

PROJECT LIGHT II  
DIFFUSION VERSION FOR HETEROSEXUAL ADOLESCENTS

SEVEN SESSIONS  
(TOTAL TIME = FOURTEEN HOURS)

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## INTRODUCTION

Project LIGHT II - Diffusion Version is a training manual for programs working with lesbian and gay youth at risk for HIV/AIDS. This intensive intervention is based on a cognitive-behavioral model that has been the basis of many previous health promotion efforts with adolescents. A report of the training's effectiveness was recently published (Rotheram-Borus et al, 1991).

At the beginning of the manual group leaders will find brief highlights of what is behind the approach and how to lead the exercises which are the core of the training. These highlights are to prepare group leaders by providing cognitive maps which will guide them through the exercises regardless of the content in any given session. They cover such topics as what assumptions underlie the training, objectives, how to handle problems during the sessions, and how to use the manual. Typically a single page lays out the basics for group leaders. Where a greater explanation is needed, there are notes with more detail.

To create a clear, easily understood and implemented training manual group leaders are provided with a step-by-step description of what to do and say. In reality the highly skilled group leaders who worked with the adolescents in previous research studies (Rotheram-Borus et al., 1991) were innovative, flexible and spontaneous on the spot. No manual can capture fully the way they would make use of situations brought to them by group members each day.

The manual is designed to show group leaders what can be done with real or simulated situations, what areas need to be addressed, and how to increase specific skills that lead to safer sex behaviors. The constant emphasis is on skill building and enhanced self-efficacy in an environment of peer support. Active practice, participation and sharing are all critical ingredients.

## A DESCRIPTION OF PROJECT LIGHT II

Project LIGHT II is a multi-site study being conducted nationwide and funded by the federal government. The goal of Project LIGHT II is to develop and test projects which will increase healthy behaviors and prevent specific health problems that strongly effect the population with which you will be working. The programs you will be conducting have already been planned and described. The only differences between project sites will be designed so that the programs can address the specific needs of certain groups that will participate in the project.

Your job is to deliver the interventions so that we can determine if they work. The intervention you will be conducting was developed over the course of several years by researchers who are experts in their field. These individuals have carefully worked out the details outlined in this manual. Therefore, it is important that you do not change the specifics of the interventions. Otherwise, we will not be testing the project as it was developed, and we will also not know if the project works.

The success of the project is being carefully measured, so that we can tell if our programs are effective. We are measuring the success of the Project LIGHT II programs by conducting pre- and post-meeting interviews with our participants. These interviews will be given by people we select to be interviewers.

## A MODEL FOR UNDERSTANDING PEOPLE'S ACTIONS

PEOPLE WILL CONTINUE TO BEHAVE IN A CERTAIN WAY IF.....

1. They expect something good to come out of it.
2. Something that they want does come out of it.
3. Something good comes out of it often.
4. Anything negative that comes out of it happens a long time after the good part.

PEOPLE WILL BEHAVE EFFECTIVELY IN THEIR BEST INTERESTS IF.....

1. They know what is in their best interest.
2. They have the skills.
3. They have opportunities to learn skills in many ways: observing, imitating, and practicing.
4. They believe they can be effective and have effective tools.
5. They fit into the environment in which they live and the environment supports them.

## NOTE

The model of human behavior used in this project to understand the issues surrounding adolescents at risk for HIV grows out of social learning theory. Similarly, the interventions selected reflect a cognitive-behavioral approach which also stems in large part from social learning theory.

The emphasis in the sessions is to change behavior; therefore it appeared desirable to present a very simple model of how behavior is acquired and changed. The purpose of this model would be to provide a road map which both group leaders and group members could use.

The preceding page contains the essential ingredients of that elementary model. Imbedded in the brief points are concepts about reinforcement, how time affects the strength of rewards, the importance of expectancy, coping, coping skills, the role of beliefs (thought), the value of knowledge, and the role of environmental fit and supports. Later in the workshop this page is used and explained to the participants.

The following page expands the model for the group leaders. Implications for training are made explicit as well. Some of the ideas are repeated from the model of people's actions, but the essence of "What Are the Underlying Principles of the Workshop" is applying social learning theory and cognitive-behavioral approaches to reducing the risk for HIV in the targeted adolescent population. From these principles can be seen the importance of practicing, observing, and modeling as vehicles for learning new skills and improving old ones.

The development of coping skills are a constant theme. Intellectual skills such as analyzing a risky situation, physical skills such as putting on a condom, and social-emotional skills such as recognizing one's discomfort level and being able to refuse a request for unsafe sex are all included.

Thoughts are another key factor in the training. How a person appraises threat and determines if she or he can handle it effectively; expectations, beliefs, and dysfunctional thoughts; and self-reward, social problem solving, and self-talk as a guide through provocative situations are an ever present focus of the interventions. The training exercises all flow from the basic tenants of the model.

