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# Triad Girls' Group Treatment Manual

Michelle LeVasseur

Colleen Clark
*University of South Florida*, cclark8@usf.edu

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# Triad Girls' Group Treatment Manual

Michelle LeVasseur, B.A.
Colleen Clark, Ph. D.

October 2003

The development of this manual was funded primarily by a grant from the Children's Board of Hillsborough County

UNIVERSITY OF SOUTH FLORIDA

CHILDREN'S BOARD HILLSBOROUGH COUNTY

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Gigi Cabrera, Tri-County Humans Services, Florida Center for Addictions and Dual - Disorders (FCADD)

Colleen Clark, University of South Florida, Louis de la Parte Florida Mental Health Institute (USF/FMHI)

Arthur J. Cox, Sr., FCADD & Mid-Florida Center for Mental Health and Substance Abuse Services, Inc.

Leanne Crumley, Winter Haven Hospital, Behavioral Health Division

Dianne Doty, consumer/survivor/recovering person (C/S/R person)

Fred Fearday, USF/FMHI

Margo Fleisher-Bond, FCADD

Mollie McDevitt, C/S/R person

Carol Parker, Trauma Services Consultant

Sharon Slavin, FCADD

George Thomas, USF/FMHI

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*Michelle LeVasseur*
*Colleen Clark*

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For more information phone 813-974-4510 or email mhlptrain@fmhi.usf.edu.

Department of Mental Health Law & Policy
Louis de la Parte Florida Mental Health Institute
University of South Florida
13301 Bruce B. Downs Blvd.
Tampa, Florida 33612-3817
813/974-4510, SunCom 574-4510
FAX 813/974-9327
Web: http://www.fmhi.usf.edu/mhlp/

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**Contents**


| | Page |
|---|---|
| **Introduction** | 01 |
| **Welcome** | 17 |
| **Part I: Mindfulness**<br>*Getting Comfortable With Yourself* | |
| Chapter 1: Empowerment—Building Safety | 21 |
| Chapter 2: Mind, Body, and Emotions | 41 |
| Chapter 3: How Mind and Emotions Work Together | 53 |
| Chapter 4: What It Means to Be a Female | 65 |
| **Part II: Interpersonal Effectiveness Skills**<br>*Having Healthy Relationships with Yourself and Others* | |
| Chapter 5: Assertive Communication | 69 |
| Chapter 6: Trust and Intimacy | 81 |
| Chapter 7: Boundaries | 99 |
| Chapter 8: Social Support | 105 |
| Chapter 9: Family | 113 |
| **Part III: Emotional Regulation**<br>*Feeling Good* | |
| Chapter 10: Controlling Cravings and Urges | 123 |
| Chapter 11: Self-Esteem | 129 |
| Chapter 12: Self-Soothing | 135 |
| Chapter 13: Acceptance and Healing | 141 |
| **Part IV: Distress Tolerance**<br>*Staying Healthy in a Stressful World* | |
| Chapter 14: Problem Solving | 147 |
| Chapter 15: Dealing With Violence | 153 |
| Chapter 16: Grief and Loss | 173 |
| Chapter 17: Crisis Management | 179 |
| Chapter 18: Empowerment, Healing and Personal Growth | 185 |
| **References** | 191 |
| **Additional Resources** | 194 |

# LIST OF HANDOUTS


| Chapter | Handout | Page(s) |
|---|---|---|
| **Welcome** | Handout: Triad Girls' Group Curriculum | 19-20 |
| **Chapter 1** | Handout 1A: Examples of Feelings | 29 |
| | Handout 1B: Principles of Triad Girls' Groups | 30-31 |
| | Handout 1C: The Seven Resiliencies | 32 |
| | Handout 1D: My Safety Plan | 33-34 |
| | Handout 1E: Substance Use Questionnaire | 35-39 |
| **Chapter 2** | Handout 2: Expressing Empathy and Understanding | 51-52 |
| **Chapter 3** | Handout 3A: Anger Distortion Role Plays | 61-63 |
| | Handout 3B: Event-Thought-Feeling Worksheet | 64 |
| **Chapter 4** | No Handouts | |
| **Chapter 5** | Handout 5A: Drug Refusal Skills and Reminders | 75-76 |
| | Handout 5B: Goals in Situations | 77-78 |
| | Handout 5C: Communications Worksheet | 79 |
| **Chapter 6** | Handout 6A: Facts About Teenaged Sex and Abstinence (Forms 1 and 2) | 89-91 |
| | Handout 6B: To Do It or Not To Do It: That is the Question | 92-95 |
| | Handout 6C: Interpersonal Mastery and Self-Respect | 96 |
| | Handout 6D: Rational and Irrational Thoughts About Relationships | 97-98 |
| **Chapter 7** | Handout 7: Evaluating My Relationships | 104 |
| **Chapter 8** | Handout 8A: Social Support Diagram | 110 |
| | Handout 8B: People That Impact My Goals, Healing, or Growth | 111 |
| **Chapter 9** | Handout 9A: Genogram Symbols | 117 |
| | Handout 9B: Sample Genogram | 118 |
| | Handout 9C: Understanding Ourselves Better by Understanding Our Parental Figures | 119-121 |
| **Chapter 10** | No Handouts | |
| **Chapter 11** | Handout 11: The Self-Esteem Game | 134 |
| **Chapter 12** | No Handouts | |
| **Chapter 13** | No Handouts | |
| **Chapter 14** | Handout 14: Reaching Our Goals | 151 |
| **Chapter 15** | Handout 15A: Kinds of Violence and Abuse | 162-164 |
| | Handout 15B: Relationship Wheels | 165-166 |
| | Handout 15C: Why Do Victims Stay With Abusers | 167-168 |
| | Handout 15D: Myths and Facts—Rights and Responsibilities | 169-170 |
| | Handout 15E: When Is It Too Late To Say NO? | 171-172 |
| **Chapter 16** | Handout 16: Sample Loss Index Cards | 178 |
| **Chapter 17** | No Handouts | |
| **Chapter 18** | Handout 18: Topics and Themes of the Triad Girls' Group | 190 |

# TRIAD GIRLS' GROUP

# INTRODUCTION

## BACKGROUND OF MODEL DEVELOPMENT

The Triad Girls' Group was developed in response to the lack of a comprehensive intervention for adolescent girls with histories of substance abuse, emotional problems, and violence/trauma/abuse. This Triad of issues frequently co-occurs but they are addressed separately in most treatment programs. An evidence-based intervention integrating these issues for adult women, the Triad Women's Group, served as a starting point in the development of the group model but an extensive revision was needed. (Readers interested in the development of the adult model are referred to Clark & Fearday, 2003.) The result of the revision is a comprehensive and practical group intervention for at-risk adolescent females that have begun to experience difficulties in their academic and social functioning due to substance use and abuse, emotional problems, and violence, abuse or trauma. The revised manual is intended to assist girls in discontinuing or avoiding substance use and abuse as well as other risky behaviors, to empower them to improved mental health, to support their survival and healing from violence and trauma, to identify the strengths that have helped them survive, and to decrease the chances that they will become involved with or reenter the juvenile justice system.

The PACE Center for Girls, Inc. in Hillsborough County is one of 19 centers in Florida that provides therapeutic, social, and academic services to at-risk girls. The program emphasizes a strength-based, gender-sensitive, preventive approach to helping girls stay out of or avoid reentry into the juvenile justice system. Nikki Daniels, the Executive Director at the PACE Center in Hillsborough County, reviewed the adult manual and recognized the prevalence of these issues for the girls in her center. The Director and her staff met with the editors of the original manual and a plan to revise the model was developed. The staff began to meet regularly to highlight issues of importance for the girls. In addition to making the language appropriate for adolescent girls, the director also felt that the manual should more directly address treatment for substance abuse due to the paucity of such interventions for this population. Having the girls contribute their voices to this revision was seen as key. Therefore, the girls were provided with the opportunity to give feedback about each session and were encouraged to identify other issues that they felt should be addressed in the manual.

The Children's Board of Hillsborough County generously agreed to fund the development of this new model. A clinical doctoral student took the lead in the revision process, including co-facilitating the groups, conducting an extensive literature search regarding relevant issues, and interviewing local providers of mental health, substance abuse, and violence/trauma/abuse services. New topics and revisions to existing chapters were made in order to more appropriately address the Triad issues with an adolescent female population. This manual represents the culmination of the past year's efforts and will likely see further revision as it is disseminated and researched in the near future.

The adult women's manual has been well received by service providers, group facilitators, and adult women with Triad issues. It continues to be disseminated in a variety of mental health and substance abuse outpatient and residential settings, and has been modified for jail settings. It is expected that this revision for adolescent girls will prove to be a beneficial inclusion in a variety of youth settings as well.

***Dimensions of the Issues Faced by Adolescent Girls***

The Triad Girl's Group was developed for adolescent girls who 1) have used or abused substances, 2) have experienced emotional problems, and 3) have experienced violence, trauma, or abuse. Although adolescent girls often do not meet criteria for substance dependence in terms of withdrawal and tolerance criteria, they have experienced recurrent use that interferes with their functioning at school, at work, and interpersonally. Most alarming is the experience of substance use that serves as a gateway into the juvenile justice or legal system.

National prevalence data indicate that patterns of substance abuse are shifting to earlier initiation, increased marijuana use, and a narrowing of the gap in boys' prevalence of drug use over girls' (Guthrie & Low, 2000). Prevalence data for substance abuse in the state of Florida (where this model was developed) reveal a similar pattern: the gender gap is closing in terms of drug use. Overall, 35.7% of males and 34.2% of females (N=62,146; ages 11-18) reported using alcohol or any illicit drug in the past 30 days (Florida Department of Children and Families, 2000). This survey also found that more girls than boys had reported using alcohol only in the past 30 days (15% vs. 13.2% respectively).

Substance use or abuse is also related to emotional problems and histories of trauma. Abused high school girls and those with symptoms of depression are twice as likely to drink or smoke frequently than non-abused or non-depressed girls (Commonwealth Fund, 1999). Girls also experience stronger physiological effects from drugs and alcohol than men or boys and often place themselves at increased risk for sexual assault (i.e., unwanted or forced sex). Although boys consume more alcohol than girls, African American adolescent girls have the highest average number of problems per ounce of alcohol consumed (Guthrie, Boyd, & Hughes, 1997). Other researchers have found that girls appear more vulnerable to their parents' role modeling of drug abuse and are more likely to have been sexually or physically abused (Guthrie, Boyd, & Hughes, 1997). In one study, (cited in Guthrie, Boyd, & Hughes, 1997, p. 67), 32% of women in treatment for substance abuse reported childhood physical assault and 42% reported sexual violence as a child. The depression was reported to begin after the sexual abuse. This suggests that high rates of trauma and psychiatric comorbidity may be etiologic to female drug abusers (p. 67).

As with adults and substance abuse, contact with the legal system is high. In one study (Hsieh, Hoffmann, & Hollister, 1998), more than half of the 2,300 adolescent substance abusers reported an arrest. Of concern is the increase in violent crimes by females. In another study (Sommers & Baskin, 1994), it was found that women who have committed violent crimes had typically demonstrated non-violent and gender-congruent criminal activity earlier in life such as prostitution and shoplifting. Following an increased severity in drug abuse, their crimes tended to be more violent. One report (American Bar Association & National Bar Association, 2001)

indicated that the number of arrests for girls increased more (or decreased less) than the number of arrests for boys for most of the offense categories. The highest increases for girls relative to boys were seen for drug abuse violations, simple assault, and aggravated assault. Although it may appear that female juvenile offenders are committing increasingly violent crimes, the same report noted that they are not becoming more violent. Rather, as preliminary studies suggest, the response of the justice system has changed such that girls' family conflicts are re-labeled as violent offenses, police practices regarding arrests for domestic violence and aggressive behavior have changed, and "there is a fundamental systemic failure to understand the unique developmental issues facing girls of today" (p. 3).

Substance abuse is a risky behavior that intersects with many other risky behaviors such as unprotected sex. Except for HIV/AIDS, adolescent girls have the highest rates of sexually transmitted diseases of any group of men or women. Even AIDS is a significant problem. It was found to be the sixth leading cause of death among 15- to 24-year-olds, the third leading cause for black women in this age range, and three out of five cases of AIDS are among black girls (Commonwealth Fund, 1999). Among the adult and adolescent females in the United States who do have AIDS, nearly 71% of the cases can be attributed to IV drug use and sexual contact with IV drug users (Hillsborough County Needs Assessment, 1994-1995). Although pregnancy rates for teenagers have been declining in recent years, girls who become mothers before the age of 18 are more likely to drop out of school, remain at lower income levels, and get divorced.

The Triad Girl's Group was developed with all of the aforementioned issues in mind. The group is considered appropriate for girls with at least two of the three Triad issues since they represent girls who are at risk for all three issues. However, in our experience, girls who have no histories of trauma or abuse may not be appropriate for this group. Female juvenile offenders are likely to have all three Triad issues. Thus, it may be an especially appropriate intervention for them.

### *Gender-Specific Differences and Treatment*

Treatment programs (especially substance abuse) have historically treated males and females in the same group settings. Part of this stems from the plethora of interventions initiated and conducted by schools since they have daily access to adolescents. They are continuously under pressure to provide services equally to all children that may benefit. As the gender gap continues to close in a number of areas (e.g., substance abuse and criminal involvement), community researchers, providers, and legislators have begun to recognize the importance of addressing the special needs of adolescent girls. As noted by Acoca (1999), programming that is successfully gender-specific recognizes the unique risk factors that girls face and capitalizes on the protective factors that are most likely to build their resiliencies.

What are some intervention highlights specific to girls? They tend to learn early to find safety and comfort in relationships and often fear a loss of connectedness (Guthrie & Flinchbaugh, 2001). A girl's propensity to develop self in relation to others may have strong implications for understanding risky behaviors (e.g., drug use and sex) as a means of staying connected (Guthrie & Flinchbaugh, 2001). Although gender role expectancies become intensified during adolescence for both sexes, girls are more likely to become aware of their inner states, more reflective, and more publicly self-conscious. Programs that emphasize relational content using

positive female role models and peer group connectedness are likely to be more successful for at-risk girls.

Although relational content is important, the need for activities that focus on teaching behavioral skills, coping skills, and life skills should not be underemphasized. A recent 5-year study (Substance Abuse and Mental Health Services Administration, 2002) involving over 10,500 high-risk youth in 48 communities found that programs that focus on behavior related life skills are particularly important for sustaining positive effects for girls. For boys, almost the opposite was found. Participation in programs that emphasized interactivity with peers or adults was particularly important. It is likely that activities that foster feelings of self-efficacy—whether in the realm of interconnectedness or skill building—are an important component of any intervention for at-risk youth. The Triad Girls' Group attempts to increase both interpersonal and behavioral skills with the use of various activities, worksheets, and discussion questions.

***Developmental Issues***

In developing this intervention, clinicians as well as researchers in the scientific literature emphasized the importance of basing the group on developmentally appropriate principles. Recently, the American Psychological Association (APA; 2002) published a reference for professionals about developing adolescents. APA pointed out the importance of focusing on the positive given that most adolescents are succeeding in school, have good relationships with their families, and reach adulthood without serious problems like substance abuse or violence. Even for at-risk girls, a strength-based approach was emphasized as important for their self-esteem and self-identity.

The APA reference (2002) also highlighted the importance of helping adolescents identify and practice strategies for dealing with sexually stressful interpersonal situations. Due to earlier physical maturation, girls may be unprepared for these situations and the associated risks. In response to these recommendations, girls in the groups are given the opportunity to practice assertive behaviors and to communicate their thoughts and feelings about readiness for sexual activity.

The APA reference also identified some ways that adults can help adolescents make better decisions to assist with their cognitive development. The reference suggested fostering moral development by modeling altruistic and caring behavior during the groups and by helping adolescents identify with others. An atmosphere such as this will "reinforce the concept that racism, sexism, homophobia, ageism, and biases against persons with disabilities are inherently destructive to both the individual and the society" (p. 13).

Cognitive and emotional development is fostered in this intervention by helping girls define and understand emotions and emotional regulation. This is accomplished during specific chapters and throughout the intervention. Problem solving is addressed specifically during one session and throughout the manual in relation to making risky decisions, deciding whether or not to use drugs, coping with anger, coping with negative thinking, and achieving goals. Moral development can be fostered by working in the Seven Resiliencies (Desetta & Wolin, 2000; Wolin, Desetta, & Hefner, 2000; discussed in a later section).

The final point highlighted here is that the APA recommended assisting in the adolescent's search for self-identity by simply taking time to ask questions and listen without judgment to the answers. This is a critical component of this intervention. Discussion questions are the main focus of every chapter and provide the medium by which group members support each other in their search for reasonable answers. In the nonjudgmental atmosphere promoted by the group facilitator(s), the girls are regarded as having the ability to identify and cultivate their own resources in their quest for personal growth and healing.

***Diverse Needs***

This model may be viewed as a means for preventing further problems for girls that are at risk for all three Triad issues or for those that are already experiencing social, academic, or interpersonal problems related to the Triad issues. Of course, the girls will vary in the amount of substances they have used or abused, the emotional or mental illness symptoms they have experienced, and the amount of trauma or violence they have experienced. For those who are at risk for substance abuse, but are not currently using drugs or have used minimally in the past (once or twice), some of them are likely to deny that they would abuse drugs in the future. It is important to help them rehearse the skills that other group members practice and to empathize with those who have chosen to use so that their understanding of both the attractiveness and the risks of using drugs are salient to them. It is also important to give them the opportunity to talk candidly about how they have resisted peer pressure and why they continue to choose not to use drugs.

Other girls at risk for substance abuse may be reluctant to express their views because they are not part of the "drug culture." Even if it is not the most desirable group to be a part of, in a Triad group the girls who use drugs can still represent the majority, and thus, somewhat of an "in group." It is important to help all group members focus on the common goal of learning to cope with distress, peer pressure or boredom without the use of drugs. Promoting this goal as a group will increase group cohesiveness.

Girls that have minimal histories of drug use or abuse will also vary in their exposure to "recovery" based concepts that remain prominent in substance abuse treatment programs, medical models, and AA/NA groups. Most of the language in this manual has been revised to emphasize concepts of personal healing and growth in place of recovery language. Since adolescents have a lower incidence of substance dependence than older teenagers or adults (or are not identified or referred as often), language that focuses on treatment as a means of personal growth and healing seemed more appropriate. Although, this model leans somewhat towards focusing on adolescents with histories of substance use and abuse, it is important to recognize that youth aged 12-17 with a high level of emotional or behavioral problems may have alcohol or substance dependence (CESAR, 1999, July 19). Some of the girls referred to the Triad Girls' Group are likely to have experience with recovery-based concepts and the sharing of what they have learned about recovery and relapse should be encouraged whenever appropriate.

Some service providers that were interviewed about the intervention needs of girls with the Triad issues expressed the need for drug education. Drug education is not a component of this model as its effectiveness has not been clearly demonstrated. However, it is important for the facilitator to

know some things about the drug culture such as language (e.g., going out for "pork and beans" or "string beans" probably means shopping for MDMA, also known as "Ecstasy"). It is important for the group facilitator to be aware of when group members are covertly talking about drugs during the group. This directly conflicts with one of the main goals of the group and should be addressed overtly. Asking all of the group members to comment on how productive it is to promote the view of using drugs as "cool" and how it affects group cohesion and safety can be a very effective means of highlighting this behavior, reducing it, and helping group members recommit to one of the main goals of the group.

It is also important to stay informed about the ill effects of drugs. Adolescents are often told about or think selectively about the more positive effects of drugs. It is helpful to let the group members offer each other "reality checks" about the true risks involved with drug use and to generate instances when people that used drugs suffered undesirable legal, social, or medical consequences. It is especially important to be informed about the lethal effects of drug abuse, lethal combinations of drugs, and other important effects of or trends related to drug abuse (e.g., "clam-baking" or "boxing the blazer"; Nerney, 2003). Group members should be reminded of drug ill-effects whenever appropriate. Events related to drug abuse that are sensationalized by the media (e.g., movie stars, athletes or sports figures that suffer negative consequences related to drug abuse) are always good candidates for group discussion as these events represent opportunities to consider the risks involved and the decision-making process associated with drug use.

Based on our experience, this intervention may not be appropriate for girls that have *no* history of domestic violence, sexual, emotional or physical abuse, or other types of trauma. For girls that have *minimal* histories, it is important to assist them in recognizing behaviors that often occur in abusive relationships, and how abusers maintain power, control, and secrecy. Some girls may need to talk in detail about their history of trauma and abuse. This is especially true if this is the first time they have talked about it, or if they have been told or threatened to keep the abuse secret. The sharing of explicit details can be retraumatizing for other girls. Therefore, other opportunities, such as individual counseling, should be provided for girls who need to share their entire stories. During the group, when girls volunteer information about a traumatic event, they should be encouraged to talk about general details and specific feelings and thoughts. This provides an opportunity for all of the girls to process the impact of trauma upon one's thoughts, feelings, and behaviors. Group facilitators should always monitor the complexity and emotional intensity of groups and modify the material as needed to maintain group cohesion and feelings of personal safety.

Since the language of "mental illness" can seem especially stigmatizing among adolescents, symptoms of mental illness are referred to as "emotional problems" throughout this manual. Some girls may have experienced few symptoms related to emotional disorders. Others will have been diagnosed in the past and will have received various types of information and misinformation about their disorder. Still others will be taking psychotropic medications with varying levels of compliance. All of the girls will benefit from a nonjudgmental approach to talking about behaviors (e.g., suicide) and feelings (e.g., anxiety) that often represent a person's *best possible attempt at the time* to handle events, thoughts and feelings that she doesn't understand or that she feels overwhelmed by. The goal is not to pathologize the symptoms of

adolescents, but to help them focus on some alternative ways to cope (e.g., grounding exercises) and alternative sources of support (e.g., friends that have good coping skills) so that their next attempt will represent a *more informed best possible attempt*. This approach falls in line with a strengths-based approach and recognizes that the adolescents' prior coping methods got them this far. The focus in this group is to help them identify coping skills with fewer (or no) negative consequences so that they can promote personal growth and healing.

Girls will also vary in their ethnic, racial and cultural backgrounds. These backgrounds will almost certainly reflect differences in beliefs and attitudes about gender roles, about the use and abuse of substances, about mental illness, violence, and even about victims of abuse. Facilitators must be sensitive to differences in culture, parental status, sexual orientation, age, trauma history, and marital status. At the very least, the facilitator should project an interested and nonjudgmental attitude about people's differences, and should cultivate respect within group members for these similarities and differences. Modeling recognition and appreciation for the diversity of backgrounds will help each member appreciate her own uniqueness and strengths and develop empathy and understanding for others. While diversity is addressed in various ways and to varying degrees in this manual, the facilitator will need to balance the written format of the group with the needs of each group member.

Finally there may be vastly differing levels of literacy among group members. Experience has shown that it is best to assume that some of the girls will have difficulty with reading and comprehension. To avoid embarrassing them, any "reading-out-loud" tasks should be done on a volunteer basis. Additionally, as much of the material as possible should be explained verbally and presented visually.

## GOALS OF THE TRIAD GIRLS' GROUP

The group is designed to achieve several major behavioral healthcare goals; specific outcomes may vary for different girls or groups of girls. The following goals of treatment represent broader goals of the intervention. To facilitate short-term treatment planning, this group includes specific goals and objectives for each session.

<u>The goals of treatment include:</u>

- Maintain personal safety
- Identify and cultivate existing strengths
- Reduce symptoms of emotional disorders
- Facilitate abstinence for those who are using or abusing substances
- Reduce trauma-related symptoms associated with histories of violence/abuse

The goals of treatment are accomplished by:

- Building emotional regulation skills
- Building problem-solving skills
- Building social supports and interpersonal effectiveness skills
- Fostering feelings of self-efficacy
- Enhancing members' capacities to cope with distress
- Addressing triggers for substance use
- Increasing awareness of abusive relationships
- Increasing awareness of risky behaviors
- Maintaining personal growth and healing, and preventing relapse

## GROUP FORMAT

The group is designed to meet once a week for two hours. Two hours allows group members time to explore and process emotionally difficult material. Having this amount of time also helps create a safe and secure environment. The group can be conducted twice a week for 1.5 hours each time. In this case, three hours (as opposed to two) would be needed because relatively more time will be given to settling in and conducting the Feelings Check-Ins and Impact Check-Outs.

The group is structured into four phases with four to five sessions (chapters) per phase, for a total of eighteen sessions (chapters). However, some chapter material may take more than one session. In that case, it will be incumbent upon the facilitator to decide between skipping some of the material in order to finish the group within 18 weeks or extending the group beyond the 18 weeks. Questions identified within the Session Outline are critical to the structure of the session. Other questions interspersed throughout the chapters are important but can often be skipped without compromising the session's flow.

## GROUP SIZE

The ideal size for the group is 5 to 10 members. Having fewer members reduces the opportunities for members to learn from each other, and having more does not provide members with enough "air time" (Briere, 1996, p. 175). All members need the opportunity to speak or not to speak, as they choose. Some programs may prefer to allow members to attend the group even when they have completed the 18 weeks.

## OPEN VS. CLOSED GROUPS

This group is intended for use in both inpatient and outpatient settings. Pragmatic issues often dictate whether the group is open or closed (Linehan, 1993, p. 11). When a group is open, new members can join every week. Inpatient settings often require open groups because girls join the group as they enter treatment. An open group format can present both challenges and

opportunities related to trust and change. When a group is closed, the entire eighteen chapters are completed. Outpatient groups may prefer to use a modified closed format. That is, new members would only join at the beginning of each phase. The modified closed format allows for both the building of cohesion provided by closed groups and the flexibility to respond to agency contingencies provided by open groups.

## FACILITATOR STYLE

One of the most important tasks of the facilitator is to foster an environment that promotes personal growth and healing. This can be accomplished by establishing clear boundaries between staff and members; by showing a collaborative attitude that communicates respect, empathy, and compassion; by respecting uniqueness while affirming similarities; by conveying optimism for positive change; and by focusing on positive steps toward personal growth, empowerment, and healing. The facilitator needs to believe that members are doing the best they can with their unique circumstances and skills. Girls need to be encouraged to identify their strengths rather than to focus on their deficits. One aspect of working with this population involves understanding how a girl's lack of confidence may lead her to respond to the facilitator in overly compliant ways. For example, one danger is that members may reveal information before they are ready. For this reason, the manual emphasizes the obvious option for a member of not sharing in the group. It is important that members are empowered to participate or not, as they wish.

## FACILITATOR GENDER

Girls who have been traumatized by violence may find it difficult to trust staff members who are the same sex as the perpetrators, who are overwhelmingly male. Unless impractical, female facilitators are recommended.

## FACILITATOR EXPERIENCE AND TRAINING

The groups are intended to be very interactive with an emphasis on members learning from each other. The role of facilitators as experts is not emphasized. The training model that was used for the Triad Women's Group was to pair an experienced clinician from a mental health or substance abuse treatment agency with a person specially trained in the Triad model. By co-facilitating the groups, the clinician became "Triad trained" and could train others. A training model such as this would offer long-term consistency in the presentation of groups and would help facilitate adherence to the manual.

Experienced clinicians, with either mental health or substance abuse training, and who are knowledgeable about group processes with adolescents are capable of running Triad Girls' Groups. However, experience with facilitating groups is not as important as having experience with adolescents. It is recommended that the group facilitator receive special training in treating co-occurring disorders and in working with people that have trauma-related disorders. Further, ongoing supervision by a trauma specialist is recommended.

When staff members plan to facilitate groups such as these, they need to weigh carefully how their own experiences can influence their work in this arena. The issues of mental health, substance abuse, and violence are widespread in our society. Many staff members who work in this field have been directly impacted in some way, either through personal experience with their families or in their personal relationships. In one national study almost one-third of male therapists and over two-thirds of female therapists had experienced at least one type of abuse in their lifetimes (Pope & Vasquez, 1998, p. 65). The value of having "been there" has long been recognized in the substance abuse treatment field as an asset if staff members have long-term sobriety. More recently, community mental health centers have sought to employ consumers as staff to support other consumers in recovery. Briere (1996, p. 101) suggested that a facilitator who is a survivor of violence is likely to have a basic and sympathetic understanding of a client's responses to trauma and will be better able to instill hope for positive outcomes. However, clinician survivors who have not integrated the experience and continue to use denial, dissociation, and avoidance are ill prepared to assist others as the group material may trigger unwanted emotions in the facilitator. Additionally, facilitators with any of the Triad issues should recognize that what worked for them or helped them to recover may not work for others.

## FACILITATOR CONSULTATION AND SUPERVISION

Agencies can help assure the quality of group facilitation by helping staff members explore their professional and emotional competence to facilitate this type of group. This work can be very difficult and significant support for group facilitators is encouraged.

Before initiating a Triad Girls' Group, facilitators should arrange adequate supervision and consultation. Even experienced group clinicians, who are preferred to facilitate the groups, need access to supervisory support and consultation. Many clinicians have gained their experiences primarily in one field so that even when cross-trained in mental health, substance abuse, and trauma they need access to consultation across disciplines. For example, a facilitator with primarily substance abuse experience might attribute extreme tiredness to drug withdrawal rather than as a side effect of an anti-depressant. This facilitator would benefit from consultation on medications and their side effects. A facilitator with mental health experience may need consultation to accurately identify signs of substance use and withdrawal, to understand the "drug culture," and to be aware of the negative and lethal effects of drugs. Consultation and supervision by a trauma specialist is also critical. Such supervision is needed to process group dynamics, understand members' reactions to the material, and to deal with the facilitator's emotional reactions. Trauma-related work is often emotionally stressful for facilitators and they are vulnerable to this stress if they are not prepared for it or are inadequately supported.

## OTHER IMPORTANT CONSIDERATIONS

The most important consideration in any intervention for this population is immediate safety. Threats to safety include current violence within relationships or from strangers, direct attempts at self-harm, or less direct attempts such as relapse into substance use or abuse. This manual includes very specific discussions about these issues. Additional opportunities should be provided for members to talk about any present threats or dangers (during or after group

sessions). Each member's safety plan and individual coping "toolbox" should be reviewed periodically and as needed.

Our experience with the groups is that, especially when this is the primary treatment service that girls are receiving (as in outpatient settings), it is important to deal with pressing issues or crises in the girls' lives. Most facilitators elicit this discussion at the beginning of the group during the Feelings Check-In. The issues brought up during the Feelings Check-In can often be incorporated into the session materials and the basic principles applied to the problem or issue. Issues brought up during the Impact Check-Out should be addressed directly after the group session. Instructions for facilitating the Check-In and Check-Out activities are provided in Chapter 1 and reminders are provided in the remaining chapters.

## SESSION DESCRIPTIONS

Each chapter (session) begin with a Session Outline that includes the following:

- Rationale—the reason the particular topic is considered important
- Goals—desired outcomes stated in behavioral terms
- Questions—queries that can be used in group to create a dialogue about specific issues
- Exercises—interactive activities that enhance the session topic
- Supplies—a list of that session's Handouts and necessary supplies

The Session Outline is followed by a step-by-step group format including instructions and notes for facilitators, Introduction statements, Questions, Typical Responses to the session questions, descriptions of the Exercises, Closure statements, and session Handouts.

## PREPARATION FOR SESSIONS

The format of these groups is structured for easy delivery of session material. The Session Outline identifies the main Questions for the group, the Exercises, and the Supplies that are needed. Regular type identifies instructions to the facilitator, and *italics* identify material that is to be spoken or paraphrased. Material should be paraphrased in a way that is comfortable for the facilitator and understood by the group members. Group members will vary in their level of language comprehension and familiarity with the topics or ideas. It is up to the facilitator to revise the material as appropriate to meet the needs of the group members. Additionally, the facilitator should prepare for each group by reading the session material closely. Some Exercises and Handouts require preparation before group. For example, the first session includes a "My Safety Plan" Handout, which provides places to write down telephone numbers for various crisis-related providers. The facilitator should have the appropriate phone numbers ready before the group begins. Most groups require various supplies such as paper and pencils, copies of the Handouts, and a white erase board, blackboard or easel. Handouts have been provided at the end of each session to facilitate copying only those Handouts needed for that session. A complete list of the Handouts is also provided on page 184. A folder containing all of the handouts may be provided for each participant during the first session. The facilitator should always peruse the Exercises and Handouts before the next session to understand what is required of the facilitator

and the group members. For example, the Genogram Exercise in Chapter 9 is somewhat complex and may become unnecessarily intimidating if the facilitator has not already reviewed the material.

## GROUP RULES

The initial group introduces members and allows them to establish group rules. These should be reviewed at the beginning of each phase and whenever new members join. Rules are presented as a way to develop and maintain a safe and secure environment for all group members.

The effectiveness of these techniques awaits empirical testing. However, we felt that techniques such as these fit well with gender-specific programming components that have been identified as important in the literature. Additionally, the groups were more interactive and fun.

## HANDLING PROBLEM SITUATIONS IN GROUP

Group leaders need to anticipate potentially problematic situations within the group, such as flashbacks, loss of emotional control, literacy and comprehension problems, boundary violations, and disruptive behaviors that can interfere with the group's therapeutic goals. A sense of safety and security is critical for the success of Triad Girls' Groups. Our experience is that this requires an accepting atmosphere in which members feel free to be themselves and to trust others. One of the first goals of the group is to develop group rules that promote safety and a supportive and collaborative (rather than authoritative) group process. Maintaining a sense of safety and trust in the groups, and collaborating to develop and revise group rules as needed will establish group cohesion and will minimize the disruptiveness of the aforementioned situations.

The girls in the group will often have the same social contacts outside of the group (same school, same church, same group of friends). These groups encourage members to support each other within the community, as social support and relationships are regarded as a resiliency. Members may also bring outside conflicts into the group. Generally, these issues can be processed within the group and serve as an example of processing interpersonal conflict.

An important threat to the group is loss of confidentiality. It should be emphasized that what is said within the group stays within the group *without exception*. Periodically the group can be asked how safe they feel and if they think that group members are upholding confidentiality. If there is a violation of confidentiality a discussion of it should occur within the group. This gives all members access to the same information, allowing them to judge for themselves what is safe to disclose in the group. Members can be involved in deciding the best way to enforce group rules about confidentiality. If confidentiality is being maintained on an ongoing basis, group members should be helped to feel good about this.

Facilitators have reported that group members sometimes experience flashbacks and other dissociative experiences during group sessions. Facilitators need to be prepared to respond to a girl's individualized needs when this occurs as dissociative experiences can be triggered in unexpected ways. Early chapters focus on creating safety and learning a grounding and deep breathing exercise. It is helpful to ask girls individually what helps when they experience

flashbacks. Some have found techniques that work well for them, and it is helpful to support their control over flashbacks. For example, one girl may respond well to handholding whereas another would react negatively to any physical contact.

Sometimes groups will start to become less productive and structured. One helpful exercise that helped the groups regain focus was to begin a group with three questions:

1) "What is your job as a teenager?" Typical Responses included: go to school/stay in school, do chores, come home, make decent grades, don't do drugs, respect adults, have manners, be good role-models for siblings, practice abstinence or at least protected sex, go to church, learn to be autonomous/independent/make own choices, and to have fun.
2) "What is your job in this group?" Typical Responses included: show up for group, respect others, stay focused, gain information/learn, maintain confidentiality, gain insight and awareness, make connections, be honest, and have fun.
3) "What is the job of the group facilitator?" Typical Responses included: show up, respect group members, keep the group focused, be on time, be honest, help group members learn, have some answers, know the material and what to teach, make sure we're not wasting our time in group, and make it fun/relaxed/safe. Partly in jest, they also mentioned "bring food."

The above exercise helped the girls regain their focus and develop a new resolve to make sure that their group was productive, safe, and fun.

Another group dynamic that occurs is group members not listening to each other. Exercises in reflective listening helped the girls practice giving everyone the chance to speak and demonstrating empathy and understanding for another person's point of view. For example, group members were simply paired randomly and asked to find out everything they could about another person or a specific aspect of that person's life within three minutes (mostly by listening but clarification questions were allowed) and then to repeat that information and the gist of their meaning back to them in front of the group. Besides promoting respect and empathy for others in the group, it helped the girls learn that they had unexpected things in common. This exercise, the previous exercise, and any other exercises that assist in developing or maintaining group cohesion should be conducted as needed throughout the intervention.

## CRISIS AND EMERGENCY PROCEDURES

Girls with Triad issues are at increased risk for emergencies and problems that require priority attention. These include suicidal behavior, self-injurious acts, domestic violence, child abuse and neglect, drug overdoses, mental health crises, and other emergencies. A clear and detailed policy for the reporting of child abuse or neglect should be in place at the inception of the group.

Tenuous home environments can unexpectedly leave girls without food, shelter, or medications, which may require immediate professional attention. Access to primary and behavioral healthcare can be difficult for girls overwhelmed with everyday issues and they often need assistance with this. A fully implemented Triad model promotes a holistic response to members' needs. The setting may determine the parameters of responses for a particular group or particular

group crises or emergencies. It is highly recommended that thought be given to these parameters before the first session and that any limits are discussed thoroughly with the group. For example, is there anyone available for emergency calls? If so, the number, available hours, and types of appropriate calls would be discussed. If not, alternative supports and resources would be explored.

The group can be facilitated in a freestanding setting, but attention needs to be paid to adequate emergency procedures. Safety is a central concern and members are helped when assurances are given about a safe environment for the group. The first group session focuses on safety and members write down a personalized list of crisis numbers and a safety plan for domestic violence. Facilitators may want to repeat this exercise as needed, and check periodically to see that members have kept their safety plan in case of an emergency.

Facilitators report that girls are often in crisis, especially those who are in abusive relationships, those who have an unstable home-life, or those who are still using substances. There is a danger that the group can become crisis oriented and thereby give inadequate attention to skill building. Some sessions will invariably be consumed by crises, such as a when a member with bruises reports an urgent concern for her physical safety if she returns to her home. However, a balance is sought between addressing these legitimate crises and teaching skills that will give members better tools to manage their lives. The group's structure is flexible, in part, to give facilitators the ability to negotiate this balance. The most common way of achieving this balance is by segueing from the crisis to the session topic. There is almost always a connection between the crises and the skills being taught. Crises that require additional time or intervention should be addressed directly after the session.

Crises such as loss of shelter, loss of transportation, or lack of food need priority attention. Not only will a girl's focus be on those immediate needs, they threaten her ability to be open to change and trying new things. When case management is not available outside the group, facilitators may need to supplement the group material with additional information about community resources and how best to access them. Group members can often help each other by sharing such information with each other.

