clients who will be participating in the group before collecting materials to ensure facilitators acquire sufficient amounts. Due to budget limitations facing some organizations, less expensive alternatives are suggested for some of the materials

described in the lists below. To further cut costs, painting projects can be substituted for drawing projects (using similar subject content) or vice versa depending on what materials are immediately available to the group.

In terms of refreshments required, facilitators can decide which to include, but should ensure clients are provided with some choice, symbolizing from the beginning that they have the power to make their own decisions. Suggested materials include:

- Assortment of teas
- Chilled juice
- Pitcher of ice water
- Tea kettle
- Mugs or Styrofoam cups (one per person)
- Napkins
- Cake or other celebratory or goodbye food items to share (last session only – include the necessary dishes and cutlery)

Art materials can be purchased at a local art or crafts store or brought from facilitators' homes. Materials required for art projects to be completed during the program may vary based on budget, but suggestions include the following:

- Sketchpad paper (seven sheets per person plus one extra sheet)
- Felt-tip pens (approximately five pens per person)
- Assortment of nylon bristle brushes (two or more per person)
- Tubes of watercolour paints in a variety of colours

- Tubes of acrylic paints in a variety of colours (if budget constraints exist, facilitators may opt to forego acrylic paints and again use watercolours for session four artwork)
- Old shirts (one per person)
- Empty jars (one per person)
- Old margarine lids (one per person)
- Watercolour paper (one per person)
- Roll of paper towel
- Large sheets of paper (at least 1 m², use your judgment based on number of clients)
- Containers of crayons (at least five crayons per person)
- Miscellaneous art materials (any combination of the following: construction paper, buttons, beads, string, nature items—sticks, leaves, moss, sea shells, stones, etc.—newspaper, tissue paper, charms, fabric, sequins, feathers, cotton balls, balloons, netting, chains, bows, egg cartons, cardboard, bubble wrap, magazines, recycled household items, any other interesting items you wish) including a variety of cheerful and macabre items
- White glue (one per every two clients)
- Glue sticks (one per every two clients)
- Scissors (one pair per person, include at least one pair of left-handed scissors)

Music materials suggested and where to purchase those materials:

- Assortment of hand drums: one per person plus one extra (purchase from secondhand stores, online buy & sell websites, and/or stores featuring Latin

American or African furnishings, OR if budget will not allow, use tambourines or simply tap a rhythm on the table using hands)

- CD or MP3 player containing song appropriate for movement exercise: an instrumental with strong rhythm (bring from home or purchase from music store)
- MP3 docking station and CD player (facilitators may bring from home, or borrow from a library)

Writing materials can be found at a department store or dollar store. Needed items include:

- Journal or diary (one per person)
- Ballpoint pens (one per person)

Dramatic props to provide include:

- Variety of hats, wigs, accessories, and props (bring from home, and/or acquire from secondhand stores)

Additional miscellaneous materials required include:

- Facial tissue
- Flipchart paper
- Easel
- Various handouts provided in this manual
- Three enclosed boxes with slots on the top to collect client feedback (shoeboxes will work)
- Scrap paper (216 sheets – three per client per session)
- BASC-2 (two per client) and scoring manual

Pregroup Session: Handout 1 – Sample Consent Form

Consent for Group Counselling

The Client–Facilitator Relationship

Roles: The group facilitator’s role is that of a counsellor and teacher. The facilitator’s job is to ensure the physical and psychological safety of all group members, facilitate the journey towards psychological healing and greater wellbeing, and to help group members communicate with one another effectively. It is also the facilitator’s job to ensure all group members’ voices are heard, keep discussion on topic, and ensure that group boundaries and group members’ personal boundaries are being respected. In early sessions, the facilitator will take on a leadership role, creating structure and guiding the progression of the session. Over the course of the group’s development, the facilitator will slowly start taking more of an observer role, allowing the clients to guide their own progress more, and stepping in only when necessary (e.g., to keep discussion on track, mediate heated discussions, or summarize progress). The client’s role is to engage in the group discussions and activities and to take an active role in the client’s own healing process. The client is expected to come to group meetings on time, listen to and participate in group discussion, participate in expressive arts activities, share as much about personal experiences and feelings as the client is comfortable with, and express any discomforts that arise.

Boundaries: In considering the above, it is important to note that there are some boundaries that must be in place to ensure that the client–facilitator relationship remains intact, roles and expectations remain clear, and neither party is harmed. First, the client and facilitator should avoid engaging in dual or multiple relationships. This means that to uphold the integrity of the client–facilitator relationship (to avoid confusion or other complications within the relationship), the client and facilitator are not to engage in any other relationship, including friendships, business relationships, or relationships of a sexual or romantic nature. Such relationships are inappropriate because of the power differential implied in the client–facilitator relationship, as well as the blurring of boundaries, expectations, and/or roles. The facilitator is unable to accept invitations to personal, family, or social events by the client, which also helps to ensure clarity of roles and expectations. The facilitator is not able to accept gifts or profit from interactions with the client, although words of gratitude are welcome. This boundary is to ensure that the facilitator is able to remain unbiased and offer fair and equal services to all clients.

Rights and Responsibilities

Your Rights as a Client: As a client, you are entitled to all of the following rights:

- Right to refuse to answer any personal question posed to you during group sessions. It is important to remember that you do not have to share any personal information you do not feel comfortable sharing, and that any refusal of disclosure will not have any negative impact on you by the facilitator.
- Right to request a change in the way group treatment is being delivered to you (e.g., to accommodate learning style: tactile versus visual versus auditory)

methods). I invite you to share with me any ideas you have around delivery of the group sessions. Flexibility may be possible in some cases, so please share suggestions if desired.

- Right to hold your own values and not have the values of your facilitator imposed upon you.
- Right to express your own views, beliefs, and values during group, without fear of belittlement or discrimination. Group therapy is meant to be a safe environment in which you can disclose and explore your own point of view.
- Right to end your participation in group therapy at any time (although reimbursement for missed sessions may not be possible).
- Right to file a grievance against me, your facilitator (see Filing Grievances section, below, for procedures).
- Right to contact your facilitator at any time via e-mail at _____, and receive a reply within two business days.
- Right to confidentiality in group sessions. This includes having your progress kept confidential, as well as anything you say in group, within the limits outlined below.

Limits to Confidentiality: As a client, you are entitled to confidentiality within the group session. Exceptions to this are as follows:

- You inform me that you or one of the other group members intend to harm yourself/him/herself or someone else.
- You disclose any abuse of children, dependent adults, or animals.
- Disclosure of content of group session is mandated by court of law.
- You (client) file a lawsuit against me (facilitator) – in this case I would have the right to defend myself using information documented in your file.
- You disclose to me that another professional is behaving in an unethical manner.
- I require consultation to help me offer you the highest quality service possible.

In any of the above cases, I will disclose only that information which is necessary, and only disclose to those individuals it is absolutely necessary to disclose, making every effort to uphold your dignity and confidentiality. When possible I will involve you in the process. This means that I will inform you of the need for us to take action, and I will take into account your input (as to methods and limits on disclosure that will do the least harm to the dignity of you or other persons, while still getting the help necessary in dealing with the issue).

Your Responsibilities as a Client: The following are responsibilities you assume in entering into the client–facilitator relationship.

- Come to group sessions and follow-up session on time and prepared.
- Engage fully in group sessions.
- Uphold the confidentiality of other group members.
- Show respect to facilitators and group members.
- Provide feedback on the group so it may be improved for future.

My Rights as Your Facilitator: As your facilitator, I reserve the following rights.

- Right to refuse to answer any personal questions which emerge during group.
- Right to refer any client to other community resources if the group does not seem to be meeting that client's therapeutic needs.
- Right to hold my own personal values.
- Right to defend myself using your file in the event that you file a lawsuit against me.

My Responsibilities as Your Facilitator:

- Abide by the *Canadian Code of Ethics for Psychologists*, 3rd edition.
- Protect the welfare of the clients in group.
- Provide timely (within two business days), e-mail responses to clients.
- Facilitate group processing of experiences, emotions, and thoughts.
- Provide an alternate facilitator in the event of my absence.
- Maintain appropriate boundaries with clients (including avoiding dual or multiple relationships, and not accepting gifts).
- Communicate honestly, openly, and respectfully with clients in all interactions, including providing constructive feedback.
- Keep the focus of sessions on clients' healing from sexual coercion.
- Assess and provide feedback about your counselling progress.
- Address any ruptures in the relationships formed within group.

Filing Grievances

During your time as a client, if ever you disagree with the content or process of group therapy being provided to you, feel as though I am treating you unfairly or inappropriately, or notice myself or another counsellor behaving in a way that you feel is unethical, please feel free to approach me and discuss this. My aim is to make you as comfortable as possible in providing honest feedback to me, so that I may improve. If you are uncomfortable discussing the issue with me, you may contact my supervisor, _____ at _____, or the agency director, _____ at _____. If you are dissatisfied with the results of discussions with the above individuals, and feel you need to take further action, you may contact the College of Alberta Psychologists, at (780) 424-5070, or 1-800-659-0857, or visit: <http://www.cap.ab.ca/firmPage.aspx?Page=ConcernsMenu> to file a complaint online.

Risks and Benefits

Risks Involved in Group Therapy: In making an informed decision to enter into the group, it is imperative that you be aware of the potential risks involved. Keep in mind that as your facilitator, I will do my best to minimize the impact of these risks. One risk of entering into this contract is that there is a potential for your values or beliefs to be influenced by me, the facilitator, inadvertently. Another risk is the potential that I may not be a specialist in all of your areas of concern. In these cases, you may have to seek alternative resources, including other community agencies or counsellors. I am prepared to facilitate referrals to such resources, but there will be some onus on your part to seek out what you need as well. A risk you may encounter in the case of group sessions is the

possibility of a confidentiality breach. In group therapy, it is expected that all parties will hold what is said in confidence. However, I, the facilitator, do not have ultimate control over the actions of the others attending the group session. Therefore, I cannot guarantee they will avoid unethical disclosure, and this is one of the risks involved in participating in group sessions. Finally, there is the possibility for emotional discomfort to emerge in response to experiences in group, including anxiety, guilt, shame, confusion, embarrassment, and so on. These emotions may emerge in response to processing difficult experiences, and/or interactions with other group members. To lessen these feelings, debriefing will be encouraged. The above is not an exhaustive list, and there may be additional unforeseen risks involved in group therapy.

Benefits Involved in Group Therapy: There are many potential benefits involved in participating in group therapy. One such benefit is the opportunity to work through difficult experience, in a relatively safe environment, and come out with new understanding. Another benefit is the opportunity to gain perspective through hearing other people's experiences of similar encounters. A third benefit is a chance to build up a toolbox of coping skills that you can draw upon later. Other benefits include, but are not limited to: increasing healthy functioning in day-to-day life, decreasing anxiety, decreasing depression, and improving self-esteem. The above is not an exhaustive list, and there may be additional benefits involved in group therapy.

Facilitator Competency

I am a Registered Psychologist with the College of Alberta Psychologists. I received my _____ (degree) from the University of _____ in the year _____. I have been practicing as a psychologist for _____ years, including leading therapy groups designed to facilitate healing from sexual coercion.

My areas of expertise/specialization include:

Other areas of competency for me include:

It would be unethical for me to provide counselling to you outside of these areas. Please inform me as early as possible if your therapeutic expectations for this group do not fall within my areas of competency.

Record-Keeping

I am required to keep a file on your progress. However, the notes I will be keeping will hold as little detail as possible to protect your privacy, and will focus more on the process

of group than the content (e.g., “processed countertransference,” rather than “Client feels _____ towards _____ mother”). Your file will be kept in a locked cabinet, which only myself and the agency director will have keys for. I will be the only one accessing that cabinet, the only exceptions being my absence due to vacation, illness, or death. In any of these cases, the alternate facilitator (see Rights and Responsibilities: Your Rights as a Client) will be given access to the cabinet. Your file will be destroyed seven years after termination of counselling. At that time, I will personally shred your file, to increase confidentiality.

