Group Work with HIV/AIDS-Affected Children, Adolescents, and Adults

A Curriculum Guide

Family Ties Project

LIFE PLANNING FOR FAMILIES AFFECTED BY HIV/AIDS

CONSORTIUM FOR CHILD WELFARE
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**Group work with HIV/AIDS-affected Children, Adolescents and Adults: A Curriculum Guide**  
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**Family Ties Project**  
LIFE PLANNING FOR FAMILIES AFFECTED BY HIV/AIDS

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INTRODUCTION

The Family Ties Project addresses the issues of children orphaned by the HIV/AIDS epidemic in the District of Columbia. Experts estimate that between 1,100 and 2,000 children living in the city are at risk for losing a parent or caregiver. The Family Ties Project, which is funded by the Abandoned Infants Assistance Program of the U.S. Department of Health and Human Services, is a multi-agency, multi-disciplinary project established in 1996 to help parents and caregivers plan for their children’s futures.

The mission of the Family Ties Project is to promote and preserve the well-being of children, youth and families affected by HIV/AIDS by working with parents and caregivers to plan for the future care of their children. These objectives are accomplished through the direct collaborative efforts of a multi-disciplinary team of service providers, including case managers, therapists, and attorneys. The project also advocates for policy changes to improve the life planning options available to parents and caregivers in Washington, DC.

The Consortium for Child Welfare, a coalition of the city’s private child welfare agencies, serves as the lead agency for this city-wide effort which provides direct services to families affected by HIV/AIDS, provides training and education to service providers and caregivers, and promotes policy reform to support parents’ choices in life planning. Project subcontractors provide the following specialty services:

- Legal services provided by the University of the District of Columbia David A. Clarke School of Law
- Art therapy, counseling and support groups for adults, adolescents and children who are affected or infected by HIV/AIDS by Pediatric AIDS/HIV Care, Inc.
- Kinship care transitional case management services provided by Sasha Bruce Youthwork, Inc.; and
- Foster parent and caregiver training provided by Project CHAMP of Children’s National Medical Center.

PERMANENCY PLANNING

Permanency planning is defined as an array of services provided to families affected by HIV/AIDS who lack the financial resources to afford lawyers, psychiatrists, counselors, and other professionals needed to adequately plan for their children’s future. The goal of permanency planning is to assist parents in making legal arrangements for the future care of their children in the event of the parents’ incapacity or death. Permanency planning programs empower parents with the ability to effectively govern their families by providing the requisite resources for healthy child development. The principles of permanency planning are to maintain, wherever appropriate, continuity of family, to retain parental involvement, and to create stability during the transition from biological family to new caregiver. Therefore, the goal is to assist parents in legalizing custodial care for their children. The success of permanency planning depends upon its ability to address the complex needs of HIV [affected] families and the social challenges they encounter.

Working through these established community-based providers, The Family Ties Project offers a comprehensive set of services to families affected by HIV/AIDS to help them through the difficult process of identifying a safe and nurturing family to care for their children when they are no longer able to. The Family Ties Project is based on a permanency planning model which recognizes not only the traditional legal needs of families (e.g., custody, wills, living wills, durable power of attorney), but also the mental health, social support, educational, and care coordination needs. Additionally, project services are delivered and coordinated through a multi-agency and multi-disciplinary team who works to respond to each family’s needs and interests.

Mental Health Needs of Children and Families Affected by HIV/AIDS

Children and families are affected by HIV/AIDS in many ways, placing further stress on their development and family functioning. Among the mental health issues addressed by the Family Ties Project’s mental health providers are:

- **Generalized Anxiety:** The unpredictable nature of the virus introduces uncertainty into every aspect of a family’s life. Its variability threatens the routine and structure that are essential to well-being, healthy growth and a basic sense of security.

- **Chronic Environmental Stress:** The demands of HIV/AIDS are compounded by major demographic vulnerabilities — poverty, undereducation, mental illness, substance abuse, crime, violence, abuse, and trauma. Many family members exhibit symptoms of post traumatic stress disorder. It is notable that ‘post’ is not an accurate term since these issues are ongoing (Dane).

- **Family Dysfunction:** Parent/child and sibling relationships are disturbed by the impact of HIV/AIDS. Attachment disorders and compromised parenting are common. Family dynamics are damaged in both subtle and dramatic ways (Dane).

- **Compromised Communication:** The stigma and secrecy of HIV/AIDS result in an interactive style involving denial, distortion, deception and isolation. Children end up questioning their judgment and perceptions of reality and they become suspicious of others. Guilt, shame and blame are prominent factors in their lives (Weiner, 1998).

**PERMANENCY PLANNING**

Although the character of AIDS is changing into a chronic illness, it is estimated that by the end of this century, 80,000 children and adolescents in the United States will be orphaned by parental death caused by HIV infection. Plans for these children need to be made to ensure not only a stable, consistent environment that provides love and nurturing, but also the medical and social interventions necessary to cope with the tragic loss. Pediatricians should become aware of local laws and community resources and initiate discussions early in the course of parental illness to facilitate planning for the future care and custody of the children. States need to adopt laws and regulations that provide flexible approaches to guardianship and placement of children orphaned by AIDS. (American Academy of Pediatrics, 1999)
**Impaired Self-regulation**: Poor familial modeling of social and communication skills, and the presence of substance abuse with its attendant misattunement and neglect put children at risk for poor consequential thinking, low frustration tolerance, manipulativeness, passivity, aggression and impulsivity. These may lead to chemical dependency, eating disorders, conduct disorders, ADHD, sleep disorders, incontinence and poor academic performance (Krystal).