Some girls will not have an individual counselor or case manager. Some models require an individual therapist in conjunction with the group. We have not found this necessary for this model although it is in no way contraindicated. Again, with appropriate permissions, it is recommended that the facilitator and counselor and/or case manager maintain regular communication.

## QUESTIONS AND RESPONSES

The questions throughout this manual are intended to create a dialogue about personal growth, empowerment, and healing so that members can learn from each other what works. The discussions are intended to help girls examine their personal values and to promote an environment in which girls are empowered to make choices.

The facilitator should use the Typical Responses in this manual to prompt for ideas and to bring up additional discussion topics, but the Typical Responses are *not* intended to be written on the board instead of the group's responses. The responses in the manual come from a variety of sources—some from our pilot groups, some from referenced material, and some from the authors of this manual. Some Typical Responses are not necessarily true. *All responses from members*, however, should be written on a board so that the importance of the contributions of all members is reinforced. *When possible, a member volunteer should write the responses on the board.* There are no correct answers to these questions. Members may not understand the question and may need more explanation, but all responses should be considered important contributions to the group.

## PRINCIPLES AND RESILIENCIES

The original principles were developed for the adult women's model by a committee that sought to identify organizing principles for the project and the group. The full set of principles may be viewed in the Triad Women's Project Group Facilitator's Manual (Clark & Fearday, 2003). The original principles were modified for the Triad Girls' Group and the new principles provide the overarching philosophy for this intervention. The principles are introduced and discussed during the first session and should be revisited and reemphasized throughout the intervention at appropriate times.

In order to foster cognitive and moral development, the seven resiliencies identified by Desetta and Wolin (2000) were briefly summarized and included in a handout with the principles. Desetta and Wolin offer "The Struggle To Be Strong: True Stories By Teens About Overcoming Tough Times" as well as the accompanying leader's guide, "A Leader's Guide to The Struggle To Be Strong: How to Foster Resilience in Teens." Group facilitators are encouraged to obtain these valuable resources and address each of the seven resiliencies at least once. The book offers a selection of stories to illustrate each resiliency and the leader's guide provides instructions, discussion ideas, and activities that can be used to promote understanding of the concepts. Some chapters of the Triad Girls' Group are shorter than others and may represent the ideal opportunity for working in discussions of the resiliencies. At the very least, the teen stories, as well as many of the stories offered by the "Chicken Soup for the Soul" series, are books that adolescents say give them hope, enthusiasm, understanding, goals, and perspective and should be made available whenever possible.

## CLOSURES

We suggest that each session end with the Impact Check-Out, unless noted otherwise in the instructions to the facilitator. The facilitator should also thank members on a regular basis for their participation. Group members tell us that this is always helpful to hear. Genuineness is best here. There are reminders to the facilitators to do this in some of the session Closures. If there is homework always remind members that it will be reviewed at the beginning of the next session. In addition, tell members what the topic of the next session will be so they can begin thinking about the subject ahead of time. It is also helpful to ask them to think about how they can apply what they learned that session to the rest of their day.

## ADDITIONAL RESOURCES

The reference list and additional resources at the back of the manual can be helpful to both providers and group facilitators. Some of the resources influenced the philosophy of this treatment manual more directly and others more generally. Most links have been updated to point to the correct document.

In addition, the suggested reference for this manual is:

LeVasseur, M. E., & Clark, C. (2003). *Triad Girls' Group Treatment Manual.* Florida Mental Health Institute, University of South Florida, Tampa, FL. Unpublished manuscript.

For information about how to obtain copies of this manual, please contact Colleen Clark at (813) 974-9022 or by e-mail at cclark@fmhi.usf.edu

**Note: Instructions for facilitators are in regular type and material to be read aloud or paraphrased is *italicized.***

## THE TRIAD GIRLS' GROUP WELCOME

*This group is for girls who are working to overcome challenges in their lives. We sometimes call these challenges the Triad issues. Triad means three and the three issues are (1) survival from abuse and trauma; (2) healing from substance abuse problems; and (3) empowerment and personal growth despite emotional problems. The group was developed with the help of girls like yourselves and is an opportunity for us all to learn from each other.*

Welcome members to the session and check on their physical and emotional comfort.

Introduce yourself and briefly explain your clinical experience.

*Please introduce yourselves and share with the group what you hope to get out of attending this group. Let's go around the room.*

## GROUP RULES

*Let's go around the room again. This time, let's each contribute to a list of rules that we should have for this group.*

Encourage the girls to set the group rules. Remind them to address the following issues if they are not raised:

- Group starting and ending times.
- Group members respect for each other's experiences and listening while others speak.
- Unacceptable behavior.
- Absences.
- Confidentiality and what this means. Any limits to the confidentiality
- Self-disclosure (is it ok to be quiet?)
- How to handle when group members become upset. Perhaps ask each member what they would like to do or what they would like others to do (comfort them, leave them alone, let them go to the bathroom, let them sit outside the door, etc.), keeping in mind program rules. For example, some programs require direct line-of-sight staff supervision at all times.

Encourage group members to ask questions about the rules. You may also want to discuss possibilities for group leadership, roles and responsibilities. It is important that the girls feel that this is <u>their</u> group.

**GROUP FORMAT AND AGENDA**

*Each group will include addressing some questions and doing some exercises and a lot of discussion. Let's review this Handout (Triad Girls' Group Curriculum) and see what some of the topics are that we will be covering.*

If a folder of Handouts has been prepared for each of the girls, distribute it at this time. Decide where their folders should be kept, keeping in mind issues of confidentiality and accessibility.

# HANDOUT: TRIAD GIRLS' GROUP CURRICULUM

**PHASE I: Mindfulness**
*Getting Comfortable With Yourself*

| | |
|---|---|
| | **Welcome** |
| | Handout: Triad Girls' Group Curriculum |
| **Chapter 1** | **Empowerment—Building Safety** |
| | Handout 1A: Examples of Feelings |
| | Handout 1B: Principles of Triad Girls' Groups |
| | Handout 1C: The Seven Resiliencies |
| | Handout 1D: My Safety Plan |
| | Handout 1E: Substance Use Questionnaire |
| **Chapter 2** | **Mind, Body, and Emotions** |
| | Handout 2: Expressing Empathy and Understanding |
| **Chapter 3** | **How Mind and Emotions Work Together** |
| | Handout 3A: Anger Distortion Role Plays |
| | Handout 3B: Event-Thought-Feeling Worksheet |
| **Chapter 4** | **What It Means to Be a Female** |

**PHASE II: Interpersonal Skills**
*Healthy Relationships*

| | |
|---|---|
| **Chapter 5** | **Assertive Communication** |
| | Handout 5A: Drug Refusal Skills and Reminders |
| | Handout 5B: Goals in Situations |
| | Handout 5C: Communications Worksheet |
| **Chapter 6** | **Trust and Intimacy** |
| | Handout 6A: Facts About Teenaged Sex & Abstinence |
| | Handout 6B: To Do It or Not To Do It: That is the Question |
| | Handout 6C: Interpersonal Mastery and Self-Respect |
| | Handout 6D: Rational and Irrational Thoughts about Relationships |
| **Chapter 7** | **Boundaries** |
| | Handout 7: Evaluating My Relationships |

Continued on next page

## HANDOUT (Continued)

| | |
|---|---|
| **Chapter 8** | **Social Support** |
| | Handout 8A: Social Support Diagram |
| | Handout 8B: People That Impact My Goals, Healing or Growth |
| **Chapter 9** | **Family** |
| | Handout 9A: Genogram Symbols |
| | Handout 9B: Sample Genogram |
| | Handout 9C: Understanding Ourselves Better by Understanding our Parental Figures |

**PHASE III: Emotional Regulation**
*Feeling Good*

| | |
|---|---|
| **Chapter 10:** | **Controlling Cravings and Urges** |
| **Chapter 11:** | **Self-Esteem** |
| | Handout 11: The Self-Esteem Game |
| **Chapter 12:** | **Self-Soothing** |
| **Chapter 13** | **Acceptance and Healing** |

**PHASE IV: Distress Tolerance**
*Staying Healthy in a Stressful World*

| | |
|---|---|
| **Chapter 14** | **Problem Solving** |
| | Handout 14: Reaching Our Goals |
| **Chapter 15** | **Dealing with Violence** |
| | Handout 15A: Kinds of Violence and Abuse |
| | Handout 15B: Relationship Wheels |
| | Handout 15C: Why Do Victims Stay with Abusers? |
| | Handout 15D: Myths and Facts—Rights and Responsibilities |
| | Handout 15 E: When is it Too Late to Say NO? |
| **Chapter 16** | **Grief and Loss** |
| | Handout 16: Sample Loss Index Cards |
| **Chapter 17** | **Crisis Management** |
| **Chapter 18:** | **Relapse, Healing and Personal Growth** |
| | Handout 18: Topics and Themes of the Triad Girls' Group |

**Phase I: Mindfulness**
*Getting Comfortable with Yourself*

**Note: Instructions for facilitators are in regular type and material to be read aloud or paraphrased is *italicized.***

## INTRODUCTION TO PHASE I: MINDFULNESS

*Phase I focuses on getting comfortable with ourselves. During these four chapters we will discuss how the concepts of healing and personal growth, empowerment, and survival apply to girls with Triad issues. We will talk about making choices for personal safety; we will learn how the mind, body and emotions work together; and we will explore ideas about what it means to be a female. Today we are going to focus on some basic principles, self-soothing, and safety.*

## CHAPTER 1: EMPOWERMENT—BUILDING SAFETY

### SESSION OUTLINE

**RATIONALE**

The first group should be non-threatening for members so that they can start to share their experiences with emotional problems, substance abuse, and violence. The overriding agenda is for members to begin the process of feeling safe, secure, and empowered in the group. This session focuses on positive change and the sharing of experiences about safe people and places in the community. Safety and security are key concerns because adolescents in these groups often struggle with lives that include violence and substance abuse. Making it clear right away that there are people they can turn to in times of emotional need is a good first message to convey.

**GOALS**

1. Members will understand how healing and personal growth, empowerment, and survival can become part of their lives.
2. Each member will understand what is meant by a personal plan for safety and learn how to create an environment that is physically and emotionally safer.
3. Members will fill out a questionnaire that may help them understand why they want to quit using substances.

**QUESTIONS**

1. *What does healing and personal growth mean to you?*
2. *What are some feelings of being empowered and feelings of being powerless?*
3. *What is the difference between a victim and a survivor?*
4. *When you feel down or tense, what do you do to soothe or calm yourself?*
5. *Who are some safe (or safer) people in your lives?*
6. *What are some safe (or safer) places in your lives?*

**EXERCISES**

1. *Principles and Resiliencies.* These are reviewed by the group.
2. *My Safety Plan*. Members will complete their own safety plan. Then, as a group, everyone will generate examples of Triad-related emergencies and write down the people and phone numbers that they can call for help.
3. *Substance Use Questionnaire.* Members will complete the questionnaire during group time.

**SUPPLIES**

Chalkboard or equivalent; pencils or pens; a list of helpful emergency numbers; and Handouts 1A, 1B, 1C, 1D and1E.

**Feelings Check-In**

- Distribute **Handout 1A**.

*First let's go around the room and do what we call a "feelings check-in." This just means that you will identify the words that describe what you have been feeling most of the day and right now. To help you get started on identifying your feelings, Handout 1A has some examples of feelings. We often feel more than one emotion at a time. As you identify each feeling, tell us how intense this feeling was or still is on a scale of 1 to 10 with 10 being the most intense and 1 being that you barely felt it at all but you know it was or is still there.*

Give every group member the opportunity to talk about the feelings that they have felt during most of the day, the feelings they are experiencing right now, and have them rate how intense each of those feelings are or were. This is also the time to provide the opportunity for the girls to talk about any crises or any difficult events, thoughts or feelings that they are experiencing. Once a girl has identified her feelings and rated the intensities, ask her *would you like to tell us why you are feeling (sad, happy, lovestruck*, etc.). Each girl must choose for herself how much she is willing to share. If a group member does not choose to talk about intense feelings, it may be appropriate to follow up individually after the group.

The Feelings Check-In can sometimes take more than 15 minutes. The group facilitator must remain aware of the time spent and do subtle things to accomplish the goals of the Check-In while leaving plenty of time for group work. One way to do this is to jot down some of the issues group members bring up and find a way to address these issues in the context of that session's material. For example, "I'm glad you brought that up. In fact, today we will be talking about some things that may help you with that obstacle." If you already know how their difficulty fits in with group content, go ahead and be specific.

Many programs have posters with words and faces that identify a much wider variety of feelings than are included on the handout. Posters such as these can be ordered online easily.

*You all did a really good job identifying and rating the intensity of your feelings. Now we are going to talk about some of the basic ideas that girls with similar backgrounds to yours thought were important to remember throughout these groups.*

## HEALING AND PERSONAL GROWTH

**Question 1:** ***What does healing and personal growth mean to you?***

List the responses on a chalkboard or equivalent. Write down *all* of the responses without judging them. If necessary, use the Typical Responses list to prompt the girls for more answers.

| Typical Responses | |
|---|---|
| *Change lifestyle* | *Peace of mind* |
| *Stop using* | *Honesty* |
| *Build self-esteem* | *Ignore peer pressure* |
| *Learn more about myself* | *Working the program* |
| *Setting better limits and goals* | *Getting over an issue or problem* |
| *Take medications* | *Going to support groups* |
| *Make better choices* | *Having the power to say NO* |
| *Learning the skills to cope with a problem* | |

Read the Triad Girls' Group definition of healing and personal growth:

> *TRIAD DEFINITION OF HEALING AND PERSONAL GROWTH: A personal journey in pursuit of wholeness: living in harmony with others, assuming personal responsibility, achieving a sense of purpose, hope for the future, and peace of mind. Healing and personal growth is a lifelong process of discovery that involves a potential for relapsing back into old patterns that don't work and the infinite potential to become a more joyful, healthy person.*
>
> *Can anyone add anything to this definition?*

## EMPOWERMENT

Read the Triad Girls' Group definition of empowerment:

> *TRIAD DEFINITION OF EMPOWERMENT: To learn about your options and, in a safe environment, to develop the means to pursue your choices. In addition, you must perceive that you have the ability to make genuine choices. This requires that you have sufficient confidence in yourself to make such choices.*
>
> *Can anyone add anything to this definition?*

**Question 2:** ***What are some feelings of being empowered and feelings of being powerless?***

Make two columns on the board: "Feelings when empowered" and "Feelings when helpless or powerless." Ask members to contribute a feeling to each column.

| Typical Responses | | | |
|---|---|---|---|
| **Feelings when empowered** | | **Feelings when helpless or powerless** | |
| *Strong* | *Confidence* | *Shame or embarrassed* | *Weak* |
| *Hope* | *Joy* | *Anger** | *Worthless* |
| *Powerful* | *Happy* | *Fear/Afraid/Scared* | *Resentment* |
| *Proud* | *Alive* | *Depressed/Sad* | *Stressed* |
| *High self-esteem* | *Ambitious* | *Low self-esteem* | *Frustrated* |

*Anger can be in either category. For example, when used to create change, anger can be empowering.

**SURVIVAL**

Read the Triad Girls' Group definition of survival:

> *TRIAD DEFINITION OF SURVIVAL**:** To take responsibility for dealing with the personal consequences of trauma while understanding that you do not bear responsibility for being a victim of trauma. To value those coping strategies that allowed you to survive violence and to understand that new strategies are needed to deal with the emotional consequences of past violence and create physically and emotionally safer environments for yourself. To shift your identity from that of a "victim" to that of a "survivor" who can thrive in the present.*
> *Can anyone add anything to this definition?*

**Question 3:** ***What is the difference between a victim and a survivor?***

Make two columns on the board: "Victim" and "Survivor."

| Typical Responses | | | |
|---|---|---|---|
| **Victim** | | **Survivor** | |
| *Is weak* | *Is a casualty* | *Is strong* | *Lives one day at a time* |
| *Confused* | *Has no one* | *Endures* | *Lives to tell the tale* |
| *Is injured* | *Gives up* | *Stays alive* | *Takes care of herself* |
| *Is helpless* | *Is wounded* | *Has hope* | *Outlasts others* |
| *Powerless* | *Scared* | *Is determined* | *Is strong willed* |
| *Shy* | *Paranoid* | *Flexible* | *Good coping skills* |
| *Is suffering* | *Is defenseless* | *Outgoing* | *Is a winner* |
| *Is taken advantage of* | | *Empowered* | |

**EXERCISE 1: Principles and Resiliencies**

- Distribute Handouts 1B and 1C.

*We have just talked about 3 important principles that are the philosophy of these groups—Healing and Personal Growth, Empowerment, and Survival. Handout 1B lists the basic beliefs, values and principles that the development of this group was based upon. You are welcome to look over the rest of the principles on Handout 1B later. The second handout talks about different strengths that people develop in response to hard times.*

- Read the introduction on Handout 1C. Ask for volunteers to read each of the resiliencies.

*From time to time we will talk about these important principles and resiliencies. Keep these for a reference as we begin to identify and develop the parts of ourselves that help us heal.*

**SELF-SOOTHING SKILLS: Strengthening the Ability to Care for Yourself**

**Question 4:** ***When you feel down or tense what do you do to soothe or calm yourself?***

| Typical Responses | | |
|---|---|---|
| *Keep busy* | *Get to a support group* | *Think of suicide* |
| *Socialize* | *Listen to music* | *Eat* |
| *Clean* | *Take a road trip* | *Stay away from bars* |
| *Go shopping* | *Use a relaxation tape* | *Take medication* |
| *Bite my nails* | *Cuddle my pets* | *Hurt myself* |
| *Pray* | *Smoke a cigarette* | *Withdraw from others* |
| *Exercise* | *Box/hit/work out* | *Put on make-up* |
| *Watch TV* | *Breathing/meditating* | *Garden* |
| *Read a book* | *Watch the stars* | *Talk to a friend* |
| *Take a nap/sleep* | *Go for a walk* | *Smoke a cigarette* |
| *Find a place to be alone or hide* | *Take a bubble bath or hot shower* | *Yell at my sister or brother* |

*What are some safe alternatives to the activities that cause harm?*

**SAFETY**

**Question 5***: Who are some safe (or safer) people in your lives?*

| Typical Responses | |
|---|---|
| *My friend* | *A family member* |
| *My partner/boyfriend* | *People at church* |
| *The crisis line* | *My case manager/social worker* |
| *School resource officer* | *A neighbor* |
| *Teachers* | |

**Question 6:** ***What are some safe (or safer) places in your lives?***

| Typical Responses | |
|---|---|
| *A relative's house* | *Support groups* |
| *Churches, synagogues, etc.* | *Coffee shops* |
| *Libraries* | *Drop-in centers* |
| *Stores or malls* | *A safe room or spot in my house* |
| *Parks* | *Workplaces* |
| *Driving around in the car* | *A safe place in my mind* |
| *AA or NA meeting* | |

**EXERCISE 2: My Safety Plan**

- Distribute **Handout 1D**.

This exercise requires the facilitator to have emergency numbers available for the section about people to contact in case of an emergency.

*There are other important things to think about if you are in or become involved in an unsafe situation. The handout that I am passing out right now will help you prepare for your safety and well-being. Please fill out the safety plan on your own right now. When you get to the section about "Helpful People to Contact in Case of an Emergency" stop and we will all fill that section out together.*

After the group members have completed their personal safety plans, direct their attention to the last section ("For Any Emergency Situation") and ask them to give examples of emergencies that would indicate that 911 or the local police department should be called. Write their answers on the board. Their answers could include any of the subsequent categories such as domestic violence, dating violence, or school violence. If they don't already know it, provide the group members with the phone number to the police department and discuss how to contact the school resource officer if possible. Continue this exercise with subsequent categories, writing their

answers on the board and providing emergency numbers as needed. If your area has 211, be sure and mention that number as an important resource for all types of information including hotlines and social services.

Encourage the members to look up the phone numbers by the next session of people they would want to call (e.g., a past counselor, favorite doctor, or trusted friend or family member) in case of a particular emergency.

List on the board any emergency numbers that you have found to be especially helpful and ask members to copy those they think they may need in the future.

Ask if any members want to tell the others about a good place to call.

Ask members to brainstorm some appropriate places where they could keep their personal safety plan handy. Also ask them for reasons why it might be helpful to have this information available before an emergency or unsafe situation comes up.

**EXERCISE 2: Substance Use Questionnaire**

- Distribute **Handout 1E**.

*All of you in this group have had some type of experience with drugs and alcohol. You have also made a commitment or are considering making a commitment to abstain from drugs and alcohol. The questionnaire I am handing around can help you do this if you are honest and thoughtful about your answers. Although I am going to ask you for a copy of the questionnaire for myself, I am NOT going to share your answers with anyone inside or outside of this group unless you give me permission or I am legally required to do so.*

*These questions are to help YOU understand a little bit more about why you have used drugs in the past, why you want to quit, and why you might be continuing to use them even after you decided to quit. Again, I want to make sure you understand that your answers are confidential. That way, you are likely to be more honest as you fill this out. Think about these questions as a kind of baseline for how you think about using drugs right now. We will ask you to fill out this questionnaire again in a few months so that you can see if any of your thoughts about using drugs or alcohol have changed.*

Give group members 10 or 15 minutes to fill this out. Make sure their names are on the questionnaires, collect them, and promise to return them at the beginning of the next group session. Be sensitive to issues of confidentiality. This questionnaire is intended for the group members to fill out and the facilitator to read them over and return them to the group members. The questionnaires are not intended for the program files or records. If there is concern that the questionnaires will be lost before they are completed the second time and copies are made, special arrangements will need to be made to insure the group members' confidentiality (e.g., questionnaires are locked up until the later group but not within client records).

## CLOSURE

### Impact Check-Out

Check-Out is similar to Check-In. It represents an opportunity for the girls to assess how they are feeling at the end of the group. This is also important information for the facilitator since it provides an idea about the impact of the session's material. This time, ask group members to identify how they are feeling right now, rate the intensity of their emotions, and consider if something that was talked about during the group brought up some of those feelings. Give them the opportunity to be specific if they choose and follow up on intense, uncomfortable feelings as necessary to ensure their feelings of personal safety beyond the group session.

*Today we talked about building safety and the concepts of healing and personal growth, empowerment, and survival. As you can see on the handout, the next topic is Mind, Body, and Emotions. We will talk next session about how to improve our awareness of our thoughts and feelings. Now take a moment to think about the time we have just spent together. Think about how you felt and what you thought when you first came into the room, and what you think and feel as we end our first meeting. Now imagine how you will use the ideas we talked about today during your coming week.*

# HANDOUT 1A: EXAMPLES OF FEELINGS

FRAZZLED

SHOCKED/SCARED

OVERWHELMED

EXCITED

HAPPY

EXHAUSTED

LOVED

ANGRY

LOVESTRUCK

CONFUSED

RESPONSIBLE

SAD

# HANDOUT 1B: PRINCIPLES OF TRIAD GIRLS' GROUPS

The principles of personal healing, growth, empowerment, and resilience emphasize positive outcomes for adolescent girls. These and the following principles guide this intervention.

## HEALING AND PERSONAL GROWTH

**Definition:** *a personal journey in pursuit of wholeness: living in harmony with others, assuming personal responsibility, achieving a sense of purpose, hope for the future, and peace of mind.* Healing and personal growth is a lifelong process of discovery that involves a potential for relapsing back into old patterns that don't work and the infinite potential to become a more joyful, healthy person.

## EMPOWERMENT

**Definition:** *to understand options in an environment that promotes choice and the means to pursue those choices.* In addition, girls must perceive that they have the ability to make genuine choices. This requires sufficient confidence in herself to make such choices.

## SURVIVAL

**Definition:** *to take responsibility for dealing with the personal consequences of trauma while understanding that one does not bear responsibility for being a victim of trauma. To value those coping strategies that allowed one to survive violence and to understand that new strategies are needed to deal with the emotional consequences of past violence and create physically and emotionally safer environments for oneself. To shift one's identity from that of "victim" to that of a "survivor" who can thrive in the present.*

## READINESS

**Definition:** *the acceptance of help for problems related to mental health problems, substance abuse, and violence occurs for girls in different degrees and stages.* Ongoing assessment of a girl's readiness is needed to provide a correct fit between readiness and intervention efforts.

## STRENGTH-BASED ASSESSMENT AND TREATMENT

**Definition:** *to identify what kinds of things girls do well and successful ways that they have already learned to cope with disempowering environments.* Of equal importance is identifying positive support in their environments. It is vital that assessments focus on a girl's resilience, skills, short- and long-term goals, and hopes for the future.

Continued on next page

# HANDOUT 1B (Continued)

**TRAUMA-INFORMED SERVICES**
**Definition:** *to provide services that reflect an understanding of the complex impact of trauma on the lives of maturing girls.* Emphasis is given to personal safety and the development of collaborative, trusting relationships. Goals of treatment focus on growth, mastery, and efficacy rather than on the absence of symptoms. Treatment is sensitive to the connections between sexual or physical abuse and substance use or abuse.

**GENDER-SPECIFIC SERVICES**
**Definition:** *to provide services that are designed to meet the unique needs and strengths of adolescent girls.* Services must recognize and respect the value that girls place on interdependency, nurturing relationships, and the communication of feelings.

**CULTURAL SENSITIVITY**
**Definition:** *the quality or condition of being capable of perceiving and respecting a girl's ethnicity when providing assessment and treatment.*

**CONFIDENTIALITY**
**Definition:** *to protect the identity and privacy of individuals seeking and receiving services.*

# HANDOUT 1C: THE SEVEN RESILIENCIES

A resiliency is the same thing as a strength. People usually have more strengths than they realize. People often develop the resiliencies listed here to cope with stressful situations. Altogether, these seven resiliencies reflect qualities that can guide you on your journey toward adulthood and self-fulfillment.

1. ***Insight***: *asking yourself tough questions and giving honest answers.* Insight is a resiliency because it helps you see things the way they really are, not the way you wish they were.

2. ***Independence***: *being your own person and making decisions for yourself that reflect your own personal values.* Independence is a resiliency because it helps you keep the pressures from others in perspective.

3. ***Relationships***: *connecting with people who matter; supporting each other's values and maintaining a balance between giving and taking, helping and being helped, and sharing and independence.* Relationships are a resiliency because good ones help you feel supported and loved as you strive toward your goals.

4. ***Initiative***: *facing challenges, taking action and solving problems, even when you lack confidence or don't know what will happen.* Initiative is a resiliency because it puts *you* in charge.

5. ***Creativity***: *using your imagination and trying something new.* Creativity is a resiliency because it helps you channel overwhelming feelings into something positive or constructive.

6. ***Humor***: *finding something funny or positive about a situation even when you are sad.* Humor is a resiliency because it helps you keep life in perspective—things that seem like crises can end up being opportunities for growth if they are approached with a little humor.

7. ***Morality***: *doing the right thing even if it's not the easy or natural thing to do.* Morality is a resiliency because it helps you treat others decently and fairly. When you care about what others need and want, they care about you.

[Adapted from "The Struggle To Be Strong: True Stories by Teens About Overcoming Tough Times" (Desetta & Wolin, 2000).]

# HANDOUT 1D: MY SAFETY PLAN

Here are some **possible emergencies** that I want to be prepared for (some examples are family violence, community violence, dating violence, and school violence):

1. _____
2. _____
3. _____
4. _____

If one of these emergencies happens, this is how I will help myself cope:
**DO the following**:

- ❑ Think things through.
- ❑ Cool down by: _____
- ❑ Ask or call someone.
- ❑ Call a hotline and ask about options for my situation.
- ❑ Go somewhere safe (_____) and take the following items with me: _____
  _____
- ❑ If I am experiencing cravings and urges to use drugs, instead of using I will _____
- ❑ _____
- ❑ I can also temporarily distract myself with:
  - o Physical activity/sport: _____
  - o Media (music, book, magazine, TV, movie).
    Which one? _____
  - o Something relaxing: _____
  - o Something creative (writing, art, dance, poetry, cooking)
    Which One? _____

**DON'T do the following**:

- ❑ Smoke marijuana, drink alcohol, or use any drugs.
- ❑ Act without thinking.
- ❑ Get caught up in the drama.
- ❑ Isolate myself or stay away from people who care about me.
- ❑ Stay in a high-risk situation.
- ❑ Put myself in a high-risk situation.

If dealing with this crisis does involve a *relapse* into depression, anxiety, using drugs, or putting myself in risky situations, I will take the following steps to help me get back on track:

1. _____
2. _____

Continued on next page

# HANDOUT 1D (Continued)

## Helpful People to Contact in Case of an Emergency

**For Any Emergency Situation**

Local Police Department: __911 or _____

**Information on all services: 211**_____

**Domestic/Family Violence**

Domestic Violence Nat'l Hotline: 1-800-799-SAFE (7233)

Local Domestic Violence Hotline: _____

**Community/Dating Violence**

Local Police Department: _____

Local Hospital: _____

Local Doctor: _____

Rape Crisis Center: _____

Mental Health Center/Counselor: _____

Minister/Clergy: _____

**School Violence**

School Main Number: _____

Guidance Counselor: _____

School Resource Officer: _____

Mental Health Center/Counselor: _____

**Other**

Detoxification Center: _____

Outpatient Substance Abuse Center/Counselor: _____

Family Members: _____

Friends: _____

Daycare: _____

Work: _____

Other: _____

[Adapted from Cannabis Youth Treatment manual Volume 1 (p. 81) and the Triad Women's Project Group Facilitator's Manual (Clark & Fearday, 2003).]

# HANDOUT 1E: SUBSTANCE USE QUESTIONNAIRE

The following questions are an opportunity for you to take an honest look at your patterns of using drugs or alcohol *right now* and why you use so that you can think about these things throughout the coming groups. During the last group session, you will have the opportunity to fill this questionnaire out again and compare it to this one to see what kinds of things have changed. This questionnaire is for you and no one else.

I have used the following substances at least once (please check):

- ❑ Alcohol
- ❑ Solvents
- ❑ MDMA (XTC)
- ❑ Methamphetamine
- ❑ Dextromethorphan(DXM)
- ❑ Marijuana
- ❑ PCP
- ❑ GHB
- ❑ Ephedra
- ❑ Dramamine
- ❑ Inhalants
- ❑ LSD
- ❑ Heroin
- ❑ Ketamine
- ❑ Ritalin

My favorite substance is _____ and I started using it at age _____. I first started using alcohol at age _____ and drugs at age _____.
In the past year I have used _____.
I have been in substance abuse treatment _____ times.

Marijuana use:
____ N/A
____ In the past 90 days I have smoked marijuana on _____ of those days, with most being ____ hits over a ____ hour period.

Alcohol use:
____ N/A
____ In the past 90 days, I drank alcohol on _____ of those days, with the heaviest drinking episode being ____ drinks over a ____ hour period.

Other drug use in past 90 days:
____ N/A
Drug: _____ I used this drug on _____ of those days.
Drug: _____ I used this drug on _____ of those days.
Drug: _____ I used this drug on _____ of those days.

Trying to quit: _____ I did not try to quit anything.
_____ I tried to quit _____
(name of substances)

Continued on next page

## HANDOUT 1E (Continued)

When I did try to quit I had the following problems:

- ❑ Moving and talking much slower than usual
- ❑ Feeling tired
- ❑ Yawning more than usual
- ❑ Feeling really nervous or tense
- ❑ Having shaky hands
- ❑ Feeling hungrier than usual
- ❑ Having diarrhea
- ❑ Having my heart race or goose bumps
- ❑ Having a runny nose or watery eyes
- ❑ Crying more than usual
- ❑ Seeing, feeling or hearing things that are not real
- ❑ Having trouble sleeping (too much sleep or trouble staying asleep)
- ❑ Having bad dreams that seem real
- ❑ Feeling sad, tense, or angry
- ❑ Fidgeting, wringing hands, trouble sitting still
- ❑ Having convulsions or seizures
- ❑ Throwing up or feeling like it
- ❑ Having muscle aches
- ❑ Having withdrawal symptoms that prevented me from doing usual activities
- ❑ Sweating more than usual
- ❑ Having a fever
- ❑ Forgetting a list of things or having problems remembering
- ❑ Starting to use again to avoid withdrawal symptoms
- ❑ Other: _____
- ❑ Other: _____
- ❑ Other: _____

My use of marijuana, alcohol, and/or other substances caused me the following kinds of problems (please check any that apply):

- ❑ I did not meet my responsibilities at home.
- ❑ I did not meet my responsibilities at school.
- ❑ I used in situation where it was unsafe for me.
- ❑ Using caused me to have problems with the law.
- ❑ I had to use more to get the same high.
- ❑ I had withdrawal symptoms when I tried to stop.
- ❑ I used for longer than I wanted to.
- ❑ I have been unable to cut down or stop using.
- ❑ I have spent a lot of time getting or using marijuana, alcohol, or other substances.
- ❑ Using led me to give up activities that I enjoyed or were important to me.

Continued on next page

## HANDOUT 1E (Continued)

- ❑ Using caused problems at home, work, or school.
- ❑ I have kept using despite medical problems.
- ❑ I have kept using despite emotional or psychological problems.

As I reflect on the consequences of using these substances I would add that:
_____
_____.
The main reason I want to quit is _____
_____.

There are other personal reasons why I want to quit. They are (please check any that apply):

- ❑ To show myself that I can quit if I really want to.
- ❑ To like myself better.
- ❑ So that I won't have to leave social functions or other people's houses.
- ❑ To feel in control of my life.
- ❑ So that my parents, girlfriend, boyfriend, or another person I am close to will stop nagging me.
- ❑ To get praise from people I am close to.
- ❑ Because doing drugs does not fit in with my self-image.
- ❑ Because doing drug is less "cool" or socially acceptable than I realized.
- ❑ Because someone has given me an ultimatum.
- ❑ So that I will receive a special gift or reward.
- ❑ Because of potential health problems.
- ❑ Because people I am close to will be upset if I don't.
- ❑ So that I can get more things done during the day.
- ❑ Because my drug use is already hurting my health.
- ❑ Because I will save money by quitting.
- ❑ To prove I'm not addicted.
- ❑ Because there is a drug testing policy in detention, probation, or school.
- ❑ Because I know others with health problems caused by these drugs.
- ❑ Because I am concerned that these drugs are frying my brain.
- ❑ Because of legal problems related to my use.
- ❑ Because I don't want to embarrass my family.
- ❑ So that I will have more energy.
- ❑ So my hair and clothes won't smell like smoke or booze.
- ❑ So I can resume an activity that I used to enjoy or was important to me.
- ❑ Because my memory will improve.
- ❑ So that I will be able to think more clearly.
- ❑ So I won't drop out of school.
- ❑ So I won't lose my job.

Continued on next page

## HANDOUT 1E (Continued)

- ❑ So I won't get kicked out of my house.
- ❑ Because I don't want my brothers or sisters to see me high or drunk.
- ❑ So I won't put myself in risky situations.

The ones I checked off are personal reasons for me. Other important reasons:
_____
_____
_____.

Other problems I have had that were caused by or made worse by my drug use:

- ❑ Health problems like _____.
- ❑ Emotional problems like _____.
- ❑ Being bothered by upsetting memories.
- ❑ Having problems paying attention.
- ❑ Having problems controlling my behavior.
- ❑ Family problems.
- ❑ Arguments and problems I have had with my temper.
- ❑ Being in risky physical, sexual, or emotional situations.
- ❑ Doing things that are illegal.
- ❑ Getting in trouble at school.
- ❑ Getting in trouble at work.

Places I typically use marijuana, alcohol, or other drugs is/are:

- ❑ At home
- ❑ At someone else's home
- ❑ At a party
- ❑ At a bar
- ❑ At work
- ❑ At school
- ❑ At a dealer's house
- ❑ Outdoors
- ❑ In my car
- ❑ In someone else's car
- ❑ Somewhere else: _____.

I typically use with:

- ❑ No one else, alone
- ❑ With my romantic/sexual partner
- ❑ Family
- ❑ Friends
- ❑ A club or gang
- ❑ Coworkers
- ❑ Classmates
- ❑ A running partner (someone I regularly do drugs with)
- ❑ A drug dealer/pusher

Someone else: _____.

Continued on next page

## HANDOUT 1E (Continued)

I have confidence that I could avoid using alcohol or drugs:

- ❑ At home
- ❑ At school
- ❑ At work
- ❑ With my friends
- ❑ Even when everyone else around me is using

I am quitting now and I am _____ % sure I could stay off the drugs or alcohol.

I have already quit and I am _____ % sure that I will stay off the drugs or alcohol. Things that might interfere with my quitting are: _____

_____

_____

[Adapted from Sampl, S., & Kadden, R. Motivational Enhancement Therapy and Cognitive Behavioral Therapy for Adolescent Cannabis Users: 5 Sessions, Cannabis Youth Treatment (CYT) Series, Volume 1. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration. BKD384.]

**Phase I: Mindfulness**

*Getting Comfortable With Yourself*

## CHAPTER 2: MIND, BODY, AND EMOTIONS

### SESSION OUTLINE

**RATIONALE**

Through building self-awareness adolescent girls learn to identify core parts of themselves: moods, emotions, thoughts, physical sensations, and behaviors. They learn how substance abuse, trauma, and emotional problems affect self-awareness and how current and past behaviors may be ingenious adaptations to trauma. There are opportunities to think of moods, cognitions, emotional experiences, and sensory experiences as tools to use in personal growth. The development of self-awareness contributes to a person's strong and natural tendency to heal oneself.

**GOALS**

1. Members will improve self-awareness of their moods, emotions, thoughts, physical sensations, and behaviors.
2. Members will understand how substance abuse, trauma, and emotional problems affect their self-awareness and how their current ways of coping are often ingenious techniques for survival.

**QUESTIONS**

1. *What is a mood?*
2. *What is a thought?*
3. *What is an emotion?*
4. *How do you know what you are feeling?*
5. *How do you deal with your feelings?*
6. *What kinds of things have happened when you experienced or expressed anger?*

**EXERCISES**

1. *FLASH Sensations*. Each member identifies physical sensations related to experiences of Fear, Love, Anger, Sadness, and Happiness (FLASH).
2. *Feeling and Expressing Anger*. Members will practice expressing their anger and responding to others who have expressed anger.
3. *Mental Grounding*. Members practice a method of mental grounding.

**SUPPLIES**

Chalkboard or equivalent; Index cards; Handout 2: Expressing Empathy and Understanding.

**INTRODUCTION**

Complete the **Feelings Check-In.** Ask for a volunteer to lead Check-In. As group members demonstrate responsibility (e.g., good attendance), those group members should be given a preferential opportunity to take a leadership role by leading weekly Feelings Check-Ins and Impact Check-Outs.