Agency Values

The values at the core of this agency are inclusive, non-discriminatory practice, and striving towards the highest ethical standards of psychology. My personal values align well with these agency values, which makes it easy for me to practice with congruence. Before signing this document, please reflect upon your own values, to ensure that you will be able to receive services from within a framework of non-discrimination and high ethical standards. If your values do not fit with this framework, it may be wise to consider seeking an agency which aligns more closely with your values.

The Termination Process

This group has a pre-determined length of 12 sessions. As a part of the closing process for group therapy, there are activities planned, which will facilitate the expression and processing of difficult feelings associated with goodbyes. Please contact me if this process is insufficient for you, personally, and you would like to further debrief the group’s termination, or other features of the group.

We, _____ & _____, understand and agree with the
 (client) (parent)
 above.

Client Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Facilitator Signature: _____ Date: _____

Pregroup Session: Handout 2 – Parent Info Sheet
Information Sheet: Drawing Strength Group

Who?

This is a girls-only therapy group for adolescents aged 13-19. Girls are grouped by age, with ages 13-15 placed together in a group, and girls 16 and older placed in another group, to facilitate age-appropriate conversations. Facilitators are experienced counsellors, at least one of whom is a registered psychologist or social worker and has ample experience leading adolescent groups.

What?

Drawing Strength is a therapy group that addresses the thoughts and feelings associated with unpleasant dating experiences. There is a focus on working through difficult experiences, building assertiveness, and learning tools to improve resiliency for future.

When?

This is a 12-week group which commences on _____ and concludes on _____. The group takes place from __: __pm to __: __pm. There will also be a follow-up session, during which the client, facilitator, and client's parent/guardian can meet to discuss progress and strategies for the future. Such strategies may include those aimed at maintaining change, or plans for additional counselling.

Where?

The group takes place at the following address:

Why?

This program is designed to help reduce depression and anxiety, and improve self-esteem, and to enhance the clients' abilities to succeed in school, careers, relationships, and life.

How?

The methods used in this group include verbal discussion, and participation in a variety of expressive arts techniques.

Group Structure

Table: Overall Group Structure as it Coincides with Group Stages of Development

Group Stage	Goals	Session No.	Session Title	Session Description
Formation & Engagement	Balance between safety, vulnerability, and sharing	1	Setting the Tone	Getting acquainted, introduction: what to expect, setting ground rules and boundaries, and use felt-tip pens to depict personal goals.
		2	To the Beat of Your Own Drum	Looking inward through guided imagery, expressing personal rhythms through drumming circle and then through movement.
Conflict & Rebellion	Honesty in sharing, even when it involves conflict; increased openness	3	Exploration of Feelings	Partnered painting of present affective state, response to painting through poem or dialogue between self and painting.
		4	Group Painting: Tackling the Issue	Creation of a group painting on the subject of sexual coercion, response to painting through pose or movement.
		5	Sculpting Our Group	Each group member creates a sculpture of dynamics they notice in the group, using other group members as the medium.
Unity & Intimacy	Closeness, supportiveness, and empathy	6	How Early Experiences Have Shaped Us	Draw earliest childhood memory, reflect upon how that memory has shaped the present-day self, and write a dialogue between self and inner child in response.
		7	Soundtracks to Our Lives	Share song lyrics that speak to two or more distinct periods of life, respond to the lyrics with a poem or drawing.

Group Stage	Goals	Session No.	Session Title	Session Description
Integration & Work	A deeper understanding of the self and of sexual coercion; Acquisition of tools for self-improvement	8	Heart Connections	Create a sculpture of what is inside one's heart; join all heart sculptures together to symbolize connection.
		9	Setting the Stage	Learning, sharing, and practicing dramatic techniques, including improvisation, and soliloquy. Theme: sticking up for oneself or someone else: finding inner strength
		10	Directing Your Scene	Scripting, staging, casting, and practicing plays relating to coercion.
		11	Lights, Camera, Action!	Performing plays and changing the endings.
Termination	Closure and creating goals or plans beyond group	12	Goodbye: Looking to the Future	Group drawing: map of where we were, the journey, where we are now, and where we are going from here.

Note. Group stages are from Brabender and Fallon's (2009) work.

General Session Structure

1. Greeting: group members settle in, and help themselves to tea, juice, or water provided.
2. Check-in: members each say a few short words about themselves, recent progress, what they are feeling, or what is on their minds.
3. Discussion: sparked by disclosures from check-in, or the art theme for that day, members share personal experiences and feelings, and provide support and suggestions to one another.
4. Break.

5. Creation: members engage in creative process: drawing, painting, writing, sculpting, moving, and/or drumming, in ways that explore and express the self, personal feelings, relationships, presenting concerns, and healing.
6. Break.
7. Processing: members discuss themes and deeper meanings behind the art, movement, sound, writing, and relate the meaning to themselves and their present-day lives.
8. Closing: facilitator summarizes the session, activities for between sessions may be suggested, members state their hopes and wishes for one another for the upcoming week, and members provide anonymous feedback about what they liked and disliked about the session, as well as suggestions for improvement.

Program Schedule

Drawing Strength:

An Expressive Arts Group Therapy
Program for Adolescent Girls

Session Plans



Session 1: Setting the Tone

Preparation:

- Purchase and prepare refreshments and arrange centrally in the room.
- Place facial tissues in a location easily accessible by all.
- Arrange the space: Either: (a) place chairs in a circle (one per person expected) with a table in the centre high enough and large enough for all participants to draw or paint on; or (b) if space or resources permit, a circle of chairs (one per person) with a small low table in the centre to hold the tissue box and refreshments, and a separate area for art making, with a larger, higher table.
- Make copies of handouts (one of each per client plus one extra).
- Write on flipchart paper the schedule for the evening.
- Cut slots in the tops of three shoeboxes and label one “liked,” one “disliked,” and one “suggestions.”

Required Materials:

- Assortment of teas
- Chilled juice
- Ice water in a pitcher
- Tea kettle
- Mugs or Styrofoam cups (one per person)
- Napkins

- Facial tissues
- Sketchpad paper (three sheets per person, plus one for pledge of confidentiality)
- Felt-tip pens (approximately five pens per person)
- Flipchart paper and easel
- Handouts 1, 2, and 3 (one of each per person)
- Three boxes for feedback, with slots on top, labelled “liked,” “disliked,” and “suggestions”
- “Do Not Disturb: Meeting in Progress” sign with tape, for outside of door

Session Objectives:

- Inform clients about the program and what to expect.
- Establish boundaries or ground rules.
- Increase comfort and safety within the group.
- Begin to establish connections amongst group members, and between group members and leaders.
- Spark excitement and curiosity about sessions to come.

Session Plan:	
Greeting [5 mins]	<p>As group members arrive, the two facilitators (situated on opposite sides of the circle) can greet them warmly and invite them to help themselves to juice, tea, or water (arranged invitingly on a table). Once everyone has arrived, facilitators can close the door (there should be a sign on the outside stating, “Do not disturb – meeting in progress”), and collect consent forms. Ensure ALL group participants have appropriate consents signed (including parental consents). Next, the facilitators will introduce the group, welcoming members and providing a description of the group: a therapy group for teenaged girls aged __ - __ (13-16, or 17-19) who have been pressured into unwanted sexual activity, with a focus on decreasing depression and anxiety and improving self-esteem and connection through expressive-arts therapy.</p>
Check-in [5 mins]	<p>Facilitators explain that at the beginning of each session there will be time for a check-in, where each person can share a few words about themselves, how they are feeling, their progress, or something significant that is on their mind. For today’s check-in, facilitators can invite each person to share their name and two fun facts about themselves, such as their hobbies or interests. Providing this structure for the first check-in may take the pressure off of clients in this early, uneasy phase of group.</p>
What to Expect [20 mins]	<p>Pass out and discuss handouts 1, 2, and 3. Inform the group further about what to expect from sessions, encouraging questions throughout. Pass</p>

	<p>around a sheet of paper with the words “I pledge to uphold group confidentiality” written in bold on the top, along with a box of felt-tip pens.</p> <p>Ask each member to trace their hand onto the paper to symbolize their commitment to protecting group members’ confidentiality^a.</p>
<p>Discussion [30 mins]</p>	<ol style="list-style-type: none"> 1. Boundaries: engage the group in a collaborative discussion, focusing on boundaries that will be upheld within the group. One facilitator can use felt-tip pens and flipchart to record the boundaries discussed. Ensure that respect and safety, extent of required sharing and participation, contact outside of session (planned and unplanned), punctuality and attendance, and roles and responsibilities of facilitators and group members are covered. The group should also discuss how boundary breaches would be dealt with. 2. Goals: this topic of discussion is meant to move clients into thinking about changes they want to make through help from the group. The facilitators should begin with a statement like the following: “We are now ready to discuss goals. Please think about goals you want to achieve in our time together as a group. Goals should be related to healing from experiences of sexual coercion, and should be objectives we can tackle using group discussion and creative expression.” The discussion may be guided by facilitators posing the following questions: <ul style="list-style-type: none"> - What makes a good goal? [include some psychoeducation if necessary]

	<ul style="list-style-type: none"> - What is a goal that you have successfully achieved in the past? - What strategies were helpful in achieving that goal? - What personal goals are important for you to work on in this group? - What are some strategies that will lead to success with those goals?
Break [10 mins]	An opportunity for everyone to stretch their legs, use the washroom, or get a snack or beverage. During the break, facilitators can disperse art materials: one sheet of white sketchpad paper to each group member, a pile of extra paper in the centre, and cases of felt-tip pens in the centre.
Art Creation [20 mins]	Facilitators instruct group members to silently draw the personal goals they plan to work on throughout group. Drawings can be literal, abstract, or metaphorical representations and can include the goals themselves, emotional reactions to the goals, or barriers, tasks or strategies related to the goals. For this as well as future visual arts sessions, facilitators may create alongside clients, as long as they remain aware of what is happening in the room. If facilitators do create drawings, they can depict overarching goals for the group as a whole: reduction of depression and anxiety, and improvement in self-esteem and relatedness and connection.
Processing [15 mins]	Facilitators invite each client to share their artwork as in-depth as the client feels comfortable. Probes may include the following: <ul style="list-style-type: none"> - Please tell the group about your drawing

	<ul style="list-style-type: none"> - What is the meaning behind your drawing? - What emotions came up as you were drawing? - What is the most important part of your drawing? - What themes do you notice when looking at everyone's goals? - What do those themes say about our group, and how we can best support one another? - What are you feeling towards the group right now? <p>To wrap up the processing portion of the session, one of the facilitators can summarize the most meaningful themes and ideas discussed.</p>
<p>Closing [15 mins]</p>	<p>Facilitators summarize the session as a whole, and thank group members for participation. Facilitators invite group members to share their thoughts and feelings about the first session. Facilitators invite group members to each verbalize a hope or wish for the group or another member of the group (facilitators start by modelling). Facilitators describe the activity for between sessions: each member is to take one small step towards the goal they created today. Finally, scrap paper is handed out and group members are asked to write at least one thing they liked, one thing they disliked, and one suggestion, and place the feedback in corresponding boxes by the door.</p>
<p><i>Note.</i> ^aActivity from Riley's (2001) work.</p> <p>Facilitator Debriefing:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p>To evaluate and reflect upon the session, facilitators can informally discuss their</p> </div>	

answers to the following questions:

[Regarding the session in general]:

- What was the overall atmosphere like in the group?
- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?
- What interpersonal dynamics emerged in the group?
- What stage of group development does the group appear to be at?
- What could be done to move the group towards the next stage of group development?
- What are the most important clinical or thematic areas to focus on within the group in the next few sessions, given information from today's session?
- How might we incorporate client feedback into future sessions?