The training environment itself becomes an intervention. In a safe atmosphere peers support each other, learn from each other, and build each others' self esteem. Thus, group cohesion is developed in every session.

On page 9 group leaders will find the workshop's objectives. These too tie together HIV prevention and the principles of social learning theory. Competency development and self-efficacy are the central themes. The objectives stand on their own without further comment.

### WHAT ARE THE UNDERLYING PRINCIPLES OF THE WORKSHOP?

1. The better an experience you have, the more likely you are to repeat it.
2. The more times you have that good experience, the more likely you are to repeat it.
3. The longer the time between the good experience and any negative consequences, the more likely you are to repeat it.
4. What makes an experience good is the rewards you get from yourself and others.
5. What moves you is to maximize your rewards.
6. What makes you effective in getting rewards is emotional, behavioral, and cognitive skills.
7. What also makes you effective is believing that you can be effective.
8. What further makes you effective is how well you fit into the environment in which you are operating.
9. You learn those critical skills through imitation, observation and practice.

### APPLICATIONS TO THE TRAINING

1. In this training program youth are frequently rewarded for successful efforts to practice safer sex and are taught how to self reward.
2. The environment is supportive.
3. Skills are developed.
4. Appropriate behavior is modeled, and there are opportunities to practice.
5. Youth work on finding out what their immediate expectations and rewards are for unsafe sex.
6. Youth learn how to make use of their real-life environment.

## THE CONCEPTUAL COMPONENTS OF PROJECT LIGHT II

PROJECT LIGHT II IS BASED ON THE FOLLOWING CONCEPTUAL COMPONENTS:

1. PERSONAL VULNERABILITY which refers to recognizing that one is at risk of HIV exposure.
2. ILLNESS SEVERITY which refers to understanding the seriousness of becoming HIV positive and contracting AIDS.
3. RECOMMENDATION EFFECTIVENESS which refers to understanding that there are methods which prevent the transmission of HIV.
4. POSITIVE OUTCOMES OF CONDOMS which refers to believing in the value of condoms and intending to use them.
5. SOCIAL AND SELF APPROVAL which refers to integrating safer sex practices into personal values, self-esteem, and community norms.
6. TECHNICAL SKILLS which refers to being able to use condoms correctly, obtain condoms, and clean needles used in IV drug practice.
7. SELF-CONTROL SKILLS which refers to delaying sex, avoiding high risk situations, controlling alcohol and drug use, having condoms available, modulating intense emotions, and either having one's own works or consistently cleaning them.
8. NEGOTIATION SKILLS which refers to being assertive, resisting pressure, and dealing with provocative situations.

TO THESE COMPONENTS HAVE BEEN ADDED THE FOLLOWING:

9. DIFFUSION SKILLS which refers to being able to spread the word about safer to friends and acquaintances.
10. LESBIAN AND GAY LIFE SKILLS which refers to dealing with stigma, increasing gay pride, making contact with other gay and lesbian adolescents, and coming out.

## WHAT ARE THE GOALS AND OBJECTIVES OF THE TRAINING?

Overall goal: To reduce high risk behavior in myself and my friends

1. Youth will delay the occurrence of unsafe behavior if it has not yet begun.
2. Youth will use a condom or dental dam when engaging in sexual activities where an exchange of body fluids possible.
3. Youth will screen potential partners and avoid sex with those who are risky or questionable.
4. Youth will not get high on alcohol or drugs before having sex.

Objectives:

1. Youths will acquire general knowledge about HIV/AIDS: definitions, consequences, routes of transmission, high risk behavior, prevention strategies and testing.
2. Youths will believe they can get aids, they can prevent themselves from getting aids, and that they can change their own behavior.
3. Youths will label, assess and control the intensity of their feelings in high risk situations.
4. Youths will reward themselves with positive feedback for appropriate thinking and behavior.
5. Youths will use self-talk to guide themselves successfully through sexually risky situations.
6. Youths will identify and change dysfunctional thoughts.
7. Youths will solve interpersonal problems through clarifying the problem, identifying risks, costs and opportunities, evaluating alternative strategies for fixing the situation, trying out an alternative, and analyzing success.
8. Youths will express their needs assertively, say "no" in risky situations, and communicate with confidence.
9. Youths will determine the advantages and disadvantages of their being tested for HIV.
10. Youths will deal with being gay, lesbian or bisexual by defining themselves positively, coming out to self and others, improving relationships with friends and lovers, and coping with stigma.
11. Youths will identify relevant community resources and access these resources as needed.
12. Youths will give effective HIV/AIDS prevention messages to their friends and acquaintances.