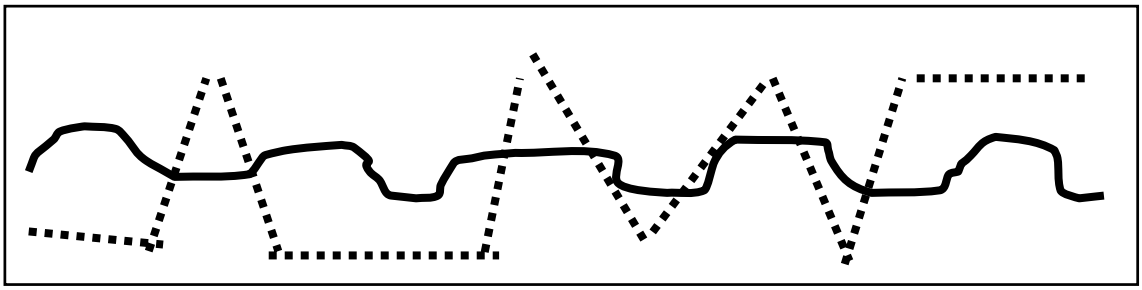
Ask if anyone has any questions about her Safety Plan, if they thought of any good places to call for help, or if they looked up any numbers that were unavailable during last session's exercise.

*Last session we discussed the goals of healing and personal growth, survival, and empowerment and began to discuss how to achieve personal safety. One of the most important ways to do this is to increase our self-understanding and self-awareness. To do this we can look at our feelings, our thoughts, our physical sensations, and the things we do. And we can understand how these things all work together.*

**Question 1:** ***What is a mood?***

| **Typical Responses** | |
|---|---|
| *What I feel most of the time* | *My outlook on things or my attitude* |
| *A mood is a state of mind.* | *I have good moods and bad moods.* |
| *My overall feeling* | *My emotional state* |
| *It is something that lasts more than a few minutes.* | |

Draw a graph like the one below on the blackboard showing normal moods (comfortable, with mild fluctuations) and moods that are affected by depression or manic episodes (extreme fluctuations in mood).



*Look at the board. It shows how two different people's moods change over time. Why would one person's mood go up and down so dramatically?* (Typical answers are bipolar mood disorder and PMS. However, group members often don't appreciate the extent to which substances can influence their emotions.)

*Often people's moods swing more dramatically as a result of using substances. Substances often swing your mood extremely in one direction, and when the substance is out of your system it swings to the other extreme, which is often unpleasant. For example, a drug that causes euphoria may result in extreme sadness or anxiety when you come down off of the drug or quit using it.*

*A person with a mood disorder or a person using drugs may have difficulty in learning new coping skills because their moods fluctuate so much. Medication can help stabilize the mood enough so that a person can begin to learn new ways to cope with their feelings and things that happen.*

**Question 2:** ***What is a thought?***

| Typical Responses | |
|---|---|
| *Something that happens in my head* | *Something I know* |
| *An idea* | *A plan to do something* |

**Question 3:** ***What is an emotion?***

| Typical Responses |
|---|
| *An emotion is a feeling.* |
| *It's how I feel.* |
| *Sometimes I have good feelings, and I have a lot of bad feelings.* |
| *Depression is a feeling.* |
| *I don't know what an emotion is.* |
| *A thought that tells us what we are feeling* |
| *Something that is overwhelming or takes over* |

*When we talk about emotions or feelings we mean exactly the same thing. These are just different words for the same thing.*

**Question 4:** ***How do you know what you are feeling?***

| Typical Responses | |
|---|---|
| *Sometimes I don't know what I am feeling.* | *Because I tell myself what I am feeling* |
| *I feel like I can't sit still.* | *My heart races.* |
| *I know what I am feeling from my behavior.* | *My eyes twitch or get dilated* |
| *I don't know what I feel because I get high before I can think about it too long.* | *I know I'm embarrassed when my face gets red.* |
| *I tear up (cry).* | *I am talkative.* |
| *I know what I am feeling from my gut.* | *My stomach gets upset.* |
| *I don't have any emotions.* | *I smile.* |

*Everyone has emotions. Sometimes we like them and sometimes we don't, but they're all there for a reason. I'm going to write a list of five feelings on the board, called the FLASH feelings* (Naster & Hinrichs, 1988). *I think these pretty much cover all of the basic emotions that human beings have.*

Write the five FLASH feelings on the board (not necessarily the definitions):

| | |
|---|---|
| **F**ear | (apprehension, worry, dread, horror, unease, anxiety) |
| **L**ove | (appreciation, caring, admiration, gratitude, serenity) |
| **A**nger | (annoyance, rage, resentment, indignation) |
| **S**adness | (regret, loss, weariness, grief, resignation, hurt) |
| **H**appiness | (joy, contentment, exuberance, satisfaction) |

**EXERCISE 1: FLASH Sensations**

*Part of understanding ourselves is understanding how our thoughts, our emotions, and our bodies work together. Our bodies also express emotions. Let's start with* ***fear****. What are some things your body does when you are afraid? That is, what does* ***fear*** *feel like?*

Write the girls' responses to each of the FLASH sensations on the board or ask another member to do this.

**Typical Responses: FEAR**

| | |
|---|---|
| *My heart beats rapidly.* | *I feel butterflies in my stomach.* |
| *My breathing gets shallow and fast.* | *My hands and feet get cold.* |
| *I shake.* | *I feel like I have to go to the bathroom.* |
| *My teeth chatter.* | *My color turns pale/white/gray.* |
| *I break into a cold sweat.* | *My pupils dilate.* |

*A threat, or a situation that is perceived as a threat, causes a rush of adrenaline and a strong "fight or flight" sensation. When a person is unable to do either, the fear can feel overwhelming. What are some things you do to deal with fear?*

*What does* ***love*** *feel like?*

**Typical Responses: LOVE**

| | |
|---|---|
| *It feels good.* | *My heart jumps or tightens.* |
| *General sense of physical well-being* | *I feel like hugging him.* |
| *I admire her.* | *I care about what happens to that person.* |
| *I am grateful to know that person.* | *I enjoy our talks and the time we spend together.* |

*Girls whose attention must be on survival may have few opportunities to experience rewarding relationships and may not have a clear understanding of what love is.*

*What does **anger** feel like?*

**Typical Responses: ANGER**

*My heart beats heavily and rapidly.*
*My breathing is deep and fast.*
*I feel a hot burning in my chest.*
*The muscles in my jaw, arms, hands, and shoulders tighten.*
*I feel like I want to pace or strike out.*
*I sweat.*
*My face, eyes, ears, or neck turn red.*
*I grit my teeth.*
*I make fists.*
*Blood vessels in my forehead bulge.*

*Physically, anger is very much like fear, which is based on our need to fight to protect ourselves against a threat or what we think is a threat. Girls are sometimes frightened by anger in themselves or in others because they believe it means violence is coming. They often come to regard all anger as destructive and "bad." However, anger can be thought of as a tool to help us notice that something is causing us to feel like fighting or taking flight. Realizing what thoughts or other emotions, like fear, may be underlying our anger can help us make important changes in our lives to stop the pain and take up for ourselves.*

*Can anyone give an example of when anger has been helpful for her in the past?*

*What does **sadness** feel like?*

***Typical Responses:* SADNESS**

*My movements slow down.*
*I cry.*
*I feel emptiness inside.*
*I turn blue.*
*I feel sick, like the flu.*

*Do people sometimes use stimulants such as coffee, chocolate, cocaine, or Ecstasy to help feel emotions other than sadness or to stop feeling depressed?*

*What does **happiness** feel like?*

**Typical Responses: HAPPINESS**

*My skin glows.*
*My eyes are bright.*
*I feel good.*
*I laugh.*
*I have energy.*
*I smile.*
*I feel like I can accomplish anything.*
*I feel like the world is a safe and interesting place*

*Do people within different cultures express any of the FLASH feelings in other ways?*
*Has anyone discouraged you from expressing your feelings?* (E.g., abusive partners or parents.)

**EXERCISE 2: Feeling and Expressing Anger**

- Distribute **Handout 2**

*When this group was being developed, teenaged girls often asked to learn skills to deal with their feelings of anger. That's why we'll focus on anger sometimes today and in the next group. The first step in dealing with anger is to understand what really makes you angry and to know that it is okay to be angry. The activity we're going to do right now will give you practice at expressing your anger and responding to someone else that is angry. You job as the responder is ONLY to convey to the other person that you understand that they are angry. This handoutwill give you some suggestions for how to do that. You job is not to change their anger. No one can change their anger but themselves.*

Help the group members pair-up with another member. Write the following sentence on the board: "I get REALLY angry when _____." Have one person in a pair finish the sentence and write the response on the board. Then have that person repeat the sentence with a lot of feeling and encourage her to get in touch with her anger by gritting her teeth, making fists, and acting the way she does when she is really angry. Have her practice this until she clearly demonstrates how angry she is. Now encourage the other person in the pair to select some responses from the handout to indicate that she hears and understands how angry the first person is. Ask the person expressing her anger how she felt about what the other person said. Ask if there are things that other people have said in the past that helped her feel listened to and understood. Then have each person in the pair switch roles and complete the exercise again. Continue until each person in every pair has played the angry person and the responder.

*Let's talk a little bit more about what kinds of things make us angry. Sometimes it's not just things that have happened but also the things that we think about that lead us to feeling angry.*

Next write the following statement on the board: "I get REALLY angry when I remember that or think about _____." Again, allow one person in the pair to finish the sentence and express her anger. Then have the other person respond with empathy and understanding (again using suggestions from **Handout 2**).

**Typical Responses**

*What someone did to me*
*Running out of money*
*Running out of cigarettes*
*How fat I am*
*Not getting something I need*
*Taking my medication because it means "I'm sick"*
*When I can't get something I want*
*Bad things that have happened to me*
*My dad leaving me and my mom*
*Slipping and doing drugs*
*Not having a boyfriend*
*Who my ex-boyfriend is with*
*Getting slapped or hit*
*My brother getting away with something that I always get in trouble for*
*How unfair life is*
*Some of the mean things someone said to me*

Sometimes the first answer given is not the root thought or memory that is causing them to feel angry. After everyone has been given the opportunity to express her anger and respond with empathy to the other person, the facilitator should look over the girls' responses. The facilitator can help group members get at the underlying thought or memory by asking why that makes them angry. For example, a group member that said, "Running out of money" might be asked, "Why does that make you angry?" "What does it mean to you when you run out of money?" They may respond with answers such as, "Running out of money means I'm such a loser" or "Life is too hard and I am just no good at it." These responses reflect deeper emotions like disappointment, helplessness, and frustration.

Group members may also be helped to identify another feeling—fear, especially since it is closely related to anger. If a group member is asked what about her dad leaving her mom makes her so angry, she might respond, "Because people leave each other and you can't count on anyone." When asked what about that makes her angry, she might go on to recognize that she is afraid that someone she cares about will leave her.

It can then be emphasized to the group members that people often want to run when they are afraid, but to fight when they are angry. Therefore, feeling angry is likely to motivate us to change things whereas feeling afraid might make us freeze up or run away. Either feeling can be a positive experience when it gives us information about what is going on, but anger is more likely to give us the energy to make positive changes than fear is.

***Question 5:*** **How do you deal with your feelings?**

| **Typical Responses** | |
|---|---|
| *I try to make the right things happen.* | *I try not to feel.* |
| *I stuff my feelings.* | *I lash out at others.* |
| *I ignore my feelings.* | *I get depressed.* |
| *I use drugs and alcohol.* | *I sleep.* |
| *I find someone to comfort me.* | *I overeat or purge.* |
| *I tell myself that I'm not really feeling that way.* | |

For the next question, the goal is to help group members identify common consequences of their anger. Group members may have difficulty generating more constructive aspects of anger since these consequences of anger are often underrepresented or minimized in our culture. Also, positive things can often result from things that seem negative at first. Point this out when appropriate by saying things like, "so what you were at first really angry about turned out to be okay."

**Question 6:** ***What kinds of things have happened when you experienced or expressed anger?***

| Typical Responses | |
|---|---|
| *I got into trouble.* | *I got a beating.* |
| *I got punished by my parents.* | *I felt energized.* |
| *I realized that something had to change.* | *I felt motivated.* |
| *I stood up for myself.* | *I wanted to take action.* |
| *I felt helpless.* | *Sometimes it pushed me to do something.* |
| *It made others even angrier.* | *I got more assertive.* |
| *I started looking for solutions to decrease my anger.* | *I realized that I needed to make some changes in my thoughts or in my actions.* |
| *I ended up cutting myself.* | *I wanted revenge.* |
| *I got depressed.* | *I felt powerful.* |
| *It gave me courage to do something I probably wouldn't have done.* | *Sometimes I lashed out and really hurt people.* |
| *I just wanted to isolate myself.* | *I stopped feeling sorry for myself.* |
| *I ended up using drugs.* | *It got me out of my depression.* |
| *I wanted to stuff my anger by using drugs.* | *I beat myself up even more.* |
| *I ended up talking to someone to get it off my chest.* | *I felt ashamed because I am not allowed to be angry.* |

*The next step in dealing with emotions that are too overwhelming is to soothe yourself by breathing, meditating, listening to music, going for a walk, or any of the other calming things you do to soothe yourself when you are angry or hurt. Solving the problem or making decisions about what to do comes later, when your angry feelings have decreased and you can use your more rational or logical mind. Sometimes you can get so angry that you don't notice anything around you and you are only focused on your negative feelings. The next exercise is designed to help you distract yourself from those painful feelings so that you can get back in touch with the world, with yourself, and so that you can look at the situation and your feelings about it in a fresh way.*

**EXERCISE 3: Mental Grounding**

The following closing exercise involves teaching adolescents an important skill—learning self-awareness grounded in their physical reality. Although the statements sound similar to progressive relaxation or even a hypnotic induction, the exercise has a very different function. It is *not* designed to place girls in an altered state of consciousness. This can be risky for girls with thought disorders or trauma survivors with dissociative tendencies. Therefore it is important that the facilitator speaks throughout the exercise, keeps it brief, and uses frequent reality reminders such as "You are probably aware of the temperature in the room…the feeling of the chair you are sitting on, etc." Also, modulate your voice to be even-toned, gentle, and at a slow pace. Allow plenty of time for the group members to complete your requests by pausing often. [The mental grounding exercise in this chapter and the physical grounding exercise in the next chapter were adapted from Najavits, 2002.]

- Distribute index cards and pencils or pens.

*The exercise we're going to do now shows how we can use our bodies to affect our emotions. The first step is to rate your negative feelings on a scale from 1 to 10 with 10 meaning the worst you have ever felt those negative feelings. One (1) would mean feeling very good, with almost no negative feelings. Please rate your level of negative feelings right now and write the rating down on the index card.*

*Many girls that have experienced or are remembering painful events find it helpful to shift away from these negative feelings and to ground themselves, center themselves, or distract themselves from painful emotions. This can be done by shifting from the painful inner world to the outside world, almost as if you are switching channels on a television.*

*Keep your eyes open the entire time and look around the room as much as you like. Remember that you are always in control. Try not to judge anything. Just notice yourself in this room. Each time your thoughts wander back to your negative feelings, just let them float by like clouds. Just notice the thoughts and gently direct yourself back to the present, back to the exercise, and back to your surroundings. Today we're going to practice mental grounding. At the end of the next session we're going to practice physical grounding and deep breathing.*

<u>Mental grounding</u>.

*Start off your mental grounding by reminding yourself that you are safe. You are here at _____, and today is _____. Now let's imagine bundling up all of these negative feelings and putting them in a container. Next imagine putting that container on the other side of a wall, on the other side of the country or in a locked cabinet or closet. Imagine putting the container anywhere that creates a safe wall between you and your negative feelings. Good!*

*Now let's focus on this room. Look around and silently name as many colors as you can. Can you see your favorite color anywhere? What kinds of objects do you see? How many windows are there? What is the weather like outside? Can you hear the sounds of traffic or the sounds of birds or crickets? How many chairs are there in the room? Which chair is your favorite or looks the most comfortable? What colors are in the objects on the walls? What kinds of shapes do you see? Are there any triangles or rectangles in the room? Circles? What color are they? Are there any posters, books, or magazines? What is your favorite book or magazine? Can you read any of the words on the posters, books or magazines in the room? Can you read the letters of the words backwards, noticing each individual letter? Imagine that you are seeing some of these things for the first time… the chairs, the colors, the shapes, the TV shows, the movies, and the letters in the room. Don't make any judgments about whether these things are good or bad. Just notice them for what they are. Also, if you have started to notice negative thoughts, just let them float by like clouds and bring yourself back to the present exercise and the sound of my voice.*

*Next try naming some facts. Silently name as many cities as you can. Great! Now try naming all of the sports teams you can remember. How about TV shows? Name your three favorite movies ever. How about your favorite song? Try to remember as many of the words as you can as you sing it to yourself. Now take the number 100 and subtract 10 from that and notice the new*

*number. Subtract 10 again and notice the new number. Don't worry about the math—just notice the mental calculations of subtracting numbers and what the new numbers are.*

Ending the Exercise

*Now try to think of a safe place, a place that is soothing and calming for you. Maybe the beach or the mountains or under a tree by a pond. Or maybe walking in the park in your favorite city. If you can't think of a safe place, that's okay too. Just let yourself notice this room, since we're safe here. Now try to notice everything you can about your safe place. Notice everything you can about it—the colors, the textures, the shapes, the smells, the calmness and the safety of your safe place.*

*Great. You've all done a terrific job!*

Now that we have practiced the grounding exercise, notice how you feel. Notice if you feel a little calmer, or a little safer. Now rate your level of negative feelings on the same 0 to 10 scale. Write down your rating on the same index card. Notice if your rating has gone down.

The facilitator should explore the group members' views about the grounding exercise by asking questions like "What did you like and dislike about the exercise? Were you able to focus your attention during the exercise? Were any parts of the exercise especially helpful for you?" Praise group members for any success they had with the exercise. Accept negative comments about the exercise and help them explore changes that may make the exercise more helpful or individualized for their needs.

The facilitator may also explore specific or common situations that they may find this useful in, such as when craving drugs, when wanting to harm oneself, or when feeling very angry or upset.

Finally, suggest that the value of practicing is that when they feel overwhelmed by negative feelings, they can use the skill of grounding to separate themselves from their emotional pain. Like riding a bike, the more they practice this skill, the more quickly they will be able to lower their ratings of negative feelings.

**CLOSURE**

The Impact Check-Out may be skipped this session as long as the facilitator is sure that the group members responded well to the grounding exercise.

*Now that we talked about our emotions, and our thoughts, and did a grounding exercise, you may notice that you feel a little calmer. However you feel is fine at this moment. Notice that something <u>you</u> have done—the mental grounding—can have an effect on your emotions, your body, and maybe even your thoughts. Next session we will look even more closely out how our mind, body, and emotions work together. As you leave the group today, remember the safe place you found or created and spend a few moments capturing that feeling. Take it with you to the next task. Thanks for coming today.*

## HANDOUT 2: EXPRESSING EMPATHY AND UNDERSTANDING

When you are angry, it is important to be able to express your anger without others trying to change your anger or giving you advice. Often you just need someone to listen and understand how angry you are. One way to understand how important it is for people to listen and really understand each other is by practicing this skill yourself.

In response to something that happens that someone is angry about, try some of the following to show you are listening and that you understand (without giving advice or trying to change the other person's feelings):

1. *Man, he/she/it really got under your skin, didn't it?*
2. *I'm glad to see you expressing your anger. Get it all out. I'm listening.*
3. *That's a tough thing that happened. I can see why you're angry.*
4. *You must be really hurting or scared (if appropriate).*
5. *That got you pretty mad didn't it?*
6. *Wow, you are really annoyed!!!*
7. *I think I would be really mad if that happened to me.*
8. *I didn't realize that you were this angry.*
9. *I am so sorry that happened to you.*
10. *That really makes you angry when you remember what happened to you, doesn't it?*
11. *I get angry when that happens to me to.*
12. *That would piss <u>anybody</u> off.*
13. *It's really hard to think about that, isn't it?*
14. *Yeah, that's a tough thing. You're still really mad about it, aren't you?*
15. *Boy, you probably get mad every time you think about it.*
16. *Man, that is just not cool. I can see why you're so mad.*
17. *(OTHER IDEAS?)*_____
18. _____
19. _____
20. _____

Continued on next page

## HANDOUT 2 (Continued)

Things to avoid saying:

1. *Chill out. You shouldn't be this angry.*
2. *You should deck him.*
3. *Want me to kick her butt for you?*
4. *Don't be mad. You look like an idiot.*
5. *Why are you so angry? That wasn't such a bad thing. I wouldn't be that angry.*
6. *Why do you always overreact like this?*
7. *Don't show him you're angry. Then he'll know he can push your buttons.*
8. *Don't get angry at me. I didn't do anything.*
9. *Get over it.*
10. *(OTHER THINGS to avoid saying?)* _____
11. _____
12. _____
13. _____
14. _____
15. _____

**Phase I: Mindfulness**
*Getting Comfortable with Yourself*

## CHAPTER 3: HOW MIND AND EMOTIONS WORK TOGETHER

### SESSION OUTLINE

**RATIONALE**

In this session it is shown how feelings can be caused by thoughts and how negative thinking can stem from past experiences of trauma, drug-related problems, and emotional problems. When people are faced with negative events, they can learn to handle their emotions by paying attention to their thoughts and learning to choose new, rational perceptions to replace old, mistaken thoughts.

**GOALS**

1. Members will understand the connection among events, their perceptions and thoughts about the events, and their resulting feelings.
2. Members will begin to see how managing emotions is an internal process that is within their control.

**QUESTIONS**

1. *Where do our feelings come from?*
2. *What are some coping thoughts you can think when your anger or sadness is partly related to the PLEASE items?*
3. *How do you manage your feelings?*

**EXERCISES**

1. *Anger Distortion Role Plays.* Members will take turns playing the narrator or actress while acting out common anger distortions.
2. *Event-Thought-Feeling Worksheet.* Members fill out handouts showing the connection between events, thoughts, and feelings.
3. *Physical Grounding and Deep Breathing.* Members practice a method of physical grounding, some basic relaxation, and deep breathing.

**SUPPLIES:**

Chalkboard or equivalent; index cards; colored pencils, markers, or glitter pens; Handout 3A: Anger Distortion Role Plays; Handout 3B: Event-Thought-Feeling Worksheet

**INTRODUCTION**

Complete the **Feelings Check-In.**

*In our last session we talked about different emotions and about accepting how natural it is to feel all of these emotions. We ended with a grounding exercise to learn more about how our actions and physical sensations affect our emotions. Today we are going to learn how our thoughts influence our feelings.*

**Question 1*: Where do our feelings come from?***

Ask members to contribute and write the responses on the board.

| **Typical Responses** |
|---|
| *Mind, belly, heart, and fist… from our bodies* |
| *From the past, future, present… from our memories* |
| *From our wishes and dreams,* |
| *I really don't know where my feelings come from; I think they just happen.* |
| *My feelings come from other people. If they feel good, I feel good. If they feel bad, I feel bad. Sometimes if they tell me I should feel bad, I feel bad.* |
| *I feel good when I get what I want and bad when I don't get what I want.* |
| *I create my own feelings; they are based on my expectations.* |

*One place that feelings come from is our body. One of the first things you can do when you start to feel angry, weepy, or frustrated is to stop and do a systems check. Are you overtired? Are you sick? Have you been eating right? Are you feeling overwhelmed or stressed out? Have you been getting some exercise? Have you been using drugs? Being physically healthy increases your ability to find ways to cope with stress. One way to remember the items to check during your systems check is the acronym* ***PLEASE.***

**PLEASE** = 
**P**hysical Illness
**L**evel of Stress
**E**ating
**A**buse (this includes abuse of substances and verbal, physical or sexual abuse against us)
**S**leep
**E**xercise

*All of these are things that affect your emotions and even your perceptions. For example, if you are sick then your resistance is low, your body aches, you have a fever, and your brain just feels sluggish. Something might happen to make you angry or sad that wouldn't normally make you angry or sad but you are more sensitive than usual because you are sick. Another example is substance abuse. If you have been using substances to alter your mood, when you stop taking the substances your mood will swing back the other way. When your mood is all over the place, it is harder to find effective ways for dealing with difficult situations.*

*When you know you have taken steps to take care of yourself, you will have more confidence when it is time to express your feelings to others. You will also be less likely to respond to situations with a high level of anger, sadness, or frustration. Once you realize that you are more sensitive than usual because you didn't pass your systems check, you might be able to avoid becoming extremely emotional by taking some time to take care of your physical needs, and by changing your thoughts . So how do we change our thoughts? To do this, we have to understand how our thoughts and feelings are connected.*

Write the following event-thought-feeling diagram (adapted from Ellis, 1975) on the board.

**Event** → **Thought** → **Feeling**

1. *Something happens* **(Event)**.
2. *We understand it based on past experiences or current attitudes* **(Thought)**.
3. *This thought affects how we feel as a result of the event* **(Feeling)**.

*Our feelings are caused by how we think about events—things that happen around us or to us. This is important: feelings—including fear and anger—are a natural and logical consequence of our thoughts. Feelings are never wrong or crazy.*

On the board, write an example, such as the one below or one from the last session. *Let's look at this connection in action.*

| Event | Thought | Feeling |
|---|---|---|
| I passed my friend in the hall, and she didn't say hello to me. | She's abandoning me, just like everyone else I've ever cared for. | Anger, fear, |
| | I must be in trouble with her. | Fear, loneliness, sadness |
| | Who the hell does she think she is? | Anger |
| | Nobody likes me! | Loneliness |

*Feelings are hard to control, and most events and situations are out of our control. We can take a look at how we think and try to think more rationally or logically. We can change our feelings. Let's look at our example again.*

| Event | Thought | Feeling |
|---|---|---|
| The scenario is the same since events are not within our control. | She must be preoccupied. I know she thinks I am important. | Happy/Love |
| | I guess she didn't see me. | A little sad |
| | I am important | Love |
| | Oh well | No feeling |

*What other more rational or logical things could this person think? What feeling would she have after this thought?*

*Let's go back to our earlier discussion about feeling angrier or weepier than usual because you are hungry, tired, or stressed out.*

**Question 2:** ***What are some coping thoughts you can think when your anger or sadness is partly related to the PLEASE items?***

| Typical Responses |
|---|
| *I am overtired right now. I will talk to my mom in the morning.*<br>*I feel awful. I better not deal with this right now.*<br>*This normally wouldn't make me angry. I'll deal with this after I get something to eat.*<br>*I am so stressed that I need to chill out and deal with this later.*<br>*If I weren't sick, I don't think this would aggravate me so much.*<br>*I had too much to drink. I need to deal with this later.* |

*After you have completed a systems check, it is time to check out your thinking patterns. The acronym for this is CHILL.*

**CHILL** = **C**ool Down or Express it Somehow
**H**uddle (like in football)
**I**dentify Hot Thoughts
**L**ook for new coping thoughts
**L**ink new thoughts to new actions

*One new idea in the CHILL acronym is the third one, identifying hot thoughts. This just means finding the one main thought that makes you the angriest, saddest, or most depressed. That is, which thought is the "hottest" one for you? The one that burns you like a hot potato?*

*You'll notice that together, the two acronyms you have learned make the sentence PLEASE CHILL. So when you tell yourself to chill out, it doesn't mean to stop yourself from feeling whatever you are feeling. It means take care of yourself physically and it means looking at your thoughts and understanding which ones are influencing your feelings the most. Then if you choose to change your thoughts, you might be able to change your feelings. Even if what happened to make you angry or depressed is not under your control, using these methods will help decrease your anger or sadness and may even help you make positive changes in your lives.*

*By now we have given you a lot of information. To make it a little easier to remember all of this, I have some index cards I'd like to pass around. Go ahead and copy down the two acronyms and what the letters stand for onto your index cards.*

Provide the PLEASE and CHILL acronyms. Have some colored pencils, markers, or glitter pens available for them to decorate the words and make the brief activity more fun.

**EXERCISE 1**: **Anger Distortion Role Plays**

Have group members combine into pairs. One will play the narrator and one will be the actress. Distribute **Handout 3A**: Anger Distortion Role Plays. Let each pair act out 2 scenes, where one is the narrator, one is the actress, and the roles are reversed for the second scene. Allow each person in the pair to choose which anger distortion they will demonstrate as long as all of the distortions are demonstrated at least once.

*Anger is not the only thing that distorts our thoughts or that our thoughts make worse. Craving for addictions is another thing that distorts our thinking. People involved with AA often call this "stinkin' thinking.' For example, deciding that you have had a bad day may lead to thoughts like "I deserve to use" or "No one would blame me for drinking after that." Even an accomplishment or victory can lead to thoughts like, "I think I'll reward myself by using," or "That calls for a toast." Can you think of any other examples of stinkin' thinking'?*

Choose one of the above examples of stinkin' thinking' or an example that the group members generated, and ask them to generate alternative coping thoughts. Alternative thoughts include things like, "One day at a time," "This too shall pass," "I did it! My day could be even better if I find a good way to celebrate," or "Just because something bad happened doesn't mean I should use drugs to cope." Okay, now that we have all of these tools, let's put them all together by filling out the Event-Thought-Feeling Worksheet.

**EXERCISE 2: Event-Thought-Feeling Worksheet**

- Distribute **Handout 3B**.

Ask the group members to use an event, thought, or memory from Exercise 2 of last session (I get REALLY ANGRY when…") as one of their events. As members complete the worksheet, assist them, or have group members assist each other in identifying the thoughts, feelings, distortions, and new thoughts for each event. Make suggestions for alternate thoughts, and ask other group members for feedback. A useful way to come up with alternate thoughts is to ask if they have been in a similar situation and felt ok afterwards. Help members explore what they were thinking when this happened. This exercise will take some time.

**EXERCISE 3: Physical Grounding and Deep Breathing**

This is the second part of the exercise learned last session. As a reminder this exercise involves teaching adolescents an important skill—learning self-awareness grounded in their physical reality. Also remember it is important that the facilitator speaks throughout the exercise, keeps it brief, and uses frequent reality reminders.

*The exercise we're going to do now is the second part of grounding and shows some other ways that we can use our bodies to affect our emotions. The first step is to rate your negative feelings on a scale from 1 to 10 with 10 meaning this is the worst you have ever felt these negative feelings and 1 meaning you are feeling pretty good, with almost no negative feelings. Please rate your level of negative feelings right now and write the rating down on the index card.*

*Like last session, keep your eyes open the entire time and look around the room as much as you like. Remember that you are always in control. Try not to judge anything. Just notice yourself in this room. Each time your thoughts wander back to your negative feelings, just let them float by like clouds. Just notice the thoughts and gently direct yourself back to the present, back to the exercise, and back to your surroundings.*

*Physical grounding.*

*First we're going to do a little bit of mental grounding. Remind yourself that you are safe. Like before, imagine bundling up all of your negative feelings into a container and putting it on the other side of a tall, thick wall. Now we're going to do some physical grounding. First notice your feet on the floor. They are literally grounded, connecting you to the floor. Wiggle your toes inside your shoes. Dig your heels gently into the floor and ground yourself even more. Terrific! Now feel the chair that you are sitting in. Touch it with your hands. What does it feel like? Is it warm or cold? What kind of material is it made of? Now find something near you… maybe a pen, your keys, your notebook, your purse. Pick it up and hold it. Tell yourself everything you can about it. Is it warmer or colder than the chair? How heavy is it? What color is it? Notice what you like about it or what is useful about it.*

*Now we're going to practice relaxing. First clench your fists; notice the feelings of tension in your hands and forearms as you do that. Now relax your fists. Just let all of the tension slip right out of arms and hands and on to the floor. Now press your shoulder blades toward each other. Not too hard, just enough to notice the tension. Now relax your shoulders and notice the difference between how your shoulders feel when they are tense and when they are relaxed. Now gently press your neck forward toward your chin and then roll your head around a few times. Excellent! Okay, now make your stomach hard. Hold it for a few seconds. Release the muscles and notice the difference between the muscles when they are tense and when they are relaxed. Imagine relaxing a little bit more with each breath, almost like going down an elevator. As you exhale between the 10$^{th}$ floor to the 9$^{th}$ floor, you relax your muscles even more, and so on for each floor all the way down to the lobby. Think about relaxing your muscles more and more until you are on the ground floor.*

*Now we're going to practice some deep breathing. Gently rest your hands on your stomach and notice how the stomach rises gently as you take a deep, even breath and drops as you let your breath out. Practice this a few times. Place your hands on your ribs and notice that as you inhale your stomach rises and your ribs expand as your lungs fill with air. Notice that as you exhale your ribs close together and your stomach gently pushes the air out. Notice, after you exhale, how naturally the air flows back into your body. Feel your chest rise as you inhale and drop as you exhale. Again, experience for a moment the sensation of your chest dropping, your ribs pulling together, and your stomach pushing out the air when you exhale. Notice how naturally the stomach rises, the ribs separate, and the chest rises when you inhale.*

Ending the Exercise

*Now try to think of a safe place; a place that is soothing and calming for you. Maybe the beach or the mountains or under a tree by a pond. Or maybe walking in the park in your favorite city. If you can't think of a safe place, that's okay too. Just let yourself notice this room, since we're safe here. Now try to notice everything you can about your safe place. Notice everything you love about it—the colors, the textures, the shapes, the smells, and the calmness and safety of your safe place.*

*Fantastic. Again, you've all done a great job!*

*Now that we have practiced the grounding exercise, notice how you feel. Notice if you feel a little calmer, or a little more relaxed. Now rate your level of negative feelings on the same 0 to 10 scale. Write down your rating on the same index card. Notice if your rating has gone down.*

As suggested with the mental grounding exercise from Chapter 2, the facilitator should explore the reactions of the group members to the exercise and these methods, situations when these methods might be useful, and the importance of practice.

*The more you practice this skill, the easier it will become to ground yourself in the present and your environment and to calm yourself with a few deep breaths. Eventually you may be able to remember how your body and mind feel when they are calm and just thinking about it will help you switch your body into a relaxed mode with just a few deep breaths.*

**CLOSURE**

The **Impact Check-Out** may be skipped this session as long as the facilitator is sure that the group members responded well to the grounding and deep breathing exercise.

Thank members for attending. Give special thanks to those who have attended the group every week.

*As we explore new ways to manage our feelings, we should honor the ways we have coped in the past as doing the best we could. Next session we'll talk about what it means to be a female. There is an exercise related to next session's topic that involves song lyrics. What we are looking for is a song or a few songs that send the message that girls are sex objects for fun and little else.*

*One example is Motley Crue's "Girls, Girls, Girls" song. There are probably more modern songs, too. Who would like to volunteer to search the internet for song lyrics that send this type of message. Okay, great. Now who would like to try to find the opposite—songs that send the message that girls are smart and that there is more to them than sex-appeal?*

It may also be fun to see if one or more of the group members would like to sing the song(s)for the group. If there are no volunteers or in case they forget, be sure to print out copies of the "Girls, Girls, Girls" song lyrics before the next group session. Several songs may be selected by the volunteers as long as the songs generate discussion about media portrayal of girls as sex objects.

# HANDOUT 3A: ANGER DISTORTION ROLE PLAYS

| | |
|---|---|
| Narrator 1: | ***Awfulizing or Catastrophizing*** means making things seem worse than they really are. When we magnify things and describe them as horrible, unbelievable, or say that something is a catastrophe, we are more likely to act like those things really are catastrophes and strike out in fear and anger. |
| Actress 1: | This is the worst thing that's ever happened. |
| Narrator 1: | What can she do? She can call the event or thing what it really is—crummy, a hassle, disappointing, frustrating or unpleasant. She can also look at the whole picture. |
| Actress 1: | It's not the end of the world. It's just frustrating. To be honest, even though what he did seems pretty horrible, I know he is not always like this. Crap happens, but I can handle it. |
| | |
| Narrator 2: | Sometimes we ***Over-Generalize***. That means we make something that happened a few times sound like it happens all of the time. When we over-generalize we use words like never, always, everything and everybody. We also think in black or white like good or bad, right or wrong. |
| Actress 2: | He never listens to me. He is a total loser. Everything sucks. |
| Narrator: | What can she do? She can avoid thinking in extremes. She can use words that show both sides of the picture and she can be more specific or look for exceptions to the rule. |
| Actress 2: | Ok. He does listen sometimes and he is not a total loser. He just sucks at listening sometimes. Everything doesn't suck and I'll bet there is something that I can do to make this better . |

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## HANDOUT 3A (Continued)

| | |
|---|---|
| Narrator 3: | ***Demanding or Commanding*** is when we make a personal preference into an expectation, like "should" "gotta," "supposed to," or "ought to." Common examples include perfectionism, others should love me, others shouldn't dislike me, things should be equal and fair, or bad things shouldn't happen. |
| Actress 3: | He shouldn't have hurt my feelings. I expected more of him and that was so unfair. That shouldn't have happened. |
| Narrator 3: | What can she do? She can realize that people rarely do what they "should" do, even her. People do what they need to or want to and will rarely agree that our way is the only way. She can also think of "shoulds" as personal preferences or desires. |
| Actress 3: | Here I go, "shoulding" all over myself again. People do what they want, not what I want. I would prefer it if he didn't hurt my feelings, but he did and even though I am disappointed, I can handle this. |
| | |
| Narrator 4: | ***Global Labeling*** is when you make a negative judgment about a whole person based on one characteristic. Global labels include terms like "stupid," "jerk," "loser," "liar," or "asshole." Instead of focusing on the annoying behavior, you convict the whole person. |
| Actress 4: | He's a total a__hole and a complete moron. |
| Narrator 4: | Focus on the offensive behavior. Don't convict the whole person. Be specific. Exactly what happened and what was its effect on you or others? Think about what you are calling the person. Is this person really a donkey? Visualize that for a moment. Pretty silly, isn't it? |
| Actress 4: | An a__hole? Now that's funny. He is not really the space between someone's butt cheeks. What about him is really bugging me? I'm going to try to stick to the facts. People screw up sometimes. That doesn't make us complete morons or we would all be complete morons. |

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## HANDOUT 3A (Continued)

| | |
|---|---|
| Narrator 5: | ***Mind Reading or Single Explanations*** are when we jump to conclusions about a person's true motives and focus on one, single, negative explanation. |
| Actress 5: | He is late because he is hanging out with another chick. I'll bet he did that because he's trying to make me look stupid or because he doesn't really care about me. |
| Narrator 5: | What can she do? She can try to keep an open mind because you can't really know what someone else is thinking. She can try to think about other possible explanations or ask someone else their opinion. |
| Actress 5: | Don't jump to conclusions. Check out the facts! Hmmm, there are about a dozen possible explanations for why he was late. Last time I tried to read his mind, I was way off. I should at least ask him why he was late before I freak out on him. |
| | |
| Narrator 6: | ***Blaming*** means pointing fingers at others and holding them responsible for our difficulties. While blaming feels good at times, it also makes us feel helpless because we have to wait for others to change their behavior or it makes us feel like we have to punish them for hurting us. We may forget that there are choices that we can make. |
| Actress 6: | I could have had fun but she was such a grouch. It's her fault that the whole day sucked. I'm gonna make her pay for ruining my day. |
| Narrator 6: | What can she do? She can do something that doesn't require any cooperation from the other person and make her own plans. She can also realize that people mostly choose behaviors to take care of their own needs or wants. She can take responsibility for herself, and maybe even find a way to care of both person's needs or wants. |

## HANDOUT 3B: EVENT-THOUGHT-FEELING WORKSHEET

| | **EVENT**<br>*Describe an event that happened recently.* | **THOUGHT**<br>*Describe your thought(s) about the event. Is the thought an anger distortion? (Specify the anger distortion)* | **FEELING**<br>*Describe your feeling(s) after your thoughts about the event. Rate each feeling for intensity on a scale from 0-10.* | **NEW THOUGHT / FEELING**<br>*Give an example of some different thought(s) and the feeling(s) that would follow.* |
|---|---|---|---|---|
| **1** | | | | |
| | **EVENT** | **THOUGHT** | **FEELING** | **NEW THOUGHT / FEELING** |
| **2** | | | | |

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**Phase I: Mindfulness**
*Getting Comfortable With Yourself*

## CHAPTER 4: WHAT IT MEANS TO BE A FEMALE

### SESSION OUTLINE

**RATIONALE**

This group will help members create greater awareness of their bodies and their sexuality. The group will explore how cultural expectations, trauma, substance abuse, and emotional problems have affected the images girls have of themselves.