**Compromised Coping**: Many of the responses that are adaptive in HIV affected homes prove to be highly maladaptive in the outside world. The resulting cognitive dissonance further diminishes their fragile sense of competence and identifies them as impaired to others. They are less able to solve problems or to experience success and mastery (Fanos).

**Depression**: This occurs for many reasons—low self esteem, anticipatory, realistic or unresolved grief, the daily anguish of living with the virus, powerlessness, anger, and the illness orientation that characterizes the families.

Family Ties Project clinicians utilize multiple modalities to address mental health concerns of children, youth and adults. Art Therapy is provided for children and adults by an Art Therapist at Pediatric AIDS/HIV Care, Inc. Group therapy for children, youth and adults is provided by a Group Therapist, assisted by volunteers and AmeriCorps staff, at Pediatric AIDS/HIV Care, Inc. Individual and family counseling is provided by the Family Ties Project’s Clinical Coordinator, a licensed independent social worker, either in the client’s home or at Pediatric AIDS/HIV Care, Inc. facility, which is located in the urban core of Washington, DC.

All mental health services are based on an individual treatment plan, developed after a client assessment by the therapist. These treatment plans list goals, outcome indicators, and service methods and are updated quarterly by the therapist. As indicated in the evaluation section, on a quarterly basis and at time of termination, therapists rate their client’s progress toward these established goals.

**Role of therapeutic groups**

Clinical groups are an essential approach to meeting the needs of children living with HIV/AIDS. Themes and activities can be customized to the unique needs of both infected and affected children. The primary benefits include the following:
The safe setting provides vital relief from the chronic stress that comes from keeping the diagnosis a secret. As a result of this isolation, communication skills tend to be impaired and therapeutic groups cultivate a full range of expressive outlets—verbal, visual and experiential. The members can provide a rare service for each other, mutually reflecting and validating the feelings and thoughts that they share while cultivating a reliable sense of belonging and acceptance. It often proves to be the only sure venue for them to know that they are not alone with their challenges. Indeed, just this camaraderie is therapeutic.

With the relentless way HIV/AIDS insinuates itself into every aspect of a child’s life, most who live with it lack adequate opportunities to simply be kids. Without these common experiences, many are deficient in the requisite social skills for successful interchanges. The prevalence of poor interpersonal behaviors and distorted boundaries indicate the need for the support and guidance of trained professionals even when they are ‘just fooling around’. By providing the chance for both free play and structured tasks with peers, a clinical group lets them engage in exploratory and creative activities that develop aspects of their identities that have gone unattended.

Other children are unable to responsibly resolve problems or effectively cope with ordinary adverse events. Some cannot cooperate, compromise, compete or be in conflict without losing control, disorganizing from anxiety, or shutting down. Many lack a reliable sense of mastery and expect to fail. Group work is an immediate and active process for learning risk assessment and consequential thinking. They discover and experiment with constructive solutions as they practice and gain survival skills that easily translate into daily life. The input and feedback during exchanges teach them about the responsibility of the individual to the community and how each influences the fate of others. Their interactions often reveal special strengths that directly derive from living with the virus; these become unique sources of pride and confidence. As essential indicators of future functioning, the development of hardiness and adaptability are primary objectives for the participants.

**PERMANENCY PLANNING**

The goal of permanency planning is to assist parents in making legal arrangements for the future care of their children in the event of the parents’ incapacity or death. Permanency planning programs empower parents with the ability to effectively govern their families by providing the requisite resources for healthy child development. The principles of permanency planning are to maintain, wherever appropriate, continuity of family, to retain parental involvement, and to create stability during the transition from biological family to new caregiver. Therefore, the goal is to assist parents in legalizing custodial care for their children. The success of permanency planning depends upon its ability to address the complex needs of HIV-affected families and the social challenges they encounter. (Federation of Protestant Welfare Agencies, 1999)
Facilitating a support group for adults or children affected by HIV/AIDS can be an intimidating process. There are many essential and often overwhelming tasks involved in ensuring a group’s success. Often, without such tools in place, a group can dissolve due to lack of interest or due to lack of investment by its members, as well as leaders. In addition, with diminishing resources, support groups for this population are often overlooked.

This guide has been developed to provide support group leaders with the tools they need to ensure a group’s success. Based on the experiences of the Family Ties Project, curricula are provided eight support groups for children, youth and adults. Groups are designed for both HIV-infected children and adults, as well as for HIV/AIDS-affected children and their caregivers. These materials should be revised to meet your own needs and available resources.

Each group curricula contains the following sections:
- Membership definition
- Membership screening criteria and processes
- Group Time
- Group Purpose
- Goals
- Evaluation methods
- Group Rules
- Materials/Activities
- Session-by-Session Group Outline

In addition, within each curricula section there are sidebars, which provide definitions of key terms and concepts, examples of how the group process may be working at that phase of the group, and sources for obtaining materials referred to in the curricula.

The groups presented in this guide were sometimes facilitated by a social worker, but more frequently by an art therapist—with different trainings and approaches. Regardless of the facilitator’s training, it is our belief that it takes a special person to facilitate a support group and to watch the magic that often takes place between the helping process.
To assist group leaders in planning, implementing and evaluating groups, we have also provided:

- A sample workplan.
- A copy of the flyer used to advertise the group cycle.
- Sample intake forms used to screen both children and adults group members.
- Sample evaluation instruments—the evaluation process is further described in the Evaluation section; and
- A Feedback Form for readers of this guide to provide the Family Ties Project with information on how this guide has been used and how it can be improved. As a Web-based document, we hope to be able to regularly update this guide based on your feedback and our additional experiences providing groups to our clients. By sharing your experiences with us, we can both improve this document as well as share these experiences with other support group providers. Your feedback is important, so please take the time to complete this Feedback Form.