[Regarding the discussion portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?

[Regarding the creation portion]:

- What worked?
- What did not work?
- How engaged were the clients?

- How could we enhance engagement and comfort with expression?

[Regarding the processing portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?

Session 1: Handout 1

Overall Group Structure

Session #	Session Title	Session Description
1	Setting the Tone	Getting acquainted, introduction: what to expect, setting ground rules and boundaries, using felt-tip pens to depict personal goals.
2	To the Beat of Your Own Drum	Looking inward through guided imagery, expressing personal rhythms through drumming circle, and then expressing through movement.
3	Exploration of Feelings	Partnered painting of present affective state, response to painting through poem or dialogue between self and painting.
4	Group Painting: Tackling the Issue	Creation of a group painting on the subject of sexual coercion, response to painting through pose or movement.
5	Sculpting Our Group	Each group member creates a sculpture of dynamics they notice in the group, using other group members as the medium.
6	How Early Experiences Have Shaped Us	Draw earliest childhood memory, reflect upon how that memory has shaped the present-day self, and write a dialogue between self and inner child in response.
7	Soundtracks to Our Lives	Share song lyrics that speak to two or more distinct periods of life, respond to the lyrics with a poem or drawing.
8	Heart Connections	Create a sculpture of what is inside one's heart, join all heart sculptures together to symbolize connection.
9	Setting the Stage	Learning, sharing, and practicing dramatic techniques, including improvisation, and soliloquy. Theme: sticking up for oneself or someone else: finding inner strength
10	Directing Your Scene	Scripting, staging, casting, and practicing plays relating to coercion.
11	Lights, Camera, Action!	Performing plays and changing the endings.
12	Goodbye: Looking to the Future	Group drawing: where we were, the journey, where we are now, and where we are going from here.

Session 1: Handout 2

General Session Structure

1. Greeting: Settle in, and help yourself to tea, juice, and water provided.
2. Check-in: Say a few short words about yourself, personal progress, what you are feeling, or what is on your mind.
3. Discussion: Sparked by disclosures from check-in, or the art theme for that day, members share personal experiences and feelings and provide support and suggestions to one another.
4. Break
5. Creation: Engage in a creative process: drawing, painting, writing, sculpting, moving, and/or drumming, in ways that explore and express the self, personal feelings, relationships, presenting concerns, and healing
6. Break
7. Processing: Discuss themes and deeper meanings behind the art, movement, sound, writing and/or action, and relate the meaning to yourself and your present-day lives.
8. Closing: Facilitators summarizes the session, activities for between sessions may be suggested, you can state your hopes and wishes for yourself for the upcoming week and provide anonymous feedback about what you liked and disliked about the session, as well as any suggestions for improvement.

Session 1: Handout 3

What to Expect

- ***Collaboration:*** You can expect to be treated with respect and dignity, as people with important ideas and wisdom to share: you are the expert on your own life.
- ***Expressive-arts therapy:*** Drawing, painting, sculpting, writing, moving, acting, and music making in ways that express who you are and what you feel, to promote joy, healing, and self-acceptance.
 - Expressive freedom: You know your own needs best, so take artistic instructions and directions as *guidelines*, and colour outside the lines if desired.
 - Importance of safety and trust: We (facilitators) will not be interpreting the art—that is up to you, the artist, if and when you feel ready.
- ***Other safety and privacy factors:***
 - Art can be taken home or stored in a securely locked room or cabinet, which only the facilitators have access to.
 - Files will contain notes on emerging themes in the group for each member and will also be locked in a secure cabinet.
 - Members must keep confidential: (a) identities of other group members (including identifying details), and (b) disclosures made by other group members
- ***The point is self-expression***, NOT creation of an aesthetically pleasing piece: create for you, not an audience.
- ***Flexibility:*** The group is meant to be formatted to fit your needs, so please share feedback about how the program could be moulded to be a better fit.

Session 2: To the Beat of Your Own Drum

Preparation:

- Prepare refreshments and arrange centrally in the room.
- Place facial tissues in a location easily accessible by all.
- Arrange the space: A widely spaced circle of chairs (one per person) with a small table outside of the circle to hold the tissue box and refreshments.
- Write on flipchart paper the schedule for the evening.
- Hang list of boundaries and Pledge of Confidentiality on the wall in a place easily visible by all.
- Practice reading the relaxation script

Required Materials:

- Assortment of teas
- Chilled juice
- Ice water in a pitcher
- Tea kettle
- Mugs or Styrofoam cups (one per person)
- Napkins
- Facial tissues
- Assortment of hand drums (one per person plus one extra)
- Flipchart paper, easel, and felt-tip pen
- List of boundaries from session 1

- Pledge of Confidentiality from session 1
- CD or MP3 player containing song appropriate for movement exercise (instrumental with strong rhythm), and the means to play it (CD player, computer, or docking station)
- Three boxes for feedback, with slots on top, reading “liked,” “disliked,” and “suggestions”
- One pen or pencil per person
- “Do Not Disturb: Meeting in Progress” sign with tape for outside of door

Session Objectives:

- Allow clients to get accustomed to taking risks and being vulnerable in the group.
- Increase self-esteem through sharing of personal identity accompanied by acceptance from the group.
- Further establish connections amongst group members, and between group members and leaders.
- Demonstrate that therapy can be fun, thereby increasing commitment to attending and engaging in group sessions.

Session Plan:	
Greeting [5 mins]	Encourage clients to help themselves to beverages. Place the “do not disturb” sign on the outside of the door, at the beginning of this and all future sessions. Introduce the theme of today’s session: To the Beat of Your Own Drum: Exploring and sharing our personal identities with the group, using drumming as a medium, then movement.
Check-in [10 mins]	Invite each member to share briefly either progress they have made towards goals, or something that has been in their heart or on their mind recently.
Discussion [20 mins]	First, check if anyone has any unfinished business from last session. Today’s discussion theme: Connection between what we are striving for (goals) and who we are (identity) to bridge first and second session. Particular emphasis should be placed on cultural identity. In this and all discussion and processing portions of sessions, the leaders should focus on using their facilitation skills to ensure that every group member is heard and supported. Prior to starting the discussion, facilitators can remind the group that it is important to be accepting of other members’ sharing, and to be respectful and supportive. Begin with a question like, “What do your goals say about you?” and continue with probes such as, “What else is important for the group to know about you as a person?” “Tell the group how your cultural background influences your identity,” and “What makes you unique?” also making sure to invite clients to comment on one another’s sharing.

<p>Break [5 mins]</p>	<p>An opportunity for everyone to stretch their legs, use the washroom, or get a snack or beverage. Facilitators can use this opportunity to set drums out in the centre of the room. As clients re-enter the room, they may each choose a drum.</p>
<p>Creative Expression (Musical) [20 mins]</p>	<p>Facilitators explain the upcoming activity as follows: Clients will close their eyes and concentrate on a guided meditation script as read out by one facilitator^a. After the script is read participants will have an opportunity to express their inner spirits through drumming. Following this explanation, one facilitator invites clients to close their eyes if desired, and reads out the guided imagery script. The other facilitator watches the group carefully and notes if any strong reactions emerge. If so, the reactions should be processed immediately. Next, everyone will hold a drum. Beginning with one person (a client, if one volunteers, otherwise a facilitator), the group starts beating the drums to their own rhythm. After the first person begins, gradually, and spontaneously, when they feel ready, others join in until everyone is drumming together^b. When it feels right, the group may stop drumming. The facilitators can thank everyone for sharing their rhythms.</p>
<p>Creative Expression (Movement) [10 mins]</p>	<p>Immediately after the drumming circle is finished, one facilitator can turn on some music (something instrumental, possibly something tribal with drums beating), and explain that now the group is going to express those inner rhythms they were drumming, through movement. Each person will move into the middle of the circle, and say their own name while</p>

	<p>demonstrating a movement that expresses their identity. Then the group will mirror the movement while saying the name of the person whose rhythm the movement is expressing. One facilitator can demonstrate, then point to a client in the circle, who will be the next to express their rhythm in movement^c.</p>
<p>Break [10 mins]</p>	<p>An opportunity for everyone to stretch their legs, use the washroom, or get a snack or beverage. During the break, facilitators can tweak processing questions to best fit the apparent group dynamics.</p>
<p>Processing [30 mins]</p>	<p>To process the drumming and movement exercises, facilitators may pose some of the following questions:</p> <ul style="list-style-type: none"> - What was the drumming circle like for everyone? - What was the movement exercise like for everyone? - What did you learn about yourself through these activities? - How did it feel to get in touch with and share part of your identity—your inner rhythm? - What did you learn about others in the group through these activities? - What did you learn about the group as a whole through drumming and movement?
<p>Closing [10 mins]</p>	<p>Facilitators summarize the session and important themes and dynamics that arose. Facilitators invite each member to share a hope or wish they have for the group or one other member of the group for the coming week.</p>

	Scrap paper is passed around for communication of feedback (same format as session one: this format will be used every session).
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Note. ^aLiebmann (2004) suggested this guided meditation technique. ^bPack-Brown and Fleming (2004) described a similar activity. ^cActivity described by Carmen Richardson (personal communication, April 23, 2010).

Facilitator Debriefing:

To evaluate and reflect upon the session, facilitators can informally discuss their answers to the following questions:

[Regarding the session in general]:

- What was the overall atmosphere like in the group?
- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?
- What interpersonal dynamics emerged in the group?
- What stage of group development does the group appear to be at?
- What could be done to move the group towards the next stage of group development?
- What are the most important clinical or thematic areas to focus on within the group in the next few sessions, given information from today's session?
- How might we incorporate client feedback into future sessions?

[Regarding the discussion portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?

[Regarding the creation portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with expression?

[Regarding the processing portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?

Session 2: Relaxation Script¹

If you feel comfortable, you may close your eyes now, otherwise, you can keep them open. Start by getting very comfortable in your chair. Find that position that feels just right. Allow the muscles in your face to relax, slowly, until they are completely still and at ease. Next, feel your neck relaxing. Feel all the stress and tension from the day melting away. Now, let your shoulders droop, becoming very relaxed. Next, relax your arms. Feel them becoming limp, like spaghetti. Now, notice your back and chest muscles becoming more and more relaxed, and comfortable. Relax your stomach muscles, your hips, and your legs. Pay attention to the calm, comfortable relaxation, sweeping over your entire body. Take a moment to think of nothing, but how tranquil you feel in this moment. Now, I'd like you to concentrate on your breathing. Begin to take deep breaths, all the way into your belly. Feel your bellybutton rise and fall. Breathe in slowly, hold... and breathe out slowly. In... hold... and out. Relax and concentrate on your breath, and the air, flowing in and out of your lungs, calmly, and peacefully. Comfortable, relaxed, and peaceful. (pause)

Now I want you to shift your attention inward: to your mind, heart, and soul. To the *essence* of you, your inner rhythm. Who are you? What is unique about the way you think, feel, behave, and interact with the world and people in it? Who are you? What are your roots? What is your cultural heritage, and how has it shaped the person you have become?

What colour is your rhythm? (pause)

What shape is your rhythm? (pause)

What speed is your rhythm? (pause)

¹ Guided visualizations are inappropriate for people who are very mentally disturbed (Liebmann, 2004).

How loud is your rhythm? (pause)

Maybe your rhythm is quick, staccato and excitable. Maybe your rhythm is slow, steady, dependable and calm. Maybe your rhythm is loud and boisterous. Maybe your rhythm is quiet and demure. Maybe you have a complex rhythm that changes often, with the seasons or your mood. Or maybe your rhythm is sensible, responsible, and even. Whatever that rhythm is, it is yours and yours alone, because you are a unique individual.