**GOALS**

1. Group members will gain a new sense of awareness of themselves and a personal meaning of what it means to be a female.
2. Group members will understand how their beliefs about being female can change if they are drug and alcohol free and emotionally stable.

**QUESTIONS**

1. *When you think about being a female, what are the first things that come to mind?*
2. *What do people think about females and males in American culture?*
3. *What do people think about the roles of females and males in other cultures or ethnic groups?*
4. *As a female, what thoughts do you have about your body?*

**EXERCISES**

1. *Song Lyrics.* Volunteers will sing the lyrics to a song. A discussion about the song lyrics follows.
2. *Deep Breathing with a Positive Thought and Relaxing Music.* Members practice the deep-breathing exercise learned in Chapter 3 while holding a positive thought and listening to relaxing music.

**SUPPLIES**

Chalkboard or equivalent; copies of the song lyrics; portable CD player or cassette player with meditation or relaxation music

**INTRODUCTION**

Complete the **Feelings Check-In.**

*Last session we continued looking at how our minds, emotions, and bodies work together to heal and recover. One tool we used was the Event-Thought-Feeling Worksheets. Would anyone like to share an event that happened since last week and what you thought and felt about the event?*

*An important part of discovering "who we are" is understanding what it means to be a female, and that's what we'll be exploring this session.*

**Question 1:** ***When you think about being a female, what are the first things that come to mind?***

| Typical Responses | | | |
|---|---|---|---|
| **Negatives** | | **Positives** | |
| *Hormone swings* | *Gain weight* | *More sensitive* | *Caring* |
| *Big thighs/butt* | *Talk too much* | *Lower car insurance* | *Mothering* |
| *Labor pains/giving birth* | *Taken advantage of* | *Care-giving* | *Nurturing* |
| *Menstrual period, cramps, PMS* | *Not taken seriously* | *Compassionate* | *Strong* |
| | | *Giving birth* | *Wise* |
| *Difficulties with body image* | *Vulnerable physically* | *More socially responsive* | *Competitive* |
| | | | *Beautiful* |
| *Vulnerable emotionally* | *Expected to be a maid* | *Spiritual* | *Conscious about bodies* |
| | | *Able to relate well* | |
| *Uncomfortable undergarments* | *Sexism/stereotypes* | *Able to compromise* | *Sexy* |
| *Underestimated* | *Manipulated more* | *Thoughtful* | *Pretty hair/face/body* |
| *Labeled uptight or frigid* | | *Mature faster* | *More responsible* |

**Question 2:** ***What do people think about females and males in American culture?***

| Typical Responses | |
|---|---|
| **Female** | **Male** |
| *Women are unable to take care of themselves even though they are supposed to take care of the children.* | *Men are the strong protectors and should make all of the decisions.* |
| *Girls should be gentle and sweet.* | *Boys can be aggressive and mean.* |
| *Women are men's sexual toys.* | *Men need a lot of sex.* |
| *Girls are more verbal and like to talk.* | *Boys are better at math and science.* |
| *Girls and women are supposed to act and look a certain way.* | *Men have more freedom* |
| *A woman lives her life to please others.* | *A man lives his life to work and improve society through his efforts.* |
| *It's okay for a woman to work, but she still has to keep the house clean and take care of the needs of her family.* | *A man should bring home the bacon and when he is at home he should be treated like a king.* |
| *Women are very emotional*<br>*If a woman sleeps around she is a slut.* | *A man should always be in control.*<br>*If a man sleeps around he is a stud.* |

**Question 3: What do people think about the roles of females and males in other cultures or ethnic groups?**

Some of the following Typical Responses may not be "correct." However, these responses were generated by the adolescent girls at the PACE Center and reflect their conceptions or misconceptions about cultural differences at the time. Also, some of the responses below may have been generated for the previous question depending on the ethnic/racial make-up of the group.

| **Typical Responses** | |
|---|---|
| *Females should be covered from the eyes down (Iraq)* | *Males can remarry without censure (Haiti, many African cultures)* |
| *Females should be barefoot, pregnant and in the kitchen (Italy)* | *Males can have more than one wife (Iraq, many African cultures)* |
| *Females can't remarry (Haiti)* | *Males are bread winners and that is all (Italy)* |

**Question 4*: As a female what thoughts do you have about your body?***

| **Typical Responses** | | | |
|---|---|---|---|
| *Attractive* | *Strong* | *Shame* | *Betrayed* |
| *Healthy* | *Sexy* | *Dirty* | *Guilt* |
| *Nice hair* | *Life-giving* | *Overweight* | *Disgusted* |

**EXERCISE 1: Song Lyrics**

■ Distribute copies of the song lyrics for Motley Crue's "Girls, Girls, Girls" song. Or review the other songs the girls brought in. Encourage the group members to sing the song(s) if they would like to. After each song ask the following question:

*What messages do you hear about being a female when you listen to the words in this song?*

For songs similar to the "Girls, Girls, Girls" song adolescents are generally quick to point out things like "we are men's toys," "girls are best when they are putting out," "we are supposed to make ourselves up with lipstick and nail polish," "we are supposed to look sexy all of the time," "our personalities and brains aren't important… only our sex appeal," "girls are only fun if they are putting out."

*Are there lots of messages in television, too, about how girls are supposed to act? Who can name some TV shows where girls serve as role models for how to have fun and be liked without having sex?* This question often generates a lot of discussion about how girls are portrayed on television. If the girls are able to name shows where the stars are vocal about abstaining from sex, have them talk about what kinds of methods the stars use to deal with peer pressure to have sex.

**EXERCISE: Deep Breathing with a Positive Thought and Relaxing Music**

This exercise can either be done as described or can be done to music. You can ask the girls to try both or suggest they bring in songs they feel would be nice with the breathing exercise and see if they can bring it in next week.

*Let's do the deep breathing exercise again that we did last week. This time, also identify something you feel very good about in terms of being a female or something positive about your body. Now hold this thought in your mind as you do the breathing and listen to the relaxing music.*

**CLOSURE**

Have a group member lead the **Impact Check-Out.**

*During the last four sessions (Phase I) we have talked about making choices for our personal safety, we looked at how our thoughts affect our feelings, and we talked about what it is to be a female. Phase II focuses on Interpersonal Skills. Next session we will begin learning about and practicing skills for being assertive. Making sure that others understand your point of view about different things and making sure that others understand what YOU need is exactly what assertive communication is all about.*

Thank everyone for their participation, especially the girls who brought in lyrics and/or the accompanying music. Suggest that the group members try to take their positive thought with them into the rest of the day.

**Phase II: Interpersonal Skills**
*Healthy Relationships*

## INTRODUCTION TO PHASE II: INTERPERSONAL SKILLS

*Phase I was about learning about ourselves. Our focus was on taking care of our minds, our bodies, and our emotions. Now we will learn new skills in relating to others and building healthy relationships.*

**If new members are joining for Phase II, review the rules agreed upon by the group members during Session 1, develop new rules as appropriate, and reinforce the need for confidentiality. **

## CHAPTER 5: ASSERTIVE COMMUNICATION

### SESSION OUTLINE

**RATIONALE**

Communication both impacts and is impacted by emotional problems, substance abuse, and the experience of violence. Individuals with all three Triad issues have often not developed the skills required to communicate their needs well to others. It is important for Triad girls to understand the difference between messages they send to others and the messages they intend to send.

**GOALS**

1. Members will learn how to express and meet their needs using both verbal and nonverbal *forms* of communication and passive, aggressive, and assertive *styles* of communication.
2. Members will understand how violence/trauma, emotional problems, and substance abuse affect communication.

**QUESTIONS**

1. *What is verbal communication?*
2. *What is nonverbal communication?*
3. *What is passive communication?*
4. *What is aggressive communication?*
5. *What is assertive communication?*

**EXERCISE**

*Role-Playing Communication Styles.* Group members role-play passive, assertive, and aggressive communication styles with coaching from the facilitators and other group members.

**SUPPLIES**

Chalkboard, Handouts 5A, 5B, and 5C

Have a group member lead the **Feelings Check-In**.

## FORMS OF COMMUNICATION

*There are 2 forms of communication: verbal and nonverbal.*

**Question 1:** ***What is verbal communication?***
*Verbal communication is spoken, written, or symbolic language (such as sign language).*

**Question 2:** ***What is nonverbal communication?***
*Nonverbal communication is everything else used to express a want, need, idea, or emotion.*

| Typical Responses | |
|---|---|
| *Non-verbal sounds (whistles, yawns)* | *Use of space* |
| *Facial expressions* | *Volume of voice* |
| *Body positioning* | *Tone of voice* |
| *Gestures* | *Posture* |
| *Touching* | *Ways of dressing* |
| *Hairstyle* | *Eye contact* |
| *Way of walking* | *"Attitude"* |
| *Writing* | *Music* |

## STYLES OF COMMUNICATION

*There are 3 styles of communication: passive, aggressive, and assertive. Each style can be useful depending on circumstances.*

**Question 3:** ***What is passive communication?***

| Typical Responses | |
|---|---|
| *Being indirect* | *Being manipulative* |
| *Not saying anything* | *Hunched posture* |
| *Beating around the bush* | *Deferring to others' wishes and desires* |
| *Being vague* | *Trying to get others to guess your needs* |
| *Trying to blend into the surroundings* | *Putting the rights of others before my own* |
| *Trying to look smaller than you are* | *Little or no eye contact* |
| *Having something important to say but not wanting to say it* | *Talking softly* |

*Is the passive style used more by girls than by boys?*
*Is this different for different cultures?*

*Passive communication is best used when someone has a lot more power than you have or is likely to hurt you. Sometimes it is in our best interest to respond passively. Can anyone give an example?* (in court, when someone has a weapon, etc.)

*Passive communication may be a primary style in an abusive family or relationship. Why is that?*

*Overuse of passive communication can be a problem because others have to guess what you want. Can someone give an example?*

**Question 4:** ***What is aggressive communication?***

| Typical Responses | |
|---|---|
| *Making threats* | *Being intimidating* |
| *Staring at people* | *Raising my voice* |
| *Putting my rights before others' rights* | *Invading others' space* |
| *Waving a weapon around or making a fist* | *Giving ultimatums* |
| | *Hovering over people* |

*Is the aggressive style used more by boys than by girls?*

*Is this different for different cultures?*

*Aggressive communication is often used within abusive families and on the street. Why?*

*Aggression tends stop communication because the receiver has few choices other than to comply or become aggressive too. What might be more effective?* (E.g., assertive communication.)

**Question 5:** ***What is assertive communication?***

| Typical Responses | |
|---|---|
| *Being to-the-point* | *Respecting boundaries* |
| *Being honest* | *Regular and direct eye contact* |
| *Asking direct questions about what another person means or needs* | *Asking for what I want and being open to negotiation* |
| *Respecting my rights* | *Talking loud enough for others to hear* |
| *Respecting others' rights* | *Having confidence in what you say* |
| *Respecting the process of trying to understand each other* | *Standing or sitting up straight in a relaxed position* |
| *Being direct and clear about what I want* | *Being willing to back up what you say* |

*Can any of you share assertive communication helped you get your message across in the past and how it felt when you used it?*

*Assertiveness is useful in almost all situations, and if it doesn't work, you can always try again with other styles. It is often called a win-win method. What do you think that means?*

**EXERCISE: Role-Playing Communication Styles (passive, aggressive, and assertive)**

Group members role-play verbal and nonverbal forms of passive, aggressive, and assertive communication in front of the group, with coaching and support by the facilitator and other group members. Some examples of communication scenarios are:

- ~ Asking a family member for a small loan
- ~ Asking a family member to give you some personal space
- ~ Refusing drugs or alcohol when you have the goal of staying in school
- ~ Turning down an unwanted sexual proposition
- ~ Asking for help with a homework assignment
- ~ Letting a family member or friend know that you want to set aside some time to talk about something important
- ~ Letting a family member or friend know that you need support on something (like staying away from drugs or alcohol)
- ~ Letting a family member or friend know that there is something that you really want to do that you need his or her help on or you want him or her to do with you
- ~ Reporting medication side-effects to a counselor, nurse, or physician or making sure that a counselor, nurse or physician answers all of your questions about something
- ~ Inviting someone to go out

■ Distribute **Handout 5A**: Drug Refusal Skills and Reminders.

Save communication scenarios related to drug use until after the group members have practiced many of the other scenarios. After role-playing several of the above scenarios,

*This worksheet is designed to help everyone with the difficult task of saying no to people that offer you drugs. Who would like to read the first section of the Handout about Drug Refusal Reminders?*

Ask for volunteers to read the section about examples of nonassertive types of communication and then one to read the section about assertive types of communication. Encourage the group members to really act the parts when they are reading the examples. Have the group members complete the remainder of Handout 5A individually. For the role-play scenarios on the worksheet, encourage group members to select some ways to respond that fit the most with their personality or reflect something that they could see themselves saying. Once the entire sheet is filled out, have various pairs role-play each of the scenarios as well as some of the drug-related

scenarios from above if there is time and group interest. Encourage the group members to look briefly through their worksheet before they perform, but to put the paper down and enjoy the exercise once they begin their role-play.

## GOALS IN SITUATIONS

■ Distribute **Handout 5B**: Goals in Situations.

*To get what we want it is necessary to know what we want—that is, to understand our goals. In terms of dealing with others there are at least three kinds of goals* (Linehan, 1993):

1. ***Objective goals****—what concrete results you want from an interaction*
2. ***Relationship goals—****getting or keeping a good relationship*
3. ***Self-respect goals****—keeping or improving self-respect and liking yourself*

Go over the following examples with the group:

**Your best friend wants to come over to talk about a problem, but you want to go to bed**.

1. ***Objective goal****—go to bed.*
2. ***Relationship goal****—keep my good relationship with my friend.*
3. ***Self-respect goal****—balance caring for my friend with caring for myself.*

**A friend asks you on a date, and you think your friend may expect sex.**

1. ***Objective goal****—to have a pleasant evening.*
2. ***Relationship goal****—to keep our friendship.*
3. ***Self-respect goal****—to keep my values by not having sex before I want to.*

Have group members think of additional situations and identify the objective, relationship, and self-respect goals. Write the situations on the board and help the members identify and list the three types of goals.

■ Distribute **Handout 5C**: Communication Worksheet.

Assist the group members with completing both situations on the Handout. After everyone is finished, ask for volunteers to describe their situation and what happened.

**CLOSURE**

Have a group member lead the **Impact Check-Out.**

*Today we talked about the ways we communicate with others and what types of goals we have when we communicate. Now take a deep breath and imagine who you might try these new ideas and skills with and how you might go about it. Next session we will talk about what happens in relationships when there is trust and respect.*

# HANDOUT 5A: DRUG REFUSAL SKILLS AND REMINDERS

**Reminders: When someone asks you to use drugs or alcohol, keep the following in mind:**

- Say "No" first.
- Make sure your voice is clear, firm, and unhesitating.
- Make direct eye contact.
- Suggest an alternative like
    - Something else to do
    - Something else to drink
- Change the subject.
- Avoid vague answers.
- Don't feel guilty about refusing to use drugs or alcohol.
- If necessary, ask the person to stop offering you drugs or alcohol and not to again.

**Examples of nonassertive, indirect, or vague types of communication:**

- The only thing you ever want to do is get high.
- I have a cold.
- Not right now.
- I really shouldn't.
- Why are you guys smoking? You know I am in a treatment program.

**Instead try assertive, direct, clear types of communication:**

- I want to hang out with you but not to get high. Let's go to the movies.
- I want to do more with my life than get loaded. You can respect my feelings by not asking me to get high ever again. That's the best way you can be my friend.

*When saying no to drugs is your goal, it is important to ask yourself some tough questions:*

What makes it hard for me to say no? _____
_____
_____

What can I do about this? _____
_____
_____

When someone has asked me to use drugs what is an example of a response I have used in the past? _____
_____
_____

Continued on next page

## HANDOUT 5A (Continued)

What else can I say next time I am asked to use drugs? _____
_____
_____

**Role Play Scenarios:** What to say to people who offer you drugs:

Someone close to me that knows my goal is to quit: _____
_____

A school friend: _____
_____

A coworker (if I have a job): _____
_____

A person at a party with others present: _____
_____

A relative: _____
_____

This worksheet was partly adapted from the following:

Najavits, L. M. (2002). *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse.* New York: Guilford Press.

Sampl, S., & Kadden, R. *Motivational Enhancement Therapy and Cognitive Behavioral Therapy for Adolescent Cannabis Users: 5 Sessions, Cannabis Youth Treatment (CYT) Series, Volume 1.* Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration. BKD384.

# HANDOUT 5B: GOALS IN SITUATIONS

**OBJECTIVE GOALS**
**(What concrete results do you want from the interaction?)**

**Do you want to:**

Obtain your legitimate rights?
Get someone to do something?
Refuse a request?
Resolve a conflict?
Get your opinion taken seriously?

**Questions to ask yourself:**

1. *What results or changes do I want from this interaction?*
2. *What do I have to do to get the results I want? What will work?*

**RELATIONSHIP GOALS**
**(How do you get or keep a good relationship?)**

**How do you:**

Act in a way such that the other person keeps liking and respecting you?
Balance immediate goals with what's good for the long-term relationship?

**Questions to ask yourself:**

1. *How do I want the other person to feel about me after the interaction?*
2. *What do I have to do to keep this relationship?*

Sometimes the main goal of the interaction is getting the other person to approve of you, stop criticizing you or rejecting you, or to stay with you. Sacrificing your own needs and wants for the relationship may cause the relationship to be out of balance.

**SELF-RESPECT GOALS**
**(How do you keep or improve your self-respect and self-esteem?)**

**How can you:**

Respect your own values and beliefs?
Act in a way that makes you feel moral?
Act in a way that makes you feel capable and effective?

Continued on next page

## HANDOUT 5B (Continued)

**Questions to ask yourself:**

1. *How do I want to feel about myself after the interaction is over?*
2. *What do I have to do to feel good about myself?*
3. *What will work to keep my self-respect?*

*****ALL THREE TYPES OF GOALS MUST BE CONSIDERED IN EVERY INTERPERSONAL OR PROBLEM SITUATION*****

[Adapted from: Linehan, M. (1993). *Skills training manual for treating borderline personality disorder* (p. 116). New York: The Guilford Press.]

# HANDOUT 5C: COMMUNICATIONS WORKSHEET

| | **SITUATION**<br>Describe an **event** in the last 24 hours, what you **thought** about it, and how you **felt** about it. | **COMMUNICATION**<br>Describe what you communicated and how you did so (verbal, nonverbal, assertive, aggressive, passive, etc.) | **RESULT**<br>Did you get what you wanted? How did you **feel**? |
|---|---|---|---|
| **1** | | | |
| | **SITUATION**<br>Describe an **event** in the last 24 hours, what you **thought** about it, and how you **felt** about it. | **COMMUNICATION**<br>Describe what you communicated and how you did so (verbal, nonverbal, assertive, aggressive, passive, etc.). | **RESULT**<br>Did you get what you wanted? How did you **feel?** |
| **2** | | | |

## CHAPTER 6: TRUST AND INTIMACY

### SESSION OUTLINE

### RATIONALE

Girls raised in abusive situations often have not learned vital lessons about relationships. It's difficult to learn about trust when people that you depend on and care about act in harmful ways toward you. What someone says does not always reflect what they do or how they act. Also, substance abuse can impair one's judgment about safe relationships and intimacy. Emotional problems and irrational thoughts about what relationships should be like can also interfere with the development of trust and intimacy. This session talks about what actions promote trust, violate trust, or lead to mutual respect and give-and-take. Members will learn how to balance their needs and wants with the needs and wants of others and cognitively process some reasons why they would choose to remain abstinent in a relationship.

### GOALS

1. Members will be able to state what conditions create trust and safety.
2. Members will learn what conditions violate trust and safety.
3. Members will learn how healthy and unhealthy relationships differ.
4. Members will gain deeper understanding about teenaged sex and abstinence and identify the advantages of choosing abstinence.

### QUESTIONS

1. *What kinds of behaviors create trust and safety?*
2. *What behaviors violate trust and safety?*
3. *How have substance abuse and other harmful behaviors interfered with trust?*
4. *What is intimacy?*
5. *What is necessary for closeness (intimacy) to occur?*
6. *What is emotional safety in a relationship?*
7. *What won't you tolerate in a relationship?*
8. *What kinds of things do girls think about or consider when they are deciding whether or not to have sex?*
9. *What are the advantages and disadvantages of choosing to be abstinent?*
10. *How do using substances affect a person's decision to have sex or not?*
11. *How do depression, thought disorders, or other emotional problems affect a person's decision to have sex?*
12. *How does being sexually or physically abused affect a person's decision to have sex?*
13. *What happens if hurts and problems build up in a relationship?*

**EXERCISES**

1. *Keeping Relationships in Balance.* Members separate the demands of others from their own desires
2. *Facts About Teen-Aged Sex and Abstinence.* Learning facts about abstinence, teen pregnancy, and STD's .
3. *To Do It or Not to Do It: That is the Question.* Members sort through their own issues and choices regarding sexuality
4. *Myths About Relationships.* Members discuss rational versus irrational thoughts concerning relationships.

**SUPPLIES**

Chalkboard or equivalent; Handouts 6A *(Forms 1 & 2)*, 6B, 6C, 6D; pens or pencils

**INTRODUCTION**

Have a group member lead the **Feelings Check-In**.

*Last session we filled out a Communications Worksheet. Who would like to tell us about a time when you used verbal, assertive, passive, or aggressive communication in the last week? Did you get what you wanted? How did you feel after that?*

*This session we'll be talking about intimate relationships and when and when not to trust. Some people are able to use the assertiveness skills we talked about last session with strangers but not with friends. We will also talk about how to keep relationships in balance.*

**TRUST**

**Question 1:** ***What kinds of behaviors create trust and safety?***

**Typical Responses***

*When someone doesn't give other people private information about you*
*When someone accepts me the way I am*
*When I am there for them and they are there for me*
*When boundaries are respected*
*When someone does not try to hurt me or take advantage of me*
*When someone really listens to me*
*When people make a real commitment to one another*
*Not judging but accepting*
*Being open and honest*
*Having things in common*
*Mutual respect*

*Adapted from Harris, 1998, p.62.

**Question 2: What behaviors violate trust and safety?**

| Typical Responses | |
|---|---|
| *Cheating* | *Private information being shared* |
| *Being abused* | *Putting me down* |
| *Being taken advantage of* | *Not respecting me or my feelings* |
| *Judging me* | *Being forced to have sex* |
| *Covering up the truth* | *Bringing up things from my past* |
| *Offering me drugs* | *Using around me* |
| *Trying to control me* | *Telling me not to take medication* |
| *Not doing what they say* | *Lying* |
| *Taking money* | *Saying or doing things behind my back (gossiping, back-stabbing)* |

**Question 3:** ***How have substance abuse and other harmful behaviors interfered with trust?***

| Typical Responses | |
|---|---|
| *When people are using they are not dependable.* | *When I use I get paranoid.* |
| *When people use drugs or alcohol, their judgment is off.* | *When people use they sometimes get aggressive* |
| *When people are using you cannot tell what they will do.* | *When people are craving they will do anything for drugs.* |
| *When I use I act differently around my friends.* | *When I stay out way past curfew I lose my parents' trust.* |
| *When people are using they take and don't give back.* | *When I lie to my parents and go and use I lose my parents' trust.* |

**INTIMACY**

**Question 4:** ***What is intimacy?***

| Typical Responses* | |
|---|---|
| *Sex* | *Emotional connection* |
| *Passion* | *Relationship with sex partner* |
| *Closeness* | *Understanding* |
| *Trust* | |

*Adapted from Harris, 1998, p. 63

**Question 5:** ***What are some ways to develop intimacy in a relationship?***

| Typical Responses | |
|---|---|
| *Spending time together* | *Rapport* |
| *Listening and being heard* | *Confidentiality* |
| *Understanding* | *Accepting people as they are* |
| *Honesty* | *Familiarity* |

Ask members to use examples to describe what they mean.

*Have you ever had sex when what you really wanted was emotional closeness or comfort?*

**EMOTIONAL SAFETY**

**Question 6:** ***What is emotional safety in a relationship?***

| Typical Responses | |
|---|---|
| *Feeling safe* | *Always telling the truth* |
| *Knowing I'm being told the truth* | *Feeling understood* |
| *Trust* | *Being listened to* |
| *Knowing my feelings are important* | *Having my sobriety supported* |
| *Being respected* | |

**Question 7:** ***What won't you tolerate in a relationship?***

| Typical Responses | |
|---|---|
| *Abuse* | *Stealing* |
| *Lying* | *Cheating* |
| *Deliberately hurting me* | *Child abuse* |

**EXERCISE 1: Keeping Relationships in Balance**

*It is difficult to achieve balance in relationships. Last session we talked about objective goals, relationship goals and self-respect. Some goals or actions help you take care of the relationship and some goals or actions help you take care of yourself. Sometimes there is a conflict created when you try to take care of both at the same time. Can anyone give an example of a conflict between a relationship goal and a self-respect goal?*

Examples:

~ Someone says, "You must prove you are my friend by using with me," but they know you have sworn to stay away from drugs.

~ Your friend really wants to talk about herself but you know you need to get home before curfew time.

~ Your best friend does something that you feel is wrong.

~ Your partner wants you to have sex but you want to remain abstinent.

*Young girls are often pressured to have sex.*

**Question 8*: What kinds of things do girls think about or consider when they are deciding whether or not to have sex?***

It is very likely that group members will mention things like "I'll keep my boyfriend" or "because it's a natural thing that two people do to show that they care about each other." Group facilitators should provide affirmation for the natural biological function of having sex, but help them brainstorm other ways that two young people can show that they care about each other in the event that they are not ready to have sex yet.

It is also likely that girls will mention such realities as getting pregnant or catching HIV. This provides a natural segue into the next exercise, which is designed to provide the group members with accurate information about the prevalence and consequences of having sex.

Be sure to help the group members generate reasons both for and against having sex.

**EXERCISE 2: Facts About Teen-Aged Sex and Abstinence**

*Some of you mentioned things like, "You might get a disease," or "You might get pregnant." But how often do these things actually happen? We are going to play a guessing game as a way to talk about that.*

Have the group members select the number 1 or 2. Give them the form (1 or 2) of **Handout 6A** that corresponds with the number they selected. Ask them not to share their questions and answers with other group members until after the activity. Have each group member present a question and its answer to someone with a different form version. Some of the questions are designed to be ridiculous to make the activity more fun and the answers easier to guess. Continue until everyone has asked and answered at least one question and all of the questions have been answered. Once finished, distribute Form 1 to those with Form 2 and vice versa or ask everyone to share their forms.

*The decision to have sex or not involves juggling a lot of different information. Since we are very social creatures, the decision to have sex is influenced by our desire to be liked by others (peer pressure), by the desire to feel close to someone else, by our family, religious and personal values, and by our biological need to procreate. The important thing is to make a decision that YOU are comfortable with, and to change that decision when YOU are ready, and not when someone else pressures you to change your mind. We have talked today about developing trust in a relationship. We have also talked about some ways to develop intimacy in a relationship*

*Although we identified several ways, people often think that intimacy and sex are the same thing. But they are not. We also talked about some reasons why teenaged girls choose to have sex and some reasons why teenagers choose not to have sex. The next worksheet is a very personal worksheet designed to help you think about and identify your OWN reasons for having or for abstaining from sex.*

**EXERCISE 3: To Do It or Not to Do It: That is the Question**

- Distribute **Handout 6B**.

Encourage group members to individually and quietly complete the handout. Once everyone is finished, ask if anyone would like to share her answers. For those that have decided to "do it," avoid being judgmental. However, discourage group members from glorifying their decision to have sex or pressuring others in the group about it. Remind them that this is an intensely personal choice. Also suggest that since this is so personal, if they intend to keep the worksheet, they should keep it in a safe place.

**Question 9:** ***What are the advantages and disadvantages of choosing to be abstinent?***

| Typical Responses | |
|---|---|
| Advantages | Disadvantages |
| *Abstinence is very affordable (it's free)* | *Not having sex can feel frustrating* |
| *Increases chances of reaching goals* | *Your partner may say you don't love him* |
| *It may fit well with family/ religious values and make you feel good about yourself* | *You might have to end your current relationship if the pressure is too high* |
| *You can start it at any time in your life* | *If you change your mind in the "heat of the moment" you might not have protection available* |
| *It can encourage people to build relationships in other ways* | |
| *Maximum protection against pregnancy* | |
| *Maximum protection against infection* | |

**Question 10:** ***How do using substances affect a person's decision to have sex or not?***

| Typical Responses | |
|---|---|
| *You get too drunk or high to say no and someone takes advantage of you* | *You get into risky situations and everything gets out of control.* |
| *You forget what your decision was or why you made it.* | *If you are high, you have an excuse for having sex.* |
| *It's harder to be firm or assertive.* | *You feel so good you don't care any more.* |

**Question 11:** ***How do depression or other emotional problems affect a person's decision to have sex?***

| Typical Responses | |
|---|---|
| *You get down on yourself and you don't care if you get used.* | *I'd rather be at my boyfriend's house than at home because things are so crazy.* |
| *When someone is lonely, having sex can seem more important that self-respect.* | *Sometimes you get so restless you think why not?* |

**Question 12:** ***How does being sexually or physically abused affect a person's decision to have sex?***

| Typical Responses | |
|---|---|
| *I don't trust anyone. At the same time I think that trust and sex don't have to go together.* | *I don't want to have sex until there is complete trust.* |
| *When someone tells you that you are asking for it, you believe them even if it's not true.* | *Your self-esteem gets so low that you figure you deserve to be used.* |

Ask members to define **demands, shoulds, priorities,** and **wants**. Write their definitions at the top of the board.

***Demands*** *are those things other people insist you do.*

***Shoulds*** *are those things you think you ought to do for other people.*

***Priorities*** *are those things important to you that need to get done soon.*

***Wants*** *are those things you really want to do because they give you pleasure, or because you simply feel like doing them.*

Draw a line down the middle of the board. Ask members to list **others' demands and shoulds** on one-side and **their own priorities and wants** on the other side (Linehan, 1993).

| Typical Responses | |
|---|---|
| **Others' Demands and "Shoulds"** | **My Priorities and Wants** |
| *Get high with him/her. Buy something for him/her* | *Get some rest* |
| *Clean house* | *Read a book* |
| *Have sex* | *Watch my favorite TV show* |
| *Watch my little brothers/sisters* | *Get to school on time* |
| *Don't be angry* | *Do my homework* |
| *Change my attitude* | *Look for a job* |
| | *Express my feelings* |

**Question 13:** ***What happens if hurts and problems build up in a relationship?*** (adapted from Linehan, 1993, p. 75)

| Typical Responses | |
|---|---|
| *I don't get what I need.* | *I feel drained and unhappy.* |
| *I am often angry and feel resentful toward the other person.* | *I get headaches or stomachaches.* |
| *I feel stressed out.* | *I begin to feel afraid or paradoid.* |
| *We start fighting.* | *I feel criticized and don't feel supported.* |
| | *Everything seems so complicated.* |

■ Distribute **Handout 6C**: Interpersonal Mastery and Self-Respect.

*We have important relationships with many different people—family members, neighbors, classmates, friends, co-workers, and dating partners. This handout has some important suggestions for balancing your own priorities and goals with the priorities and demands of others.*

**EXERCISE 4: Myths about Relationships**
*Sometimes unrealistic and irrational thoughts about what relationships should be like get in the way of understanding their real nature. Fantasies about relationships can interfere with having a real and trusting relationship with someone. They can lead us to make bad decisions.*

■ Distribute **Handout 6D**: Rational and Irrational Thoughts about Relationships.

Ask that each member pick one of the irrational thoughts and tell why it is irrational. If there is time and interest, continue with the exercise until all of the thoughts have been discussed.

## CLOSURE

Have a group member lead the **Impact Check-Out**.

Thank members for speaking up and being willing to share.

*This session we talked about the importance of trust and balance in relationships. Another skill for communicating with others is setting boundaries. We will talk about how to set and maintain personal boundaries during the next session.*

# HANDOUT 6A: FACTS ABOUT TEENAGED SEX AND ABSTINENCE
## Form #1

**Question 1:** How many teens in America become pregnant each year?

A) none because teenagers don't have sex
B) between 10,000 and 100,000
**C) between 500,000 and 1 million**
D) all of them

➔**Answer C.** About 840,000 teens become pregnant each year.

**Question 2:** About how many teen pregnancies end in abortion?

A) almost all of them
**B) about one third**
C) less than one fourth
D) none because teenagers don't get pregnant

➔**Answer B.** Also about three out of four teen births are out of wedlock.

*Source for Questions 1 and 2:* Centers for Disease Control and Prevention. (2000, July 14). National and State-Specific Pregnancy Rates Among Adolescents – United States, 1995-1997. *Morbidity and Mortality Weekly Report, 49*(27): 605-611. Retrieved from: http://www.cdc.gov/ mmwr/PDF/wk/mm4927.pdf

**Question 3:** Out of every ten teen mothers, about how many drop out of school?

A) none because teenagers never get pregnant before they graduate
B) 2 out of 10
**C) 7 out of 10**
D) all of them

➔**Answer C.** More than 80% of teen mothers end up in poverty and reliant on welfare assistance.

*Source for Question 3:* Maynard, R.A. (ed.). (1996). *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing.* New York: Robin Hood Foundation.

**Question 4:** How many people in America are infected with an STD?

A) none because everyone uses protection
B) about a million
**C) about 68 million**
D) almost everyone

➔**C.** To give you an idea of how many people 68 million is, it's almost equal to everyone that lives in Florida, California, and New York combined. Herpes and HPV account for 65 of the 68 million current infections. Each year, 15 million new STD infections occur. Over 3 million of these new infections are in teens.

# HANDOUT 6A: FACTS ABOUT TEENAGED SEX AND ABSTINENCE
## Form #2

**Question 5:** What percentage of all new HIV infections is in people under 25?

A) about 100%
**B) about 50%**
C) about 10%
D) hardly any because people rarely have sex

➔**Answer B.** The majority of that 50% are infected sexually.

**Question 6:** How many people have already died from HIV-related illnesses?

A) none because people can't die from HIV-related illnesses like AIDS.
B) about a dozen
C) about 9,999
**D) about 375,000**

➔**Answer D:** HIV has already taken the lives of more than 375,000 Americans. In comparison, America lost approximately 400,000 people in World War II.

*Source for Questions 4, 5 & 6:* Centers for Disease Control and Prevention (2003). *HIV Prevention Strategic Plan Through 2005.* Retrieved September 30, 2003 from http://www.cdc.gov/hiv/partners/PSP/ youth.htm

**Question 7:** How much protection do condoms offer in preventing this STD…

| How much protection do condoms offer in preventing the STD? | | | |
|---|---|---|---|
| STD | Lots of protection | Some protection | Very little protection |
| HIV | √ | | |
| Gonorrhea | √ | | |
| Herpes Type 2 | | √ | |
| Chlamydia | | √ | |
| Bacterial Vaginosis | | | √ |
| Genital Warts (HPV) | | | √ |

➔Genital warts are the most common STD.

*Source for Question 7:* Cates, W. Jr. & Stone, K.M. (1992, March/April). Family Planning, Sexually Transmitted Diseases and Contraceptive Choice: A Literature Update-Part I. *Family Planning Perspectives, 24*(2), 75-84.

Continued on next page

# HANDOUT 6A: FACTS ABOUT TEENAGED SEX AND ABSTINENCE (Form 2 Continued)

**Question 8:** What does abstinence mean?

A) it means stubborn
B) it means eating a good meal with other people
**C) it means avoiding sex**
**D) it means avoiding drugs**

**Answers both C and D.** Abstinence is the act of avoiding something. People usually talk about abstaining from sex, drugs, alcohol, and sometimes food.

**Question 9:** What percentage of high school students have not had sex?

A) 100% because high school students never have sex
B) about 99% because most high school students do not even know what sex is
**C) more than half, or 50%**
D) O% because everybody is doing it

**Answer C.** And recent studies show this number is increasing. Of teens who have had sexual intercourse at least one time, approximately 25 percent have been abstinent for the last three months.