It is essential to note that these groups are based on the mutual aid model. There are many other models of groups—some more psycho-educational and others more structured; however, the focus here is on mutual aid which focuses on facilitating the helping process through the participation of the group members. Mutual aid support groups have always been at the very heart of social work practice. For example, in the later part of the nineteenth and early twentieth centuries, settlement houses used mutual aid to help immigrants acclimate themselves to their new ways of life by helping them to help one another meet their new social, education, vocational, and recreational needs. Today, mutual aid is acknowledged as the hallmark of social work with groups. Mutual aid focuses on attending to the group as a system as well as to individuals within the group. It is a competency-based approach, focusing on strengths rather than on weaknesses, where group members extend their strengths to help others as well as themselves. The major dynamics of mutual aid groups are: problem solving as a group, observing and exploring the group process, sharing information, and mutual support. (Steinberg).
BOYS’ GROUP
Gender Specific Group
HIV-Affected Boys ages 8–12 years

Membership
Boys ages 8–12.

Membership Screening
Referrals will be screened for appropriateness based on chronological age, social skills, behavioral considerations, ability to attend groups consistently, and whether or not they are affected by HIV/AIDS.

Group Time
The group will meet for one hour per week for 8 sessions.

Group Purpose
To provide a therapeutic environment in which boys ages 8–10 who are affected by HIV/AIDS (family members with HIV/AIDS) can develop social skills, skills for the appropriate expression of feelings, problem-solving and decision-making skills, and increase self esteem. Because members may or may not be aware of family members’ HIV/AIDS status, the topic of HIV and AIDS will be addressed from an educational standpoint as it arises.

Goals
To provide support: Members will receive support from peers and facilitators and demonstrate increased social connections to peers and facilitators.

To provide education: Members will receive education and information and demonstrate an increased understanding of self-esteem and anger management.

To develop social skills: Members will develop socialization skills with guidance from facilitators via interactions with peers.
To provide opportunities for the expression of feelings: Members will learn and demonstrate skills for the identification and appropriate expression of feelings.

To develop problem solving skills: Members will learn strategies for effective problem solving and be able to identify alternate coping solutions.

To improve self-esteem: Members will demonstrate increases in self-esteem via positive self-statements.

**Evaluation**

Members will be given a client satisfaction survey at the end of the group cycle to evaluate the effectiveness of the group in meeting the needs of the members and accomplishing the goals of the group. Each participant will be individually evaluated by facilitator at the end of the group to assess goal attainment.

**Group Rules**

Group rules will be established by members and facilitators during the initial session. Basic group ground rules will include: Confidentiality, respect of personal space, no physical aggression, respect of thoughts and feelings shared by others.

**Materials/Activities**

Therapeutic Games  
Kite building  
Paper Airplane building  
Art materials (mixed media)  
Role play

**Group Outline**

**SESSION 1: INITIAL SESSION**

- Greet members introduce facilitators, opening—Define purpose of the group  
- Establish group rules (safety, respect, confidentiality)  
- Introductions: Introduce your partner—pair off members, find out three things about your partner and introduce partner to the group  
- Create Group Banner/Bulletin Board to develop group identity
Establish Group Rituals: opening/closing (naming the group/password) to develop group identity.

Close group

SESSION 2

Greet members—Opening ritual, review rules
Group check-in on feelings to share current feelings from day, and/or previous group. Process feelings before moving on to planned activity.
Problem Solving/Decision Making—Bag task (small groups) Small groups are given a paper lunch sac filled with several items of mixed media (i.e. pipe cleaners, tissue paper, string, clay, etc.) Groups are directed to decide as a group what to make (must be one thing) to promote communication and cooperation.
Process task by asking questions about how the group came to decisions, what problems they had, and how they solved them, and what roles each member played.
Closing ritual

SESSION 3

Greet members—Opening ritual, review rules
Group Check-in
Feelings Identification List. Members are asked to identify and name feelings creating a list to posted in the group room. The list serves as a reference to assist members in identifying feelings and recognizing the wide range of possible expressed and felt feelings. Members may be directed to the list when having difficulty identifying feelings, or when a feeling is being acted out in the group to raise awareness and promote appropriate expression.
Feelings Charades. Members are given feelings written out on slips of paper, to act out in front of the group, without using words. The group is directed to guess the feeling being acted out in order to promote the appropriate physical expression of feelings.
Process task by asking questions about feelings and discuss ways feelings can be expressed and misinterpreted.
Closing ritual

SESSION 4

Greet members—Opening ritual, review rules
Group Check-in
Thinking vs. Feeling game. Members are read scenarios from which they must decide if the characters are expressing a feeling in a safe or unsafe way. Discuss how characters choose to act out the feeling vs. thinking through the problem and acting in a safe way. Use personal examples and
have members give personal examples in order to promote communication of feelings, problem solving, and gain support for the appropriate expression of feelings.