Pay attention to your rhythm. Hear it, and respect it. Pay attention to your rhythm. Notice the beat, and the speed, the pattern. Enjoy your rhythm.

Now imagine you are on a long, winding path. You are hiking along this path, through a forest. Everything around you is very peaceful and serene. You take the time to notice the birds chirping in the trees, and butterflies flitting from flower to flower. You keep walking, feeling very relaxed. At once, you come to a clearing in front of you. You strain your eyes to see what is ahead. On the grass, you see a drum, sitting still in front of you. As you watch the drum, you notice that it is beginning to move. You stare in awe, because it has begun beating. After a moment, you notice that it is indeed beating to the sound of your personal rhythm. Now, you look around, and notice many drums, all types, shapes and sizes, all beating to your rhythm. Notice the scenery around the drums. The clearing it is now lit up by your rhythm, shining like the sun. At once, everything looks beautiful, peaceful, and musical. The sound is so clear, the fact is unmistakable: that this is the rhythm that perfectly describes the *inner you*. You can feel the vibrations of the beat throughout your body. The scenery seems to be enjoying the sound, and even dancing to the beat. The trees and flowers sway to the music, and the wind seems to whistle along. Take a moment to immerse yourself in the beauty of the rhythm that is so

you. Enjoy the sound, the colours, the shapes, and the feeling of the music washing over you from head to toe.

As you zoom out of this lively, musical scene, you notice that the scene is held within a large shape. The entire forest is contained within that shape. A heart. Your heart. Now that you have seen the beauty within your heart, you can't wait to share it with the world.

Now, I would like you to turn your attention from your inner rhythm back to your breathing. Notice your breath: it may be slow and steady by now. In...and out...in....and out. At your own pace, start to bring your mind back to the room: the chair you are sitting in, and the energy in the room, the group around you, and the upcoming activity. When you are ready, you may open your eyes.

Session 3: Exploration of Feelings

Preparation:

- Prepare refreshments and arrange centrally in the room.
- Place facial tissues in a location easily accessible by all.
- Arrange the space: Either: (a) place chairs in a circle (one per person expected) with a table in the centre high enough and large enough for all participants to draw or paint on; or (b) if space or resources permit, a circle of chairs (one per person) with a small low table in the centre to hold the tissue box and refreshments, and a separate area for art making, with a larger, higher table.
- Write on flipchart paper the schedule for the evening.
- Hang list of boundaries and Pledge of Confidentiality on the wall, in a place easily visible by all.

Required Materials:

- Assortment of teas
- Chilled juice
- Ice water in a pitcher
- Tea kettle
- Mugs or Styrofoam cups (one per person)
- Napkins
- Facial tissues
- Flipchart paper, easel, and felt-tip pen
- List of boundaries from session 1
- Pledge of Confidentiality from session 1

- Assortment of nylon bristle brushes (two or more per person)
- Tubes of watercolour paints in a variety of colours
- Old shirts (one per person)
- Empty jars (one per person)
- Old margarine lids (one per person)
- Watercolour paper (one per person)
- Roll of painter's tape
- Roll of paper towel
- Notebooks or journals with lined pages (one per person)
- Ballpoint pens (one per person)
- Three boxes for feedback, with slots on top, reading "liked," "disliked," and "suggestions"
- "Do Not Disturb: Meeting in Progress" sign with tape for outside of door

Session Objectives:

- To encourage openness and assertiveness, especially in situations where there may be conflict or differences in opinion.
- To use art as a medium for increasing connection and relatedness.
- To provide clients with a tool for emotion-focused coping: emotional release through artistic expression (painting or writing).
- To use group dynamics that arise to facilitate self-reflection, deeper understanding of self and others, and personal development.

Session Plan:	
Greeting [5 mins]	Encourage clients to help themselves to beverages. Introduce the theme of today's session: Exploration of Feelings: Exploring and sharing our personal feelings with the group, using partnered paintings as a medium.
Check-in [5 mins]	Focus on feelings: Invite each member to share briefly a strong feeling they have had over the last week, or are experiencing currently. It is up to group members whether they would prefer to simply state a feeling word, or provide some context to the group.
Discussion [20 mins]	<p>First, check if anyone has any unfinished business from last session. Next, beginning with a blank page of flipchart paper, facilitators will invite group members to come up and write all the feeling words they can think of.</p> <p>Following, the facilitators will open a discussion about feelings using the following probes:</p> <ul style="list-style-type: none"> - How are feelings useful? - What are some different things we can do with our feelings? - What is the connection between thoughts and feelings? - Which feelings are hardest to talk about, and why? - Who are good people in your life to talk to about your feelings?

Break [5 mins]	<p>An opportunity for everyone to stretch their legs, use the washroom, or get a snack or beverage. During the break, facilitators can disperse materials: one sheet of paper, two margarine lids (this will be used as a palette), two jars of water, and at least four pieces of paper towel for every two clients. A jar of paintbrushes varying in size (at least two brushes per person) can be placed in the middle of the table, along with extra paper towel.</p>
Creative Expression [40 mins]	<p>Pass around old shirts to wear over clothing for protection, as well as tubes of watercolour paint and rolls of painters' tape. Demonstrate how to tape the paper onto the table or a board. Demonstrate the appropriate amount of paint needed on the palette. Next, demonstrate some basic techniques, including painting on a dry paper and wetting the paper beforehand to create a softer, more blurry, watery effect. Instruct the group that they may not communicate through words, only through their painting. Then, invite clients to begin their partnered painting^a, the subject being relevant personal emotions. State that they may paint feelings related to the experience of unwanted sex, or anything else that is on their minds. After approximately 30 minutes, shift from painting to writing. Hand out journals and pens (one of each per person), and invite group members to write a response to the painting they just created: either a dialogue between themselves and the painting, or a poem.</p>

Break [5 mins]	An opportunity for everyone to stretch their legs, use the washroom, or get a snack or beverage. During the break, facilitators can discuss and make note of relevant dynamics to be sure to cover in the processing portion of session.
Processing [30 mins]	<p>Focus should be placed on processing group dynamics, including those involving conflict and questioning of authority. Facilitators may use some of the following processing questions, in addition to questions specific to group dynamics observed, to generate discussion:</p> <ul style="list-style-type: none"> - What is it like painting in pairs? - What were some of the challenges associated with doing a painting with someone else? - Please share with the group a bit about your painting. - What was it like communicating through paint, not words? - How was expressing feelings through art different than other ways of expressing them? - Please share your poem or dialogue with the group, if you are comfortable. - What is your response to your (or someone else's) poem or dialogue? - What shall we do with the paintings created today?
Closing [10 mins]	Facilitators summarize the session and important themes and dynamics that arose. Facilitators invite each member to share a hope or wish they have for the group or one other member of the group for the coming week. Scrap paper is passed around for communication of feedback. Clients should take

journals home at the end of the session, and facilitators may encourage use of journals for exploration of feelings at home. Facilitators can inform clients that insights from journaling may enhance the group process, and may be shared with the group if desired.

Note. ^aSuggested by Liebmann (2004).

Facilitator Debriefing:

To evaluate and reflect upon the session, facilitators can informally discuss their answers to the following questions:

[Regarding the session in general]:

- What was the overall atmosphere like in the group?
- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?
- What interpersonal dynamics emerged in the group?
- What stage of group development does the group appear to be at?
- What could be done to move the group towards the next stage of group development?
- What are the most important clinical or thematic areas to focus on within the group in the next few sessions, given information from today's session?
- How might we incorporate client feedback into future sessions?

[Regarding the discussion portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?

[Regarding the creation portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with expression?

[Regarding the processing portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?

Session 4: Group Painting: Tackling the Issue

Preparation:

- Prepare refreshments and arrange centrally in the room.
- Place facial tissues in a location easily accessible by all.
- Arrange the space: Either: (a) chairs in a circle (one per person expected) with a table in the centre high enough and large enough for all participants to draw or paint on; or (b) if space or resources permit, a circle of chairs (one per person) with a small low table in the centre to hold the tissue box and refreshments, and a separate area for art making, with a larger, higher table.
- Write on flipchart paper the schedule for the evening.
- Hang list of boundaries and Pledge of Confidentiality on the wall, in a place easily visible by all.

Required Materials:

- Assortment of teas
- Chilled juice
- Ice water in a pitcher
- Tea kettle
- Mugs or Styrofoam cups (one per person)
- Napkins
- Facial tissues

- Flipchart paper, easel, and felt-tip pen
- List of boundaries from session 1
- Pledge of Confidentiality from session 1
- Assortment of nylon bristle brushes (two or more per person)
- Tubes of acrylic paints in a variety of colours
- Old shirts (one per person)
- Empty jars (one per person)
- Old margarine lids (one per every two people)
- Roll of paper towel
- Large sheet of paper (at least 1 m², use your judgment based on number of clients)

Session Objectives:

- To encourage openness and assertiveness, especially in situations where there may be conflict and differences in opinion.
- To use art as a medium for increasing connection and relatedness.
- To provide clients with a tool for emotion-focused coping: emotional release through artistic expression (painting or writing).
- To use group dynamics that arise to facilitate self-reflection, deeper understanding of self and others, and personal development.
- To work through some of the tough stuff directly: processing of experiences of sexual coercion.

Session Plan:

Greeting [5 mins]	Encourage clients to help themselves to beverages. Introduce the theme of today's session: Group Painting: Tackling the Issue. Today will be an opportunity to discuss the experiences that led to members becoming a part of this group. Point out that there is a lot to cover today and, therefore, there will only be one break, but clients may leave momentarily if need be during the session.
Check-in [5 mins]	Invite each member to share briefly either progress they have made towards goals or something that has been in their heart or on their mind recently.
Discussion [40]	First, check if anyone has any unfinished business from last session. Today, in a more direct sense, the group will be getting down to the core of what brings them here: working through experiences of sexual coercion. Begin the discussion by stating that today's theme is dealing directly with sexual coercion. Teach at least one grounding technique, such as the 5-4-3-2-1 technique, and explain instances in which the technique is appropriate (for example, when one is beginning to dissociate). Next, get the group to define sexual coercion in their own words. Provide Handout 1: Sexual Coercion. Review the handout with the group, allowing them to express their opinions and reactions. Then allow clients to share as much or as little about their own experience as they wish. Encourage support and relating between group members by asking questions like:

	<ul style="list-style-type: none"> - What is your reaction to ___'s story? - Who can relate to what ___ has experienced? - What was your experience like? - How did you feel? - Who else has gone through similar feelings? - What are some themes between all the stories? - Who is surprised that others have gone through something similar? - How does it feel, knowing that others have gone through this? <p>At the end of the discussion, facilitators should give a sincere, uplifting summary about the difficulty of dealing with sexual coercion, and the universality of such experiences, and the fact that group members are not alone: they have the group to lean on.</p>
<p>Break [5 mins]</p>	<p>An opportunity for everyone to stretch their legs, use the washroom, or get a snack or beverage. During the break, facilitators can place the large sheet of paper in the centre of the table and margarine lids and jars of water around the outside of the paper, one of each per person. Paper towel (at least two per person) should be scattered around the table as well.</p>
<p>Art Creation [35 mins]</p>	<p>Facilitators can pass around old shirts to wear over clothing for protection, and tubes of acrylic paint. Next, facilitators will demonstrate techniques to use with acrylic paints (examples: layered thinner, mixed with more water, for a translucent glaze, thicker for opaque). Facilitators will then instruct the group members to each start painting the space in front of them on the paper,</p>