*Source for Question 9:* Centers for Disease Control and Prevention. (1998, August 14). Youth Risk Behavior Surveillance -United States, 1997. *Morbidity and Mortality Weekly Report, 47*(SS-3). Retrieved from http://www.cdc.gov/mmwr/PDF/SS/SS5104.pdf

## HANDOUT 6B: TO DO IT OR NOT TO DO IT: THAT IS THE QUESTION

1) Strong personal reasons for choosing to have sex:

- ❑ I am able to talk to my partner about pregnancy and protection.
- ❑ I am not concerned with being in a long-term relationship or married before I have sex.
- ❑ My partner is not concerned with being in a long-term relationship or married before having sex.
- ❑ I am ready to be a mother in case I get pregnant.
- ❑ My boyfriend is ready to be a father in case I get pregnant.
- ❑ I have discussed my reasons for having sex with my partner and feel understood.
- ❑ I am not choosing to have sex only because my partner is pressuring me or threatening to end the relationship if I don't.
- ❑ I know why my partner wants to have sex and I agree with those reasons.
- ❑ I have a plan for how I will avoid getting pregnant.
- ❑ I have a plan for how I will avoid STD's.
- ❑ I am willing to face the risks of becoming pregnant or infected with an STD.
- ❑ I am sure I am not choosing to have sex just because of peer pressure, because I'm lonely, or because I don't care what happens to me.
- ❑ I don't have an STD, or I know how to protect my partner if I do.
- ❑ _____

  _____

Continued on next page

## HANDOUT 6B (Continued)

2) Strong personal reasons for choosing to abstain from having sex:

- ❑ I am not able to talk to my partner about pregnancy and protection.
- ❑ I want to be in a long-term relationship or married before I have sex.
- ❑ My partner wants to be in a long-term relationship or married before having sex.
- ❑ I am not ready to be a mother in case I get pregnant.
- ❑ My boyfriend is not ready to be a father in case I get pregnant.
- ❑ I have not discussed my reasons for having sex with my partner.
- ❑ I have no clue why my partner wants to have sex besides stuff like "everybody is doing it," "it will feel good," or "you would do it if you loved me."
- ❑ I might be choosing to have sex because my partner is pressuring me or threatening to end the relationship if I don't.
- ❑ I don't have a plan for how I will avoid getting pregnant.
- ❑ I don't have a plan for how I will avoid STD's.
- ❑ I am not willing to face the risks of becoming pregnant or infected with an STD.
- ❑ I am not sure that I wouldn't be choosing to have sex just because of peer pressure, because I'm lonely, or because I don't care what happens to me.
- ❑ I have an STD and I don't know how to protect my partner from infection.
- ❑ _____
- ❑ _____

3) Other reasons for choosing to have sex:

- ❑ My parents agree I am ready.
- ❑ I know someone (parents, Planned Parenthood, my partner) that is willing to help me with protection from pregnancy and STD's.
- ❑ I don't have any <u>religious</u> values that would discourage or prohibit me from having sex.
- ❑ I don't have any <u>cultural</u> values that would discourage or prohibit me from having sex.
- ❑ _____
- ❑ _____

Continued on next page

## HANDOUT 6B (Continued)

4) Other reasons for choosing to abstain from having sex:

- ❑ My parents have some convincing arguments about why I am not ready.
- ❑ I don't know anyone who can help me learn about protection from pregnancy or STD's.
- ❑ My religious values discourage or prohibit me from having sex.
- ❑ My cultural values discourage or prohibit me from having sex.
- ❑ _____
- ❑ _____

5) Based upon the above considerations, my personal choice is to:

- ❑ Have sex.
- ❑ Abstain from sex.
- ❑ Get more information or think about it some more and then consider my reasons again before making my decision.
- ❑ _____
- ❑ _____

6) In order to stay firm in my decision (until I purposefully change my mind) I will do the following:

- ❑ Be clear in my own mind about why I made this decision.
- ❑ Talk about my decision with others—especially my partner.
- ❑ Reevaluate carefully if I am having second thoughts about my decision.
- ❑ Avoid letting drugs or alcohol make my decision for me.
- ❑ Try to avoid situations where the decision does not seem like it's mine.
- ❑ _____
- ❑ _____
- ❑ _____

Continued on next page

## HANDOUT 6B (Continued)

7) Other things to think about or remind myself about choosing to have or not to have sex:

- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____

8) This worksheet was filled out on _____ when I was considering having sex with_____. My signature means that I am going to try to stand by my decision until I repeat this worksheet or complete some other exercise that helps me make a new personal choice about whether to have sex or not.

# HANDOUT 6C: INTERPERSONAL MASTERY AND SELF-RESPECT

**Attending to Relationships**

Don't let hurts and problems build up.

Use relationship skills to head off problems.

End hopeless relationships.

Resolve conflicts before they get overwhelming.

**Balancing Your Priorities with Others' Demands**

If overwhelmed, reduce or put off low-priority demands.

Ask others for help; say no when necessary.

If you don't have enough to do, try to create structure and responsibilities; offer to do things.

**Balancing Your Wants with Others' Shoulds**

Look at what you do because you enjoy doing it and *want* to do it versus how much you do because others say it has to be done and you *should* do it. Try to keep the number of each in balance, even if you have to:

Get your opinions taken seriously,

Get others to do things,

Say no to unwanted requests.

**Building Mastery and Self-Respect**

Interact in a way that makes you feel competent and effective, not helpless and overly dependent.

Stand up for yourself, your beliefs and opinions. Follow your own wise mind.

[Adapted from: Linehan, M. (1993). Skills training manual for treating borderline personality disorder (p. 115). New York: The Guilford Press.]

# HANDOUT 6D: RATIONAL AND IRRATIONAL THOUGHTS ABOUT RELATIONSHIPS

| ***Irrational* Thoughts about Relationships** | ***Rational* Thoughts about Relationships** |
|---|---|
| 1. I can't stand it if someone gets upset with me. | 1. It is OK to want or need something from someone else. |
| 2. If they say no, it will kill me. | 2. I have a choice to ask someone for what I want or need. |
| 3. I don't deserve to get what I want or need. | 3. I can stand it if I don't get what I want or need. |
| 4. If I make a request, this will show that I am a weak person. | 4. The fact that someone says no to my request doesn't mean I should not have asked in the first place. |
| 5. I have to know whether the person is going to say yes before I make a request. | 5. If I didn't get my objectives, that doesn't mean that I didn't go about it in a skillful way. |
| 6. Making requests is really a pushy (bad, self-centered, selfish, unchristian) thing to do. | 6. Standing up for myself over "small" things can be just as important as "big" things to others. |
| 7. It doesn't make any difference; I don't care really. | 7. I can insist on my rights and still be a good person. |
| 8. The problem is just in my head. If I would just think differently I wouldn't have to bother everybody else. | 8. I sometimes have a right to assert myself, even though I may inconvenience others. |
| 9. This is a catastrophe (is really bad, is terrible, is driving me crazy, will destroy me, is a disaster). | 9. The fact that other people might not be assertive doesn't mean that I shouldn't be. |
| 10. Saying no to a request is always a selfish thing to do. | 10. I can understand what another person wants and still ask for what I want. |
| 11. I should be willing to sacrifice my own needs to others. | 11. There is no law that says other people's opinions are more valid than mine. |
| 12. The other person must be perfect. | 12. I may want to please people I care about, but I don't have to please them all the time. |

Continued on next page

## HANDOUT 6D (Continued)

| ***Irrational*** **Thoughts about Relationships** | ***Rational*** **Thoughts about Relationships** |
|---|---|
| 13. I will always be hurt if I am open with my feelings. | 13. Giving, giving, giving is not the be-all in life. I am an important person in this world too. |
| 14. People who love each other should not argue. | 14. If I say no to people and they get angry, that does not mean that I should have said yes. |
| 15. A good relationship will always be intense. | 15. I am under no obligation to say yes to people simply because they ask a favor of me.<br>16. The fact that I say no to someone does not make me a selfish person.<br>17. If I say no to people and they get angry, that does not mean that I should have said yes.<br>18. I can still feel good about myself, even though someone else is annoyed with me. |

Adapted from: Linehan, M. (1993). *Skills training manual for treating borderline personality disorder* (p.118). New York: The Guilford Press.

**Phase II Interpersonal Skills**
*Healthy Relationships*

## CHAPTER 7: BOUNDARIES

### SESSION OUTLINE

**RATIONALE**

This session identifies emotional and physical boundaries used to protect personal space. Members may not have developed skills for dealing with intrusive or disrespectful contact. This session establishes the need and right a woman has to set boundaries with others and have them respected. The group will explore the meaning of personal space and how it changes according to the level of comfort, intimacy, or safety with the other person.

**GOALS**

1. Members will learn about personal boundaries and how to set them based on their own needs rather than the needs of others.
2. Members will understand the importance of setting boundaries and learn which behaviors maintain or violate boundaries.

**QUESTIONS**

1. *What is personal space?*
2. *How do you feel when people touch you or stand too close to you when you don't want them to?*
3. *What kinds of signals (body language or other nonverbal communication) tell others that a boundary has been crossed?*
4. *Does anyone you know violate the boundaries you make for yourself?*

**EXERCISES**

1. *Closeness and Nonverbal Communication.* Members observe nonverbal communications as they stand closer and closer to each other. The distance at which they still feel comfortable is measured with a measuring tape.
2. *Setting Emotional Boundaries.* The facilitator reads aloud examples of behavior and the group members categorize each behavior as either "setting emotional boundaries" or "not setting emotional boundaries."
3. *Evaluating My Relationships.* Group members complete a worksheet that helps them evaluate their 2 most important relationships.

**SUPPLIES**

Chalkboard or equivalent, measuring tape, Handout 7, extra copy of Handout 5B: Goals in Situations

## INTRODUCTION

Have a group member lead the **Feelings Check-In.**

*Last week we talked about trust, intimacy and relationships. This week we're going to talk about an important part of relationships that is related to these issues but often overlooked: personal boundaries.*

**Question 1:** ***What is personal space?***

**Typical Responses**

*It's where I go to be alone where no one can mess with me.*
*It's the space I need so I don't feel crowded or unsafe.*
*It's like a bubble around me. I only let in people I trust.*
*What space? I don't get any personal space.*
*It's my bedroom or the bathroom.*

*How much space would you need in order to feel comfortable or safe in the following situations?*

- ~ *riding a bus;*
- ~ *having a neighbor give you a ride in her car? (What if the driver is a male?);*
- ~ *having someone sit next to you in a movie theater;*
- ~ *a stranger walking up to you and asking for a cigarette;*
- ~ *someone you don't trust passing you on the street.*

## EXERCISE 1: Closeness and Nonverbal Communication

Ask participants to make groups of three. Two of the members will stand 5 to 6 feet away from each other and then gradually step closer together. The third person remains stationary and watches for nonverbal clues that one or both of the other members are becoming uncomfortable with the closeness. Everyone will switch places until each member gets a turn at being the evaluator.

*Can you think of any cultural differences in personal boundaries? For example, in some cultures it's comfortable for people to stand only a foot away from each other when having a casual conversation. Americans, on the other hand, usually feel comfortable when they are at least two feet apart.*

*How much personal space do you need when you are feeling anxious, depressed, angry or paranoid?*

*How about when you have had an argument with your dating partner?*

*Have you ever noticed that when you are using drugs or alcohol you let people get closer to you than you would if you were sober?*

*Is it difficult to set new boundaries of personal space when someone is used to your old boundaries?*

**Question 2***:* ***How do you feel when people touch you or stand too close to you when you don't want them to?***

**Typical Responses**

*I feel fearful and frozen to the spot wondering what will happen.*
*I get angry and I want to strike out.*
*I panic and my first thought is to run away.*
*I get embarrassed and want to disappear.*
*I feel excitement and intimidation at the same time.*
*I feel shame because I think I did something wrong.*

*Can you think of any boundary violations that occurred in your childhood that affect you now?*

*How have boundary violations affected your use of substances or your mental health?*

**Question 3:** ***What kinds of signals (body language, verbal communication or nonverbal communication) tell others that a boundary has been crossed?***

*Here are some examples. For each example, tell us what signals you would use.*

~ Someone asks you for a hug and you don't want to give one.
~ Someone is talking in a loud voice.
~ Someone keeps staring at you.
~ Someone stands too close to you at a bus stop**.**

## SETTING EMOTIONAL BOUNDARIES

Have a copy of **Handout 5B** from Chapter 5 available for the following discussion and exercise.

*We have been talking about setting and maintaining physical boundaries. Now let's talk about psychological or* ***emotional boundaries****. In Chapter 5 we went over objective goals, relationship goals, and self-respect goals. Our self-respect goals can be maintained by setting emotional boundaries*

~ *Emotional boundaries help you respect and like yourself.*

~ *Emotional boundaries help you and others respect your values and beliefs.*

~ *Emotional boundaries help you act openly and honestly.*

~ *Emotional boundaries help you feel more capable and effective.*

**EXERCISE 2:** ***Setting Emotional Boundaries***

Make two columns on the board: ***Setting Emotional Boundaries*** and ***Not Setting Emotional Boundaries***. Read each of the following examples to the group and have them decide which column the example belongs in. The volunteer may abbreviate the examples to save time and writing. You may also want to talk about which goals or goals the example relates to as described in **Handout 5B** (O = Objective; S = Self-Respect; R = Relationship).

1. *I wait until I know someone better before I give out my phone number (R).*
2. *I don't lie (S).*
3. *I give out personal information a little too soon (R).*
4. *I give in to my kids most of the time (R, S).*
5. *I tell people what I need (O, R, S).*
6. *I usually do what my partner wants to do (R, S).*
7. *I don't say yes when I really want to say no (R, S).*
8. *I lie about things (S).*
9. *I ask, "would it be okay if I hug you" before I hug someone (O, R, S).*
10. *I wait until I know someone better before I agree to a date (R, S).*
11. *I use drugs to show that I am a friend to someone (R, S).*
12. *I tell my children no when they demand things from me (R, S).*
13. *I tell someone, "I want to think about that first." (O, S)*
14. *I have sex with someone because I'm afraid he'll leave if I don't (R, S).*
15. *I talk about my history of abuse to people I don't know that I can trust (R, S).*
16. *I tell others when I need time for myself (O, R, S).*
17. *I let someone talk me into using drugs when I am trying to stay sober (R, S).*
18. *I say what I feel and think about things (O, R, S).*
19. *I tell my family or partner that I need time alone (O, R, S).*
20. *I don't have sex with someone just because I'm lonely (R, S).*
21. *I hide my feelings when someone hurts me (R, S).*
22. *I tell someone "I feel uncomfortable with that question" or "that request" (R, S).*

*We have talked a lot about relationships during the last three group sessions. In Chapter 5 we talked about assertively communicating our needs to other people and practiced how to be assertive in a variety of situations. During Chapter 6, we talked about how people create trust*

*and intimacy in their relationships. Today we talked about what kinds of behaviors maintain or violate personal boundaries. The last thing we are going to do is ask some serious questions about our relationships with others by filling out a worksheet.*

- Distribute **Handout 7**: Evaluating My Relationships.

*Please do this worksheet individually. You are welcome to fill some of this out now and some of it later in privacy. This is just a tool to help you think about your relationships with others in the context of all of the things we have talked about in the past few weeks.*

Give the group members time to complete some or all of the worksheet while ensuring that each group member has some privacy. Since today's session focused on boundaries, it is less likely that the group members will violate them by trying to look at each other's responses on the worksheets. However, if they do, remind them about the topic of today's group and how important it is to give each other personal and emotional space.

**Question 4:** ***Does anyone you know violate the boundaries you make for yourself?***

Ask if anyone feels she needs to make a plan to deal with this issue, and if so, ask the group to problem-solve with her. As the group members brainstorm possible reactions to the boundary violation(s), refer back to sections on assertiveness (Chapter 5) and safety (Chapter 1). Explore with members their right to set clear and comfortable boundaries for themselves and how to use assertiveness skills to set these boundaries.

**CLOSURE**

Have a group member lead the **Impact Check-Out.**

*During the coming week think about one relationship you have. This can be someone you are close to or simply a clerk in a grocery store. Notice how you behave in the relationship. Notice how you communicate. Observe his or her body language. Notice if there are things he or she does that make you more or less comfortable. Notice where you set your boundaries. Notice if you respect yourself after the interaction. Notice if you act in a way that makes you feel honest, capable, and effective.*

*We've explored a lot of material in these last few sessions, some of it very difficult. Next week we will discuss the support we get from other people and how to build support in our lives.*

Thank members for showing their commitment to healing and personal growth by coming to this group every week. If you know of other things the girls are doing that are helpful in their work mention those as well.

# Handout 7: Evaluating My Relationships

| **Two People that I have an Important Relationship With** | **Name** | **Name** |
|---|---|---|
| 3 things I really like about this person | | |
| What do I really dislike about this person? | | |
| What activities do we enjoy doing together? | | |
| What activities do we enjoy doing apart? | | |
| Can I trust this person with personal information? | | |
| Are this person's relationships with others mutually respectful and caring? List examples. | | |
| Does this relationship allow me to freely express my true self? | | |
| How does this person feel about using drugs? | | |
| Does this person often violate my personal space? | | |
| Does this person violate my emotional boundaries? | | |
| Does this person respect my goals? | | |
| Is this person always trying to change me? | | |
| **Other things important to me in evaluating relationships:** | | |

**Phase II Interpersonal Skills**
*Healthy Relationships*

## CHAPTER 8: SOCIAL SUPPORT

### SESSION OUTLINE

**RATIONALE**

Social support is a powerful predictor of improved health and healing for people with a wide range of problems. Healthy social support can offer emotional encouragement; sharing of material resources; and support for a teenager's roles as daughter, student, employee, partner, and mother. Supportive people in our lives can help us tolerate or decrease the impact of stress and prevent many symptoms from getting worse.

Teenagers in troubled or abusive families may feel isolated from others, or may not be allowed to spend time with friends. They may need special help in learning to build supportive networks. Our social support can give us confidence to tackle everyday stress and cope with the problems related to substance abuse, mental health, and trauma.

**GOALS**

1. Members will be able to identify their social support network.
2. Members will see how their social support network helps or worsens how they cope with substance abuse, emotional problems, and the consequences of violence.
3. Members will be able to identify community resources that might offer them additional assistance.

**QUESTIONS**

1. *Who are members of your support network?*
2. *How do people make healing and personal growth hard for you?*
3. *How do people help in your healing and personal growth?*
4. *What are some things people do for you?*
5. *What people and programs have helped in your healing and personal growth?*

**EXERCISE**

1. *Social Support Circle.* Group members will make a diagram of support and share names of resources with other members.
2. *People Who Impact My Goals, Healing or Growth.* Group members complete a worksheet that helps them identify people who are supportive, neutral, or destructive toward their goals, healing or personal growth.

**SUPPLIES**

Chalkboard or equivalent, Handouts 8A and 8B

**INTRODUCTION**
Have a group member lead the **Feelings Check-In.**

*In the past few weeks, you have been working on understanding yourself better and understanding your relationships with others. Last week we asked you to think about one particular relationship and notice where you set your boundaries. Does anyone want to tell us what you discovered?*

*Now we are going to look at all of the relationships you have—everyone you have contact with. Anyone who gives you any kind of support is part of your social support network. These are people that you can talk to or rely on when something bad happens or when something really good happens.*

**Question 1:** ***Who are members of your support network?***

| Typical Responses | |
|---|---|
| *Sister* | *People at church, synagogue, etc.* |
| *Mother* | *Members of this group* |
| *My friend* | *AA or NA* |
| *Neighbor* | *Counselor* |
| *Boyfriend* | *Guardian (Legal)* |
| *Parents* | *Teacher* |
| *My partner* | *Doctor* |
| *Pets* | *People at work* |

Some group members who have emotional problems, have been using drugs, or have been abused have *constricted* social networks. Those members who have more time in healing have probably been able to expand their social supports. At first, we want to identify *all* current social supports without judging if those persons support healing and personal growth. Probe by asking who members spend their time with.

**Question 2:** ***How do people make healing and personal growth hard for you?***

| Typical Responses |
|---|
| *People talk about using in front of me.* |
| *My mother always criticizes me.* |
| *My partner keeps putting me down.* |
| *I don't have a car and have to ask others to take me places.* |
| *My boyfriend doesn't understand when I get emotional.* |
| *By pushing issues* |
| *By reminding me of my mistakes* |
| *By not accepting who I am* |

*Sometimes people in our lives are not giving us what we need for healing and personal growth and we may need to find more supportive people.*

**Question 3:** ***How do people help in your healing and personal growth?***

| Typical Responses |
|---|
| *My friend listens to me and accepts me for who I am.* |
| *My older brother, who still drinks, agreed to keep alcohol out of the house.* |
| *My counselor at school helped me get the assistance I needed to stay in school.* |
| *I get medicine for my depression from the mental health center.* |
| *NA/my sponsor is a lot of help for me.* |
| *I can talk to my friends about my emotional problems.* |
| *My friends inspire me to recover.* |

**Question 4:** ***What are some things people do for you?***

| Typical Responses | |
|---|---|
| *Give me good advice* | *Just listen to me* |
| *Give me a hug* | *Loan me money* |
| *Share rides to save on gas* | *Help me work toward my goals* |

**Question 5:** ***What people and programs have helped in your healing and personal growth?***

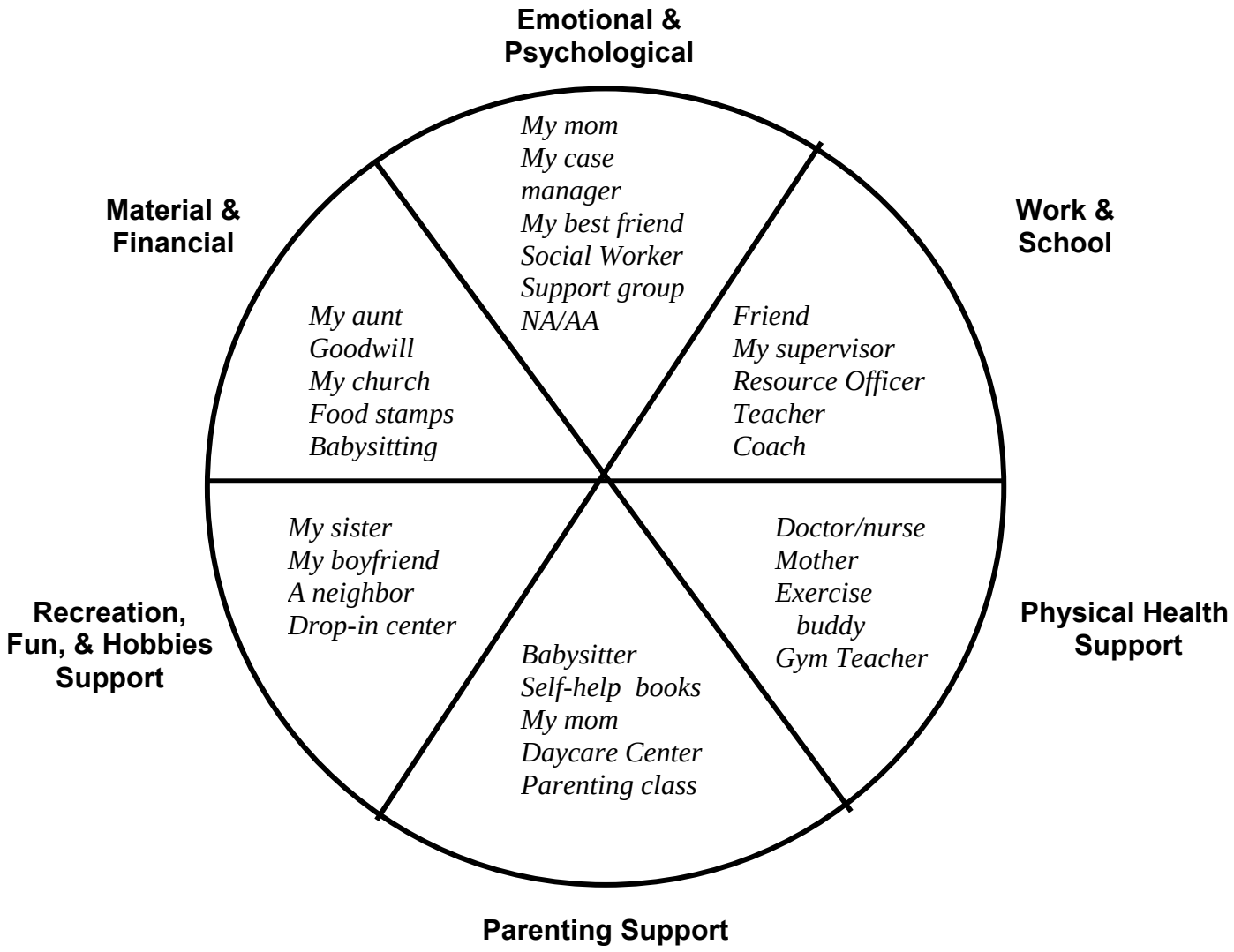
| Typical Responses | |
|---|---|
| *My partner* | *My counselor* |
| *Drug rehab center* | *Support groups* |
| *AA, NA, Double Trouble, DMDA* | *My job* |
| *My parents* | *My grandparents* |
| *My pastor, minister, rabbi* | *Our group* |
| *Planned Parenthood* | *Shelters* |
| *My doctor* | *The crisis line* |
| *The YMCA* | *My friends* |
| *Being in school* | *Counseling center* |
| *The group home, halfway house* | *Teacher* |
| *My sister* | *Other girls in group* |

*What role has abuse or trauma played in your ability to ask others for support?*
*When you are in crisis do some of your friends or family members avoid you?*

**EXERCISE 1: Social Support Circle**

- Distribute **Handout 8A** and then draw a large copy of it on the board. You can simplify your drawing to look like the one below, which also shows some Typical Responses.

Ask each member to go to the board and write the name of a support in the slice for at least one of these headings and share how the resource has helped them in healing and personal growth. Point out that some people, such as a parent, can easily belong to more than one category. Have the members complete their individual social support diagrams (Handout 8A).



**EXERCISE 2: People That Impact My Goals, Healing or Growth.**

■ Distribute **Handout 8B**. Allow group members to fill this out individually and then ask for volunteers to share their answers with the group.

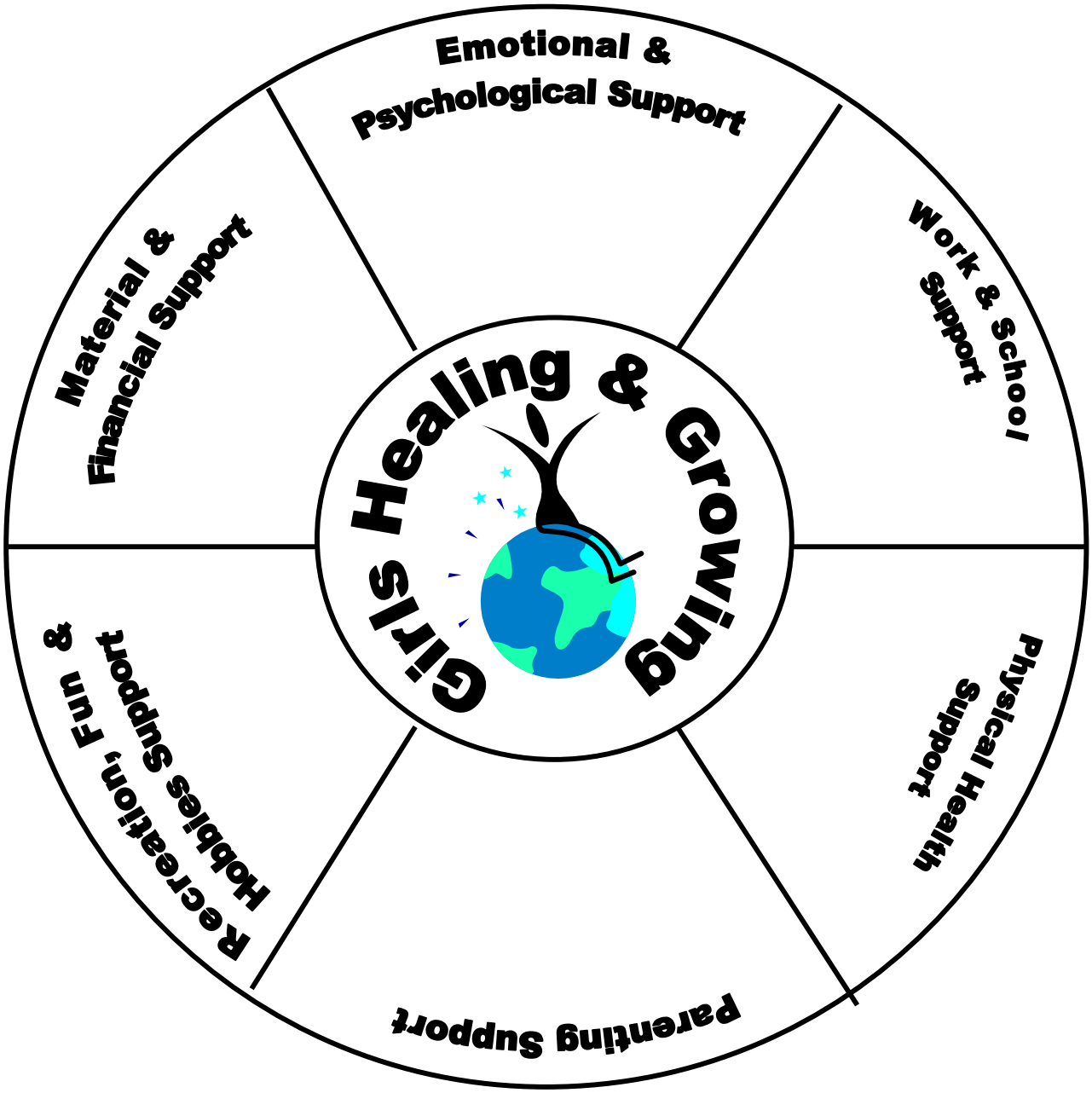
**CLOSURE**

Ask a group member to lead the **Impact Check-out.**

Thank members for coming to group every week.

*Before we leave today, I would like you to share some details with each other about some of the support you have found. You might be able to help each other build more supportive relationships. We have learned a lot in the past few weeks about our relationships with others. Next week we are going to focus specifically on our families and talk about what we have learned from them.*

## HANDOUT 8A: SOCIAL SUPPORT DIAGRAM



# HANDOUT 8B: PEOPLE THAT IMPACT MY GOALS, HEALING, or GROWTH

**Three Types of People that Impact my Goals, Healing or Personal Growth:**
Supportive People (They care. They never offer substances when I ask them not to. They listen without judging. They don't using me for something when it hurts me.) Who is *supportive* of my goals, healing or personal growth? What do they do that is supportive?

Who? _____ What does he/she do? _____
Who? _____ What does he/she do? _____
Who? _____ What does he/she do? _____
Who? _____ What does he/she do? _____

Neutral People (They might be too involved in their own lives to support me right now. They may not know how to be supportive, but they are basically good people who don't want to hurt me.) Who is *neutral* toward my goals, healing, or personal growth? What do they do that is neutral?

Who? _____ What does he/she do? _____
Who? _____ What does he/she do? _____
Who? _____ What does he/she do? _____
Who? _____ What does he/she do? _____

Destructive People (They offer me substances after I ask them not to. They abuse me emotionally or physically. They blame me or judge me. They criticize my attempts to meet my goals. They use me even when it hurts me.) Who is *destructive* of my goals, healing or personal growth? What do they do that is destructive?

Who? _____ What does he/she do? _____
Who? _____ What does he/she do? _____
Who? _____ What does he/she do? _____
Who? _____ What does he/she do? _____

Some people seem supportive sometimes but neutral or destructive other times. Who can I rely on right now? What do they do that shows they are supportive of my goals, my healing, and my personal growth?

Who? _____ What does he/she do? _____
Who? _____ What does he/she do? _____

# CHAPTER 9: FAMILY

## SESSION OUTLINE

### RATIONALE

Adolescent girls often ask for help dealing with their families. They ask for help with getting along better, negotiating compromises, being respectful, and becoming less angry or violent. Interventions like the ones the girls are asking for are often conducted with the entire family. For individuals, many of these issues are addressed in other chapters of this manual. However, service providers indicated that even without access to the family, it would be helpful for adolescents to gain some understanding about their families and the roles that they have played in their lives. Understanding each other is often the key to reducing fear, increasing feelings of safety, and being able to negotiate compromises. Understanding familial patterns may also help group members begin to make connections between their own substance abuse, mental health difficulties, and exposure to violence and trauma and that of their parents or other people they have been close to.

### GOALS

1. Members will understand their familial structure more clearly by developing a family tree (genogram).
2. Members will understand parental figures' contributions to who they are.
3. Members will share with others in the group only what they are comfortable sharing.

### QUESTIONS

1. *What kinds of things or patterns in your family tree seem obvious or not very surprising to you?*
2. *What kind of things or patterns in your family tree are unexpected or surprising to you?*
3. *What kinds of messages did you hear from parental figures or other people close to you about relationships?*
4. *What kinds of messages did you hear about drinking alcohol or taking drugs?*
5. *What kinds of messages did you hear about hitting, screaming, cussing, and disrespecting each other?*
6. *What kinds of messages did you hear about inappropriate touching, sexual abuse, or other kinds of sexually inappropriate behavior?*
7. *What kinds of messages did you hear about people with depression, anxiety, hallucinations, panic attacks, or other types of mental health symptoms?*
8. *What kinds of messages have you gotten throughout your life that stand out for you?*
9. *What kinds of messages have you gotten that help you feel good about yourself?*

**EXERCISES**
1. *Family Tree.* Group members will complete a family tree (genogram).
2. *Understanding Ourselves Better By Understanding Our Parents.* Group members will complete a handout that asks questions about their parents' characteristics, strengths, attitudes, etc.

**SUPPLIES**
Chalkboard or equivalent; Handouts 9A, 9B and 9C; blank paper and pencils/pens

**INTRODUCTION**

Have a group member lead the **Feelings Check-In**.

Responses to the content in this chapter are highly individual. No Typical Responses are provided to the questions. The messages girls feel they have heard repeatedly from people in their lives should be affirmed by the facilitator and other members of the group with skills learned in previous chapters. For example, if a message that a girl has heard all of her life from her mother is particularly hurtful, the facilitator could model empathy by responding, "I'm really sorry you heard that all of your life. That must have been really hard." Other group members could be encouraged to offer support and empathy as well. It is especially important that no censure or judgment is conveyed to any of the group members.

**EXERCISE 1: Family Tree**

The material about genograms and the Genogram Symbols Handout were adapted from McGoldrick, Gerson, and Shellenberger (1999).

- Distribute **Handout 9A & 9B.**

Ask everyone to scan the example family tree in **Handout 9B** and then quiz group members about what the symbols mean, encouraging them to look at the cheat sheet of symbols on **Handout 9A**. For example, ask *How many brothers and sisters does Cassie Smith have? How old was Grandpa Smith when he died? Who are the two people that Cassie is closest to? Who is in recovery? Which two people have all three of the Triad issues? What year did Cassie's parents get divorced and who is Cassie's mom with now? How old is Cassie's boyfriend and how long have they been dating?*

Once the group members seem familiar with reading and interpreting the relationships in the family tree, ask them to take a blank page and fill in their own family tree. Ask them, *Where would you like to start the family tree? Would you like to start it with whoever is in your household?*

As group members fill in their family tree ask them questions such as the following to help them develop connections:

- Who are you closest to?
- What was your parents' relationship like?
- What is their relationship with you and with other family members?
- Have there been any deaths in your family?
- What about any other traumatic life stressors or events?
- Who in your family has abused alcohol or drugs in the past but now considers him or herself in recovery?

It is important to ask these questions of the whole group and encourage them to indicate these relationships, events, or characteristics with the provided symbols.

Group members should be encouraged to make up their own symbol(s) to indicate a pattern that they see in their family. For example, an up arrow, ↑, could be used to indicate someone who went to college. An "S" could be used to indicate someone who committed suicide. They should add their own symbols to the genogram symbols handout.

It is also important to maintain a nonjudgmental stance and emphasize that this family tree is really to learn about themselves and the messages they have gotten from their families, not to evaluate or judge anyone. Also, artistic talent is not a requirement to complete this exercise. No one's genogram/family tree looks good without multiple drafts! If they are interested in working on the genogram beyond the group, provide encouragement by expressing interest in seeing the genogram when it is done and possibly having them share it with the group.

Once everyone has completed their family tree, ask for volunteers to answer the following questions:

**Question 1:** ***What kinds of things in your family tree seem rather obvious or not very surprising to you?***

**Question 2:** ***What kinds of things or patterns in your family tree are unexpected or surprising to you?***

**EXERCISE 2: Understanding Ourselves Better by Understanding our Parental Figures**

- Distribute **Handout 9C**.

Ask group members to identify males and females (mom, stepdad, foster mom, grandfather, uncle, etc.) that served as parental figures or main caretakers for the longest time periods of their lives. Ask them to complete the handout with these one or two people in mind. Some of the girls may not have been raised by either of their natural parents. The primary caretaker may be an older sister or an aunt or grandmother or foster parent. As needed, assist the group members in identifying their primary caretaker(s). Group members will not be asked to share their responses on this handout with the group.

*Now that you have spent some time thinking about the role of your parents or parental figures in your lives, I would like you to think more about some of the messages that you got from important people in your lives about many of the things that we have talked about in these groups. Again, whether you choose to share this information is completely up to you.*

**Question 3:** ***What kinds of messages did you hear from parental figures or other people close to you about relationships?***

**Question 4:** ***What kinds of messages did you hear about drinking alcohol or taking drugs?***

**Question 5:** ***What kinds of messages did you hear about hitting, screaming, cussing, and disrespecting each other?***

**Question 6:** ***What kinds of messages did you hear about inappropriate touching, sexual abuse, or other kinds of sexually inappropriate behavior?***

**Question 7:** ***What kinds of messages did you hear about people with depression, anxiety, hallucinations, panic attacks, or other types of mental health symptoms?***

**Question 8:** ***What other kinds of messages have you gotten throughout your life that stand out for you?***

**Question 9*****: What kinds of messages have you gotten that help you feel good about yourself?***

It is important to end an intense group like by encouraging group members to accept all of these people and messages as a natural and expectable part of who they were, who they are, and who they will become, but each person is unique with their very own potential to become their own person. Point out to the group members that everyone experiences challenges or struggles in life and that the key to understanding ourselves is to occasionally think about the people that have influenced us over the years and try to make some choices about what *we* want to take into our future.