- Clay: Feelings object. Members are given pieces of clay and directed to create a feeling either abstractly or by making a face with the clay. Discuss use of clay and other mediums as safe ways to express feelings.
- Process tasks by asking questions about safe and unsafe ways to express feelings.
- Closing ritual

SESSION 5

- Greet members—Opening ritual
- Group Check-in—Begin termination discussion by reminding members of how many groups have taken place and remain, and begin to explore feelings about the group ending and saying goodbye.
- Anger Management: Anger Rules from “Volcano in my Tummy.” List Anger Rules and discuss appropriate and safe ways to express anger. Discuss physical ways anger is felt and expressed. List appropriate ways to express anger. Discuss metaphor of volcano erupting like anger, discuss different ways a volcano erupts.
- Volcano Drawings: Have members imagine what their own anger volcano might look like, and draw it.
- Process Tasks by asking questions about how anger is expressed and felt differently by people, and safe ways to let anger out. Have members identify 2–3 safe alternative ways to express their anger.
- Closing ritual

SESSION 6

- Greet members—Opening ritual
- Group Check-in—Continue termination discussion to remind members of how many groups have occurred and how many remain, continue to explore feelings associated with endings and saying goodbye.
- Self-esteem/Self-awareness—Introduce and define concept of self-esteem and self-awareness, high and low self-esteem. Have each member identify something positive about himself and a peer.
- “Buy me, I’m a….” Discuss how commercials use positive characteristics to sell products and ideas. Have each member come up with an “invention” that incorporates their own positive characteristics and “sell” it to the group.
- Process activity by asking questions about self-esteem, how personal positive traits were incorporated into the task, and have members identify one thing from each peer’s work they liked.
- Closing ritual

SOURCE

A Volcano in My Tummy: Helping Children to Handle Anger: A Resource Book for Parents, Caregivers and Teachers
By Eliane Whitehouse, Warwick Pudney
September 1996
Paperback
New Society Pub
List: $12.95
ISBN: 0865713499

COMMUNAL ACHIEVEMENT

In the “Buy me, I’m a…” activity, it will be clear which member assumes leadership and which members negotiate their roles based on their strengths. Based on what you see as the facilitator, “the spirit of communal achievement, rather than individual achievement should prevail. If it does not, it will be difficult for group members to identify their self interest with that of others, for the group to build and to do anything but remain preoccupied with their own needs” (Steinberg, o. 71).
SESSION 7
- Greet members—Opening ritual
- Group Check-in—Termination discussion—continue to remind members of how many groups have occurred and how many remain, continue to explore feelings associated with endings and saying goodbye. Discuss plans for the final group and party for group closure.
- Problem Solving: Kite/paper airplane building. In order to build self-confidence and foster feelings of competence members are given instructions on how to build various paper airplanes or kites. Members are directed to select a design, follow directions, and decorate a plane or kite to be flown during the last group.
- Closing ritual

SESSION 8 FINAL SESSION
- Greet members—Opening ritual
- Walk to park to fly kites and airplanes. Act of flying planes or kites symbolically represents the end of the group.
- Good-bye party
- Closing ritual

COLLABORATION
During the kite/paper airplane building activity, the facilitator should foster the norm of collaboration. The facilitator should use language purposefully. Words such as our, us and we, help give the boys a sense of community. In addition, invite all boys in the group to participate in all of the group’s activities to give each member the message that his contribution is always valued. Encourage members to engage in these collaborative efforts, asking members to reflect in the results of collaboration. All of this will impact the group climate. Likewise, these skills will “give members the message that in the group, it will be normal for people to think and to act as members of a community” (Steinberg, p. 72).

INDIVIDUALITY
Placing a high value on collaboration and community building does not mean that the group member’s individuality will not be valued. The members’ individuality will play a great role in actualizing some of the dynamics of mutual aid such as mutual demand and problem solving. It also means that individual leadership skills, comic relief skills, comforting skills, working skills and other skills and strengths will be recognized and appreciated by the group members and facilitator.
GIRLS’ GROUP
Gender Specific Group
HIV-Affected Girls ages 8–12

Membership
Girls ages 8–12.

Membership Screening
Members will be screened at the time of referral to determine individual issues to be addressed in the group.

Group Time
The group will meet for one hour per week for 12 sessions.

Group Purpose
To provide members an opportunity to share thoughts, feelings, and ideas unique to being a girl.

Goals
To provide support: Members of the group will receive support with regard to emotional and social needs demonstrated through increased social connections to peers and facilitators.

To provide education: Members will receive education regarding, and increased understanding, of normal female development.

To provide opportunities to openly share and express concerns and feelings: Members will learn and demonstrate appropriate means of identifying and expressing feelings.

To develop coping and problem solving skills: Members will learn problem solving strategies and be able to identify and demonstrate alternative coping solutions.

To raise self-esteem: Members will demonstrate increased levels of self-esteem via positive verbalizations regarding self, and image as a “girl”
Evaluation
All members will be given a Satisfaction Survey at the end of the cycle to evaluate the effectiveness of the group in meeting the needs of members and accomplishing the goals of the group. Each participant will be individually evaluated by facilitator at the end of the group to assess goal attainment.

Group Rules
Group rules will be established by members and facilitators during the initial session. Basic group ground rules will include: confidentiality, respect for personal space, respect of thoughts and feelings shared by others.

Materials Utilized
Journals
Art Supplies (Mixed Media)
Photography
Music / Cassette Tapes and CDs

Themes
Friendships
Sharing
Who Am I
Feelings
Free expression
Support networks
Coping skills exercises,
Grief and loss
Belonging
Pre-adolescent developmental issues

Group Outline
SESSION 1
zellik Opening/Introduction
**Discuss and Establish Group Rules** (why rules are important, what the rules should be including confidentiality, safety, respect for self and others).
**Discuss Purpose of Group**: Create a group bulletin board to establish group identity.
Discuss and Establish Goals of the Group

Ice Breaker Activity: Introduce Your Partner. Members are paired off and asked to find out at least three things about their partner in order to introduce the partner to the group. Introduce peer, with three facts.