	<p>then to branch out to meet, overlap with, or integrate with other group members' painting. The subject will be that of the earlier discussion, or any one theme from the discussion that held particular significance to everyone. Once the group painting is finished, facilitators can ask the group to step back and look at the finished product. Following this, each group member will be asked to create a pose or movement that expresses their reaction to the painting, and share with the group.</p>
<p>Processing [25 mins]</p>	<p>Processing will again focus on working through intergroup dynamics. Facilitators should encourage open, honest communication between group members, in ways that challenge them interpersonally, and in terms of self-reflection. Some questions might be as follows:</p> <ul style="list-style-type: none"> - What was it like, sharing the paper with everyone else in the group? - How did you feel when ____ began to add to your portion of the painting? - How did you feel when ____ created a barrier around her portion of the painting? - What does your portion represent? - What feelings are being expressed in the painting? - What was expressed through the poses or movements created in response to the art? - What does the overall painting say about us as a group? - What do the differences between contributions say about you as

	<p>individuals?</p> <ul style="list-style-type: none"> - Based on the finished artwork, what does our group need to move forward?
<p>Closing [5 mins]</p>	<p>Facilitators summarize the session and important themes and dynamics that arose. Facilitators invite each member to share a hope or wish they have for the group or one other member of the group for the coming week. Scrap paper is passed around for communication of feedback. Facilitators keep the group painting in a secure, confidential location, until the final session, at which point the group will decide what they would like to do with it (e.g., it could be creatively cut into pieces and each group member could take a piece home).</p>
<p><i>Note.</i> Described by Bennett (2011).</p> <p>Facilitator Debriefing:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>To evaluate and reflect upon the session, facilitators can informally discuss their answers to the following questions:</p> <p>[Regarding the session in general]:</p> <ul style="list-style-type: none"> ○ What was the overall atmosphere like in the group? ○ What worked? ○ What did not work? ○ How engaged were the clients? ○ How could we enhance engagement and comfort with sharing? ○ What interpersonal dynamics emerged in the group? </div>	

- What stage of group development does the group appear to be at?
- What could be done to move the group towards the next stage of group development?
- What are the most important clinical or thematic areas to focus on within the group in the next few sessions, given information from today's session?
- How might we incorporate client feedback into future sessions?

[Regarding the discussion portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?

[Regarding the creation portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with expression?

[Regarding the processing portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?

Session 4: Handout 1: Sexual Coercion

Academic Theory and Research Tell Us That:

- Being *sexually coerced* means being convinced into sexual activity with someone although you have told them you don't want to².
- Sexual coercion is not rape, but is not sexual consent either; it is somewhere in between³
- Statistically, in one quarter of cases in which women respond to sexual advances with refusal, the man will persist in attempting to coerce her into sex⁴
- Compared to the general public, adolescents and young adults are at particularly high risk of experiencing sexual coercion⁵
- Adolescent girls are given many mixed messages about what is appropriate behaviour when someone makes a sexual advance, making it very confusing and difficult to make decisions that are true to their own desires⁶
- Sexual coercion can lead to unpleasant feelings and low self-esteem⁷

² Powell (2008)

³ Byers and Lewis (as cited in Morgan & Zurbriggen, 2007)

⁴ Byers and Lewis (as cited in Morgan & Zurbriggen, 2007)

⁵ O'Sullivan (2005)

⁶ Hartwick, Desmarais, and Hennig (2007); Hyde, Drennan, Howlett, and Brady (2008); Morgan and Zurbriggen (2007); Powell (2008)

⁷ Caraway (1997)

Session 5: Sculpting our Group

Preparation:

- Prepare refreshments and arrange centrally in the room.
- Place facial tissues in a location easily accessible by all.
- Arrange the space: a widely spaced circle of chairs (one per person) with a small table outside of the circle to hold the tissue box and refreshments.
- Write on flipchart paper the schedule for the evening.
- Hang list of boundaries and Pledge of Confidentiality on the wall, in a place easily visible by all.

Required Materials:

- Assortment of teas
- Chilled juice
- Ice water in a pitcher
- Tea kettle
- Mugs or Styrofoam cups (one per person)
- Napkins
- Facial tissues
- Flipchart paper, easel, and felt-tip pen
- List of boundaries from session 1
- Pledge of Confidentiality from session 1

- Ballpoint pens (one per person)
- Feedback boxes
- “Do Not Disturb: Meeting in Progress” sign with tape, for outside of door

Session Objectives:

- To use group dynamics that arise to facilitate self-reflection, deeper understanding of self and others, and personal development.
- To demonstrate the value of working through interpersonal issues rather than ignoring them.
- For the group to realize that they can challenge one another and group leaders (and perhaps others in their lives) and it will ultimately result in increased connection.
- To increase assertiveness and, therefore, interpersonal competence.

Session Plan:

Greeting [5 mins]	Encourage clients to help themselves to beverages. Introduce the theme of today’s session: Sculpting our Group: a movement exercise.
Check-in [5 mins]	Invite each member to share briefly either progress they have made towards goals, or something that has been in their heart or on their mind recently.
Discussion [30 mins]	First, check if anyone has any unfinished business from last session. Next, cover the two topics of discussion for today: goals and group development. Time should be split evenly between the two topics.

	<p>1. Regarding goals, the following questions may be used to generate discussion:</p> <ul style="list-style-type: none"> - What progress have you made towards your goals? Explain. - What strategies have worked in getting you closer to your goals? - What strategies have not worked? - What could you do differently over the next few weeks to accelerate progress towards your goals? <p>At the end of this portion of the discussion, encourage everyone to give themselves a pat on the back to celebrate their progress.</p> <p>2. Then, switch gears to discuss the group’s development, perhaps using some of the following probes:</p> <ul style="list-style-type: none"> - What have been some of the challenges associated with working together in this group? - What have been some of this group’s strengths? - What do you think we need to resolve in order to improve group dynamics? - What is something you have been wanting to say but have been holding back?
Break [5 mins]	An opportunity for everyone to stretch their legs, use the washroom, or get a snack or beverage.
Movement Activity [25 mins]	Each member of the group is going to take a turn “sculpting” the group. That means demonstrating group dynamics using group members as the

	<p>“clay” and positioning them to describe what is going on. The facilitator will explain this to the group, and also provide some examples of ways in which they can express certain dynamics (examples: placing people who are emotionally connected close together, those who are emotionally distanced further apart, or facing away from each other, or placing people between whom there is conflict in positions that look combative towards one another). Facilitators should emphasize the importance of sensitivity, respect, and empathy during this possibly emotionally-charged activity. They should also give permission for clients to take a time-out (to leave the room) if needed, or to express their feelings using ‘I’-statements, if needed. Next, facilitators will invite clients to begin, one at a time, creating a group sculpture involving two or more members, including facilitators if necessary. Continue until everyone has had a turn and all important group dynamics have been demonstrated. Ensure that “elephants in the room” are made explicit.</p>
<p>Break [5 mins]</p>	<p>An opportunity for everyone to stretch their legs, use the washroom, or get a snack or beverage.</p>
<p>Processing [35 mins]</p>	<p>This time may be used to extensively dissect dynamics that have been demonstrated. Facilitators should begin by role playing and identifying unhealthy and healthy ways of confronting one another. They should be sure to demonstrate ways of expressing feelings without putting others on the defensive. Throughout this processing session, facilitators should</p>

deescalate situations as needed, and ensure client safety remains the top priority. Deep breathing and positive self-talk may be suggested as ways to keep one's emotions in check. Transference reactions should be discussed. Disagreements or conflicts should be talked out in ways that allow each group member to feel heard and understood. There should be a sense of resolution in the end. Processing questions may include:

- What were some of the most common themes that came up during our group sculptures?
- What feelings came up during the group sculptures? During which points?
- Who does ___ (group member with whom there is conflict) remind you of?
- How might your past experiences be affecting how you are interacting with group members today?
- What is something that you think is important for ___ (group member) to know?
- How can your disagreement with ___ be resolved?
- How has the energy in the room changed between the beginning of today's session and the end?
- How has the group itself changed from session one to now?

Facilitators should give a sincere summary of the group's development, and thank members for being open and candid (if appropriate).

Closing [10 mins]	<p>Facilitators summarize the session and important themes and dynamics that arose. Facilitators invite each member to share a hope or wish they have for the group or one other member of the group for the coming week.</p> <p>Facilitators invite clients to state one small step they will take this week to move them even closer towards their goals. Scrap paper is passed around for communication of feedback. Note: Group members should be reminded to bring notebooks or journals from session 3 to next meeting.</p>
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Facilitator Debriefing:

To evaluate and reflect upon the session, facilitators can informally discuss their answers to the following questions:

[Regarding the session in general]:

- What was the overall atmosphere like in the group?
- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?
- What interpersonal dynamics emerged in the group?
- What stage of group development does the group appear to be at?
- What could be done to move the group towards the next stage of group development?
- What are the most important clinical or thematic areas to focus on within the group in the next few sessions, given information from today's session?
- How might we incorporate client feedback into future sessions?

[Regarding the discussion portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?

[Regarding the creation portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with expression?

[Regarding the processing portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?

Session 6: How Early Experiences have Shaped Us

Preparation:

- Prepare refreshments and arrange centrally in the room.
- Place facial tissues in a location easily accessible by all.
- Arrange the space: Either: (a) place chairs in a circle (one per person expected) with a table in the centre high enough and large enough for all participants to draw or paint on; or (b) if space or resources permit, a circle of chairs (one per person) with a small low table in the centre to hold the tissue box and refreshments, and a separate area for art making, with a larger, higher table.
- Write on flipchart paper the schedule for the evening.
- Hang list of boundaries and Pledge of Confidentiality on the wall in a place easily visible by all.

Required Materials:

- Assortment of teas
- Chilled juice
- Ice water in a pitcher
- Tea kettle
- Mugs or Styrofoam cups (one per person)
- Napkins
- Facial tissues

- Flipchart paper, easel, and felt-tip pen
- List of boundaries from session 1
- Pledge of Confidentiality from session 1
- Containers of crayons (at least five crayons per person)
- Sketchpad paper (two sheets per person)
- Journals or notebook from session 3 (clients to bring from home)
- Ballpoint pens (one per person)
- Feedback boxes
- “Do Not Disturb: Meeting in Progress” sign with tape, for outside of door

Session Objectives:

- To engage in self-exploration within the group setting.
- To develop self-awareness and self-acceptance.
- To provide an opportunity for group members to offer each other support and empathy, continuing to build upon connections.

Session Plan:

Greeting [5 mins]	Encourage clients to help themselves to beverages. Introduce the theme of today’s session: How early experiences have shaped us: An opportunity to consider childhood memories in relation to who we are today.
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Check-in [5 mins]	Invite each member to share briefly either progress they have made towards goals, or something that has been in their heart or on their mind recently.
Discussion [15 mins]	<p>First, check if anyone has any unfinished business from last session. Next, open a discussion about how experiences in our lives can impact our personalities and behaviours. Try using some of the following questions to stimulate discussion:</p> <ul style="list-style-type: none"> - How do you think our experiences impact who we are as people? - What is an example of an experience you had that later impacted your personality or behaviour? - How did your experience of sexual coercion impact later behaviour? - Now, think back to your childhood. What was it like? - How might your childhood have shaped who you are today?
Break [5 mins]	An opportunity for everyone to stretch their legs, use the washroom, or get a snack or beverage. During the break, facilitators can place crayons in the centre of the table and paper around the table (one per person).
Art Creation [40 mins]	Instructions for the group members will be to draw their earliest childhood memory ^a using crayon, a medium reminiscent of those early years. This is an individual project. After group members have finished drawing, they may write responses to their finished creations. The responses should be dialogues between the current self and the inner child. Clients may include in the dialogue things the inner child needs from the current self and vice versa, or advice from each to the other. For those who forgot their journals,

	<p>they may use the extra sketchpad paper provided by the facilitators, and then add that page to their journal when they return home.</p>
<p>Break [10 mins]</p>	<p>An opportunity for everyone to stretch their legs, use the washroom, or get a snack or beverage.</p>
<p>Processing [30 mins]</p>	<p>To aide with processing, the facilitators may pose some of the following questions or probes:</p> <ul style="list-style-type: none"> - Tell us about your drawing. - What was significant about the memory you depicted? - What feelings arise when you think about that memory and that time in your life? - If comfortable, please share with the group your dialogue. - What did you gain from the dialogue? - What does your inner child need from the group? - Who else has something they would like to express to ___'s inner child? - After exploring through art and writing, what more have you learned about how childhood experiences shaped who you are today?
<p>Closing [10 mins]</p>	<p>Facilitators summarize the session and important themes and dynamics that arose. Facilitators invite each member to share a hope or wish they have for the group or one other member of the group for the coming week.</p> <p>Facilitators invite clients to state one small step they will take this week to move them even closer towards their goals. Scrap paper is passed around for</p>

communication of feedback. **Homework:** find lyrics from songs that represent two or more distinct periods in your life. Bring in *either* the songs on an MP3 player or CD, *or* bring in printouts of the lyrics to next session. Be prepared to share them with the group.