## WHAT DOES THE TRAINER NEED TO KNOW ABOUT AT-RISK YOUTH?

1. While knowledge of HIV and AIDS may be at a moderate levels, at-risk youth do not know how to apply safer sex practices.
2. Few use condoms.
3. Sexual contact is frequent and begins early.
4. Beliefs about what other youths do are based more on the at-risk youths' own behavior than on reality.
5. An adolescent's underdeveloped critical thinking capacity leads to underestimating risks.
6. Identity as male or female and heterosexual, gay or bisexual is not fully fixed for many youth. Some adolescents have been aware of their gay or lesbian orientation for a number of years.
7. Lack of knowledge about partners is typical.
8. Other characteristics such as being depressed, distressed, or in trouble increase the absence of safer sex practices.
9. Drug and alcohol use reduces controls in sexual situations.
10. Girls are at greater risk because they follow cultural norms and go out with older men who are more likely to be HIV positive.
11. Males are at greater risk because they have a large number of partners.
12. Gay male adolescents are at greater risk because they tend to engage in anal intercourse and have partners with HIV positive status.
13. Sexual milestones differ based on race: Whites are more likely to begin with kissing and petting while African Americans start with intercourse.
14. Having been sexually abused increases the risk of these youths practicing unsafe sex.

## ISSUES FOR LESBIAN AND GAY ADOLESCENTS

Lesbian and gay adolescents face being members of a socially devalued group during a critical developmental phase. From this condition certain consequences, personal results, and needs arise.

### Consequences

Isolation from family, peers, adult models.

Confusion over self (Am I bad? Sick? Abnormal?), the future (What kind of life will I be forced to lead?), values.

Vulnerable to stigma, discrimination, and violence.

Removed from traditional rights of passage

### Personal results

Self-hatred

Hatred of gays and lesbians

Feelings of isolation and depression

Limited social and sexual experiences

Lack of social supports

Heightened sensitivity, self-awareness, and self criticism

Forced to cope with stigma and violence

Conflicts over racial, religious, and gay/lesbian identities

### Training goals

Knowledge: reduce myths about gay and lesbian people, their lives, futures, and contributions

Attitudes: increase pride, optimism, sense of self-efficacy

Skills: come out to myself; come out to others; meet, date, maintain, and terminate a relationship; hide if needed; cope with stigma and violence; develop a social support system; gain access to social and medical services.

## GROUP LEADERS ROLES AND ACTIONS

1. Use two group leaders:
  - One male, one female
2. One group leader directs activities.
3. The other group leader monitors the process.
  - Gives feedback.
  - Keeps focus on tasks at hand.
4. Co-leaders switch roles regularly.
5. Same sex leaders work with same sex sub-groups when used in the training.
6. Co-leaders establish control from the beginning indicating that they will
  - Direct the activities
  - Set the pace
  - Insure group members' self-control
  - Prevent self-harm, harm to other group members, and destruction of property

## KEY ELEMENTS IN EACH SESSION

IN EVERY SESSION REGARDLESS OF THE CONTENT CO-LEADERS SHOULD:

1. Reinforce positive behavior.  
Use tokens to catch someone doing something good.
2. Elicit group members' assessment of their feelings.  
Use the feeling thermometer to help group members recognize how they feel - their levels of discomfort.  
Also help group members label what feeling they are experiencing - anger, depression, guilt, pleasure, sexual arousal, etc.
3. Encourage talking.  
Use talk in a safe environment to desensitize group members' anxiety around taboo topics.
4. Model effective coping skills  
Demonstrate coping skills.  
Use role playing based on the group members' experiences to enhance observational learning.  
Use problem solving frequently.
5. Create concern over  
Unsafe sexual behaviors  
And involvement in risky situations and with risky partners.
6. Build group cohesion through  
Having group members share  
And give appreciation to other group members for their contributions.
7. Practice spreading the word about safer sex  
Work on effective health messages  
Commit to talking with a peer

## NOTES ON THE "KEY ELEMENTS IN EACH SESSION."

### Tokens

Behaviors which are noticed and encouraged by others increase in frequency. Those which are not noticed or punished usually decrease. This process generally occurs without awareness, and encouragement can be as simple as a smile. To help group leaders make this process explicit in the group tokens are used. You have probably participated in group discussions or activities (with friends, family members, associates or formal groups) when you heard someone say or do something that you liked or agreed with. However, because you may not have wanted to stop the person at that moment to tell them how you felt, your feelings went unexpressed until after the discussion is over or may never have been expressed at all. Adolescents, who are just developing awareness of their own feelings, are often even less likely than adults to give affirming statements to each other. Adolescents' sometimes affirm themselves by communicating in a disrespectful or negative manner towards each others. They find it easier to give negative rather than positive feedback. To facilitate the building on strengths, group leaders should use tokens in each of the sessions to encourage positive affirmation of the group members by each other and by the group leaders.