Introduce Box of Questions to provide opportunities for questions to be asked and answered anonymously. The box of questions can be utilized to generate group discussion, interaction, and activity based upon individual anonymous questions written and placed in the “Question Box” by group members. Members have the option of writing questions out either before the start of the group or at the end and placing them inside the box, or to verbally give the question to the facilitator who will write the question out and place it in the box. Group facilitators will review questions in the box and select one question per week to explore during the course of the group. Questions from the box may take the place of previously outlined topics if appropriate, otherwise questions will be addressed at the start of each group prior to the planned activity.

Establish Group Rituals: Opening/closing (naming the group/password/hand shake) to develop group identity. Girls’ Affirmation Statement to promote positive self-esteem and self-image positive adjectives are identified that correspond to the letters G. I. R. L. S. and are recited at the end of each group.

SESSION 2

Opening/Greetings (Opening ritual)


Discussion: “Introducing Me” Discuss individual differences and similarities as discovered in first session to increase awareness and promote sense of self and positive self-esteem.

Activity: “This is Me”. Members are given paper, drawing materials, precut magazine images and glue to create a collage of images representing who they are (things they like, want to be etc.)

Process activity by having members “introduce” themselves to the group with their collages, and by asking questions about what things people had in common, what were the most unique things in order to promote group membership, identity, and individual sense of self.

Closing Ritual

SESSION 3

Opening/Greeting

Review since last group. Feelings check-in. Process feelings before moving on.

FEELINGS

In negotiating this feelings activity, watch the group process for how the girls negotiate power and decision-making within the group. What is the style of the group leader in witnessing this process? How do the girls decide who speaks about her feelings first? Who speaks about her feelings the most? Whom do the girls defer to when there is silence in the group?

Similar to families, support groups develop ways of distributing power among members. Some of the girls in group, in order “to assure their needs are not discounted”, may make “bids for power and discount other” girls in the group. Other girls may “tend to discount themselves and permit more aggressive members to dominate the group”. Still others “value power and actively pursue it as an end in itself” (Hepworth, p. 344). It is important that the group facilitator identify the current capacity of members to share powers and resources equally among themselves and to implement problem-solving steps that assure a win-win situation. Increased ability of the group to “count in” all members much necessarily occur for the group to advance though the stages of development and maturity.” Likewise, “when power is relatively balanced, members are generally more cooperative, believing they can influence the efforts of others” (Zastrow, p. 60).
**SESSION 4**

**Opening/Greeting**
- Review since last group. Feelings check-in.
- Discussion “Self-esteem”: Explore what self-esteem is, where it comes from-family, society, role models, etc.
- Activity: Self-esteem mobile. Hand out a variety of pre-cut shapes and drawing materials, have members identify three things they like about themselves, and three things they like about peers and write each on a separate shape. Construct a mobile to hang in the group room representing positive self-esteem and to promote group identity.
- Process task by asking questions about self-esteem, have members identify their self-esteem statements about themselves and peers to promote positive self-esteem.
- Closing ritual.

**SESSION 5**

**Opening/Greetings**
- Review since last group. Feelings check-in
- Discussion: “Body Image and Normal Development.” Define body image, use magazine images and photos to exemplify and normalize variety of body shapes and sizes emphasizing individual uniqueness and beauty. Discuss normal developmental changes that all girls experience. Have handouts and literature available for members to read (The Period Book, information on puberty and differences between boys and girls developmental changes).
- Activity: Pair off group members and have them take turns holding a mirror and identifying one thing they like about their body i.e. hair, eyes, hands, skin, nose etc. and one thing they like about their peer.

**SELF ESTEEM MOBILE**

During this activity, the Facilitator should take notice of any group alliances or sub-groupings that have formed. Often as members of new groups find other members with compatible attitudes, interests and responses, the girls will develop patterns of affiliation and relationship with these members. Subgroup formations that evolve include pairs, triads, and foursomes. “Who addresses whom, who sits together, who comes and leaves together, and even who may meet or talk together outside of group” The subgroupings do not necessarily impair group functioning. Members “often derive strength and support from subgroups that enhance their participation and investment in the larger group...Further, it is through the process of establishing subgroups, or natural coalitions, that group members achieve true intimacy.” (Hartford, p.204) This activity will specifically call upon the girls to form and build connections in the group because they will have to work as a team (small team or the larger team as a whole) to come up with positive qualities for each other for the self-esteem mobile.

**SOURCE**

`The Period Book: Everything You Don’t Want to Ask (But Need to Know)`  
By Karen Gravelle, Jennifer Gravelle, Debbie Palen  
April 1996  
Paperback-117 Pages  
Walker & Co.  
List: $8.95  
ISBN: 0802774784
Process task by exploring members’ feelings associated with their own body image and experience of normal development.
Closing ritual

SESSION 6
Opening/Greetings
Review since last group. Feelings check-in.
Discussion: “Peer relations and conflict resolution.” Explore common peer conflicts and problems by asking members to give examples of situations they’ve experienced and need assistance in resolving. Review concepts of conflict resolution, finding alternative solutions and making safe choices.
Problem Solving Activity—Problem Solving Cartoon. Small group work. Divide members into small groups giving each group an example situation problem to solve. Have members discuss problem, solutions, and safe choices. Have members write out possible solutions, select the best one, and depict the problem and each step to reach the solution.
Process activity by asking questions about how the problems were solved, what were the alternatives; what role self-esteem, feelings, and self-image played in the conflict and its resolution; and have members identify safe ways to resolve conflicts.
Closing ritual

SESSION 7
Opening/Greetings
Review since last group. Feelings check-in.
Begin termination discussion by reviewing number of sessions held, number remaining, and feelings associated with saying good-bye and any issues members would like to explore further in remaining groups.
Discussion: “Support Network”—Explore concept of support, different kinds of support, support network, and role trust plays in seeking and receiving support. Have members identify areas of life they need support or help in and begin to list people who are supportive in each. Ask questions about, and validate need for support when “saying goodbye”.
Activity: Trust Exercise. Have members take turns falling back into arms of facilitators and peer and facilitator pairs.
Process activity by having asking questions about what it felt like to fall back, what helped them to feel safe and gain trust, and what qualities people in their support network have in common. Have members identify at least three people they receive support from.
Closing ritual.