**CLOSURE**

Ask a group member to lead the **Impact Check-out.**

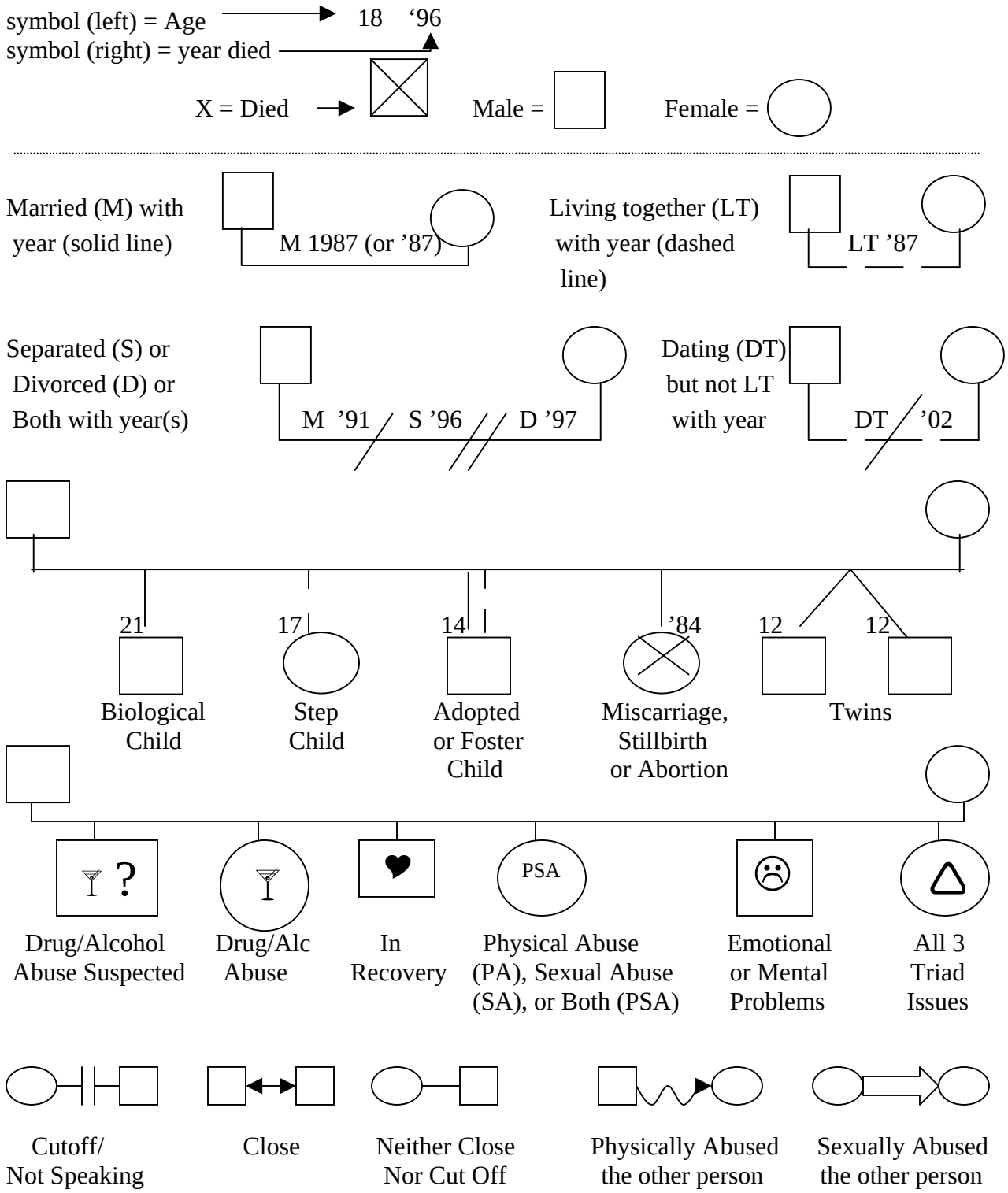
The group facilitator should also ask group members to please talk to him or her about any overwhelming feelings or memories that have arisen due to the content of this group.

Thank members for coming to group every week.

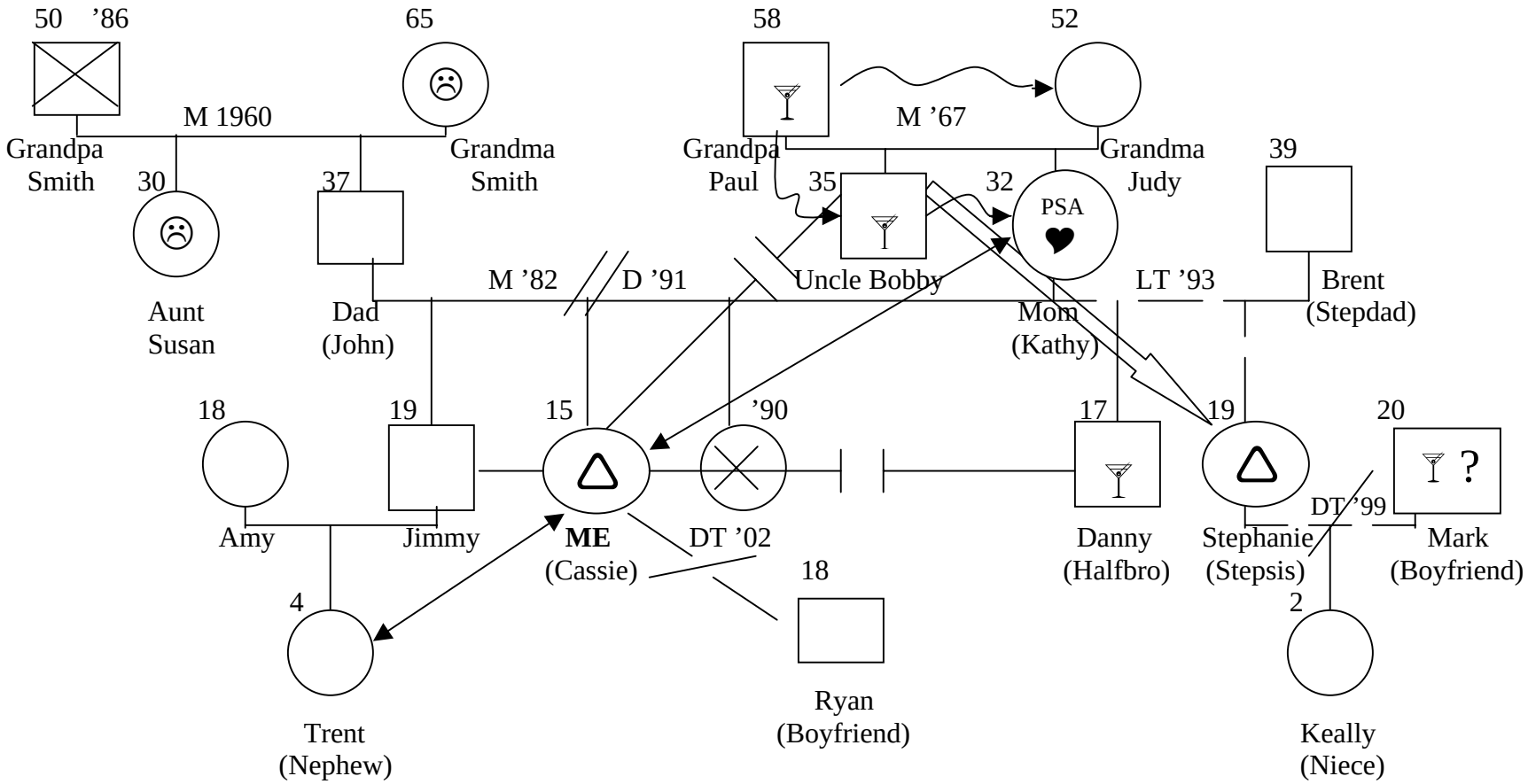
*Next week we are going to start a new phase. The new phase is about feeling good and the first thing we will talk about is how to manage cravings and urges. See you next week.*

# HANDOUT 9A: GENOGRAM SYMBOLS

(adapted from McGoldrick, Gerson, & Shellenberger, 1999)



## HANDOUT 9B: SAMPLE GENOGRAM




**Cassie Smith’s Family in December 2003**

# HANDOUT 9C: UNDERSTANDING OURSELVES BETTER BY UNDERSTANDING OUR PARENTAL FIGURES

As you complete the following questions, keep in mind one father figure and/or one mother figure who served as your main caretaker. You may have several people who come to mind.

1. What were your father's or father figure's personal strengths?
   - As a parent: _____
   - As a worker: _____
   - As a husband/boyfriend/partner: _____
     _____
   - As a person: _____

2. What were your mother's or mother figure's personal strengths?
   - As a parent: _____
   - As a worker: _____
   - As a wife/boyfriend/partner: _____
     _____
   - As a person: _____

3. What are your personal strengths?
   - As a daughter: _____
   - As a student: _____
   - As a friend/girlfriend/partner: _____
     _____
   - As a person: _____

4. What kinds of things did your father figure struggle with?
   - As a parent: _____
   - As a worker: _____
   - As a husband/boyfriend/partner: _____
     _____
   - As a person: _____

Continued on next page

## HANDOUT 9C (Continued)

5. What kinds of things did your mother figure struggle with?
   - As a parent: _____
   - As a worker: _____
   - As a wife/girlfriend/partner: _____
     _____
   - As a person: _____

6. What kinds of things have you struggled with?
   - As a daughter: _____
   - As a student: _____
   - As a friend/girlfriend/partner: _____
     _____
   - As a person: _____

7. My father figure's childhood was _____
   _____.

8. My mother figure's childhood was _____
   _____.

9. My childhood was _____
   _____.

10. My father figure always said _____
    _____.

11. My mother figure always said _____
    _____.

12. I always say _____
    _____.

13. Like my father figure I am _____
    _____.

Continued on next page

## HANDOUT 9C (Continued)

14. Like my mother figure I am _____
_____.

15. I am unlike either parental figure (unique) in that I am _____
_____.

16. I am grateful to my father figure for _____
_____.

17. I am grateful to my mother figure for _____
_____.

18. I am willing to forgive my father figure for _____
_____.

19. I am willing to forgive my mother figure for _____
_____.

20. I am willing to forgive myself for _____
_____.

21. From looking at my father figure's life, I realize that I want to _____
_____
_____

22. From looking at my mother figure's life, I realize that I want to _____
_____
_____.

23. Please add anything else that helps you understand your parental figures, caretaker(s) and/or yourself: _____
_____
_____
_____
_____
_____
_____
_____
_____

**Phase III: Emotional Regulation**
*Feeling Good*

## INTRODUCTION TO PHASE III: EMOTIONAL REGULATION

*In the first two phases of this group we increased our understanding of ourselves and our relationships with others. We are now ready to put this understanding to work to help us feel better and meet our personal goals of survival, empowerment, and healing and personal growth.*

**If new members are joining for Phase III, review the rules agreed upon by the group members, develop new rules as appropriate, and reinforce the need for confidentiality. **

# CHAPTER 10: CONTROLLING CRAVINGS AND URGES

### SESSION OUTLINE

**RATIONALE**

Girls with Triad problems often must cope with memories of trauma, peer pressure to use alcohol/drugs, cravings for alcohol/drugs, and symptoms of emotional problems. Some of the ways they may have tried to cope include drinking, using drugs, self-injury, high-risk behavior, unhealthy eating, and sexual impulsivity—all of which can have severe consequences. In healing from substance abuse, cravings and urges are natural and expected. However, giving into them can cause legal, medical, family, school and financial problems. Triad girls need strategies for coping with their memories, peer pressure, cravings, and symptoms of emotional problems that are compatible with their maturational journeys toward adulthood.

**GOALS**

1. Members will distinguish between basic human needs and cravings/urges that need to be controlled.
2. Members will identify cravings and urges they have experienced and where they come from.
3. Members will learn safe methods of managing cravings and urges.

**QUESTIONS**

1. *What are some basic needs and desires that all humans have?*
2. *What are some positive and negative effects of drinking or using drugs?*
3. *What kinds of cravings and urges have you experienced?*
4. *What triggers cravings and urges for you?*
5. *What are some of the ineffective methods you have used to cope with cravings and urges?*
6. *What kinds of losses have you already experienced as a result of using drugs?*
7. *What are some safe ways available to you now to manage cravings and urges?*

**EXERCISE**

*Strategies to Manage Cravings*. Each member creates a personal list of strategies she believes have been or will be helpful to her. If a member is feeling a craving *right now*, it is discussed.

**SUPPLIES**

Chalkboard or equivalent; index cards; pens or pencils

Have a group member lead the **Feelings Check-In.**

**Question 1*: What are some basic needs and desires that all humans have?***

| Typical Responses | | |
|---|---|---|
| *Relief from pain* | *Pleasure* | *Food and water* |
| *Sleep* | *Self-esteem* | *Safety* |
| *Friendship* | *Happiness* | *Love* |
| *Sex* | *Oxygen* | *Money* |
| *Transportation* | *Rights* | *Respect* |

*Cravings and urges can be strong and uncomfortable physical and emotional feelings. An example of a craving is when a cigarette smoker goes for a time without a cigarette and feels physical withdrawal symptoms. The same pattern of cravings and urges can hold true for problem habits such as binge eating, sexual impulsivity, or cutting oneself. While they can be difficult to tolerate, the cravings and urges of addiction will diminish over time. As girls attempt to deal with stress and painful emotions in new ways, the urge to return to old habits lessens. Sometimes there is an urge to return to old habits in the belief that one can get the pleasurable benefits of a drug or a behavior without its negative consequences.*

**Question 2:** ***What are some positive and negative effects of drinking or using drugs?***

| Typical Responses | |
|---|---|
| **Positive** | **Negative** |
| *Euphoria* | *Hangovers/ Vomit* |
| *Don't feel afraid* | *Get arrested/get locked up* |
| *Can socialize better* | *Spend too much money* |
| *Feel relaxed; can sleep* | *Do dumb things like get in fights* |
| *Lowered inhibitions* | *Depression/ Confusion* |
| *Fit in* | *Coordination gets bad* |
| *Problems go away* | *Suicide/ Death* |
| *Don't feel depressed* | *Bad reaction with medications* |
| *Sex is better* | *Paranoia* |
| *Relief from boredom* | *Brain and organ damage* |
| *Think you're more creative or free* | *Get in fights* |

**Question 3:** ***What kinds of cravings and urges have you experienced?***

For this question, past group members found it helpful to talk about cravings and urges while on and off of drugs or drinking as well as other types of cravings and urges.

**Typical Responses**

| ***While on drugs or drinking*** | |
|---|---|
| *Sex* | *Something to do* |
| *Cigarettes* | *Loud music/bass* |
| *More drugs* | *Water/fluids* |
| *Attention* | *Sweets/candy* |
| *To be alone* | *TV/cartoons* |
| *Communication* | *Love* |
| *Sleep* | |
| ***While off drugs or sober*** | |
| *Drugs* | *Attention* |
| *Love* | *Sleep* |
| *Sex* | *Music* |

*Cravings for XTC; I keep thinking about Pork and Beans, String Beans, or Jelly Beans!*

*Whenever I think about what my grandfather did to me, I want to cut or burn myself.*

*I imagine hurting my abusive boyfriend, and I'm afraid someday I really will.*

*Sometimes I get paranoid and I want to use drugs to make it stop.*

*I'm constantly eating now, and I'm gaining too much weight.*

*If I'm feeling sorry for myself, I want to do something that makes me feel better—like get high on something.*

*A trigger is something that makes you want to drink, use drugs, or do some other compulsive behavior. Many triggers are common among people, such as overhearing drug talk. In fact, during a discussion like we're having today, most of us have probably felt at least an urge to drink or use. On the other hand, a trigger can be unique to one person's experience, like when the smell of a certain brand of cologne causes a flashback of an assault by a guy who wore that cologne. Some triggers can be avoided, and some cannot. We can avoid watching people drink at a party by not going to a party. But we cannot always avoid smelling a particular cologne that causes flashbacks.*

**Question 4: What triggers cravings and urges for you?**

| Typical Responses | |
|---|---|
| *When I see someone who looks like the guy who molested me, I want to get high so I don't have to think about him.* | *When I get flashbacks, I feel like I have to do something or I'll lose my mind—so I cut myself.* |
| *When someone is mean to me I eat a lot of junk food.* | *Someone offers me a hit and all of a sudden I want it more than anything.* |
| *Stress* | *Family/Friends/Certain people* |
| *Talking about it* | *Seeing any kind of violence.* |
| *Being told to not talk or think about drugs* | *Music* |
| *School or even skipping school* | *Movies/TV/News* |
| *Rock music makes me think about partying and drinking.* | *Whenever I get angry about anything I want a drink.* |
| *Criticism* | *Sex* |
| *Smelling it* | *Seeing beer commercials on TV.* |
| *Seeing it* | *Thinking about it* |

**Question 5*: What are some of the ineffective methods you have used to cope with cravings and urges?***

| Typical Responses | |
|---|---|
| *I tried to quit cold turkey many times, but there was always "just one last bean."* | *I smoked a lot of cigarettes but ended up using anyway.* |
| *Music* | *School* |
| *Cleaning* | *Being locked up* |
| *Avoiding drug or alcohol users* | *Probation* |
| *I cut myself to change my feelings.* | *Sleeping* |
| *I'd pick a fight with my boyfriend, but that just made things worse.* | *Required drug-testing—but as soon as it stopped, I started using drugs again.* |
| *Chewing Gum/Eating* | *Family* |
| *I switched from pot to XTC—but then I ended up doing both all of the time* | *Eating helps a little, but I feel terrible about my weight* |
| *Reading/Drawing/Watching TV* | *Shopping* |
| *Babysitting* | *Friends* |

*Having cravings and urges doesn't mean you're doing something wrong. Thinking about doing something is not the same as doing it. All of us have cravings or urges from time to time that we don't necessarily act on.*

*You may have acted on cravings and urges in the past to temporarily relieve your problems. Now you have probably realized that the negative consequences outweighed the temporary relief. There are many high costs to pay for addiction. Even if you aren't addicted, there are still high costs.*

*Girls often talk about staying away from drug using friends and family members. Remind them that it is extra hard to stay away from these people because they are often supportive in other ways and may be an important part of their social support network. It is also difficult to avoid family members who are around a lot (maybe even living in their home). When it is difficult to avoid people who use drugs, it is especially important to rely upon other skills such as assertive communication.*

**Question 6:** ***What kinds of losses have you already experienced as a result of using drugs?***

| Typical Responses | |
|---|---|
| *Money* | *Self-esteem* |
| *Confidence* | *Weight/Health* |
| *Good friends* | *Self-pride* |
| *Manners* | *Morals* |
| *Respect* | *Friends* |
| *Loss of trust* | *Freedom* |
| *Held back in school* | *Job* |
| *CRS disorder (Can't Remember Sh*# Memory Disorder)* | *Car/License* |

**Question 7:** ***What are some safe ways to manage your cravings and urges?***

| Typical Responses | |
|---|---|
| *Crisis hotline* | *Call family member* |
| *Stay away from users* | *I call a crisis line.* |
| *Hangout with someone you care about (like a relative or friend)* | *I wrap myself up in a blanket when I feel unsafe.* |
| *I find something stimulating to distract me—like loud music or a puzzle.* | *I get away from trigger situations and do something that distracts me.* |
| *I pray to my Higher Power.* | *Go to N/A meetings* |
| *Lock self up* | *Sign yourself into rehab* |
| *I pamper myself—take a long bath, watch a good movie, or read a book* | *I eat something sweet to take care of the physical craving.* |
| *Church* | *I call my sponsor or call my best friend.* |
| *At times when in the past I would have cut my arm, I go for a walk.* | *Talk to people about it. Don't keep it to myself.* |
| *I use the NA slogan "THINK, THINK, THINK" and remember what it was <u>really</u> like before I quit using.* | *I go to lots of NA meetings.* |

*As you come to feel empowered by new choices when you have cravings or intense urges, you will gain a sense of power over your behavior and well-being.*

*Don't forget: cravings and urges are short-lived ("This too shall pass"). You—especially more experienced group members—can comfort each other that although uncomfortable cravings seem like they will never end, they will. For example, if you experience physical withdrawal from alcohol or a drug, the physical craving will cease. As you practice your personal coping techniques, you will soon be more comfortable riding out the cravings.*

*More good news is that cravings and urges for substances happen less often and seem less intense the longer you have stayed away from them.*

**EXERCISE: *Strategies to Manage Cravings***

- Distribute index cards.

Ask each member to prepare a personal list of strategies she believes has been or will be helpful to her. Suggest they keep their lists with them at all times, such as in a wallet or purse.

Ask if anyone is experiencing a craving or urge *right now*. If anyone says yes, ask which coping techniques from her list would work best. Then ask if anyone else has any suggestions.

**CLOSURE**

Have a group member lead the **Impact Check-Out**.

*Today we discussed that cravings and urges are to be expected when we try to give up using, drinking, and other troublesome cravings or habits. We know that the uncomfortable cravings and urges can be relieved temporarily by returning to our old behaviors. However, we have learned that this will result in all sorts of negative consequences for ourselves, and with this in mind we have made lists of methods we can use to deal with cravings and urges. Using the list will require us to have confidence in ourselves along with courage, determination, and hope for a better future.*

**Phase III: Emotional Regulation**
*Feeling Good*

# CHAPTER 11: SELF-ESTEEM

## SESSION OUTLINE

### RATIONALE

Self-esteem is one of the most important building blocks of psychological health. The purpose of this session is to increase members' self-esteem and at the same time demonstrate a simple strategy to continue this process. The session will help members get to where they want to be in terms of self-esteem and stay there.

### GOALS

1. Members will learn ways to bolster their self-esteem.
2. Members will learn to protect their self-esteem from events that might lower it.

### QUESTIONS

1. *What does it mean to have healthy self-esteem?*
2. *What have people said or done to you that helped you feel good about yourself?*
3. *What have you done that helped you feel good about yourself?*
4. *Have there been times in your life when you felt better about yourself than other times? What made the difference?*
5. *Are there areas in your life where you feel better about yourself than others?*
6. *What can you do or think about to improve your self-esteem?*
7. *What have people said or done to you that threatened your self-esteem*?
8. *What have you done that made you feel worse about yourself?*
9. *Have there been times in your life when you felt worse about yourself than other times? What made the difference?*

### EXERCISE

*The Self-Esteem Game.* Members answer the above questions and use these answers in a game format.

### SUPPLIES

Chalkboard or equivalent, index cards, pens or pencils, Handout 11

**INTRODUCTION**

Have a group member lead the **Feelings Check-In.**

*Last week we talked about controlling cravings and urges and thought of new ways to cope with life as we continue to feel good. Did anyone come up with some new ideas for taking care of yourself since last week? If you used any of the new ways to cope, you can pat yourself on the back. Patting yourself on the back for trying new ways to cope will help build your self-esteem, which is what we will talk about today.*

**Question 1:** ***What does it mean to have healthy self-esteem?***

Important concepts that the facilitator should introduce into the discussion, if the members don't, include:

1. A feeling of accomplishment for the things you've done
2. Confidence in your ability to meet challenges successfully
3. Fewer feelings of guilt or shame
4. Willingness to stand up for your rights and speak your mind without ignoring the rights or opinions of others
5. Willingness to consider both negative and positive feedback

**EXERCISE 1: The Self-Esteem Game**

**STEP 1**: **Getting started**. Give everyone a pile of small index cards, a pen or pencil, and **Handout 11** (The Self-Esteem Game).

*We are going to design and play a self-esteem game. The purpose of this game is to understand what affects our self-esteem and how we can increase it. In this game we will make* ***plus cards*** *(cards describing things that increase our self-esteem),* ***minus cards*** *(cards describing things that reduce our self-esteem), and* ***blocks*** *(cards describing ways of decreasing the effect of things that reduce our self-esteem). If the plus card that you create is something that increases your self-esteem* <u>*and*</u> *you have control over it, you will get to put two pluses on the card—which makes it a* ***double plus card****.*

*The object of the game is to increase your self-esteem. You get to decide how many of each card there will be. You can even decide how many points you want to have. The only requirement is that you be honest. Do not say, for example, that being insulted by a friend would not lower your self-esteem if it really would. First we're going to talk about some things that effect how we feel about ourselves.*

**Question 2:** ***What have people said or done to you that helped you feel good about yourself?***

| Typical Responses | |
|---|---|
| *They loved or cared for me.* | *I was recognized for something I've done.* |
| *They respected me.* | *They said something nice to me.* |
| *They did me a favor.* | *They got me the gift that I asked for.* |

**Question 3:** ***What have <u>you</u> done that helped you feel good about yourself?***

**Question 4:** ***Have there been times in your life when you felt better about yourself than other times? What made the difference?***

**Question 5:** ***What can you do or think about to improve your self-esteem?***

| Typical Responses | |
|---|---|
| *Accomplish a goal* | *Get through a day without a crisis* |
| *Feel in control of myself* | *Do something nice for myself* |
| *Think about a fun memory* | *Pamper myself because I'm worth it* |
| *Do something new or challenging* | *Do something relaxing* |
| *Make new friends* | *Go to church* |
| *Do something I've been putting off* | *Spend quality time with my* |
| *Think about something I do well* | *Kids/family/parents* |
| *Find an interesting hobby* | |

**STEP 2**: **Making *plus cards***.

*Think about what makes you feel good about yourself. Write each answer on a separate index card. You may use your own ideas or any ideas from our discussion. Next, put a plus in the upper right-hand corner of each of these cards. All of these are your* ***plus cards****. Try to make* ***at least 10 plus cards.***

**STEP 3**: **Making *double plus cards.***

*Now think about which ones you have direct control over. If you know that you control the example you put on the index card, put another plus right next to the first plus. The cards with two plusses are now your* ***double plus cards****.*

Suggest they discuss with the group any ones that they have questions about. Other members may have good suggestions about why one does or does not have control over that example.

*Now we're going to talk about things that affect your self-esteem in negative ways.*

**Question 7:** ***What have people said or done to you that threatened your self-esteem?***

| **Typical Responses** | |
|---|---|
| *They abused me.* | *They called me names or made fun of me.* |
| *They said I caused all their problems.* | *They told me I was crazy.* |
| *They said they didn't believe I was abused.* | *They never listened to me.* |
| *They didn't believe I could do something.* | *They said I'd never do well in school. That I'm not very bright.* |
| *They said I was a bad daughter/friend/student.* | *They deliberately picked a fight with me.* |
| *They wouldn't let me make decisions.* | |

**Question 8:** ***What have <u>you</u> done that made you feel worse about yourself?***

**Question 9:** ***Have there been times in your life when you felt worse about yourself than other times? What made the difference?***

**STEP 4**: **Making *minus cards*.**

*Now think about what makes you feel bad about yourself. Write each answer on separate index cards. Again, feel free to use any ideas from our discussion. Try to make* ***at least 5 minus cards****. Put a minus sign in the upper right-hand corner. Notice which ones you have control over but don't mark this on the cards.*

**STEP 5: Blocks.**

*Now we're going to help each other think of ways to block the effects of things that lower our self-esteem. Who would like to volunteer first to share a* ***minus card****?*

As each member shares a minus card, ask her to suggest how she could reduce the effect or how she has reduced the effect in the past of that minus card. Then ask her if she would like suggestions from other group members.

*Did anyone write about something that was on an* ***Event-Thought-Feeling Worksheet*** *you did before? Remember, changing your thoughts and beliefs about a minus can be a successful way to block the minus without changing the event itself.*

*Now that you have thought about ways to* ***block*** *the minus card and you've heard some other suggestions, please write the blocks on the card. Next, write* ***at least one block*** *on all your other minus cards.*

As everyone works to write blocks on the minus cards, invite members to give each other feedback and suggestions as needed.

*Next look at your **minus cards** again. If the **blocks** you wrote already worked well for you in the past or you honestly plan to use them in the future, **change the minus to a plus**. After all, either this threat to your self-esteem has been diminished or you have a plan that you think will work. The threat is not so much a threat as an opportunity for you to try new coping methods and prove to yourself that you can control how much events and people effect your self-esteem.*

**STEP 6: Adding up your points**

*The last thing to do is **count up all of your plusses**—and don't forget that each double plus card equals two plusses. You also have to **subtract the minuses**. This is your final score for today.*

*To play this game every day, just notice the things that threaten and increase your self-esteem. Use the things that increase your self-esteem to add to your pile of plus cards every week. Use the things that threaten your self-esteem to make more minus cards. Every time you identify a block that has worked in the past or you honestly think it will work in the future, write the block down and turn the minus card into a plus card. When you think you have direct control over how the item on the plus card affects your self-esteem, you get to turn the plus card into a double plus card.*

*Your score will vary a lot at the beginning, but after playing this game for a few weeks, your score should get higher and higher. That is because you will more quickly identify threats and boosts to your self-esteem and you will keep changing minuses into plusses and plusses into double plusses and your plus pile will grow bigger and bigger.*

*How has being abused affected your self-esteem?*
*Having mental health problems?*
*Having substance abuse problems?*

**CLOSURE**

Ask a group member to lead the **Impact Check-out.**

*Recognizing things that affect our self-esteem is an important part of having and maintaining a sense of control over the emotions and events in our lives. Ultimately, we are in charge of how high a score for self-esteem we want to have. You'll find as you play this game that you cope better and that the solutions to your problems are within your reach. Be creative. And most of all, reward yourselves for all of the things that you do or say that help you feel better about yourselves. Rewarding ourselves is one way to build motivation and self-esteem.*

*Next week we will talk about how to take care of ourselves when life gets us down in ways that do not include harmful behaviors or drugs. Before the next group, try to notice ways that you soothe yourself when you feel angry or depressed and we'll invite you to share some of those strategies next week.*

Thank members for coming to group every week.

# HANDOUT 11: THE SELF-ESTEEM GAME

## Plus and Double-Plus Cards

++

*When I go to school four out of five days.*

++

*When I do stuff with my nieces and nephews.*

+

*When my sweetie says nice things to me or does nice things for me like dinner and a movie*

+

*When I don't use drugs**

## Minus Cards

-

*When my boyfriend tells me I'm stupid*

*Blocks: (1) Ask myself if I'm stupid, or if he's just being mean (2) Tell myself that doing something stupid doesn't make me a stupid person (3) Realize it's sad that he tries to feel better about himself by tearing me down.*

-

*When I start using again*

*Blocks: (1) Immediately call my sponsor and get help (2) Tell myself that I will learn from this (3) Be honest with myself about why I decided to use. (4) Ask for my parents' help.*

## Minus Cards

++

*A fight with my mom*

*Blocks: (1) Finish talking about the problem without saying more mean things (2) Talk about how it feels to argue (3) Walk out! Finish it when my emotions are calmer.*

+

*When everything seems to go wrong*

*Blocks: (1) Look harder for things that are going right (2) Tell myself that this too shall pass (3) Do something fun as a reward for a hard day like baking homemade cookies.*

*A person with a Substance Abuse Disorder has control over his/her use; one with a Substance Dependence Disorder (alcoholic or addict) does not have control (Step 1 of AA). Hence, this card can have one plus or two

**Phase III: Emotional Regulation**
***Feeling Good***

# CHAPTER 12: SELF-SOOTHING

## SESSION OUTLINE

### RATIONALE

Girls with Triad issues often do not understand how to take care of their own emotional needs. One of the most damaging effects of abuse, addiction, and emotional problems is the tendency to continue patterns of self-care that were learned as basic survival techniques in response to abuse, mental health symptoms, or while using substances. Some of these patterns may have been learned from others, such as an abuser. The abuse survivor may harm herself rather than another person. The addict may revert to picking up drugs or alcohol because it's the most immediate way to change her state of mind. A girl with mental health problems may have difficulty feeling worthwhile enough to provide self-soothing. All tend to experience themselves as not worth the effort that self-soothing takes, sometimes because caretakers did not help them learn to cope with their emotional pain or because caretakers made their emotional pain seem insignificant. Alternative soothing methods that depend on trusting another person may seem dangerous or unavailable without a high cost. In this session the members will be encouraged to learn methods of self-soothing and self-care that increase their potential to improve the quality of their lives.

### GOALS

1. Members will understand what self-soothing means.
2. Members will identify their past efforts at self-soothing.
3. Members will identify other methods for self-soothing and discuss how and why specific methods might improve the quality of their lives.
4. Members will make lists of self-soothing strategies to use when distressed.

### QUESTIONS

1. *What did you do as a child to relieve emotional pain or to cope with loss or abuse?*
2. *What do you do now that is potentially self-harmful?*
3. *What are some reasons that you avoid self-soothing and self-care?*
4. *What emotions and thoughts do you have when you practice self-soothing?*
5. *What have you done in the past that was self-soothing but not harmful?*
6. *When you fall back into old habits, how do you get back into healing and personal growth?*

### EXERCISE

*Strategy List.* The group members write on index cards specific ways to deal with problems and self-destructive behaviors.

### SUPPLIES

Chalkboard or equivalent; index cards; pens or pencils

**INTRODUCTION**

Have a group member lead the **Feelings Check-In**.

*In the last couple of weeks we have been working to move beyond knowing ourselves and interacting well with others towards feeling good. For many of us this means tackling some tough issues. We've talked about dealing with cravings and urges by finding other ways to take care of our needs, and last week we talked about building self-esteem. Did anyone notice other things you do or think that help you feel better?*

*One of the most important things we can do to feel good is to take really good care of ourselves. This week we will talk about how this is sometimes hard to do and how we are used to doing other things when we are filled with pain, and we will share with each other some thoughts and feelings about really treating ourselves well.*

**Question 1:** ***What did you do as a child to relieve emotional pain to cope with loss or abuse?***

| **Typical Responses** | |
|---|---|
| *Bang my head* | *Hide* |
| *Play with my pets* | |
| *Bite my nails* | *Suck my thumb* |
| | *Cuddle my teddy bear* |
| *Pinch myself* | *Get into trouble a lot* |
| *Cut myself with a plastic knife* | *Throw temper tantrums* |
| *Pick fights* | *Starve myself* |

Help the girls identify things that were soothing as well.

**Question 2:** ***What do you do <u>now</u> that is potentially self-harmful?***

| **Typical Responses** | |
|---|---|
| *Hate myself* | *Have unprotected, impulsive sex* |
| *Use drugs* | *Smoke* |
| *Burn or cut myself* | *Choose abusive partners* |
| *Attempt suicide* | *Sabotage good relationships* |
| *Take chances* | *Starve myself* |
| *Throw temper tantrums* | *Drive dangerously* |
| *Binge eat* | *Refuse to take medication* |

*Which of these things did you keep secret?*

*Which are you ashamed of?*

**Question 3:** ***What are some reasons that you avoid self-soothing and self-care?***

| Typical Responses | |
|---|---|
| *People will think I'm selfish.* | *It makes me feel weird.* |
| *I don't even think about it.* | *I'm too busy taking care of others.* |
| *Old habits are hard to break.* | *I don't know how.* |
| *If my own mother won't take care of me, why should I?* | *I don't deserve it.* |

**Question 4.** ***What do you think about and how do you feel when you take care of yourself?***

| Typical Responses: | |
|---|---|
| *I am afraid I will get into trouble.* | *I think I am selfish, but I know that I'm important.* |
| *I am more grounded.* | *I am not so dependent on others.* |
| *It's awkward, I don't really know how to do it.* | *I feel resentful because someone else should be soothing me.* |
| *It makes me feel strong and capable.* | *I stop thinking so much.* |
| *I think I don't deserve self-soothing because I think I'm worthless.* | *It's okay not to always take care of others.* |
| *I can breathe.* | *I feel pretty.* |

*Do you ever feel torn between doing something for yourself or doing something for somebody else? Is drinking or using drugs a kind of self-soothing?*

**Question 5**: ***What have you done in the past that was self-soothing but not harmful?***

| Typical Responses | | |
|---|---|---|
| *Took a walk* | *Meditated* | *Stayed home, took a nap* |
| *Exercised* | *Danced at home* | *Straightened up the house* |
| *Called a friend* | *Wrote in my journal* | *Played on the computer* |
| *Went to a meeting* | *Played with my cat* | *Made some new goals* |
| *Called my sponsor* | *Asked for a hug* | *Prayed* |
| *Gave myself a mental hug* | | *Thought about my successes* |

**Question 6:** ***When you fall back into harmful habits, how do you get back into healing and personal growth?***

| Typical Responses | |
|---|---|
| *I say it is not a crisis.* | *I forgive myself.* |
| *I think of what I have to live for.* | *I think of my goals in life* |
| *I think "I'm better than this."* | *I think of the money I'll save.* |
| *I get help right away.* | *I have a sense of humor.* |
| *I coach myself that slips happen.* | *I organize my priorities better.* |
| *I get involved in a good cause.* | *I pray for help and forgiveness.* |
| *I try to hang around supportive people.* | *Sometimes I have to go to the hospital.* |
| *I give myself a pep talk.* | *I read something that inspires me.* |
| *I try to be less hard on myself.* | *I avoid peer pressure* |
| *I go into rehab.* | *I write poetry or write in my journal.* |

*Old habits are hard to break. There is a great temptation to continue our old behaviors once we have slipped. This can mean slips in substance abuse, self-hatred, refusing to take medications, and other harmful things. It is important that we learn to refocus ourselves through self-soothing and self-care so we will be less vulnerable to old habits. It is also important to remember a good saying, "Failure is not in the falling down, but in the staying down."*

**EXERCISE: Strategy List**

Have the members write on index cards specific ways to deal with problems and desires for self-destructive behaviors.

| Typical Index Card | | |
|---|---|---|
| **Problem** | **Action Solution** | **Thought Solution** |
| *I feel depressed.* | *Light candles and take a bath.* | *"This too shall pass."* |
| *I want to get high.* | *Call a friend and go to a movie.* | *"I can have fun without getting high."* |
| *I want to cut myself.* | *I walk in the park and practice some mental and physical grounding.* | *"I don't want any more scars. I want them all to heal."* |
| *I have racing thoughts.* | *I lay off the caffeine, meditate, and then clean house.* | *"I need to focus on one thing."* |

**CLOSURE**

Ask a group member to lead the **Impact Check-out.**

*Today we identified some ways to take care of ourselves better. The strategy list that you developed today and the strategy list for dealing with cravings that you created two weeks ago will together offer you a lot of choices for feeling better. Thinking ahead of time about ways to handle unpleasant situations or cravings is a very important skill to have in healing and personal growth and in life. Another important skill is to be able to accept yourself completely, past and present included, and to start looking to a future in which you are healing from the pain of the past. We will talk about acceptance and healing next week.*

**Phase III: Emotional Regulation**
*Feeling Good*

# CHAPTER 13: ACCEPTANCE AND HEALING

## SESSION OUTLINE

### RATIONALE

Linehan (1993, p. 102) defines suffering as "pain plus non-acceptance of the pain" and believes that our suffering is reduced when we deeply accept the painful reality of past or present events and the impact they have had on our lives. Deep acceptance of our painful past and present does not mean that we approve of what has happened or is happening to us, but that we are letting go of fighting reality. Accepting that we have emotional problems, a substance abuse problem, or have been abused does not mean that we accept those events joyfully into our lives. It simply means that they are our reality and that we must understand the pain and its impact so that we can heal. When we are able to turn our energy to understanding what is within or beyond our control to change in the present, we have begun the process of healing.

### GOALS

1. Members will understand the importance of accepting the realities of their lives, both in the past and in the present.
2. Members will learn how denial of their problems can actually increase their suffering and delay the healing process.