Tokens are pieces of 2" X 2" colored construction paper that anyone can make. Group leaders give each group member a stack of the tokens at the beginning of each session. Participants sit in a close circle as a discussion or activity is underway. The process leader brings the tokens in a plastic container (a sandwich container if fine) and counts for each participant an equal number of tokens with which to begin. When any member says or does anything someone else likes or agrees with, finds encouraging, causes him/her to think, etc., he or she hands the person a token. It is best when the person explains why the token is being given. The tokens are not "turned in" at the end of the session for something of value. Simply receiving a large number of tokens from their peers and making others feel good about themselves leaves most participants at the end of the session with positive feelings about themselves.

The key to everyone using the tokens rests with the group leaders' comfort with tokens. If the group leaders take tokens seriously and use them at every opportunity to offer positive encouragement, the adolescents will also respect their value and will actively use them. Note that we recommend using "tokens" in every session, to encourage all participants to give positive feedback to each others. The possible exception is video workshops, where tokens may disrupt the flow of the taping.

White tokens are not recommended. In our experience with minority youths if "white" is associated with "good," the leader loses credibility.

### Feeling Thermometer

Adolescents, while becoming more aware of their feelings, often need help to recognize, name, discuss and appropriately express those feelings. Learning these skills is important because without them adolescents' intense feelings can interfere with their abilities to make good decisions and act safely. Improving and honing their affective skills is essential to be able to recognize and appropriately express their feelings of anger, excitement (sexually or otherwise), nervousness, anxiety, etc. Only when adolescents can recognize their feelings are they able to use self-calming techniques to allow them to make sound decisions about high-risk behaviors.

Group leaders should use a Feeling Thermometer to allow adolescents to better assess and discuss their feelings. The Feeling Thermometer ranges from 0 to 100, with 100 representing the most discomfort: extreme anger, anxiety, excitement, nervousness, depression, happiness, etc. Zero represents a total lack of discomfort whether, it be "happy" comfort or the "blues" comfort. The person at or near zero is better able to think and make decisions regardless of the particular emotion. After reviewing the Feeling Thermometer with the group, group leaders ask them to identify ways to reduce their level of emotion and regain control and practice techniques in different exercises in the group.

### Diffusion

Diffusion training is based on the work of Jeffrey A. Kelly, one of the senior researchers in Project LIGHT II. The purpose of diffusion training is to engage and teach participants to influence the HIV risk attitudes, behaviors, and understanding of their peers. This objective is accomplished by teaching participants strategies for effective message communication and then engaging participants to have conversational contacts with certain friends.

The benefits of diffusion training are multiple. First there is the potential for producing a change in AIDS risk knowledge, sensitization, change readiness, norm perception, and risk behavior among members of the participant's social network. Second, the Project LIGHT II intervention changes from one that is purely face-to-face, intending to bring about change in the participant to one that is more community defined with the intent of influencing a larger number of persons. Third, this approach is cost effective with participants volunteering their time to spread the word. Fourth, by becoming a "teacher" participants learn better and tend to maintain the practices they have acquired.

In order for participants to effectively influence others to promote risk reduction participants must gain certain skills and be enlisted in communicating risk reduction messages to others. The target competencies and behavioral objectives of training in diffusion are as follows:

Risk Education: Participant learns and can clearly communicate factual information to others about HIV/AIDS, risk, and risk reduction change.

Enhancing Others' Perception of Risk: Sensitizing others to their potential personal vulnerability and enhancing their change interest, contemplation, or readiness.

Communication to Others of Implementation Strategies: Recommending to others practical strategies for implementing risk reduction (implementation steps), including effective handling of problems in implementation that could be encountered.

Personal Endorsement and Others of Change Benefits: Communications indicating that the speaker has made (or is attempting to make) the same recommended behavior changes, finds them desirable and beneficial, and specifically endorses the importance of these changes.

Communication to Others of Precautionary Changes as an Accepted Norm: Participant conveys to others that the recommended changes are now becoming accepted and expected among people interested in their health and concerned about others.

Dissemination of Messages to Others: Participant is engaged to actively communicate messages embodying the above elements to friends and acquaintances in her or his social network.

Participants learn and practice the basic elements of a good HIV/AIDS prevention message. A) Concern about AIDS is wise. B) "I" statement - "I'm learning about AIDS, and I have changed my own behavior." C) Staying safe is the accepted thing now. D) There are lots of benefits to safer sex. E) Say what safer sex means. F) Give helpful hints on steps to take to make change. In the adolescent training, some form of diffusion is practiced in every session.

### Role Playing

Instructions for role playing are as follows: After asking the group members to identify risky behaviors and situations, ask them to choose one of the situations to act out.