SUBGROUPINGS
As members of the group find other members with compatible attitudes, interests and responses, the girls will develop patterns of affiliation and relationship with these members. It is important to notice who addresses whom, who sits together, who comes and leaves together, and even who may meet or talk together outside of group” Subgroupings do not necessarily impair group functioning. Members “often derive strength and support from subgroups that enhance their participation and investment in the larger group. . . Further, it is through the process of establishing subgroups, or natural coalitions, that group members achieve true intimacy.” (Hartford, p.204) The self-esteem mobile activity calls upon the members to form and to build connections in the group because they will have to work as a team to come up with positive qualities for each other for the self-esteem mobile.
SESSION 8
- Opening/Greetings
- Review since last group. Feelings check-in.
- Continue discussion of termination
- Discussion: Other Good-byes. Explore other forms of “good-bye” and associated feelings. Continue to explore Support Networks: Who can you talk to?
- Activity: Support Map: Have members work from their list of supportive people to create a “map” of their support network outlining who they can talk to for support in various areas of their lives.
- Process activity by asking questions about members’ feelings associated with endings, how feelings change when they receive support, and by offering support to peers.
- Closing ritual.

SESSION 9
- Opening/Greetings
- Review since last group. Feelings check-in.
- Discussion “Role Models”. Explore concept of role models, identifying role models in public eye, family, teachers, peers etc. Discuss and list what qualities are attractive in role models i.e. appearances, money, abilities, philanthropy etc., and what if any are negative i.e. drug use, police involvement, anti-social behaviors, materialistic.
- Activity: Collage of role models. Provide pre-cut magazine photos of people and objects, and drawing materials. Have members create a collage of people/objects to represent their role models.
- Process task by asking questions about role models, determining who is a positive and/or negative role model, and how your own self-esteem affects your choice of role models. Have members identify one positive role model in their life who is also someone in their support network.
- Closing ritual.

SESSION 10
- Opening/Greetings
- Review since last group. Feelings check-in.
- Continue termination discussion.
- Discussion “Goals and Dreams”. Explore goals and dreams using facilitator and group member personal examples and steps to achieve them. Discuss how having a plan to reach a goal can give direction and motivation to make dreams come true. Talk about the difference between a short and long-term goal and how they can be connected. Have members identify one short and one long-term goal.

TERMINATION
Termination can be hard for the group participant. Being an HIV-affected child makes it even more difficult. Once members get in touch with their feelings, “anger, resentment, hurt, a sense of betrayal, and feelings of rejection and of worthlessness often emerge.” In groups, children and adolescents often deal with such feeling” by ignoring them or indirectly attacking or demeaning the practitioner.” The more time the facilitator allows for children to feel and to process their feelings around endings and goodbyes in the group, the better off the child will be (Hepworth, p.659).
Activity: “What I want to be when I grow up”. Have members identify one thing they would each like to be when they grow up and draw themselves doing that thing.

Process task by asking questions about what goals are, how to reach goals, and the connection of self-esteem, role models, and making positive choices to obtaining goals.

Closing ritual.

SESSION 11
Opening/Greetings
Review since last group. Feelings check-in.
Continue termination discussion.
Discussion: “How have I changed” revisiting “This is Me”. Explore changes members have made throughout course of the group. Facilitators should have a list of noticeable changes for each member. Review “This is Me” drawings from session 2. Have members make any additions or changes on the back or a separate paper.
Process task by asking questions about any changes, and discuss how change in our bodies, attitudes, likes/dislikes, friendships, and families, are all a normal part of growing and the life process.
Closing ritual.

SESSION 12: FINAL SESSION
Opening/Greetings
Review since last group. Feelings check-in.
Complete satisfaction survey.
Review of group work and concepts (feelings, self-esteem, body image, sense of self, problem solving, normal development and changes, goals role models, support networks) Process by asking questions about each (i.e., definitions, things members learned, etc.).
Graduation/Goodbye Party. Hand out Participation Certificates
Closing ritual.

FINAL SESSION
The final session is the time for the facilitator to empathize with members’ desires to continue the group. For example, “I know you have grown to care about each other and can understand your desire to keep the group going.” It is important at this time to be firm in adhering to the plans for ending the group. When groups sense that the plans are firm, members will usually develop more effective means of coping with anger over termination. (Hepworth, p.660)
Membership
Boys or girls ages 8–12. This is a same gender group.

Membership Screening
Referrals will be screened for appropriateness based on chronological age, social skills, behavioral considerations, ability to attend groups consistently, and whether or not they are affected by HIV/AIDS.

Group Time
The group will meet for 1 hour per week for 8 sessions.

Group Purpose
To provide a therapeutic environment in which HIV/AIDS affected boys or girls ages 8–12, can develop social skills, skills for the appropriate expression of feelings, problem solving and decision making skills, and increased self-esteem. The group includes a psycho-educational focus on the developmental changes, which affect boys and girls during the middle childhood years. Because members may or may not be aware of family members’ HIV/AIDS status, the topic of HIV and AIDS will be addressed from an educational standpoint as it arises.