Note. ^aSimilar to an activity suggested by Liebmann (2004).

Facilitator Debriefing:

To evaluate and reflect upon the session, facilitators can informally discuss their answers to the following questions:

[Regarding the session in general]:

- What was the overall atmosphere like in the group?
- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?
- What interpersonal dynamics emerged in the group?
- What stage of group development does the group appear to be at?
- What could be done to move the group towards the next stage of group development?
- What are the most important clinical or thematic areas to focus on within the group in the next few sessions, given information from today's session?
- How might we incorporate client feedback into future sessions?

[Regarding the discussion portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?

[Regarding the creation portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with expression?

[Regarding the processing portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?

Session 7: Soundtracks to Our Lives

Preparation:

- Prepare refreshments and arrange centrally in the room.
- Place facial tissues in a location easily accessible by all.
- Arrange the space: Either: (a) chairs in a circle (one per person expected) with a table in the centre high enough and large enough for all participants to draw or paint on; or (b) if space or resources permit, a circle of chairs (one per person) with a small low table in the centre to hold the tissue box and refreshments, and a separate area for art making, with a larger, higher table.
- Write on flipchart paper the schedule for the evening.
- Hang list of boundaries and Pledge of Confidentiality on the wall, in a place easily visible by all.

Required Materials:

- Assortment of teas
- Chilled juice
- Ice water in a pitcher
- Tea kettle
- Mugs or Styrofoam cups (one per person)
- Napkins
- Facial tissues

- Flipchart paper, easel, and felt-tip pen
- List of boundaries from session 1
- Pledge of Confidentiality from session 1
- Felt-tip pens (approximately five pens per person)
- Sketchpad paper (two sheets per person)
- MP3 docking station and CD player
- Ballpoint pens (one per person)
- Feedback boxes
- “Do Not Disturb: Meeting in Progress” sign with tape for outside of door

Session Objectives:

- To engage in self-exploration within the group setting.
- To develop self-awareness and self-acceptance.
- To provide an opportunity for group members to offer each other support and empathy, continuing to deepen connections.

Session Plan:

Greeting [5 mins]	Encourage clients to help themselves to beverages. Introduce the theme of today’s session: Soundtracks to Our Lives.
Check-in [5 mins]	Invite each member to share briefly either progress they have made towards goals, or something that has been in their heart or on their mind recently.

<p>Discussion [15 mins]</p>	<p>Check to see if any group members have unfinished business from last session they would like to discuss. Touch briefly on goals, allowing discussion to flow out of check-in sharing. Discuss ways in which music may help us to express, understand, diffuse, or more deeply feel our emotions.</p>
<p>Engaging with Music [50 mins]</p>	<p>Each group member will share their selections of music with the group, explaining what each expresses about a different phase of their life. The rest of the group will engage with the sharer by asking questions, and identifying with other members' songs. Be mindful of the time, ensuring that each group member gets an equal turn. Following the sharing of music selections, the facilitators will pass around felt-tip pens and blank paper. Each group member will have an opportunity to write a poem and/or create a drawing in response to their song selections.</p>
<p>Break [10 mins]</p>	<p>An opportunity for everyone to stretch their legs, use the washroom, or get a snack or beverage.</p>
<p>Processing [25 mins]</p>	<p>Facilitators can engage clients in processing by using some of the following probes:</p> <ul style="list-style-type: none"> - Please share with the group your drawing or poem - What is the meaning behind your drawing or poem - In what ways have you changed from the first phase to the second or from song 1 to 2? - What sparked the change from phase 1 to 2?

	<ul style="list-style-type: none"> - What are some similarities or differences between the stories our song selections tell? - What would a song that described your next phase sound like? - What would the lyrics of your future song be like? - What is one important thing you will take away from today's session?
Closing [10 mins]	<p>Facilitators summarize the session and important themes and dynamics that arose. Facilitators invite each member to share a hope or wish they have for the group or one other member of the group for the coming week.</p> <p>Facilitators invite clients to state one small step they will take this week to move them even closer towards their goals. Scrap paper is passed around for communication of feedback. Note: Invite clients to bring in materials for next week's art project: heart sculptures (examples of materials to bring: ribbon, charms or trinkets, beads, pipe cleaners, wire, stickers, fabric— anything that represents what is in their hearts).</p>

Facilitator Debriefing:

To evaluate and reflect upon the session, facilitators can informally discuss their answers to the following questions:

[Regarding the session in general]:

- What was the overall atmosphere like in the group?
- What worked?

- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?
- What interpersonal dynamics emerged in the group?
- What stage of group development does the group appear to be at?
- What could be done to move the group towards the next stage of group development?
- What are the most important clinical or thematic areas to focus on within the group in the next few sessions, given information from today's session?
- How might we incorporate client feedback into future sessions?

[Regarding the discussion portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?

[Regarding the creation portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with expression?

[Regarding the processing portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?

Session 8: Heart Connections

Preparation:

- Prepare refreshments and arrange centrally in the room.
- Place facial tissues in a location easily accessible by all.
- Arrange the space: Either: (a) chairs in a circle (one per person expected) with a table in the centre high enough and large enough for all participants to sculpt on; or (b) if space or resources permit, a circle of chairs (one per person) with a small low table in the centre to hold the tissue box and refreshments, and a separate area for art making, with a larger, higher table.
- Write on flipchart paper the schedule for the evening.
- Hang list of boundaries and Pledge of Confidentiality on the wall, in a place easily visible by all.

Required Materials:

- Assortment of teas
- Chilled juice
- Ice water in a pitcher
- Tea kettle
- Mugs or Styrofoam cups (one per person)
- Napkins
- Facial tissues
- Flipchart paper, easel, and felt-tip pen

- List of boundaries from session 1
- Pledge of Confidentiality from session 1
- Miscellaneous art materials (any combination of the following: construction paper, buttons, beads, string, nature items—sticks, leaves, moss, sea shells, stones, etc. —newspaper, tissue paper, charms, fabric, sequins, feathers, cotton balls, balloons, netting, chains, bows, egg cartons, cardboard, bubble wrap, magazines, recycled household items, any other interesting items you wish) including a variety of cheerful and macabre items
- White glue (one per every two clients)
- Glue sticks (one per every two clients)
- Scissors (one pair per person)
- Ballpoint pens (one per person)
- Feedback boxes
- “Do Not Disturb: Meeting in Progress” sign with tape for outside of door

Session Objectives:

- To engage in self-exploration within the group setting.
- To develop self-awareness and self-acceptance.
- To provide an opportunity for group members to offer each other support and empathy, continuing to deepen connections.
- To provide an opportunity for expression of difficult emotions.

Session Plan:	
Greeting [5 mins]	Encourage clients to help themselves to beverages. Introduce the theme of today's session: Heart Connections.
Check-in [5 mins]	Invite each member to share briefly either progress they have made towards goals, or something that has been in their heart or on their mind recently.
Discussion [15 mins]	<p>Check to see if any group members have unfinished business from last session they would like to discuss. Today's discussion will largely grow out of the check-in. There should be a focus on what is going on for clients emotionally, especially pertaining to experiences of sexual coercion or related difficulties. Some questions to provoke discussion may be as follows:</p> <ul style="list-style-type: none"> - When you catch your mind wandering, where does it go? - What feelings are sparked by those thoughts? - How did the experience(s) of sexual coercion change or impact your heart? - How do you feel about that?
Break [5 mins]	An opportunity for everyone to stretch their legs, use the washroom, or get a snack or beverage. During the break, facilitators can set out art materials in the centre of the table, and set out scissors and glue around the table.
Art Creation [45 mins]	Explain to the group that today's activity involves the creation of sculptures of their hearts. They may use any materials they wish, including those

	<p>provided by the facilitators, and/or anything brought from home. The finished product should reflect the state the client's heart is in, relevant emotions, and what is influencing the heart currently. After all hearts are created, they facilitators may prompt clients to arrange their sculptures on the table, in a way that demonstrates connection to one another.</p>
<p>Break [5 mins]</p>	<p>An opportunity for everyone to stretch their legs, use the washroom, or get a snack or beverage.</p>
<p>Processing [30 mins]</p>	<p>Processing for today's session may include some of the following questions:</p> <ul style="list-style-type: none"> - Tell the group about your heart. - What does ___ (examples: the chain; the cardboard; the feather) represent? - What is unique about your heart? - What does your heart need? - What is it like, sharing your heart with the group? - If you could tell your heart one thing, what would it be? - If you could tell ___'s heart one thing, what would it be? - How can we, as group members, help your heart get what it needs? - What connects all of our hearts together?
<p>Closing [10 mins]</p>	<p>Facilitators summarize the session and important themes and dynamics that arose. Facilitators invite each member to share a hope or wish they have for the group or one other member of the group for the coming week.</p> <p>Facilitators invite clients to state one small step they will take this week to</p>

move them even closer towards their goals. Scrap paper is passed around for communication of feedback.

Facilitator Debriefing:

To evaluate and reflect upon the session, facilitators can informally discuss their answers to the following questions:

[Regarding the session in general]:

- What was the overall atmosphere like in the group?
- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?
- What interpersonal dynamics emerged in the group?
- What stage of group development does the group appear to be at?
- What could be done to move the group towards the next stage of group development?
- What are the most important clinical or thematic areas to focus on within the group in the next few sessions, given information from today's session?
- How might we incorporate client feedback into future sessions?

[Regarding the discussion portion]:

- What worked?
- What did not work?

- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?

[Regarding the creation portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with expression?

[Regarding the processing portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?

Session 9: Setting the Stage

Preparation:

- Prepare refreshments and arrange centrally in the room.
- Place facial tissues in a location easily accessible by all.
- Arrange the space: A tight circle of chairs (one per person) with a small low table in the centre to hold the tissue box and refreshments with separate areas of open space elsewhere, in which to practice acting techniques.
- Write on flipchart paper the schedule for the evening.
- Hang list of boundaries and Pledge of Confidentiality on the wall, in a place easily visible by all.

Required Materials:

- Assortment of teas
- Chilled juice
- Ice water in a pitcher
- Tea kettle
- Mugs or Styrofoam cups (one per person)
- Napkins
- Facial tissues
- Flipchart paper, easel, and felt-tip pen
- List of boundaries from session 1

- Pledge of Confidentiality from session 1
- Ballpoint pens (one per person)
- Feedback boxes
- “Do Not Disturb: Meeting in Progress” sign with tape for outside of door

Session Objectives:

- To explore personal communication styles within the group.
- To learn about different communication styles and their effectiveness.
- To practice assertiveness, as a tool for effective functioning in everyday life (including avoidance of coercion).