- a) Provide the description of a risk situation, e.g., "You are at a party and your date wants to go make out in an empty bedroom."
- b) Assign two persons as the principle actors: e.g., two persons who are newly dating each other. One want to make out in an empty bedroom and the other doesn't.
- c) Assign coaches: One is assigned to each of the principal actors to offer suggestions on what to say during the role play.
- d) Assign one person to be the director of the scene: He or she determines who is to play which part, where the scene is taking place, and who will speak first.

e) Assign other group members to monitor the interaction, a person to watch eye contact, a person to watch body language, and a person to operate the video camera.

The rest of the group should be asked to pay close attention because group leaders will be asking for their suggestions about other ways to play the scene. Be sure that each person understands his or her role. If the role play is being video-taped, as is recommended, the first time the scene is shot ask the actors to play the characters realistically and without resolving the conflict. For example, if the scene is of two persons on a date at a party in which one wants to make out and the other does not, tell the actors the first time through they will not be able to agree. At the point when the tension seems the highest, stop the action by saying, "freeze".

There is a recommended sequence for delivering feedback at this point:

1. Ask the principal actors to tell where their feeling thermometers are at this moment.
2. Ask the actors what aspect did they liked about what they did?
3. What words or acts would they change?
4. Sequentially ask group members observing eye contact and body language to report one positive aspect they observed and what these observations suggest the person was feeling.
5. Ask the coaches to express what they think the principal actors may have been thinking but not saying to the other person.
6. Ask coaches and other group members to share where their feeling thermometers are.
7. Ask group members to make suggestions to the principal actors or coaches on how to resolve the impasse.
8. Finally, role play the scene again with a different stated outcome.

Continue filming while this is being discussed. Some of the most interesting and useful comments come out during this exchange of ideas. Then ask each actor to choose one of the suggested ways for resolving the conflict in "videotape take 2." After the scene is over, play back the scenes and ask group members to react.

Group leaders should make every effort to avoid stereotyped role playing. Many of the activities involve role plays between persons with specific characteristics. Be sure that these exercises do not stereotype individuals by sex, age and/or race. Reverse stereotype roles whenever possible. For example: "Let's have the woman this time be the one who doesn't want to use a condom". Also have girls play boys and boys girls. Changing pace fast during these role-reversals can help to reduce adolescents playing stereotypical roles.

### Problem Solving

Whenever possible group members are encouraged to apply problem solving to a situation. Typically problem solving has nine steps to it after the situation has been sharply defined. Those steps are 1) define the problem; 2) determine what is important to the person; 3) set a goal; 4) list at least three ways to solve the problem and reach the goal; 5) weigh the pro's and con's of each alternative approach to reaching the goal; 6) select the one which will be tried; 7) decide how to implement that approach; 8) try it; and 9) evaluate what happened.

While the steps of problem solving appear quite logical, problem solving is often not successful because of a wide variety of human biases and limitation. Examples of biases include paying attention to things presented first or last rather than in the middle, getting suckered into competition, being trapped by superficial elements (being willing to pay more for the same product but from a "high class" establishment), and taking greater risks depending on whether we are trying to gain or protect against a loss. Limitations refer to a lack of information, time pressures, limited resources, imperfect perceptions, short term memories, and that there are levels of complication we can't handle. These biases must be considered and guarded against while practicing problem solving.

### Video-taping Exercises

Videotaping exercises such as role playing foster effective decision-making, problem-solving skills, and behavioral change. Many of the exercises throughout the manual are easily adapted for use in video workshops. Significant behavioral changes can occur through simply watching oneself perform. The strength of video is that it allows individuals to actually see themselves as others see them. It is important therefore, to allow the adolescent to first see himself or herself in realistic circumstances, playing the scene as they think most adolescents will act. Then it is important to have the participants act out alternative ways of handling the situation.

## TIPS FOR THE TRAINER

1. Reward frequently any observable positive behavior - "catch youth doing something good!"
2. Be supportive.
3. Give compliments.
4. Be non-judgmental.
5. Create a happy group.
6. Encourage group cohesion.
7. Model appropriate assertive behavior.
8. Be firm.
9. Illustrate points through modeling.
10. Share personal experiences (not current hang-ups)
11. Keep language simple.
12. Encourage group members sharing of their own experience.
13. Build on strengths.
14. Listen.
15. Let the group members do the reacting, responding, thinking and analyzing.
16. Be flexible.
17. Keep trying. If one approach doesn't work, find another one.

## GROUP INTERACTIONS

### Advantages of groups for adolescents

1. Can see other adolescents struggling with the same issues which counteracts "I am all alone."
2. The heightened importance of peer norms can be turned to an advantage for encouraging safer sex behaviors.
3. Group support can enhance self-esteem.
4. Observing others learn new skills can increase the adolescent's effective acquisition of new skills.
5. The presence of other adolescents while practicing a skill tends to improve performance.
6. Group interaction promotes a strong emotional experience which facilitates learning and generalization.
7. Learning in a participatory, non-judgmental, fun style with other adolescents can increase motivation.