Goals
To provide support: members of the group will receive support with regard to emotional, and social needs demonstrated through increased social connections to peers and facilitators.

To provide education: members will receive education regarding, and increased understanding, of normal female or male development.
To provide opportunities to openly share and express concerns and feelings: members will learn and demonstrate appropriate means of identifying and expressing feelings.

To develop coping and problem solving skills: members will learn problem-solving strategies and be able to identify and demonstrate alternative coping solutions.

To raise self-esteem: members will demonstrate increased levels of self-esteem via positive verbalizations regarding self, and image as a “girl” or “boy”.

Evaluation
All members will be given a Satisfaction Survey at the end of the cycle to evaluate the effectiveness of the group in meeting the needs of members and accomplishing the goals of the group. Each participant will be individually evaluated at the end of the group to assess goal attainment.

Group Rules
Members and facilitators will establish Group rules during the initial session. Basic group ground rules will include confidentiality, no physical aggression, and respect of personal space, thoughts and feelings shared by others, and of the art materials and products.

Materials and Activities
Art materials (mixed media)
Written materials on developmental changes during middle childhood.

Group Outline
SESSION 1: INITIAL SESSION
- Introductions of staff and members, define purpose of group, establish group rituals (naming of the group, secret password or handshake) to promote group identity and membership.
- Establish group rules (safety, respect, confidentiality).
- Feelings check-in. Create a list of feelings with members to use as a reference during the groups to assist in identifying and naming feelings. Have members identify how they feel about joining the group.
- Introduce the “Question Box” to provide opportunities for questions to be asked and answered anonymously. The box of questions can be
utilized to generate group discussion, interaction, and activity based upon individual anonymous questions written and placed in the “Question Box” by group members. Members have the option of writing questions out either before the start of the group or at the end and placing them inside the box, or to verbally give the question to the facilitator who will write the question out and place it in the box. Group facilitators will review questions in the box and select one question per week to explore during the course of the group. Questions from the box may take the place of previously outlined topics if appropriate; otherwise questions will be addressed at the start of each group prior to the planned activity.

- Write down an anonymous question to be answered during the group cycle.
- Discussion: Introducing yourself. Explore socially appropriate ways of introducing oneself, facilitators role model introductions with members. Discuss what information is appropriate to share when and with whom, eye contact, hand shake etc.
- Activity: Role-play. Pair off members and have them share information about themselves including, name, age/grade, who you live with, favorite food, favorite thing to do, favorite person in order to develop social skills and group membership.
- Draw an introduction page including the information from the role-play for an “About Me” book to be completed over the course of the group cycle (use loose paper with fasteners, or a notebook).
- Process task by asking questions about what it felt like to share information about yourself, what things members have in common.
- Closing ritual: “Final word” Each session a different member is selected to say a “final word” to end the group. The word should reflect either the mood of the group, or sum up the activity or discussion.

**Session 2**

- Greet members. Opening ritual.
- Discussion: Self-esteem-define, use examples to illustrate positive and negative self-esteem.
- Activity: book page-“what I’m happiest about/what I’d like to change” about home, school, myself, my body. Have members write or draw about each and one thing they could do to feel better about the thing they would like to change.
- Process task by asking questions about self-esteem and changes members identified. Have members identify one thing they can do to feel better about things they cannot change.
- Closing ritual

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**COLLABORATION**

Collaborate with schools and other community agencies to broaden the impact of support groups. Hugo Kamya, a support group leader, identifies the following benefits of collaborating with other agencies to provide groups:

- More children and families become aware of the available services
- More students aware sensitive to HIV/AIDS issues
- Group leaders are helped to determine the most effective ways to help children cope with the disease
- Group leaders receive feedback about group members outside of the group setting
- Referral sources for children whose needs are not appropriately met within the support group are identified
- Participants are connected with alternative services in more convenient locations

(Casey Family Services, p. 30)
SESSION 3
- Greet members. Opening ritual.
- Discussion: Making Choices. Review last group's discussion regarding change. Explore and identify things that can and cannot be changed, emphasizing when choice is available i.e. you can choose to behave or react to something in a positive or negative way.
- Activity: book page “Who I want to be like and why” have members choose a person they would want to be like and identify what they like about that person.
- Process task by asking questions about characteristics of selected people to be like and whether or not the characteristics/behaviors are positive or negative.
- Closing ritual

SESSION 4
- Greet members. Opening ritual.
- Begin termination discussion by reviewing the number of sessions held and remaining, explore feelings about the group ending.
- Discussion: Attitudes: “The glass is half empty vs. half full”, using group as an example. Explore how the way we think about something can change our feelings. Use examples from the Coping Skills Workbook section on “Adjust your Attitude”.
- Activity: “Trash to Treasure”—Create or invent something new from something old or “trash”. Provide miscellaneous items (boxes, coffee cans, pieces of wood, styro-foam etc.) and mixed media for members to use to create new and improved objects. Encourage members to take time to look at the original object first assessing its shape, size, color, and properties in order to determine what it will become.
- Process task by asking questions about attitudes and the metaphor of the glass as half empty/half full. Ask questions about what members thought and how they felt about their objects before and after the transformation, and whether there were any changes.
- Closing ritual

SESSION 5
- Greet Members. Opening ritual.
- Continue termination discussion and exploration of feelings in order to normalize feeling responses including anger, disappointment, and sadness.
- Discussion: Anger Management: Feeling angry is o.k. What to do when you feel angry. Anger Rules. List ways people show their anger and have

STRATEGIES FOR EFFECTIVE GROUPS
- Conduct a needs assessment
- Identify sensitive, well-trained staff to lead groups
- Define group membership eligibility criteria
- Establish group confidentiality and group member commitment
- Identify and recognize multiple needs of group members
- Use activities and techniques to encourage children to express their emotions
- Model responsible behavior
- Maintain high standards of truthfulness
- Help young children respond to out-of-control impulses and self-destructive behavior
- Help young children cope with their emotions by helping them “restructure” negative thought processes by encouraging them to think before they act.