Session Plan:

Greeting [5 mins]	Encourage clients to help themselves to beverages. Introduce the theme of today’s session: Setting the Stage.
Check-in [5 mins]	Invite each member to share briefly either progress they have made towards goals, or something that has been in their heart or on their mind recently.
Discussion [30 mins]	First, check if anyone has any unfinished business from last session. Now that clients have had a chance to explore and express who they are, improvements in self-esteem may begin to become evident. Therefore, this may be an opportune time to build on that self-esteem through work on assertiveness. Start by introducing this idea to the group. Then, pass around

	<p>Handout 1: Modes of Communication. Discuss this handout, and elicit examples from clients of times they exhibited passive, aggressive, passive-aggressive, and assertive behaviours, and what the results were. Use the here and now: Encourage group members to respectfully comment on one another's communication styles based on patterns that transpire within the group. This may spark personal insights. Then narrow the discussion to times when assertiveness was displayed: examples of when they stood up for themselves and others.</p>
<p>Break [5 mins]</p>	<p>An opportunity for everyone to stretch their legs, use the washroom, or get a snack or beverage.</p>
<p>Drama: Learning & Practice^a [40 mins]</p>	<p>Explain that throughout this and the next two sessions, psychodrama will be used to allow clients to face their experiences of sexual coercion, and create new meaning around those experiences. Then explain that today's session will focus on learning and trying out dramatic techniques. Begin by demonstrating and describing the importance of projecting one's voice, making eye contact, and displaying open body language when performing (allow 10 minutes for this first portion). Explain that these are also non-verbal ways of communicating assertiveness. Next, describe improvisation and allow group members to practice it, in pairs, concentrating on the theme of standing up for oneself or someone else (15 minutes). Allow each pair to choose a vignette from Handout 2, so they may use the vignette with the most personal relevance. Following this, describe and allow practice time</p>

	for the soliloquy, using the same theme (standing up for oneself or someone else), and vignettes from Handout 3 (15 minutes). Encourage clients to choose the vignette with the most personal significance.
Break [5 mins]	An opportunity for everyone to stretch their legs, use the washroom, or get a snack or beverage.
Processing [20 mins]	To process what may be clients' first experiences with acting, some of the following probes may be used: <ul style="list-style-type: none"> - What was it like demonstrating assertiveness through acting? - How did today's activities relate to your everyday life? - What would it feel like to actually demonstrate this kind of assertiveness in everyday life? - What are some of the barriers or challenges when it comes to using assertiveness, and how can we overcome them?
Closing [10 mins]	Facilitators summarize the session and important themes and dynamics that arose. Facilitators invite each member to share a hope or wish they have for the group or one other member of the group for the coming week. Facilitators invite clients to state one small step they will take this week to move them even closer towards their goals. Scrap paper is passed around for communication of feedback.
<p><i>Note.</i> ^aPsychodrama approach used in this and following two sessions adapted from techniques described by Carbonell and Partelano-Berehmi (as cited in Avinger & Jones, 2007).</p>	

Facilitator Debriefing:

To evaluate and reflect upon the session, facilitators can informally discuss their answers to the following questions:

[Regarding the session in general]:

- What was the overall atmosphere like in the group?
- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?
- What interpersonal dynamics emerged in the group?
- What stage of group development does the group appear to be at?
- What could be done to move the group towards the next stage of group development?
- What are the most important clinical or thematic areas to focus on within the group in the next few sessions, given information from today's session?
- How might we incorporate client feedback into future sessions?

[Regarding the discussion portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?

[Regarding the creation portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with expression?

[Regarding the processing portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?

Session 9: Handout 1: Modes of Communication

Passive:

Aim: to avoid conflict, please others

Attitude: Other peoples' needs or wants are more important than mine

Behaviours:

- allowing others to make decisions that affect you without providing your opinion
- not saying anything when someone does something that conflicts with your values
- avoiding situations where conflict may occur

Potential results:

- you may be treated like a 'doormat'
- other people do not know where you really stand
- you may get dragged into doing something you are not comfortable with
- you may not feel like control over your own life
- loss of emotional connection with others

Aggressive:

Aim: to intimidate, get your own way

Attitude: My needs or wants are more important than others'

Behaviours:

- yelling
- physical aggression (pushing, hitting, slapping, kicking, grabbing, etc.)
- name calling
- threatening
- manipulating

- not allowing others to have a say

Potential results:

- others may be afraid of you
- others may let you have your way
- people may dislike being around you
- people may become unwilling to share how they feel with you
- people may mistrust you
- loss of emotional connection with others

Passive-Aggressive:

Aim: to intimidate and get your own way, while simultaneously avoiding conflict

Attitude: My needs or wants are more important than others'

Behaviours:

- lying
- gossiping about someone behind his or her back
- purposely being late or standing someone up because you are angry with them
- secretly sabotaging something someone is working towards to get back at them
- avoiding directly talking about difficult feelings to avoid conflict, but allowing anger to show in indirect ways

Potential results:

- people may think you are "two-faced"
- people may mistrust you
- people may avoid sharing with you
- loss of emotional connection with others

Assertive:

Aim: to effectively communicate your needs, wants, and feelings to others

Attitude: I respect you, and I respect myself; both of our needs are important

Behaviours:

- Speaking up for yourself in ways that communicate directly what you are feeling, such as, “I feel ____ when ____.” – Owning your feelings, instead of blaming them on others
- Making requests of others in a polite way when there is something you need or want, “Would you please ____?” or, “I would appreciate it if you could ____.”
- Standing up for your values, in a direct, respectful way
- Communicating your opinion in a direct, respectful way
- Telling people when you appreciate them, expressing gratitude

Potential results:

- Self-respect
- Respect from others
- Conflict or arguments, in some cases
- Understanding and trust between yourself and others
- Emotional connection

Session 9: Handout 2: Vignettes for Improvisation

1. Actor #1 is a bully who is shoving around a smaller kid. Actor #2 witnesses this and decides to do something about it.
2. Actor #1 is gossiping to Actor #2 about one of their other friends. Actor #2 is uncomfortable with this and decides to say something.
3. Actor #1 makes a degrading sexual comment to Actor #2. Actor #2 stands up for herself.
4. Actor #1 is having a bad day and takes it out on Actor #2 by yelling, name calling, and saying mean things. Actor #2 decides to speak up.

Session 9: Handout 3: Vignettes for Soliloquy

1. Actor has just found out that someone betrayed her. She talks to herself about her thoughts and feelings about this as if alone, while the audience looks on.
2. Actor is trying to come to terms with some devastating news about her family. She talks to herself about her thoughts and feelings about this as if alone, while the audience looks on.
3. Actor is facing the end of a relationship. She knows it has to end, but has mixed feelings. She talks to herself about her thoughts and feelings about this as if alone, while the audience looks on.
4. Actor finds out that terrible rumours are circulating about her. She doesn't know what to do and talks to herself about her thoughts and feelings about this as if alone, while the audience looks on.
5. Actor has just found her voice. She used to be afraid to speak her mind, but is realizing her inner strength. She talks to herself about her thoughts and feelings about this as if alone, while the audience looks on.
6. Actor has just achieved a very meaningful milestone, one which is particularly significant because of difficult events in her past. She talks to herself about her thoughts and feelings about this as if alone, while the audience looks on.
7. Actor has just been mistreated by a loved one. She explores her thoughts and feelings by talking to herself about her thoughts and feelings about this as if alone, while the audience looks on.
8. Actor has just made a decision which that will change her life. She talks to herself about her thoughts and feelings about this as if alone, while the audience looks on.

Session 10: Directing Your Scene

Preparation:

- Prepare refreshments and arrange centrally in the room.
- Place facial tissues in a location easily accessible by all.
- Arrange the space: A tight circle of chairs (one per person) with a small low table in the centre to hold the tissue box and refreshments with separate areas of open space elsewhere, in which to practice acting techniques.
- Write on flipchart paper the schedule for the evening.
- Hang list of boundaries and Pledge of Confidentiality on the wall, in a place easily visible by all.

Required Materials:

- Assortment of teas
- Chilled juice
- Ice water in a pitcher
- Tea kettle
- Mugs or Styrofoam cups (one per person)
- Napkins
- Facial tissues
- Flipchart paper, easel, and felt-tip pen
- List of boundaries from session 1

- Pledge of Confidentiality from session 1
- Variety of hats, wigs, accessories, and props (bring from home, and/or acquire from secondhand stores)
- Ballpoint pens (one per person)
- Feedback boxes
- “Do Not Disturb: Meeting in Progress” sign with tape for outside of door

Session Objectives:

- To expose group members to their experiences of sexual coercion (but this time with an element of control: they get to direct the scene), thereby allowing them to relive the experiences in a safe environment.
- To process experiences of sexual coercion.

Session Plan:

Greeting [5 mins]	Encourage clients to help themselves to beverages. Introduce the theme of today’s session: Directing Your Scene: creating plays about personal experiences of sexual coercion.
Check-in [5 mins]	Invite each member to share briefly either progress they have made towards goals, or something that has been in their heart or on their mind recently.

<p>Discussion [25 mins]</p>	<p>First, check if anyone has any unfinished business from last session. Then, discuss grounding techniques, such as the 5-4-3-2-1 technique^a. The 5-4-3-2-1 technique requires the client to identify five things she can see in that moment, five things she can hear, and five things she can feel (physically), then four things she can see, hear, feel, then three things, and so on. Another grounding strategy to suggest is for the client to name all of the different types of animals they know^b. This strategy should be done with the eyes open. A third grounding technique would be for the client to say the alphabet backwards. This should also be done with the eyes open^b. Once grounding techniques have been covered, invite clients to discuss any factors or feelings related to experiences of sexual coercion that they have been struggling with, or would like to make sense of. Allow this conversation to flow freely with group members probing and supporting each other, with minimal facilitator involvement.</p>
<p>Break [5 mins]</p>	<p>An opportunity for everyone to stretch their legs, use the washroom, or get a snack or beverage.</p>
<p>Dramatic Exercise [40 mins]</p>	<p>Explain to the group today's activities: Group members are to pair up with someone with whom they will act out a sexually coercive incident that they experienced. Facilitators should emphasize that no actual physical sexual contact should occur (including kissing or touching over the clothes), as crossing this boundary could retraumatize either actors or viewers (group members in the audience). Actors may get creative in the ways in which</p>

	<p>they allude to sexually explicit actions. Additionally, expression of the incident may be creative, and does not necessarily have to be a literal interpretation. Group members may make use of any of the wigs, props, hats and accessories as they see fit. One member of each pair may use the first 20 minutes to create and practice her play (including choosing a genre, scripting, choosing costumes if desired, and directing), then they will switch, and the second partner may use the next 20 minutes. Clients who are uncomfortable and unwilling to participate, or are triggered and experience a strong emotional reaction, may be offered the option to either act out a completely metaphorical interpretation, or to act out a nonsexual incident in which they were taken advantage of or mistreated.</p>
<p>Break [5 mins]</p>	<p>An opportunity for everyone to stretch their legs, use the washroom, or get a snack or beverage.</p>
<p>Processing [25 mins]</p>	<p>Process what it was like to stage and direct a play featuring their experiences of sexual coercion, with a focus on affect.</p>
<p>Closing [10 mins]</p>	<p>Facilitators summarize the session and important themes and dynamics that arose. Facilitators invite each member to share a hope or wish they have for the group or one other member of the group for the coming week.</p> <p>Facilitators invite clients to state one small step they will take this week to move them even closer towards their goals. Scrap paper is passed around for communication of feedback.</p>
<p><i>Note.</i> ^aDescribed by Bennett (2011). ^bFrom AnxietyBC, n.d.</p>	

Facilitator Debriefing:

To evaluate and reflect upon the session, facilitators can informally discuss their answers to the following questions:

[Regarding the session in general]:

- What was the overall atmosphere like in the group?
- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?
- What interpersonal dynamics emerged in the group?
- What stage of group development does the group appear to be at?
- What could be done to move the group towards the next stage of group development?
- What are the most important clinical or thematic areas to focus on within the group in the next few sessions, given information from today's session?
- How might we incorporate client feedback into future sessions?