### QUESTIONS

1. *What are the pros and cons of avoiding or letting out painful emotions* (Linehan, 1993, p. 102)*?*
2. *What kinds of things happened when you kept your painful emotions in?*
3. *What kinds of things happened when you let your painful emotions out?*
4. *What are the similarities between the "Serenity Prayer" and acceptance?*
5. *What does the expression "You have to play out the hand that you were dealt" mean to you?*

### EXERCISE

*The Fish Tank.* Members use the analogy of a fish in a bowl to begin to understand acceptance and change.

### SUPPLIES

Chalkboard or equivalent

**INTRODUCTION**

Have a group member lead the **Feelings Check-In**.

*Last week we talked a great deal about self-soothing and taking care of ourselves. Did you use any of the strategies on your index cards? How did you feel afterwards? Even if your self-soothing strategies don't work the first few times, it is important to keep practicing. Learning new skills is just like learning to type or drive a car… it takes time and practice.*

*This week we are going to talk about a difficult concept: acceptance. How do we make peace with painful things that have happened and at the same time accept that they really happened? We will start with understanding and accepting painful emotions.*

Depending upon the language comprehension of the group members, it may be easier to break up Question 1 into the following 4 questions.

**Question 1:** ***What are the pros of keeping in (or avoiding) painful emotions?***

| Typical Responses | |
|---|---|
| *It will keep me from feeling sad* | *Maybe the feelings will just go away* |
| *I'll avoid hurting people or myself* | *I'll avoid bringing down my self-esteem* |

***What are the cons of keeping in (or avoiding) painful emotions?***

| Typical Responses | |
|---|---|
| *I'll end up lying to myself or others* | *The feelings will come back twice as bad.* |
| *I'll never try to change anything.* | *I'll never get the help I need* |
| *I'll never face the pain and it will go on eating at me* | |

***What are the cons of letting out painful emotions (or not avoiding them)?***

| Typical Responses | |
|---|---|
| *Things might get worse* | *I might hurt someone's feelings* |
| *I might never stop crying* | *I can't pretend anymore that I don't feel pain* |
| *Others will know they hurt me* | *I can't hide my pain* |
| *Someone will say I'm not being "lady-like"* | *I'm afraid I'll feel overwhelmed.* |

***What are the pros of letting out painful emotions (or not avoiding them)?***

| Typical Responses | |
|---|---|
| *I can make amends with myself* | *I can make amends with others* |
| *Others we understand me better* | *I might be able to find solutions to my problems* |
| *I might be able to restore my self-esteem* | *I might not resort to drugs, alcohol or tobacco to stuff my feelings* |

**Question 2:** ***What kinds of things happened when you kept your painful emotions in?***

| Typical Responses | |
|---|---|
| *I went nuts* | *I got depressed* |
| *I got violent* | *I screamed* |
| *I used drugs* | *I had flashbacks* |

***Question 3: What kinds of things happened when you let your painful emotions out?***

| Typical Responses | |
|---|---|
| *Felt understood* | *Felt calmer* |
| *Felt happier* | *Freedom* |
| *Cried a lot, then felt peaceful* | *A little scary, but I could handle it* |

*Stuffing our feelings only works in the short run. Painful feelings often find other ways to show themselves in the long run. Can you give some examples of how your pain eventually shows or sneaks out?*

| Typical Responses | |
|---|---|
| *I have a lot of bad dreams.* | *I cry over the silliest things.* |
| *I cut myself.* | *I feel nervous and don't really understand why.* |
| *I feel irritable.* | *I snap at people.* |

**EXERCISE**: **The Fish Tank**

*Imagine that you are a fish in a fish tank and that you hate your little fish tank and want to get into the fish tank next to you. You bang your head into the glass wall over and over but you still can't get to the other side. The glass wall isn't that obvious so you ignore it and keep trying to break on through to the other side. What should you do?*

| Typical Responses | |
|---|---|
| *Try something different (jump over the glass wall)* | *Decide this fish tank is what it is, both the good and the bad* |
| *Accept that there is an obstacle there* | *Reconsider getting to the other side* |
| *Stop being so stubborn and hard-headed* | *Keep trying* |
| *Ask for advice* | *Try something new* |
| *Think of the problem in a different way* | *Get someone to help* |

*How do you think this analogy relates to the idea of acceptance?*

| Typical Responses | |
|---|---|
| *The glass wall isn't going anywhere so you need to deal with it* | *Sometimes we can't see something that is right in front of us* |
| *If we don't deal with things that are right in front of us, we might get one heck of a headache.* | *Practice doesn't make perfect if you keep doing the same thing over and over even when it's not working* |
| *We can't change the glass wall but we can change what we do about it.* | |

*Can anyone give an example of something that happened in her life that reminds her of being a fish in the tank?*

*How is being in the fish tank like trying to quit using drugs?*

*How is being in the fish tank like trying to deal with depression or anxiety or suicidal thoughts?*

*How is being in the fish tank like trying to deal with memories of trauma or abuse?*

Ask for a volunteer to write the following quote by an unknown author (sometimes attributed to Reinhold Niebuhr):

God, grant me the serenity

To accept the things I cannot change,

Courage to change the things I can,

And the wisdom to know the difference.

**Question 4:** ***What are the similarities between the "Serenity Prayer" and acceptance?***

| Typical Responses |
|---|
| *You can't control other people.* |
| *You can't change things that have already happened.* |
| *They both want you to let go of the things you cannot change.* |
| *Nobody likes to think that you can't change someone else if you try hard enough; this tells me to accept them for what they are and work on myself.* |
| *Both say to tell yourself the truth and then you can think better.* |
| *Both say letting go of the pain is a smart thing to do.* |

*Acceptance and healing don't come all at once. The process of acceptance requires choosing over and over again to see things as they really are. By paying attention to what you have control over and what you do not, you'll understand the difference between the things you can*

*change and the things you can't. Understanding our power over our own lives and our limitations is a good definition of humility.*

*Let's talk about the difference between willingness and willfulness* (Linehan, 1993, p. 103, from May, 1982). *Willingness means doing what is needed. It's about trying to be effective. Willfulness is sitting on your hands when action is needed and refusing to make changes. It's about being stubborn. Willfulness is stubbornly repeating the same behavior when you know it won't make things better. Willfulness is waiting for an easy answer and refusing to try new strategies.*

*Now, let's think of life like it is a baseball-pitching machine and there is a woman standing at the plate with a bat. The only way she will get better at hitting the ball is by swinging the bat each time a ball comes out (willingness). Sometimes she will be successful, sometimes she will not. She can get angry every time she misses and she can cross her arms and refuse to accept that the ball is coming. She can also stand in the way of the ball and get hit. This is willfulness, but nothing stops the pitching machine; the balls just keep coming, just like things keep happening in life. Neither willpower, nor refusal to see, nor refusal to hit, nor crying will stop the ball from coming or life from happening. The trick is to accept that the ball is coming and figure out what you can do to hit the ball out into the field. When bad things happen you can't always turn them into a good play. If the ball comes directly at you, hits you and you get hurt, you can accept that it happened, understand what you might do differently next time—if anything—and focus on the next pitch. Life is like that; there is always something to deal with. Winning is learning to step up to the plate and choosing to accept that those balls are coming. Winning is swinging the bat and learning from your mistakes and successes.*

*What does this analogy mean to you?*

*Do you think that life is like a pitching machine sometimes?*

*There is a psychologist who added to the idea of accepting our pain by saying that the acceptance must be "radical," that is, it must come from deep within and it has to be complete. She also said that radical acceptance transforms suffering into pain and that acceptance is the only way out of hell* (Linehan, 1993, p. 102).

*What do you think she means by complete acceptance from deep within?*

| **Typical Responses** | |
|---|---|
| *Seeing reality* | *Finding truth* |
| *Recognition and acknowledgment* | *Honestly letting go* |
| *Truthful awareness* | *Deep understanding* |

**CLOSURE**

*Thinking about the "Serenity Prayer" helps us get closer to understanding the concept of acceptance. Let's read the "Serenity Prayer" together.*

Have a group member lead the **Impact Check-Out**.

*Spend just a little time this week noticing how often you think things should be different. Notice how it feels to accept how they are, not how they should be. You may feel a little relief, a little less resentment. You can be correct that things should be differently ("She should be nice to me; "I should have had more mothering;" "The baseball pitching machine shouldn't pitch so hard or fast.") The acceptance comes with understanding how things really are and understanding our strengths and limitations for dealing with them.*

*In some ways, each of you has been developing your own philosophy of life. Next week we will begin Phase IV, Distress Tolerance: "Staying Healthy in a Stressful World." We will be talking about philosophy and turning it into a way of living.*

**Phase IV: Distress Tolerance**
*Staying Healthy in Stressful World*

## INTRODUCTION TO PHASE IV: STAYING HEALTHY IN A STRESSFUL WORLD

*This is the beginning of the fourth phase of groups. So far we've worked on knowing ourselves better, making healthier relationships, and on coping with painful and difficult aspects of ourselves as we make progress in healing and personal growth. This phase now takes the knowledge and skills we have learned and talks about applying them to the real world—a world full of joy and pain and often very stressful.*

**If new members are joining for Phase IV, review the rules agreed upon by the group members, develop new rules as appropriate, and reinforce the need for confidentiality. **

# CHAPTER 14: PROBLEM SOLVING

### SESSION OUTLINE

**RATIONALE**

Trauma, substance abuse, and emotional problems often cause complex problems while undermining our confidence that they can be solved. The purpose of this group is to give members the skills and confidence to tackle problems before the problems develop into crises. This includes giving members the self-monitoring skills needed to quickly and effectively identify problems and evaluate solutions.

**GOALS**

1. Members will learn how to identify problems more quickly and accurately.
2. Members will gain confidence in their ability to solve problems.
3. Members will learn how to devise, implement, and evaluate solutions to problems.

**QUESTIONS**

1. *How can we become more aware of changes in our thoughts, feelings, and behaviors?*
2. *How can being more aware help us solve problems?*
3. *When you have a problem, what steps could you take to find the best solution?*
4. *How can you change the way you feel about things that are beyond your control?*

**EXERCISE**

1. *Describing a Problem to Others.* Members form pairs, acting as interviewers and interviewees, and take turns describing a problem to the other member.
2. *Accomplishing our Goals.* Members pick a goal, then work out the action steps and rewards.

**SUPPLIES**

Chalkboard or equivalent, Handout 14

**INTRODUCTION**

Have a group member lead the **Feelings Check-In**.

*Problem solving is related to goal-setting because we often set goals of overcoming problems we face, for example, not being at grade level for school or not having enough money or friends. Today we talk about the steps needed to reach our goals.*

*In earlier groups you have described your thoughts and feelings during a difficult situation, tried a self-soothing strategy, and evaluated how well it worked. We have also talked about being aware of our thoughts, feelings, and behaviors. This self-monitoring can help us recognize problems more quickly.*

**Question 1:** ***How can we become more aware of changes in our thoughts, feelings, and behaviors?***

*Here are some ways:*

1. *Set aside time to think about how the day or week went (because some people spend too much time thinking about their problems, it is important to set a time limit.);*
2. *Ask people you trust to tell you if they notice changes in your behavior;*
3. *Keep a journal or diary;*
4. *Keep a detailed record of thoughts, feelings, and behaviors—for example, rate how much anxiety you felt during the day on a scale of 1 to 10, record the frequency of urges to self-harm and note the place and time of day.*

**Question 2:** ***How can being more aware help us solve problems?***

1. *We'll detect problems before they get worse. We look for warning signs that a problem we have is about to get worse—anxiety, depression, excessive anger; mania; disorganized thinking; cravings for drugs or alcohol; flashbacks of traumatic experiences, etc.*
2. *We'll understand the problems. Self-monitoring can help us learn when, where, and under what circumstances problems occur.*
3. *We'll learn to evaluate different solutions. Self-monitoring can help detect small improvements that indicate a strategy is working.*

*Although sometimes a problem may be solved by going with the first solution that pops into your head, complex problems are often solved using a step-by-step approach.*

**Question 3*: When you have a problem, what steps could you take to find the best solution?***

| Typical Responses |
|---|
| *I could think about what led to the problem.* |
| *I could think of as many ideas as possible, get a lot of information..* |
| *I could think about what I've done in similar situations in the past.* |
| *I could talk to people that have solved a similar problem.* |
| *I could weigh the pros and cons of each solution.* |

**EXERCISE 1: Describing A Problem To Others**

Ask the members to form pairs. Then ask one of the members of each pair to describe a problem that she has to the group. Next have the other member of each pair interview the first member in order to obtain a more detailed description of the problem, including what has been tried to solve the problem, how various solutions worked, what other solutions she is considering trying, etc. Give the pairs a few minutes to complete this task. Next, ask the interviewer to give a description of the member's problems and solutions to the group. Finally, have the interviewer become the interviewee and repeat the above process.

**EXERCISE 2: Accomplishing Our Goals**

- Distribute **Handout 14.**

*Think about the problem that you were just interviewed about. How can you frame it in a way that turns it into a goal? For example, I don't have transportation so that I can attend GED classes. This could be restated as "My goal is to find transportation so that I can attend GED classes." After you have turned your problem into a goal, write it as a Goal on **Handout 14**. Where it says action steps fill in steps that you can take to reach this goal. And last, where it says reward steps, think of a realistic, fun, caring thing to do for yourself that will be your reward for achieving this goal.*

Work with the members on creating actions steps, creating small achievable objectives. Encourage them to help each other come up with steps, the ingredients needed to make their goals happen. Use simple examples like the goal of getting to school in the morning. Have them break it down into setting the alarm, taking a shower, brushing teeth, etc.

*Now let's talk about the **Reward Step** for a moment. Rewarding ourselves for the hard things that we do is almost as important as doing the work itself, because rewards are what motivate us. One of the rewards will be whatever you promised to do for yourself once you accomplished this goal. If our goals are large and important, it's important to think of rewarding ourselves along the way. For example, finding transportation so that I can attend GED classes means that I am on my way to getting my GED, which will be rewarding too. Eventually it might mean a higher paying job. But most importantly, I will increase my self-esteem and the feeling that I am capable of solving problems in my life. On the way you want to getting your GED however, be*

*sure and notice and reward the accomplishment of the smaller steps. Getting transportation takes work, so pat yourself on the back.*

*What are some things you can do to reward yourself for taking an action step?*

For example: Telling themselves they've done well
Calling a friend
Watching a favorite movie
Buying a really nice lotion, makeup, or nail polish
Spending time on a favorite activity or hobby

Have the girls discuss how it would feel to always talk about their day in terms of what they *didn't* do. Then have them discuss how it would feel to acknowledge and reward themselves every day for what they *did* do.

**Question 4*: How can you change the way you feel about things that are beyond your control?***

If group members need prompting, you can remind group members of two things:

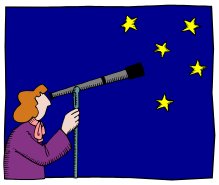
1. Last week's discussion about acceptance and the "Serenity Prayer" and how it applies to problem solving and goal setting.
2. The connection between events, thoughts, and feelings and how members at least have some control over what they *think* about an event and, therefore, how they feel.

**CLOSURE**

Have a group member lead the **Impact Check-Out.**

*This week we talked about finding solutions to problems in our lives. Problems often arise when we encounter obstacles to reaching our goals so this group was also about goal-setting. All of the skills you have learned during this group, during treatment, and from people that you trust and respect will help you feel better and stronger about the choices you make. Next week we'll try to understand how violence has affected our relationships, our thoughts and feelings, and our behaviors. We will also talk about relationships where there is equality and respect.*

# HANDOUT 14: REACHING OUR GOALS

| | |
|---|---|
| **Goal:**  | |
| **1** | **Action Step** |
| | **Reward** |
| **2** | **Action Step** |
| | **Reward** |
| **3** | **Action Step** |
| | **Reward** |

**Phase IV: Distress Tolerance**
*Staying Healthy in Stressful World*

# CHAPTER 15: DEALING WITH VIOLENCE

## SESSION OUTLINE

### RATIONALE

In this session girls will define different types of violence and their effects on current relationships, thoughts, and behaviors. Group members may not have considered certain behaviors as violence—for example, when someone calls her names, controls who she sees, or intimidates her by smashing things. Some effects of violence are obvious, like bruises or broken bones, but the effect on an adolescent's thoughts about herself and others, as well as the way she copes with the stress from the different kinds of violence, are less evident. When a young woman understands the relationship between past or current violence and her current mental health, emotions and substance abuse, she can choose safer ways of dealing with the violence and develop healthier relationships.

### GOALS

1. Members will define domestic violence, physical abuse, and sexual abuse.
2. Members will understand the impact of past and current violence on mental health and substance abuse, and on current relationships.
3. Members will differentiate between unhealthy and healthy relationships.
4. Members will identify strategies to increase their personal safety.

### QUESTIONS

1. *What is physical violence or abuse?*
2. *What is emotional abuse?*
3. *What is adult sexual abuse?*
4. *What is child sexual abuse?*
5. *What is the difference between discipline and physical abuse?*
6. *How do physical violence, sexual abuse, and emotional abuse affect your emotional health?*
7. *What do you think violence has to do with your abuse of drugs or alcohol?*
8. *If you are being abused, what can you do to change the situation?*
9. *What kinds of supports are there for victims of domestic violence and rape?*

### EXERCISES

*1. Relationship Wheels.* The Power and Control Wheel and Equality Wheel (**Handout 15B**) are used to contrast Power and Control with Equality.
*2. Myths and Facts – Rights and Responsibilities.* Members decide whether statements are myths or facts and discuss suggested rights and responsibilities on Handout
*3. At a Friend's House.* Members review the dynamics of a dating scenario.

**SUPPLIES** Chalkboard or equivalent; Handouts 15A, 15B, 15C, 15D, 15E, and 1D (My Safety Plan); local crisis-related phone numbers

**INTRODUCTION**

Have a group member lead the **Feelings Check-In**.

*Who wants to talk about problems they encountered during the last week? What strategies did you use to overcome them? Does anyone want to offer a suggestion or talk about a problem you encountered?*

*This week we are going to go a little further in looking at power in relationships, especially the use of violence. First let's talk about the different kinds of violence and abuse.*

**Question 1:** ***What is physical violence or abuse?***

| Typical Responses | |
|---|---|
| *A pattern of using physical violence for power and control* | *Getting disciplined with something like a hanger, brush, or shoe* |
| *Hitting, biting, strangling, stabbing, shooting, etc.* | *Giving someone broken bones or bruises* |
| *Having things thrown at me* | *Having my mouth washed out with soap* |
| *Being hit with a bat or a belt* | *Being hit over and over again* |
| *Being burned* | |

**Question 2:** ***What is emotional abuse?***

| Typical Responses | |
|---|---|
| *Being called names or insulted* | *Being told how he/she is going to hurt me* |
| *Being criticized all the time* | *Stalking me* |
| *Being neglected or ignored all the time by my parents* | *Being told that I was ugly and not wanted* |
| *My boyfriend always wanting to control me* | *Telling me I can't tell anyone or he'll hurt me* |
| *Threatening to hurt someone or something (pets) that I care about so I'll do what he wants* | *Accusing me of being unfaithful all the time so he can abuse me (using jealousy as an excuse)* |
| *Being told things to deliberately bring your self-esteem down* | *Sending me mixed messages on purpose to screw with my mind* |
| *Keeping me away from support* | *Locking me in a room or out of the house* |

**Question 3:** ***What is adult sexual abuse?***

| Typical Responses | |
|---|---|
| *When someone rapes you (this is considered sexual assault)* | *ANY unwilling sex* |
| *Taking advantage of someone who is drunk* | *Saying nasty things to you in a way you don't want* |
| *Forcing you to do sexual things that you don't want to do* | *Slapping, pinching, or grabbing you in a way you don't want* |
| *When someone coerces you into having painful or uncomfortable sex* | *Taking advantage of someone who is disabled.* |
| *Taking advantage of someone who is emotionally upset* | *When someone touches you in a sexual way without your consent* |

**Question 4:** ***What is child sexual abuse?***

| Typical Responses | |
|---|---|
| *Any sexual act with a child by an adult or older child* | *Someone showing genitals to a child or rubbing them on the child* |
| *Prostituting one's child* | *Making crude or sexual comments to a child* |
| *Walking in on a child (in bathroom or bedroom)* | *Showing them how to use parts of their bodies.* |
| *Touching private parts* | *Making the child touch private parts* |
| *Making a child do sexual things (like undressing) on film or in person* | *Exposing a child to obscene pictures or movies.* |
| *Having sex in front of them* | *Taking pictures of them naked* |
| | *French kissing* |

**Question 5:** ***What is the difference between discipline and physical abuse?***

| Typical Responses | |
|---|---|
| **Discipline** | **Abuse** |
| *Used to teach a child the difference between right and wrong* | *Causing marks, bruises, sores, or broken bones* |
| *Setting limits* | *Hitting a child on the face, head, or stomach* |
| *Trying to change a bad behavior* | *Abuse is used to harm and humiliate a child* |
| *Using consequences such as time out or going to their room* | *Hitting a child with objects like brushes, shoes, rulers, belts* |
| *Giving them the "eye" or hands on hips* | *Shaking the child* |
| *Placing them firmly where you want them to be* | *Calling a child names, insulting and humiliating the child* |
| *Raising your voice* | *Screaming at the child* |

At this time you may choose to pass out copies of **Handout 15A: Definitions of Abuse.** You may suggest this is for informational purposes and they can review it as they get a chance. You can ask the girls if they would like to read these aloud, or even just read the types and see if there are questions. Keep in mind many girls may have literacy problems.

- Distribute **Handout 15B: Relationship Wheels**.

*We are going to review ways that others exercise power and control over us, and we'll talk more about what an equal relationship looks like. First, let's look at the Relationship Wheels.*

**EXERCISE 1: Relationship Wheels**

Have one group member read a section from the **Power and Control Wheel** and have another person read from the corresponding section of the **Equality Wheel.** Ask the girls to talk about how each method of **Power and Control** versus **Equality** would make them feel and what an abuser accomplishes by using these methods. For example:

> **Example from Equality Wheel:**
> *How do you feel when someone shows you he supports your goals in life?*
>
> **Possible response**
> It makes me think my needs are as important as his are.

**Example from Power and Control Wheel:**
*Why would your partner control who you see or talk to and blame you for making him hit you?*

**Possible responses**
He wants to make sure no one has a chance to tell me that the violence is wrong.

By blaming me, he makes me feel too guilty to think I have a right to end the relationship.

**Question 6:** ***How do physical violence, sexual abuse, and emotional abuse affect your emotional health?***

| Typical Responses | |
|---|---|
| *I feel worthless.* | *I want to escape with drugs.* |
| *I feel like my feelings and needs don't matter.* | *I feel anger that I am afraid I cannot control.* |
| *I feel used.* | *I cry a lot.* |
| *Sometimes I just hate life.* | *Sometimes I hate myself.* |
| *I feel like I am going crazy.* | *Sometimes I hate others.* |
| *I feel weak and stupid.* | *I feel helpless.* |
| *I feel jumpy and scared a lot.* | *I just want to die.* |
| *Sometimes I feel paranoid that bad things will happen.* | *I have a lot of doubts about myself.* |
| *I space out a lot.* | *I can't sleep.* |
| *Sometimes I don't care about who I'm with because I don't care about myself.* | *Sometimes I don't want to be with anyone because I know it will just suck.* |

**Question 7:** ***What do you think violence has to do with your abuse of drugs or alcohol?***

| Typical Responses |
|---|
| *I still use drugs as a way to escape from the memories.* |
| *My boyfriend used to badger me to use drugs.* |
| *I realize now that being drunk put me in some risky situations.* |
| *When I got hooked on drugs, I thought that my boyfriend was right that I was stupid and couldn't take care of myself.* |

*How does violence affect your relationships with your family, friends and intimate partner?*

| **Typical Responses** |
|---|
| *I still feel ashamed sometimes that I was in an abusive relationship.* |
| *I am angry with my family for not helping me or listening to me.* |
| *Sometimes when I feel helpless I scream at my sisters and brothers to make them do what I want them to.* |
| *A lot of my friends felt abandoned because my partner wouldn't let me see them, and I was too embarrassed to tell them why.* |
| *I feel guilty because my sisters and brothers were abused too and I couldn't stop it.* |
| *My father used this to make me feel like I couldn't take care of myself..* |
| *My brother treats me just like our father did.* |
| *I'm ashamed of my mom for putting up with what she did.* |
| *I sometimes think there is something really wrong with me because everyone treats me so badly.* |
| *I wonder if I deserved it. I am afraid that I did.* |

*How does violence affect your intimate relationships with significant others?*

| **Typical Responses** |
|---|
| *It is hard for me to trust my partner in a relationship.* |
| *I feel so needy that I let him walk all over me even more.* |
| *I sometimes use verbal and physical violence too in my relationships.* |
| *It is difficult to enjoy having sex.* |
| *I am afraid that he will take advantage of me.* |
| *It is hard for me to share intimate details about myself because I am afraid they will be used against me later.* |
| *Sometimes I just don't want to have any more intimate relationships.* |
| *I'd rather be alone than get hurt again.* |
| *I keep waiting for that first punch.* |
| *It is hard for me to be assertive about what I need.* |

*In Chapter 6 we talked about healthy relationships in terms of Trust and Intimacy. What makes a healthier relationship in terms of Power and Equality?*

| Typical Responses | |
|---|---|
| *Mutual respect* | *Sharing goals and values* |
| *Solving problems together without putting each other down* | *Not being criticized if my values are different* |
| *Feeling good about yourself* | *Helping each other reach our goals* |
| *Feeling safe about being honest* | *Help with parenting* |
| *Getting and giving emotional support* | *Not being called names or criticized* |
| *Trust and intimacy* | *Feeling accepted for who I am* |
| *Being able to talk freely* | *Feeling safe from violence* |
| *Self-respect* | *Feeling close* |
| *Being faithful* | *Having fun together* |
| *Being comfortable with the other person* | *Having sex when we both want it* |
| | *Making decisions together* |

*A very important part of finding healthier relationships is believing that we deserve them.*

**Question 8:** ***If you are being abused, what can you do to change the situation?***

| Typical Responses | |
|---|---|
| *Leave* | *Try to get him to stop* |
| *Talk to family or friends* | *Call the police* |
| *Talk to my counselor or therapist* | *Call a domestic violence hotline* |
| *Stay and fight back* | *Do a safety plan* |
| *Nothing* | |

*A battered woman leaves the abuser an average of five times and over a period of eight years before she stays gone* (Okun, 1986). *There are many reasons why a woman does not leave her abuser or why she goes back.*

■ Distribute **Handout 15C Why Do Victims Stay with Abusers?** If time permits, go over one example from each category.

*However if you are a minor, there are often limits to what you can do about abuse.*

**Question 9:** ***What kinds of supports are there for victims of domestic violence and rape?***

| Typical Responses | |
|---|---|
| *Family and friends* | *Churches, synagogues* |
| *Case managers, therapists* | *The police* |
| *Support groups* | *Rape crisis center* |
| *Domestic violence shelters* | *Hotlines* |

Mention to group members that you will hand out a worksheet at the end of the group that includes a place for phone numbers to important resources in the community.

*Shelter staff would be the first to admit that shelter life is very difficult. But there are many ways that a shelter can help you even if you don't move into the shelter. For example, shelter hotline staff can provide immediate safety planning; legal advice; and food, clothing, and furniture vouchers. They also provide referral to community programs and services.*

*Let's take a few minutes to talk about something that sometimes happens to teenagers. As we read from the handout earlier, Date Rape or Acquaintance Rape is defined as rape committed by someone the person knows. Rape occurs anytime that sexual intercourse takes place without consent, even in a marriage.*

*You have probably all heard the phrase "she was asking for it" in terms of sexual assault and physical assault.*

*When is a girl or woman asking for that type of violence?* This question usually generates a lively discussion. The preferred outcome is for the group to realize "never." Group facilitator's can help group members get to this realization by asking them questions such as "is that a message that we often hear or do you think that is really true?" or "what else might the girl or woman have been asking for?" or, "if someone dresses suggestively, at exactly what point do they lose the right to say no to having sex?"

*What are some other messages you have heard that ultimately blame the victims of sexual violence?*

*A lot of what we have just been talking about are questions we all struggle with. Men sometimes perpetuate messages that blame the victim because they don't want to take responsibility for their actions or because they just want sex when they want it and they think they should have the power to just take it. Sometimes girls and women perpetuate these messages as a way of being mean to other girls or to make themselves look more "pure." Sometimes it's just that people don't understand each other. It is actually very simple. We all have the right to say no to unwanted sex at ANY time. These are our bodies and no one else has the right to tell us what to do with it.*

**EXERCISE 2**: **Myths and Facts—Rights and Responsibilities.**

- Distribute the first page of **Handout 15D** (or encourage them not to look at the second page). Write the numbers 1 through 7 on the board, ask the group to decide whether each statement is a myth or a fact, and list the majority answer next to the number. Then discuss the answers as a group.

*When is it too late to say no, I don't want to have sex?*

**EXERCISE**: **At a Friend's House**

- Distribute **Handout 15E**. Ask for a volunteer to read the scenario and then discuss the questions as a group

*What are some things you want out of a date with someone?*

Facilitators may want to relate this to earlier material about Relationship Goals (**Handout 5B**).

**CLOSURE**

*Recall what you can from our previous sessions to answer the following questions.*

1. *If bad memories or feelings become triggers, what can you do?*
2. *Who can you talk to for support?*
3. *What self-soothing techniques can you use to deal with distressing feelings?*

*Let's review our safety plans* (**Handout 1E from Chapter 1**) *and see if anyone has come up with new ideas and strategies or resources for staying safe. If you were not here to fill out a safety plan, I have extra copies for you to fill out right now. Feel free to talk to me afterwards if you have some questions or talk to your counselor, social worker, or an adult that you trust. I also have some crisis-related phone numbers that I'll be writing on the board. Please copy them down on the last page of your safety plan.*

Have the local domestic violence shelter, detoxification unit, and crisis line numbers available. The Florida Coalition Against Domestic Violence Hotline and the National Coalition Against Domestic Violence Hotline are already filled in. Encourage members to share other phone numbers that have been helpful in their healing and personal growth.

Have a group member lead the **Impact Check-Out**.

*Next week we will discuss how to deal with crises that threaten our personal growth.*

# HANDOUT 15A: KINDS OF VIOLENCE AND ABUSE

**Violence** is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community. Violence either results in or has a high likelihood of resulting in injury, death, emotional harm, a person being deprived (for example, deprived of a job, food, or access to supports), or a negative impact on one's development.

**Physical Violence** is the non-accidental causing of physical harm to a child or adult for the purpose of controlling, dominating, intimidating, or manipulating another person. Physical violence can include behaviors such as hitting, kicking, punching, pushing, biting, slapping, strangling, burning, raping, restraining, stabbing, or shooting.

**Verbal Abuse** is a means of controlling, humiliating or intimidating another through the use of insults, put-downs, shouting, or threatening another with sexual or physical violence.

**Emotional Abuse** is a continual and repeated pattern of behavior that includes verbal abuse and mental mind games intended to destroy one's self-esteem and confidence for the purpose of controlling and causing another to feel powerless. Emotional abuse can result in emotional instability, intimidation, and victimization. Emotional abuse can be done on purpose or unconsciously. It can also be the withholding of emotional support and love or the shifting of blame or responsibility for abuse onto the victim.

**Economic Abuse** is the control of the use and availability of money by one person over another. This can include preventing the other from getting or keeping a job, requiring them to ask for money, taking their money, not allowing participation in making decisions about the use of money, or knowing about the family's finances.

**Social Abuse** is a means to control another by limiting the other person's social activities and relationships with family and friends; controlling what the other person does, who they see or talk to, what they read and where they go; or limiting their freedom to go out or to be involved in their community. Jealousy is often used to justify these actions.

**Domestic Violence** is a learned pattern of behavior used by one person in an intimate relationship to control and have power over the other person. The partners may be married or not, gay or lesbian, living together, separated or dating. The abuse or threat of abuse can be physical, emotional, verbal, economic, or sexual.

Continued on next page

## HANDOUT 15A (Continued)

**Assault** is the intentional use of force on another person against his or her will. Touching, slapping, kicking, punching, or pushing are examples of assault. It is also an assault to *threaten* to use force. For example, if someone threatens to beat you up or punches the wall right next to your head, this can be an assault even if the threat to hurt the person is not carried out.

**Sexual Harassment** is a form of gender or sex discrimination that includes unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature. Harassment can include sexually degrading comments, gestures or insults; unnecessary contact of one's body by another person; or offers by a teacher or employer for sexual favors in exchange for a better grade, a promotion, or even a day off.

**Sexual Abuse** is any unwanted sexual touching either directly or through clothing without the person's agreement or consent including not being able to give consent due to mental problems or drug impairment. Sexual abuse may also include denying privacy, forcing sex acts that are not comfortable, and sexual assault. Child sexual abuse includes any sexual act with a child that is performed by an adult or an older child.

**Sexual Assault** is penetration of the vagina or rectum with the penis (rape) or other body part, penetration of the mouth with the penis, or the touching *of* or *with* intimate or sexual parts, or clothing covering intimate parts, against the person's will or without consent (even without physical injury or abuse). AGAINST SOMEONE'S WILL IS AGAINST THE LAW!

**Sexual Assault With a Weapon** is sexual assault with the use of a weapon (either an imitation or a real weapon) or with the threat to use a weapon.

**Sexual Assault Causing Bodily Harm** is when the victim was physically hurt during the sexual assault. A person could also be charged if he or she threatened to hurt a third party (such as the victim's child or sister) or if he or she was present while someone else sexually assaulted another person.

**Aggravated Sexual** assault is when the victim is wounded, crippled, disfigured, or brutally beaten during the sexual assault. The victim's life was endangered.

**Date Rape or Acquaintance Rape** is sexual assault committed by someone the person knows. It is the most common type of rape on college campuses and in the military. Rape occurs anytime that sexual intercourse takes place without consent, even when you have had sexual relations with that person before.

**Marital Rape** is sexual assault that is committed by a spouse.

Continued on next page

## HANDOUT 15A (Continued)

**NOTE: All of the above methods are also used by women against men and by women in lesbian relationships**. For example, a female abuser may use control by threatening to "out" her partner or ex-husband or by saying that "no one will believe you because you are a lesbian/gay." Female abusers may also say, "women can't abuse women" to justify their control tactics (Roe & Jagodinsky, 2000).

Adapted from:

Domestic Abuse Intervention Project. (1986). *Power and control tactics of men who batter educational curriculum.* Duluth, MN: Minnesota Program Development, Author.

Center on Crime, Communities & Culture. (2000). *Discussion of major domestic violence terms.* Retrieved September 30, 2003 from http://www.soros.org/crime/pfdv/contents/preface .html

LeMoyne College. (2000). *Definitions IRL 101 – Public policy.* Retrieved on July 11, 2000 from http://web.lemoyne.edu/~donn/irl101/irl101.htm

Oakland County Domestic Violence Coordinating Council. (2000). *Domestic violence handbook: Definition* . Retrieved on July 11, 2000 from http://www.domesticviolence.org/define.html

Roe & Jagodinsky. (2000). *The power and control wheel for lesbians and gays*. Austin, TX: Texas Council on Family Violence.

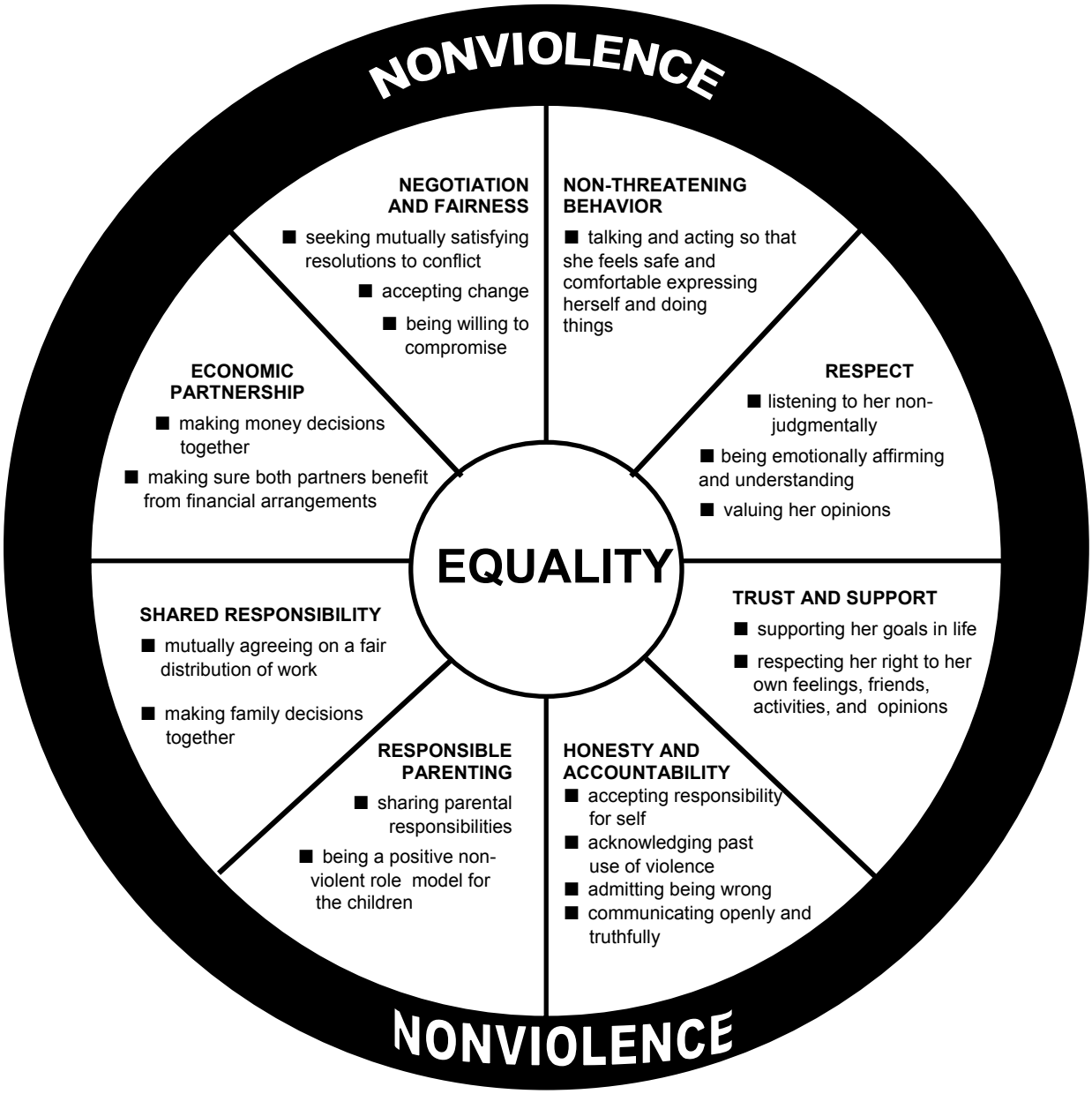
Wolfe, D. A., et al. (1996). *The Youth Relationships Manual: A Group Approach With Adolescents for the Prevention of Women Abuse and the Promotion of Healthy Relationships.* Thousand Oaks, CA: Sage.