### Strategies for improving group cohesion and performance

1. Have clear expectations both with regard to how group members treat each other and how to participate - talking, sharing, role playing, checking feelings.
2. Encourage self-disclosure through reinforcement (tokens), teaching communication skills, modeling private material, feeling thermometer readings, and acceptance of group members regardless of the feelings and content expressed.
3. Build cohesion through group members giving strokes, recognizing what is positive about each other, constructive feedback, and sharing.

### Phases in group development

1. Be prepared for different phases as the group develops: a) orientation phase b) initial work phase c) conflict phase d) resolution phase e) second work phase f) termination phase.
2. Adjust leadership styles with the different phases.

## NOTES ON THE PHASES IN GROUP DEVELOPMENT

As mentioned above, there are stages of development that almost all groups go through, even if they meet for a brief period of time. Group cohesion is being built, and exercises on improving competency are involving group members in interactions which can be highly emotional. It may be useful to group leaders to provide more detailed information on what happens in those phases. What follows is the process that typically occurs. This process may not happen exactly as listed. The process may occur within sessions as well. Furthermore parts of it may be hidden. The reason for exposing the process is so that group leaders know what to expect and can be prepared. Outlining the phases is not meant to provide group leaders with a list of what they **should do**.

### Orientation Phase

The Leader: Describes the approach. Presents cognitive models. Introduces members. Orients members to what will happen. Present rules and expectations. Encourages participation. Communicates that this environment is a safe one. Stimulates moving quickly to the work phase.

The Group: Communicates in a factual - not emotional manner. Shares only a little about him/herself. Has high anxiety. Is concerned about giving feedback. Does not fully accept the rules and norms. Looks to the leader for all leadership functions.

### Initial Work Phase

The Leader: Encourages self-disclosure. Models desirable behavior. Explores problem situations. Teaches basic concepts. Starts role playing. Facilitates effective feedback. Rewards desirable behavior.

The Group: Self-discloses more. Becomes more cohesive. Focuses on the leader. Searches for clarification. Increases participation. Gives feedback in a polite and descriptive manner. Some sub-groups are beginning to form.

### Conflict Phase

The Leader: Identifies what isn't working. Gets into what members are thinking more. Deals with cognitive distortions and dysfunctional thoughts. Exposes risky behaviors and risky situations. Presents coping skills exercises. Becomes more at ease and flexible. To some extent, passes leadership around.

The Group: Less homework is completed. Feedback becomes very critical. Anger and withdrawal increases. Goals and objectives are reconsidered. Cohesion slips. Roles are challenged. Questions the leader's authority.

### Resolution Phase

The Leader: Introduces problem solving. Increases efforts to build individual competencies. Encourages leadership in the members. Deals with more complex situations. Modifies sessions in line with members requests. Feels more comfortable again.

The Group: Challenges the rules and norms. Uses more constructive feedback. Appreciation of other group members becomes more genuine. Self-discloses more often and with greater ease. Interactions include everybody. New norms, rules and communication patterns are established. Cohesion increases.

### Second Work Phase

The Leader: Reduces his own leadership activity. Encourages group members to work on

complex situations. Reduces the frequency where appropriate. Encourages increased frequency of group members giving each others strokes. Points out what has been learned, is being learned, and the principles underneath it.

The Group: Assumes the leadership. Self-discloses freely. Is highly interactive. Applies learning. Lessens cohesiveness slightly.

### Termination Phase

The Leader: Explains how to use new learning in many situations. Prepares for termination. Increase activities slightly. Summarizes progress. Helps members deal with what will happen after the group. Gains commitment to continued change.

The Group: Plans how to use what has been learned. Becomes less cohesive. Shows concerns about stopping the group. Becomes more oriented to outside the group.

Forces beyond the control of both group leaders and group members may mean that group members are leaving the group before completion. Also it may be necessary to admit new members. Unplanned comings and goings may mask the group's movement through the standard phases.

(Adapted from S. D. Rose (1989) Working with adults in groups, San Francisco: Jossey-Bass)

## HANDLING PROBLEMS IN THE SESSIONS

### GENERAL

1. Ignore inappropriate behavior and
2. Redirect participant toward appropriate behavior and
3. Reward even the slightest movement toward appropriate behavior.

### SPECIFIC BEHAVIORS

(Note: For each situation group leaders will need to decide which leader responses fit best. Some of this material was adapted from American Business, 1954.)

#### Disruptive

Possible reasons for the behavior: 1) Causing trouble has resulted in having attention paid to the person. 2) Angry about something and doesn't know another way to express it. 3) Hides feelings of insecurity. 4) Looking for peer respect. 5) In a lot of pain.