[Regarding the discussion portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?

[Regarding the creation portion]:

- What worked?

- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with expression?

[Regarding the processing portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?

Session 11: Lights, Camera, Action

Preparation:

- Prepare refreshments and arrange centrally in the room.
- Place facial tissues in a location easily accessible by all.
- Arrange the space: A tight circle of chairs (one per person) with a small low table in the centre to hold the tissue box and refreshments with separate areas of open space elsewhere, in which to practice acting techniques
- Write on flipchart paper the schedule for the evening.
- Hang list of boundaries and Pledge of Confidentiality on the wall, in a place easily visible by all.

Required Materials:

- Assortment of teas
- Chilled juice
- Ice water in a pitcher
- Tea kettle
- Mugs or Styrofoam cups (one per person)
- Napkins
- Facial tissues
- Flipchart paper, easel, and felt-tip pen
- List of boundaries from session 1

- Pledge of Confidentiality from session 1
- Variety of hats, wigs, accessories, and props (bring from home, and/or acquire from secondhand stores)
- Ballpoint pens (one per person)
- Feedback boxes
- “Do Not Disturb: Meeting in Progress” sign with tape for outside of door

Session Objectives:

- To expose group members to their experiences of sexual coercion (but this time with an element of control: they get to direct the scene), thereby allowing them to relive the experiences in a safe environment.
- To process experiences of sexual coercion.
- Cognitive restructuring around experiences of sexual coercion.

Session Plan:

Greeting [5 mins]	Encourage clients to help themselves to beverages. Introduce the theme of today’s session: Lights, Camera, Action! Today will be a chance to perform plays in front of the rest of the group.
Check-in [5 mins]	Invite each member to share briefly either progress they have made towards goals, or something that has been in their heart or on their mind recently.

<p>First ½ of Performances [30-50 mins]</p>	<p>It is important to divide the time available equally between the participants, and adhere firmly to these time limits, to ensure everyone gets a turn. One at a time, each group member gets a turn to take centre stage (with their partner as a second actor) and perform her play. After each play, facilitators will initiate processing, using some of the following questions:</p> <ul style="list-style-type: none"> - What was it like sharing your experience with the group? - What surprised you? - What feelings arose? - What else would you like the group to know about your experience, and what it was like before, during, and after? - What stood out for the group in watching ___'s play? - How were various areas of your life affected by the experience? Family? Social? Educational? Sex? Dating? Self-concept? - How has your perception of the experience changed over time? <p>Following this period of processing, facilitators will invite the group member to perform the play again, but change the ending. Endings can be changed in any way the director wishes, but it should be a way that empowers. Examples could be: changing the ending so the protagonist handles the situation in a more assertive manner (being true to herself), or changing the ending by revealing what happened next, such as learning, strengthening, healing, speaking out, displayed by the protagonist in the months following the incident. The ending-rewriting process should be thoroughly explained to the director prior to her engaging in this process.</p>
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<p>Break [10 mins]</p>	<p>An opportunity for everyone to stretch their legs, use the washroom, or get a snack or beverage. This break should be taken after the first 2-3 clients have performed, processed, and re-performed their plays with new endings.</p>
<p>Second ½ of Performances [30-50 mins]</p>	<p>Continue with the remaining clients' performances, processing, and re-writing.</p>
<p>Processing^a [remaining time up until closing]</p>	<p>If time permits, process in a more general way, with the group, using some of the following questions:</p> <ul style="list-style-type: none"> - How did it feel facing your experience of sexual coercion again? - How did this help your healing process? - What was it like to see others' experiences recounted? - How did this help your healing process? - What were some themes between everyone's plays? - What do those themes say about our healing as a group?
<p>Closing [5 mins]</p>	<p>Facilitators summarize the session and important themes and dynamics that arose. Facilitators invite each member to share a hope or wish they have for the group or one other member of the group for the coming week. Facilitators invite clients to state one small step they will take this week to move them even closer towards their goals. Scrap paper is passed around for communication of feedback.</p>
<p><i>Note.</i> ^aFor this session, a large proportion of the processing will occur immediately after each performance.</p>	

Facilitator Debriefing:

To evaluate and reflect upon the session, facilitators can informally discuss their answers to the following questions:

[Regarding the session in general]:

- What was the overall atmosphere like in the group?
- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?
- What interpersonal dynamics emerged in the group?
- What stage of group development does the group appear to be at?
- What could be done to move the group towards the next stage of group development?
- What are the most important clinical or thematic areas to focus on within the group in the next few sessions, given information from today's session?
- How might we incorporate client feedback into future sessions?

[Regarding the discussion portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?

[Regarding the creation portion]:

- What worked?

- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with expression?

[Regarding the processing portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?

Session 12: Goodbye: Looking to the Future

Preparation:

- Prepare refreshments and arrange centrally in the room.
- Prepare celebratory and farewell food, such as a cake, pizza, sandwiches, veggie tray, and/or fruit plate, etc.
- Place facial tissues in a location easily accessible by all.
- Arrange the space: Either: (a) chairs in a circle (one per person expected) with a table in the centre high enough and large enough for all participants to draw or paint on; or (b) if space or resources permit, a circle of chairs (one per person) with a small low table in the centre to hold the tissue box and refreshments, and a separate area for art making, with a larger, higher table.
- Write on flipchart paper the schedule for the evening.
- Hang list of boundaries and Pledge of Confidentiality on the wall, in a place easily visible by all.

Required Materials:

- Assortment of teas
- Chilled juice
- Ice water in a pitcher
- Tea kettle
- Mugs or Styrofoam cups (one per person)

- Celebratory and farewell food (including the necessary dishes and cutlery)
- Napkins
- Facial tissues
- Flipchart paper, easel, and felt-tip pen
- List of boundaries from session 1
- Pledge of Confidentiality from session 1
- Felt-tip pens
- Large sheet of paper (at least 1 m², use your judgment based on number of clients)
- Group painting from session 4
- Ballpoint pens (one per person)
- Feedback boxes
- “Do Not Disturb: Meeting in Progress” sign with tape for outside of door

Session Objectives:

- To process feelings regarding saying goodbye.
- To promote an understanding of the duality of group, and life, through discussing positive and negative aspects of the group.
- To provide closure.
- To create new goals.
- To inspire hope and optimism for the future.

Session Plan:	
Greeting [5 mins]	Encourage clients to help themselves to beverages. Introduce the theme of today's session: Goodbye: Looking to the Future.
Check-in [5 mins]	Invite each member to share briefly either progress they have made towards goals, or something that has been in their heart or on their mind recently.
Discussion [30 mins]	<p>Discuss and process feelings and experiences around goodbyes by using some of the following probes:</p> <ul style="list-style-type: none"> - How are you feeling about today being our last session together as a group? - Please share with the group some of your past experiences with goodbyes. - What is difficult about today's goodbyes? - What are some positive aspects about today's goodbyes? - What are some of the things about our time together that you would like to hold onto in your memory? - What are some expectations that were met through group, and others that were not met? - What will you miss about our group? - What will you not miss? - What comes next for you in terms of goals to work on, postgroup?
Break [5 mins]	An opportunity for everyone to stretch their legs, use the washroom, or get a snack or beverage.

<p>Art Creation [30 mins]</p>	<p>Facilitators can invite group members to take a seat around the table, on which facilitators will set the large sheet of paper. Facilitators can pass around felt-tip pens and describe today's art project: group members are to draw a map depicting where they were at the beginning of group, the journey throughout group, where they are now, and where they plan to go from here. Group members should be empowered to negotiate amongst themselves: (a) ways in which they will depict the components of the map, and (b) who shall contribute what. Discussion throughout the art creation is permitted and encouraged.</p>
<p>Break [5 mins]</p>	<p>An opportunity for everyone to stretch their legs, use the washroom, or get a snack or beverage. At this time, facilitators can place celebratory food out for everyone to enjoy.</p>
<p>Processing [30 mins]</p>	<p>Processing for this final session should be left quite open-ended, allowing group members to speak candidly about arising thoughts and feelings. After being given a chance to process with minimal intervention from facilitators, the facilitators can ask the group members what they would like to do with their finished "map." Examples of possibilities might be to cut it into segments so each member may take a piece home, to take a photograph and e-mail it to each member, or to creatively manipulate it in some other way. Often, group members will spontaneously know what they wish to do with a piece to facilitate healing^a. After group members come to a consensus about what they wish to do with the map, they may follow through as decided.</p>

	<p>Next, the group painting from session four will be brought forth to the group, and they may decide what to do with it, and then follow through as decided. This may mean dividing it into pieces so that each member may take a piece home, or destroying it in a mutually agreed-upon way.</p>
<p>Closing [10 mins]</p>	<p>Facilitators summarize the session and important themes and dynamics that arose. Facilitators can also summarize the work that was done as a group, and important group growth that was observed. Facilitators invite each member to share a hope or wish they have for the group or one other member of the group for the future. Clients may express gratitude and farewells to one another in whichever ways feel right to them. Scrap paper is passed around for communication of feedback.</p>
<p><i>Note.</i> ^aAccording to Carmen Richardson (personal communication, April 23, 2010).</p> <p>Facilitator Debriefing:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>To evaluate and reflect upon the session, facilitators can informally discuss their answers to the following questions:</p> <p>[Regarding the session in general]:</p> <ul style="list-style-type: none"> ○ What was the overall atmosphere like in the group? ○ What worked? ○ What did not work? ○ How engaged were the clients? ○ How could we enhance engagement and comfort with sharing? ○ What interpersonal dynamics emerged in the group? </div>	

- What stage of group development does the group appear to be at?
- What could be done to move the group towards the next stage of group development?
- What are the most important clinical or thematic areas to focus on within the group in the next few sessions, given information from today's session?
- How might we incorporate client feedback into future sessions?

[Regarding the discussion portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?

[Regarding the creation portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with expression?

[Regarding the processing portion]:

- What worked?
- What did not work?
- How engaged were the clients?
- How could we enhance engagement and comfort with sharing?

In addition to debriefing this final session, facilitators should schedule a meeting of at least one hour, at which time they can meet with each other and evaluate the

effectiveness of the program as a whole. This meeting should occur after all post-group meetings with clients have occurred. During this program evaluation meeting, facilitators can consider pre- and post-assessment results, client feedback, and facilitator observations regarding program and specific task effectiveness. Ideas for future improvement should be discussed and recorded.

Post-Group Meetings

After the group, facilitators will contact group members to arrange individual follow-up meetings with clients and their parents. At this meeting, the facilitator can begin by separating the individuals, and administering the BASC-2 Parent Rating and Self-Report of Personality scales for comparison of pre- and postlevels of depression, anxiety, self-esteem, and overall functioning. Following administration of the assessments, facilitators can engage the family in discussion regarding perceived benefits of the program, feedback for improvement of the program, and whether or not further treatment or resources would be beneficial to the client. All involved can then collaboratively create a plan for future treatment if necessary.

Following the last postgroup family meeting, the facilitators should meet with one another to evaluate the group's effectiveness as a whole and note their recommendations for changes to future groups. Considerations should include written and oral feedback from students, oral feedback from family members, BASC-2 scores, facilitator debrief notes, and facilitator observations and inferences.