World Health Organization. (2003). *Violence and injury prevention* Retrieved September 30, 2003 from http://www.who.int/violence_injury_prevention/injury/definitions/injdef2/en/

# HANDOUT 15B: RELATIONSHIP WHEELS

Domestic Abuse Intervention Project. (1986). *Power and control tactics of men who batter educational curriculum.* Duluth, MN: Minnesota Program Development, Author.

## HANDOUT 15B (Continued)




Domestic Abuse Intervention Project. (1986). *Power and control tactics of men who batter educational curriculum.* Duluth, MN: Minnesota Program Development, Author.

# HANDOUT 15C: WHY DO VICTIMS STAY WITH ABUSERS?

## THE SITUATION

- Depending on money from the abuser makes it hard to imagine how to survive on one's own. If there are children, there is fear that they will go hungry or not have clothes.

- Friends and family may not believe the abused person. They may never see the abuser's bad side. If they have tried to help in the past and the victim returned to the abuser, they may be disappointed or angry and not offer help again.

- There is a lot of failure to understand domestic violence. For example, some clergy may preach about the sanctity of marriage and advise keeping the relationship at any cost. Some counselors may side with the abuser. Some law enforcement officers may minimize the situation, not arrest abusers, and not treat the victims with respect. Some doctors may not do anything about obvious signs of abuse in their patients.

- There are increased threats by the abuser when the victim tries to leave, including threats to kill the victim, children or other family members, or threats to commit suicide. Female victims may have knowledge of other battered women who were killed after leaving their abusers.

## ATTITUDE AND EFFECTS OF ABUSE

- The victims may love the abusers. They believe the violence is temporary or caused by unusual circumstances. They hope that it will stop soon. (This hope is reinforced by periods of time when there is no abuse and the partner is loving or at least civil.)

- The victims may believe that they should understand their attacker and help them to stop the abuse. For women especially, this is part of a wife's or girlfriend's role. If she can't help her partner, she may think that she is failing in the role of the nurturer.

- Victims may believe in the value of keeping the family together, putting this value above their personal pain and fear. Victims may feel pressure from family, friends, or religion to do this.

- There may be feelings of not being capable such as feeling that one must have a partner to get by in the world, even though the partner is abusive.

Continued on next page

## HANDOUT 15C (Continued)

- Growing self-blame and self-doubts about the victim's value as a person, judgment, capabilities, and attractiveness may eat away at the victim's self-esteem. ("Maybe my partner's right; maybe I'm exaggerating." "How could I manage on my own?" "How will I ever find anybody else?")

- The victims may believe that all men (or women) are abusive. This is reinforced by growing up in a culture in which physical aggressiveness is considered courageous or by being raised by abusive parents.

Adapted from a handout by the National Coalition Against Domestic Violence, Austin, TX

# HANDOUT 15D: MYTHS AND FACTS – RIGHTS AND RESPONSIBILITIES

See if you can figure out which is a Myth or a Fact about **Sexual Assault**:

1. Myth Fact There are some women who "ask for" or provoke rape.

2. Myth Fact False rape charges are not made frequently. In fact, only 1 in 10 rapes are ever reported to the police.

3. Myth Fact Sexual assault is an impulsive, spur-of-the-moment act based upon biological needs that is over in a matter of minutes.

4. Myth Fact Most sexual assaults occur in a private home and a large percentage of those occur in the victim or perpetrator's home.

5. Myth Fact If you have already had sex with a person, you can still say no.

6. Myth Fact Most rapes are committed by strangers.

7. Myth Fact It is still sexual assault even if physical violence or weapons aren't used. Sometimes verbal pressure, tricks, and/or threats are used during the assault.

Answers/Explanations on next page.

## Personal Rights and Responsibilities for Girls/Women in Dating Relationships

- Set clear limits and communicate them before the date begins. Be clear, honest, and consistent in your verbal and nonverbal communications.
- Get out of a dangerous situation as soon as you sense the danger. Trust your instincts. Take friends with you or always have another ride home. Meet dates in public places and don't give personal info over the internet.
- Be assertive. Don't let yourself be put in vulnerable situations.
- Don't let yourself be pressured into having sex. You can have a successful date without letting your date "score." If you are either sending or receiving double messages, stop and make it clear what you want. If there is still confusion, don't have sex. Know which behaviors constitute sexual assault.
- Keep in mind that alcohol and drugs impair your judgment and your date's judgment.

Continued on next page

# HANDOUT 15D (Continued)

## Answers to Myths and Facts about Sexual Assault

| | | |
|---|---|---|
| 1. | **Myth** | **The fact is:** No woman deserves to be sexually assaulted, regardless of what she says, wears, or does, just as no one deserves to be robbed because she or he is carrying money. The responsibility lies with the person committing the crime, not with the victim. Whatever a woman wears, wherever she goes, whomever she talks to, "no" means 'no." |
| 2. | **Fact** | False rape charges are not made frequently. In fact, only 1 in 10 rapes are ever reported to the police. |
| 3. | **Myth** | **The fact is:** Many sexual assaults are planned (60% of stranger rapes and 90% of gang rapes). Rape is about power, not need or desire. Many attacks last several hours. |
| 4. | **Fact** | Most sexual assaults occur in a private home and a large percentage of those occur in the victim or perpetrator's home. |
| 5. | **Fact** | If you have already had sex with a person, you can still say no. |
| 6. | **Myth** | **The fact is:** Women face the greatest risk of sexual assault not from strangers but from men they know, such as dates, boyfriends, marital partners, friends, family members, classmates or neighbors. |
| 7. | **Fact** | It is still sexual assault even if physical violence or weapons aren't used. Sometimes verbal pressure, tricks, and/or threats are used during the assault. |

# HANDOUT 15E : WHEN IS IT TOO LATE TO SAY NO?

At a Friend's House

Ashley is at her friend Cathy's house one night and a bunch of friends come over to hang out. Ashley's boyfriend is one of the friends that comes over. They have been going out for a few months. After a while everybody gets ready to drive up to the convenience store to grab some junk food. Cory and Ashley stay behind. Ashley is glad to be alone with him for a few minutes. Then Cory says, "Let's go in Cathy's room and find some cool CD's to play."

After they select a couple of Cathy's CD's, they start kissing on Cathy's bed. In a few minutes, Cory says, "I should lock the door in case we get interrupted."

Ashley says, "We should get back out there before they get back."

Cory locks the door and says, "C'mon, it'll take them forever."

Ashley says, "Ok, but just for a few minutes."

They start kissing again and after a minute or so, Cory caresses her breast through her shirt. Ashley pushes his hand away and says, "We really should get back out there."

Cory says, "This is more fun" and he pushes her down on the bed. When Ashley tries to move away, he holds her, kisses her again, and touches her breast. This time Ashley pushes him away and says, "Why can't you just stop?!!"

Ashley unlocks the door and runs out of the room.

What are your reactions to the story?

1. Does Cory like Ashley? Yes No Not sure
2. Does Ashley like Cory? Yes No Not sure
3. What do you think Cory wanted?

4. What do you think Ashley wanted?

5. How do you think Ashley was feeling up to the point where she ran out of the room?

Continued on next page

## HANDOUT 15E (Continued)

6. How do you think Cory was feeling up to this point?

7. Was this a sexual assault? Why or why not? (Refer to the handout.)

8. Did Ashley indicate that she was not interested in having sex? If yes, when?

9. What responsibilities did Cory have in this situation?

10. What responsibilities did Ashley have in this situation?

11. What personal rights were being violated in this situation?

12. What are some other things that Ashley could have said or done in this situation?

[Adapted from Wolfe, D. A., et al. (1996). *The Youth Relationships Manual: A Group Approach With Adolescents for the Prevention of Women Abuse and the Promotion of Healthy Relationships.* Thousand Oaks, CA: Sage]

**Phase IV: Distress Tolerance**
*Staying Healthy in Stressful World*

# CHAPTER 16: GRIEF AND LOSS

## SESSION OUTLINE

**RATIONALE**
Loss is an issue that most teenage girls have faced but do not know how to deal with in their lives. Loss involves the death of a relative, friend, pet, or someone the adolescent identifies with strongly (television idol, a friend of a friend, etc.). Adolescents also feel other losses keenly such as loss of an intimate relationship, a significant friendship, a mentor, a role model, teacher, counselor, routine activities, talents, or other resources are losses that adolescents also feel very keenly. When a girl's family moves a lot, this involves many losses at once. This chapter provides a framework for understanding loss as well as healthier ways of mourning and celebrating the people and experiences that contribute to who we are.

**GOALS**
1. Members will be able to make comparisons between loss due to death and other types of loss.
2. Members will identify feelings and behaviors resulting from those losses.
3. Members will be encouraged to honestly assess both the more and less positive aspects of their loved ones, relationships, or other types of loss.
4. Members will identify creative ways of coping with their losses.

**QUESTIONS**
1. *When someone that I knew died I felt* (any feeling).
2. *The things that I did were* (any behavior).
3. *Other things in life that make us feel sad or hurt when we lose them include* _____.
4. *When routines or important relationships changed I felt* (any feeling).
5. *The things that I did were* (any behavior).
6. *When I lost someone, something, or an important routine, I went through a* _____*stage or phase.*

**EXERCISES**
1. *Stories About Loss.* Members will read Losing the Us (p. 3), Changes in Life (p. 25), and The Eternal Gifts (p. 177) from *Chicken Soup for the Teenage Soul* and informally discuss their reactions to the stories. They will then be asked what these stories have in common. (If you do not have this book, you can skip Exercise 1.)
2. *Writing a Letter.* Members will write a letter to someone they lost in which they convey something they wish they had said or something they still want to say.
3. *Mourning Our Losses—Celebrating the Good Things.* Members will assess both the more positive and less positive aspects of the relationship they had with someone or something that they lost. Members will also help each other create unique ways of mourning their losses or celebrating their memories.

**SUPPLIES** *Chicken Soup for the Teenage Soul* stories, Index Cards, Handout 16, a few copies of Handout 1A.

**INTRODUCTION**

Have a group member lead the **Feelings Check-In**.

**EXERCISE 1: Stories About Loss**

■ Distribute copies of the three stories from the book *Chicken Soup for the Teenage Soul.* (If the book is not available, you may skip this exercise.)

*The first thing I would like us to do is to read all three of these stories from Chicken Soup for the Teenage Soul. I have written the page numbers for the beginning of each story. Who would like to read the first story out loud? While _____ is reading the story, please think about how the story makes you feel and what you think about it. Then we will have an open discussion about the story. You are also welcome to underline or put a circle around sentences or phrases that stand out for you, which you can then share or not share, it's up to you.*

After each story is read allow group members to talk freely about what they felt and thought while listening to the story. After all three stories have been read and discussed, ask them what they thought each one had in common. Continue to ask for responses until someone recognizes that they all involve losing someone or something.

*Some of us in this group have lost a loved one due to death. Some of us may not have lost someone close to us, but were deeply saddened by the news of someone else's loss or the loss of someone that we came across often in our daily lives, like a teacher, a church member, or the friend of a friend. We also feel loss from other things like when a teacher switches to another school, some close relatives or friends move to another state or neighborhood, we break up with a boyfriend, or our best friend is no longer our best friend. We can even feel sad about the loss of a daily routine that we counted on, like going to the movies with a favorite aunt, attending summer camp, going roller skating every week with a certain group of friends, or having mom cook our favorite meal every Wednesday night.(*If book was read: *Now that we've talked about these three stories and noticed that they are all about losing something that hurts or saddens us), let's talk more about our specific thoughts and feelings when we lose someone or something.*

**Question 1: *When someone that I knew died I felt* (any feeling).**

Have group members identify a specific feeling from **Handout 1A** or any Feelings poster.

Be sure and emphasize that any of the feelings are OK. We each react to loss differently and this is about learning how we DO feel, not how we SHOULD feel.

**Question 2: *The things that I did were* (any behavior).**

Help the group members discuss the consequences of a particular behavior. It may be helpful to talk about the outcomes without being judgmental or labeling them as positive and negative. Some behaviors may have different short-term and long-term outcomes. For example, distracting oneself with television works well in the short-term. However, if one does not do the work of expressing one's feelings and processing them, these bottled up feelings may lead to

participating in high-risk behaviors as a way to act out or cope with internal distress. It is important to help members recognize risky behaviors and the outcomes.

**EXERCISE 2: Writing a Letter**

- Distribute paper and pencils or pens.

*Now we're all going to write a letter. Writing this letter is an opportunity for you to say whatever you want to a person that you lost due to death or because you lost connection with that person somehow. Choose a person and remember what that person was like and what your relationship with that person was like. Then write a letter as though you could have one more conversation with that person. Include things like how you felt about them before and after they were gone, what you liked and disliked about them, and what you wished you had said to them before they were gone. Try to write the letter as though you are talking directly to that person. After spending some time writing the letter, you are welcome to share this letter with the group.*

**Question 3: *Other things in life that make us feel sad or hurt when we lose them include* (any type of loss).**

| Typical Responses | |
|---|---|
| *I didn't have much of a childhood* | *We moved and I lost everything* |
| *I lost my virginity* | *I lost my favorite stuffed animal* |
| *When my dog died.* | *I lost my best friend* |
| *When my dad went to jail.* | *I lost my boyfriend* |
| *I feel like my dad is lost to drugs.* | *I haven't seen my dad in over five years.* |

**Question 4: *When routines or important relationships changed I felt* (any feeling from feeling chart).**

*So far you have talked about people that you lost and important routines or relationships that you lost. I encourage you to continue to write letters from time to time to people that you lost. It may also help you to write letters to people about the important relationships or routines that you lost.*

Ask group members to give suggestions for other letters they could write based upon their answers to the last two questions.

To lead into the following question, *We have been talking about important routines or relationships that we lost that make us feel sad sometimes. When we feel these kinds of losses we react in many different ways.*

**Question 5: *The things that I did were* (any behavior).**

Again help group members talk about the positive and negative outcomes of their behavior in terms of how effective those behaviors were (again without labeling the behaviors as good or bad).

**Question 6:** ***When I lost someone, something, or an important routine, I went through a _____ stage or phase.***

It is not important to fit the teenager's reaction into a stage since this is a framework for understanding grief or loss that may or may not be useful to them. Additionally, a stage model for understanding most types of human behavior or emotion is often criticized and has little utility when people are inflexible by thinking that someone ought to be going through a particular "stage." However, many group members may have noticed common reactions to grief and loss. The intention of this exercise is to normalize some of these reactions. For example, many people experience intense anger toward the person they lost or toward the person that caused their loss (e.g., toward a parent whom relocated the family to another state). Other possible reactions and feelings include denial, disbelief, relief, numbness, guilt, powerlessness, abandonment, fear, anxiety, sadness, despair, loneliness, rebelliousness, sexual promiscuity, drug use, confusion, and disorientation. (For a discussion of some of these reactions see *Beyond Grief: A Guide for Recovering from the Death of a Loved One* by Carol Staudacher, 1987.). People often feel guilt that they aren't recovering quickly enough, or that they are enjoying themselves "too soon" after the loss.

*We are all different in our reactions to grief and loss and may have experienced all of the above feelings or reactions or only a few. One thing that is probably important for all of us to do however, is to get to a point where we can look back at those people or experiences and appreciate both the more positive and more negative parts of those relationships or events. One way to appreciate the more negative aspects of our relationships is to think about what we did not like about that person, that routine, or that relationship and let ourselves feel sad about that. To appreciate the more positive parts we can think about the things that we liked about that person, relationship, or routine and let ourselves feel happy about that.*

**EXERCISE 3: Mourning our Losses—Celebrating the Good Things**

- Distribute 3 blank index cards to each group member as well as a copy of completed sample index cards (**Handout 16**).

***Identify one specific loss*** *that you have experienced and write it down on the top of the first card after the words "My Loss." Beneath that, write* ***"Things that I didn't like about this person or event"*** *and underline it. Think of 3 things and write them down on your index card. The next step in this exercise is to write down* ***"Things I liked about or learned from this person or event,"*** *underline it, and write down three things on your index card. Next write* ***"Creative ways I can mourn this loss"*** *and underline it. Then think of three ways that you can mourn your loss for this person or event and write them down on your index card. For this step, we encourage you to look at the handout for ideas or ask for suggestions from other group members. Also, think about what you can do in this person's honor? What would he or she want you to do? The final step is to write* ***"Creative ways I can celebrate the good things,"*** *underline it, and write three ways down on your index card. This can also include ways to honor that person. O.k., that's one complete Loss Card. Now complete two more Loss Cards and when we are all finished, whoever wants to can share what they wrote on their index cards.*

It may be helpful to have one person give an example and generate the responses out loud as a group before individual members complete their own cards.

## CLOSURE

Have a group member lead the **Impact Check-Out**.

Group facilitators should be especially careful to assess the feelings and needs of the group members in case this topic has activated strong feelings or reactions and requires follow-up or intervention. This is also a good time to remind the group members to practice self-soothing skills when they feel overwhelmed thinking about their losses.

*Today we talked a lot about the feelings that people have when they lose something or someone important to them. What you have learned in this group is one way to deal with those feelings and helps you accept different aspects of those people or those experiences. This will help you integrate those feelings and memories into who you are. It may also help you to talk to people that knew the person you lost or knew what you went through so that you can talk about your feelings from time to time. As we change, it is often useful to look back at major events in our lives and try to understand them from a new, more mature perspective. Next week we will talk about how to cope with crises in our lives.*

Since there are only two chapters remaining, thought should be given to whether a “goodbye party” will be provided. If so, plan to announce it at before the final session.

# HANDOUT 16: SAMPLE LOSS INDEX CARDS

**Sample Loss Card 1:**

My Loss: My old school and friends when we moved to a new neighborhood.

Things that I didn't like about this person or event:
1. I didn't get to see my old friends much any more.
2. I had to go to a new school where I didn't know anyone.
3. My best friend found a new best friend.

Things that I liked about or learned from this person or event:
1. I made a new friend that I would never have met if I hadn't moved.
2. I finally got to have my own room and that made me feel special.
3. I learned that even though things change, I can handle it.
4. I realized that my old school has a better art program.

Creative ways I can mourn this loss:
1. I can ask my mom to take me by my old school one day so I can see it and honestly think about the things that I liked and didn't like about it.
2. I can send my best friend a card once in a while telling her that I still think about her and that she was a special part of my life.
3. I can call a radio station, ask them to play my favorite sad song, and I can let myself miss all of them and cry if I need to.

Creative ways I can celebrate the good things:
1. I can ask my mom to take me by my old school one day so I can say hello to my favorite teacher, Ms. Smith.
2. I can write a poem that expresses my good memories about my friends and the school.
3. I can hang a picture of my old friends in my locker at school or keep it in my purse.

**Sample Loss Card 2:**

My Loss: My aunt died.

Things that I didn't like about this person or event:
1. She was really strict about chores.
2. Sometimes she would say mean things about my dad.
3. She was a terrible cook.

Things that I liked about or learned from this person or event:
1. She took me to church every Sunday.
2. She bought me the coolest things for my birthday.
3. She always seemed to be around when I needed her.

Creative ways I can mourn this loss:
1. I can light a candle or incense sometimes and let myself feel sad for a while.
2. I can admit to my mom that even though I loved my aunt, she was a terrible cook.
3. I can ask my dad questions about her sometimes so I can keep her memory alive.

Creative ways I can celebrate the good things:
1. I can light a candle or incense sometimes and remember just the good times.
2. I can plant some kind of flower for her in a flowerpot or in the backyard and every time I water the flowers I can think about how special she was to me.
3. I can say grace sometimes and say how much I miss her.

**Phase IV: Distress Tolerance**
*Staying Healthy in Stressful World*

# CHAPTER 17: CRISIS MANAGEMENT

## SESSION OUTLINE

### RATIONALE

As members increasingly recognize their strengths and gain confidence and skills in relating to others, it is important to talk about how to handle crises that threaten their healing. This group discusses some ways members may have handled crises in the past and brings together all the new coping methods they have learned in these groups to handle crises.

### GOALS

1. Members will be able to describe the types of crises that have been threats to their emotional well-being and staying alcohol and drug free in the past.
2. Members will acknowledge and honor the methods used in the past to deal with crises, and they will increase their awareness of the consequences of continuing these methods.
3. Members will be able to describe new ways they have learned of coping with crises.

### QUESTIONS

1. *What crises have threatened your healing and personal growth in the past or might in the future?*
2. *When you're in crisis, what are some potentially harmful things you think about doing?*
3. *When you did those things in the past, what happened?*
4. *What are some better ways to cope in a crisis?*
5. *How do you think each step of SALT can help you in a crisis?*

### EXERCISE

*Empowering Ways of Coping with Crisis.* Members discuss empowering methods for managing their intense feelings during a crisis situation. Each member makes a list on an index card of the new empowering strategies she thinks she can use and decides where to keep the list so she can find it in a time of crisis.

### SUPPLIES

Chalkboard or equivalent; index cards; pens or pencils

## INTRODUCTION

Have a group member lead the **Feelings Check-In.**

*As you continue to increase your self-awareness and skills in relationships with others, it is important to talk about how to handle crises that may threaten your healing. In this group we will talk about some ways you may have handled crises in the past, and we will review all the coping methods you have learned before in these groups to handle crises.*

**Question 1:** ***What crises have threatened your healing and personal growth in the past or might in the future?***

| Typical Responses | |
|---|---|
| *Family problems* | *Losing a relationship* |
| *Death in my family* | *A major disappointment* |
| *Getting triggered* | *Flashbacks* |
| *Parents fighting* | *Getting suspended from school* |
| *Bad grades* | *Problems at work/Losing my job* |
| *Someone offering me drugs* | *Me or family getting sick* |
| *No food in the house* | *Getting evicted from home* |
| *Being assaulted* | *Period late/finding out pregnant* |
| *Friend disses you (takes your boyfriend or stabs you in the back)* | *Having a fight with someone I care about* |

**Question 2:** ***When you're in crisis, what are some potentially harmful things you think about doing?***

| Typical Responses | |
|---|---|
| *I want to run away.* | *I want to smoke cigarettes.* |
| *I think about drugs and how they can calm me down.* | *I'll go to a party, get lots of attention, and escape reality.* |
| *I want a guy to hold me and tell me that everything will be O.K.* | *I think about cutting or burning myself to release the tension. Sometimes I think about suicide.* |
| *I wanted to have sex.* | *I want to eat, eat, eat—fill myself up.* |
| *I want to scream, yell, cuss, and punch holes in walls.* | *I want to go to bed, feel sorry for myself, and never get up.* |
| *I want to lash out at others and get into fights.* | |

**Question 3:** ***When you did those things in the past, what happened?***

| Typical Responses |
|---|
| *When I ran away it only made matters worse. It felt good to run away but when reality hit it was terrifying.* |
| *After I used drugs I felt really depressed and just wanted to get high again.* |
| *The guy got sick of me depending on him all the time—he wasn't there for me.* |
| *I would feel so guilty about eating that I'd just hate myself even more.* |
| *I ended up getting really drunk and going home with someone I hardly knew.* |
| *I had to hide from everyone that I was cutting, and when I told my counselor I was doing it I was put on a suicide contract.* |
| *I got suspended for starting a fight at school and skipping.* |
| *I ended up in the hospital.* |
| *Nothing changed for the better. In fact, it got worse.* |
| *I got arrested and now I have a record.* |
| *I got drunk and had unprotected sex.* |

*Have any of you ever sabotaged something good happening to you or felt more comfortable when bad things happened because that's what you're used to?*

**Question 4:** ***What are some better ways to cope in a crisis?***

| Typical Responses |
|---|
| *Stay put. Call a friend and let her know what is going on. Ask her for help.* |
| *Go to someone I trust and share that I have been thinking about using.* |
| *Think, "Will this behavior solve anything?"* |
| *Remember that I do have strength. I have survived! I am able to cope. I am not alone.* |
| *Go to my church. Even if there isn't a service going on, I feel safe there.* |
| *Tell myself, "This, too, shall pass," and "One day at a time."* |
| *Wherever I'm feeling unsafe, just walk away.* |
| *Do my breathing exercise, meditate, read, or write.* |
| *Spend time with people who care about me.* |
| *Take a long walk In a scenic, safe place outdoors.* |
| *Listen to uplifting music Or watch TV.* |
| *Get some exercise; do something physically challenging.* |

*It is easier sometimes to do what we usually do in a crisis. It takes courage to react in different ways to a crisis. It takes determination to use these other ways to cope when times get tough. And*

*not just most of the time, but every time, even when things are at their very worst. One way to find the courage to react differently in a crisis is to remember the following acronym. The acronym is* ***SALT*** *and it stands for STOP, ASSESS, LOOK inside, and THINK about the consequences.*

Write the acronym "SALT" on the board vertically and what each letter stands for horizontally next to each letter.

***Question 5: How do you think each step of SALT can help you during a crisis?***

| **Typical Responses** |
|---|
| *STOP means I should stop whatever I'm doing and take a deep calming breath.* |
| *ASSESS means think about what is going on, what my options are for solving the crisis or not making the crisis worse than it is.* |
| *ASSESS means thinking about what I've done in the past and what I could do in the present.* |
| *ASSESS could mean I need to find out more about what is going on. Probably I could talk to someone who could help me understand what is going on so I can make better choices.* |
| *LOOK inside means I should think about how I am feeling.* |
| *LOOK inside means I should think about my short- and long-term goals before I do anything.* |
| *LOOKing inside might really scare me. It might mean I need to chill out or get some help. I might realize I don't know what to do and I am not ready to make a decision about anything.* |
| *THINK means I should weigh each option carefully and find all of the courage I can to make the right decision for me.* |
| *THINK about the consequences means I should at least think about not doing the obviously harmful things that I have done before.* |
| *THINK about the consequences means not lying to myself about what will happen if I pick something like "taking drugs."* |
| *THINK means I should think about some positive things too and how a good decision can help.* |

**EXERCISE: Empowering Ways of Coping with Crisis**

Ask each member to make a list on an index card of new coping strategies she thinks she can use and decide where to keep the list so she can find it in a time of crisis. One coping strategy that might end up on their list is the SALT method. Another good source of ideas is the **blocks** they used on cards from the Self-Esteem Game (Chapter 14).

**CLOSURE**

Have a group member lead the **Impact Check-Out.**

*In the past, being in a crisis may have set you back from reaching your goals or feeling good about yourself. Now that you have learned some ways to increase your self-esteem and look for better ways to cope, you might be able to think of the next crisis as an opportunity to try these new ways of coping and see how they work. Using new ways to cope might help you feel stronger and more powerful, and might show you and others that you care about yourself.*

*Take just a moment to take some deep breaths and notice how you feel throughout your mind and body. Breathe again and recall the most positive thought about yourself you have had this week. Think it again and breathe.*

*Next week we will talk about the healing we have done from violence, substance abuse and emotional problems. It will be rewarding to look at how far you've come on this new path in healing and personal growth*

**Phase IV: Distress Tolerance**
*Staying Healthy in a Stressful World*

# CHAPTER 18:EMPOWERMENT, HEALING AND PERSONAL GROWTH

## SESSION OUTLINE

### RATIONALE

Healing and personal growth is a lifelong process of discovery that involves a potential for relapse. In this session we will look at progress on the road to healing and personal growth—what has worked, what has helped, and what still needs to be done. It is important for their healing that women begin to understand what they control in the process and what barriers they have overcome so far. They must also become aware of what steps lie ahead.

### GOALS

1. Members will appreciate how far they have come on the road to growth and personal healing.
2. Members will acknowledge and appreciate their work of healing from abuse, substance abuse, and emotional problems.
3. Members will look at future steps on their road to personal growth, understand that relapse may be a part of healing, and know how to get back on the path.

### QUESTIONS

1. *What kinds of barriers or obstacles have you <u>had to face</u> so far on your road to healing and personal growth?*
2. *What kinds of topics or which skills covered in the group have been important or helpful to you?*
3. *What kinds of barriers or obstacles have you <u>overcome</u> so far on your road to healing and personal growth?*
4. *What has been your greatest strength in your personal healing?*
5. *What is the next step to continue your healing and personal growth?*

### EXERCISE

1. *The Substance Use Questionnaire.* Members complete **Handout 1E** (from Chapter 1) again.
2. *Treasures and Strengths to Share*. Members write on index cards 1) a personal treasure they would like to share, 2) a personal strength about themselves, and 3) a personal strength about each of the other group members. The index cards are gathered and read aloud.

### SUPPLIES

Chalkboard or equivalent; index cards; a box/bag/hat; pens or pencils; Handout 18; extra copies of Handout 1E; party foods and goodies if a “Good-Bye Party” has been planned.

**INTRODUCTION**

Have a group member lead the **Feelings Check-In.**

*This is the last group in this program. Today we are going to take some time to review and treasure what we have learned.*

■ Distribute **Handout 18**. The handout is intended to help group members remember some of the barriers and skills they learned over the course of the group. Invite them to check off any topics that were especially helpful or important to them.

***Question 1: What kinds of barriers or obstacles have you had to face so far on your road to healing and personal growth?***

| Typical Responses | |
|---|---|
| *Peer pressure* | *Not wanting to quit drugs* |
| *Not being assertive enough, not saying no* | *Fear that I can't change* |
| *Learning that consequences matter* | *My own negative thoughts* |
| *Low self-esteem* | *Lying to myself* |
| *Not knowing how else to be or what else to do* | *Not feeling that I had a choice* |
| *Feeling alone with my problems* | *Dealing with my parents* |
| *Having drugs easily available (in the house, from family members)* | *Losing my boyfriend* |
| *Friends that use* | *My parents splitting up* |

**Question 2:** ***What kinds of topics or which skills covered in the group have been important or helpful to you?***

| Typical Responses | |
|---|---|
| *Reaching out to supportive people* | *Standing up for myself* |
| *Telling others what I feel or want* | *Learning I'm not alone* |
| *Telling other people what has happened to me* | *Saying no to sex and drugs* |
| *Understanding about consequences for drinking* | *Understanding about violence and power and control* |
| *Dealing with peer pressure* | *Thinking about my goals and my future* |
| *Learning to be more honest and trustworthy* | *Acceptance* |
| *Learning how to change some of my thinking.* | *That it's ok to be angry.* |

*It is important for your future healing and personal growth that you recognize skills that have been helpful in dealing with obstacles to healing and personal growth. You have probably made many critical decisions in reaching out for help and dealing with trauma, emotional problems, and substance abuse. As healing and personal growth continues, you will become more reliant on nonprofessional supports, and it will be helpful to focus on community sources of help.*

**Question 3:** ***What barriers or obstacles have you overcome so far on your road to healing and personal growth?*** (Harris, 1998, p. 204)

| Typical Responses | |
|---|---|
| *Hating myself when I used drugs* | *Blaming myself for the abuse* |
| *Thinking my abuse/trauma was not important or my fault* | *Thinking I could control my substance use* |
| *Feeling helpless at times* | *Shyness* |
| *Flashbacks to the abuse* | *Fear* |
| *Feeling depressed and down* | *Losing hope for myself* |
| *Thinking that no one cares about me* | *The lack of support in my family* |
| | *Finding friends who don't use* |

*Can you name some obstacles to your healing and personal growth that cannot be removed and must be accepted as they are? (For example, typical responses to Question 1 like "friends that use," "losing my boyfriend," "my parents splitting up," "having drugs available" are not generally within the girl's control.)*

**Question 4:** ***What has been your greatest strength in your personal healing?*** **(**Harris, 1998, p. 203)

| Typical Responses | |
|---|---|
| *Determination, persistence* | *Courage to say no when I needed to* |
| *Becoming honest with myself* | *Spirituality* |
| *Faith* | *Hope* |
| *Understanding the connection between my trauma experiences and my substance abuse and emotional problems* | *My ability to find new friends* |
| | *Dealing with my emotional problems* |
| | *AA, NA, Double Trouble, DMDA* |

**EXERCISE 1: The Substance Use Questionnaire.**

Give group members time to complete **Handout 1E**. Help ensure their confidentiality while group members are completing the questionnaire. Give them time to compare their current responses to their old responses. Some members may not have completed the questionnaire. Assure them that the questionnaire is confidential and that even though you would like to look it over at some point (after the new group starts with Chapter 1), you will not be collecting any questionnaires today.

**Question 5:** ***What is the next step to continue your healing and personal growth?***

**Typical Responses**

*Making better choices when I'm angry.*
*Working on my goals; planning long-term*
*Have a better relationship with my family (mom, sister, baby, etc.)*
*Going to school every day*
*Keep being honest about what I need to do*
*Get serious about taking my medications*
*Looking for love in the right places*
*Having more fun, laughing more*
*Help others who have been through trauma, who are trying to quit using drugs, or who are really down on themselves.*
*Try new things (new ways to cope; new solutions)*
*Remember that it is important to take care of and soothe myself*
*Avoid risky situations*
*Continue to learn and try new coping skills*
*Make sure I ask for help when I need it*

**EXERCISE 2: Treasures and Strengths to Share**

*For some of you, today is your last session in this group. To recognize what we have shared together and what we have learned about ourselves and others in the group, I would like all of you write down 3 things* (list these three things on the board and hand out some index cards). *First, write down* <u>*a personal treasure*</u> *that you would like to share with others in the group. A personal treasure is something that has been important for you in your healing that you would like to share with the group. This could be a personal characteristic like honesty, the time and location of your AA home group, the name of your medication, a helpful saying, or anything you think has been important in your healing and personal growth.*

*The second thing is write down* <u>*a strength you see in yourself*</u> *that will help you have a better future. The third thing is to write down* <u>*a strength you see in each of the other group members*</u> *that will help them have a better future. After you have written down these three things on your*

*index card, put it in a pile in the* (hat, bag, or box) *in the middle of the room. Once everyone is done, members will randomly pick out an index card and share the treasure and the strengths with the rest of the group.*

This exercise may be modified so that each group member can take home the comments that were made about her (the strengths that others saw in her).

**CLOSURE**

Have a group member lead the **Impact Check-Out**.

*Phase IV was about using the skills you have learned to improve the quality of your lives as you heal from violence and abuse, substance abuse, and emotional problems. For those of you who haven't completed all of the groups, in Phase I we will talk about building more safety in our lives, how our minds, bodies, and emotions work together, and what it means to be a female in this society. Next session we will go over the format of the group in detail and we will talk about issues of empowerment and personal safety.*

Thank everyone for coming to this group and doing challenging but rewarding work on healing. Recognize anything that the group members found particularly meaningful and useful during this group.

**CONGRATULATIONS ON A JOB WELL DONE!**

If a special good-bye party has been arranged, have fun!

## HANDOUT 18: TOPICS AND THEMES OF THE TRIAD GIRLS' GROUP

- ❑ promoting my own physical and emotional safety (developing a personalized safety plan)
- ❑ self-soothing
- ❑ mental and physical grounding and deep breathing
- ❑ learning the connection between thoughts, feelings, and behaviors
- ❑ learning about irrational thoughts and coming up with new, alternative thoughts
- ❑ thinking about what it means to be a female
- ❑ teenaged sex and abstinence
- ❑ learning assertiveness skills and different kinds of communication
- ❑ how to deal with anger and anger distortions; using PLEASE and CHILL when angry
- ❑ goals in situations (objective, relationship, and self-respect goals)
- ❑ trust; what kinds of things interfere with trust
- ❑ setting emotional boundaries and personal space in relationships
- ❑ identifying people that are supportive of my goals, personal growth and healing
- ❑ identifying people that don't support my goals
- ❑ messages and patterns from family members
- ❑ learning strategies to manage cravings
- ❑ learning about self-esteem and how to increase it
- ❑ learning the importance of acceptance
- ❑ problem solving and setting goals
- ❑ learning about domestic violence, power and control, and definitions of abuse
- ❑ learning myths and facts about sexual assault
- ❑ personal responsibilities in dating relationships
- ❑ some new ways to deal with grief
- ❑ using news ways of coping when faced with a crisis (such as SALT)

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# ADDITIONAL RESOURCES

In addition to the resources referenced in the Reference section, other sources more generally informed this intervention. They are provided below alphabetically by author (or by title if it is a government publication).


- Blake, S. M., Amaro, H., Schwartz, P. M., & Flinchbaugh, L. J. (2001). A review of substance abuse prevention interventions for young adolescent girls. *Journal of Early Adolescence, 21*(3), 294-324.
- Cannabis Youth Treatment Series (SAMHSA/CSAT) – available from SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at 1(800) 729-6686.
- CASA report (February 2003) The Formative Years: Pathways to Substance Abuse Among Girls and Young Women Ages 8-22: http://www.ecs.org/html/Document.asp?chouseid=4245
- Guidelines for the Treatment of Alcohol- and Other Drug-Abusing Adolescents (SAMHSA/CSAT Treatment Improvement Protocol (TIP) Series – available from SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI, 1(800) 729-6686.
- Karp, C. L., Butler, T. L., & Bergstrom, S. C. (1998). *Treatment Strategies for Abused Adolescents:From Victim to Survivor.* London: Sage.
- LeCroy, C. W. & Daley, J. (2001). *Empowering adolescent girls: Examining the present and building skills for the future with the Go Grrrls program.* New York, NY: Norton.
- Lerner, R. M. & Ohannessian, C. M. (1999). *Risks and Problem Behaviors in Adolescence*. New York: Garland.
- National Cross-Site Evaluation of High-Risk Youth Programs (SAMHSA/CSAP) – available from SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at 1(800) 729-6686.
- Office of Juvenile Justice and Delinquency Prevention (1998, October). Guiding Principles for Promising Female Programming: An Inventory of Best Practices – available for ordering or downloading at http://puborder.ncjrs.org/Content/ItemDetails.asp?strItem= DD1734150H&intCounter=1
- Trauma Work Group and Maxine Harris "Trauma Recovery and Empowerment for Adolescents & Young Women Ages 15-18: A Clinician's Guide for Working with Adolescents Girls in Groups – call Community Connections at (202) 608-4794.
- Treatment of Adolescents with Substance Abuse Disorders (SAMHSA/CSAT Treatment Improvement Protocol (TIP) Series -- available from SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI, 1(800) 729-6686.
- Wekerle, C. & Wolfe, D. A. (1999). Dating violence in mid-adolescence: Theory, significance, and emerging prevention initiatives. Clinical Psychological Review, 19(4), 435-456.