Leader's responses: 1) Ignore, redirect and reward. 2) Give tokens when the person is calm. 3) Ask the person to role play a part. 4) Break into small groups and put the person with strong peers. 5) Stay physically close in order to reinforce through touching. 6) Ask the person to take a five minute break. 7) Ask the person to leave and come back next time.

#### Overly talkative

Possible reasons for the behavior: 1) Eager to share and earn tokens. 2) Needs to show-off and receive attention. 3) May know a great deal and wants to show it. 4) Typically talks a great deal.

Leader's responses: 1) Don't put the person down. 2) Ask thoughtful questions to make them pause. 3) Interrupt with "That's an interesting point. What is the group's reaction?" 4) Take the person aside and say that you need help in letting other group members have the experience of coming up with answers.

#### Argues frequently

Possible reasons for the behavior: 1) Likes to be the center of attention. 2) Keeps people from getting close. 3) Is angry about something. 4) Upset by personal problems. 5) Needs to dominate people. 6) Thinks that arguing demonstrates intelligence. 7) Doesn't know any other way to interact socially.

Leader's responses: 1) Keep your temper in check. 2) Don't let the group get excited. 3) Find points in what the person is saying that are of merit. 4) Engage the person in an assertiveness role play. 5) Have the person practice self-talk in a provocative situation. 6) Have the group brainstorm pro's and con's regarding the points being made. 7) Use problem solving to resolve the conflict. 8) At a private moment try to find out if something is bothering the person.

#### Won't talk

Possible reasons for the behavior: 1) Frightened. 2) Insecure. 3) Bored. 4) Indifferent. 5) Feels superior. 6) Knows all the answers. 7) Wants to be drawn out. 8) Depressed.

Leader's responses: 1) Give tokens for any small response. 2) Ask for feeling thermometer readings and explore the assessment. 3) Ask for help in reading a script or role playing. 4) Assign work in pairs. 5) Encourage group's giving the person strokes for participation. 6) If person is depressed, provide an individual counseling session.

### Complains frequently

Possible reasons for the behavior: 1) Has a legitimate reason to complain. 2) Has a pet peeve. 3) Gripping is a consistent personal style. 4) Uses a great many dysfunctional thoughts.

Leader's responses: 1) See if appropriate changes can be made. 2) Point out what can be changed and what can't. 3) Use feeling thermometer and explore thoughts behind the feelings. 4) Involve the group in addressing the issues. 5) Create a role play where someone is unhappy and wants to bring about a change, using "I" statements. 6) Discuss the complaints privately.

### Rambles on and on

Possible reasons for the behavior: 1) Anxious. 2) Isn't clear about the topic. 3) Wants to contribute but doesn't know how. 4) Has trouble concentrating. 5) Is bothered by dysfunctional thoughts. 6) Trying to impress but unsure.

Leader's responses: 1) Orient to the topic. 2) Refocus the group. 3) Interrupt with a question about the topic at hand. 4) Ask the group to respond to the person's comments. 5) Give tokens for any comments that lead back on topic. 6) Say, "That's interesting, but I don't think I am clear about how that relates to \_\_\_\_." 7) Give the person a task to respond to and ask the person to think aloud, helping them stay focused. 8) Model staying on target.

### Takes a strong stand and refuses to change

Possible reasons for the behavior: 1) Believes strongly. 2) Connects position with self-esteem. 3) Is opinionated. 4) Hasn't understood other points of view. 5) Feels threatened.

Leader's responses: 1) Ask the person to argue against his or her own view point. 2) Have the group respond to the point of view. 3) Ask the person to repeat back the other positions that have been stated. 4) Get a feeling thermometer reading and explore where any discomfort is coming from. 5) Give out a token for believing strongly and for expressing other positions.

### Focuses on the wrong topic

Possible reasons for the behavior: 1) Doesn't understand the direction of the session and the group. 2) Has a personal agenda. 3) Needs to feel assertive. 4) Doesn't want to deal with the topic group members were working on.

Leader's responses: 1) Take the blame. "Something I said must have got you off the topic. We are talking about \_\_\_\_." 2) Try to find out if the topic the person is on has a personal significance. 3) Ask the group if the person's topic is one that needs to get dealt with. 4) Ask the person to think about the correct topic and then give a feeling thermometer reading. Explore discomfort.

### Constantly seeks the group leader's point of view

Possible reasons for the behavior: 1) Wants attention and tokens. 2) Looking for advice. 3) Trying to model the leader's behavior. 4) Doesn't understand what position is the best one to take. 5) Wants to challenge the leader. 6) Trying to put the leader on the spot.

Leader's responses: 1) Reward for participation and paying attention. 2) Throw questions back to them and to the group. 3) Give direct answers if appropriate. 4) Don't take away the person's opportunity to solve his or her problem. 5) Ask for situations that demonstrate the question and role play them.

### Makes an incorrect statement

Possible reasons for the behavior: 1) Doesn't know the facts. 2) Believes in certain myths about the topic. 3) Goes along with peer group distortions.

Leader's response: 1) Ask the person what the consequences of the statement would be. 2) Ask the group to react to the statement. 3) Accept that the person does believe it with "I can see how you feel" or "That's one way of looking at it." 4) Say "I see your point but how does it fit with \_\_\_\_\_?" 5) Have the group try to figure out how such a belief got started. 6) Make sure the person doesn't end up feeling stupid or embarrassed.

### Speaks in an inarticulate way

Possible reasons for the behavior: 1) Feels awkward speaking in a group. 2) Doesn't have the skills to put thoughts into the right words and the right order. 3) Has ideas but is unsure how to express them.

Leader's responses: 1) Don't say, "What you mean is this." 2) Say, "Let me repeat that" and then use better language. 3) Have the person write it out and coach them. 4) Pair the person with someone else who will model the desired language when they work together on a task. 5) Reinforce close approximations. 6) Have the person make very small presentations and gradually increase them.

### Cannot read well

Possible reasons for the behavior: 1) Never had the opportunity to learn. 2) Is dyslexic. 3) Needs glasses. 4) Has an eye ailment.

Leader's responses: 1) Have another student assist with prompting. 2) Have another student be the person's shadow and take over only the reading part of exercises. 3) Give out tokens for trying. 4) Arrange for outside assistance on the basic problem.

### Is physically abusive

Possible reasons for the behavior: 1) Doesn't know other ways to cope with anger. 2) Feels threatened. 3) Controls have been loosened through drugs or alcohol. 4) Wants to prove something to the other group members.

Leader's responses: 1) Firmly exert authority and indicate what behavior will not be tolerated. 2) Create a calm atmosphere through speaking softly, slowly, and clearly while talking the person down. 3) Give the person plenty of physical space. 4) Avoid confrontational gestures such as

pointing and staring. 5) Keep other group members away. 6) If necessary, send the other group leader out for help. 7) Socially reinforce the person for any steps taken to re-instate emotional control and resolve the conflict with words. 8) If the person can calm down, have her/him give a feeling thermometer reading, describe the upsetting situation and have others role play it, using problem solving. 9) Do a role play on anger control, using self-talk. 10) Remove the person from the group, either for a little while or for the rest of the session. 11) Make sure the person knows the group wants her/him back if she/he can keep control.

### Conflict between group members

Possible reasons for the behavior: 1) Don't like each other. 2) Members of opposing cliques. 3) Lack of skills in social problem solving. 4) Few assertiveness skills.

Leader's responses: 1) Emphasize points of agreement. 2) Point out objectives which cut across both positions. 3) Create role plays for others to perform on resolving the conflict. 4) Have members find positive qualities in the opponents. 5) Give out tokens for positive behavior. 6) Emphasize that group members can be good and still present troublesome behaviors.

## ARRANGEMENTS FOR THE SESSIONS

Number of participants:

6 to 10 adolescents of both sexes

Number of sessions:

20 plus an individual counseling session

Frequency of sessions:

4 times per week, but can be less frequent according to the program and participants' needs.

Length of sessions:

90 to 120 minutes

Physical space:

Large, comfortable room protected from interruptions and an additional room for when same-sex exercises are being held at the same time.

Seating:

Sit in a closed circle so that eye contact and interaction is encouraged. Create balance (not all boys sitting together). Split up cliques. Place a disruptive youth next to the leaders.

Equipment:

Video recorder and VCR  
Stands for newsprint pads

Materials:

Tokens  
Feeling thermometers  
Newsprint and marking pens  
3 x 5 cards and pencils  
Xeroxed handouts, scripts and work sheets  
Practice cards

## HOW TO USE THE MANUAL

1. Review each session ahead of time.
2. The format consists of objectives, rationale, procedures, materials, and a word for word presentation of what you say.
3. In the text of each session capitalized words are instructions to the group leader and the small lettered words are what you say to the participants.
4. As you become familiar with what you are to say and feel comfortable, use your own words rather than what is written for you to say.
5. Check to make sure you have the necessary equipment and materials.
6. Learn how to use the practice cards:
  - Each has on it the number, front or back, and the session.
  - Shuffle the cards.
  - Give the card to the first group member.
  - The group member passes the card.
  - The cards say "pass to the person who....." make sure someone agrees to accept the card.
  - That person then reads what is on the card to the group member who passed it.
  - The group member answers.
  - Often the back has on it a suggested answer which the person who read the card can go over.
  - Move on to the next person.
  - Collect the cards at the end.
7. Be creative. Use the manual to suit the needs of your youth and your own style, but make sure that when a session is over, group members are more competent in some observable way than they were before the session began.