(Casey Family Services, pp.33–36)
members identify safe/unsafe ways to express anger. Use information and examples from “A Volcano in my Tummy”.

¢ Process task by asking questions about anger rules, safe and unsafe ways to express anger, and have members identify one safe expression alternative they will use.
¢ Closing ritual

SESSION 6
¢ Greet members. Opening ritual.
¢ Continue to discuss termination.
¢ Discussion: What makes boys/girls unique (focus discussion on “girls” in Life Skills for Girls, and on “boys” for Life Skills for Boys). Discuss differences between peers of the same sex i.e. body size, shape, skin, hair etc. with focus on unique and individual differences. Use information on normal development from if questions are raised (“The Period Book” for girls). Have members brainstorm positive adjectives/adverbs to describe themselves and that correspond to the letters “G” “I” “R” “L” or “B” “O” “Y”.
¢ Activity: book page—Have members write or draw 4 things that make them unique.
¢ Process task by asking questions about unique differences, have members state one positive thing about themselves and as a group recite adjectives/adverbs for “G.I.R.L.” or B.O.Y.
¢ Closing ritual

SESSION 7
¢ Greet members. Opening ritual.
¢ Continue to discuss termination and plan party/activity for the final group.
¢ Discussion: Skills review. Review skills learned in the group (social skills, self-esteem, coping skills for making choices, dealing with change, and adjusting attitude, anger management, and positive self-image as boy/girl-depending on group)
¢ Read questions from the Question Box.
¢ Activity: Decorate “About Me” book cover while secrets/questions are read/processed to promote self-expression.

SOURCE
A Volcano in My Tummy: Helping Children to Handle Anger: A Resource Book for Parents, Caregivers and Teachers
By Eliane Whitehouse, Warwick Pudney
September 1996
Paperback
New Society Pub
List: $12.95
ISBN: 0865713499
Process task by asking questions about the group review and what was learned, feelings regarding the group coming to an end, and responses to the questions from the “box”.

Closing ritual

SESSION 8: FINAL SESSION

Greet members. Opening ritual.


Group handprint collages. To serve as a reminder of the group, group experience and peer relationships, provide separate sheets of paper to each member and a different colored marker. Have members take turns tracing their hands on each member’s paper and initialing or writing their name on their traced hand. Have members place collage in their “About Me” books. Provide additional blank sheets for members to add to their books on their own at home and encourage journal/memory keeping.

Complete satisfaction surveys.

Good bye party. Hand out participation certificates

Closing ritual

SCHOOL-BASED GROUPS

Strategies for establishing effective school-based mental health groups include:

- Screen group participants for appropriateness. Consult with parents, teachers, social workers counselors. Discuss with the parents and caregivers and the child about the group’s purposes and obtain their consent (written and/or verbal) to participate.
- Create a group of mixed genders, ages and stages of grief.
- Design and provide culturally sensitive sessions.
- Allow group members to guide activities. Be flexible and aware of children’s moods.
- Use a variety of developmentally appropriate therapy methods and materials.
- Use a psycho-educational approach to encourage open discussion of feelings.
- Acknowledge and discuss the role of the family in the grieving process.
- Recognize and establish positive connections with the family.
- Conduct home visits to better understand families’ needs.
- Involve staff from several service disciplines in the design and implementation of school-based programs. Develop relationships between schools and outside agencies.

(Casey Family Services, pp. 39–41)
Membership
Children ages 10–14.

Membership Screening
Referrals will be screened for appropriateness based on age, ability to attend groups consistently, and whether or not they are affected by HIV/AIDS. Current stressors and coping strategies will be assessed during the intake.

Group Time
The group will meet for one hour per week for 8 sessions.

Group Purpose
To provide a therapeutic environment in which children ages 10–14 who are affected by HIV/AIDS and have experienced significant loss, life changes and/or family transitions can explore the positive growth and strengths gained from their experiences.

Goals
To provide support: Members will receive support from peers and facilitators and demonstrate increased social connections to peers and facilitators.

To provide education: Members will receive education and information and demonstrate an increased understanding of coping with transitions, members create memory boxes and utilize journals.

To provide opportunities for the expression of feelings: Members will learn and demonstrate skills for the identification and appropriate expression of feelings regarding changes in their lives.

To develop problem solving skills: Members will learn strategies for effective problem solving and be able to identify alternate coping solutions.
To improve self-esteem: Members will demonstrate increases in self-esteem via positive self-statements.

Evaluation
Members will be given a client satisfaction survey the end of the group cycle to evaluate the effectiveness of the group in meeting the needs of the members and accomplishing the goals of the group. Each participant will be individually evaluated by facilitator at the end of the group to assess goal attainment.

Group Rules
Group rules will be established by members and facilitators during the initial session. Basic group ground rules will include: confidentiality, respect for personal space, respect of thoughts and feelings shared by others.

Materials/Activities
Memory boxes
Journals
Life reviews
Role play/Puppetry
Art Materials (mixed media)

Group Outline
SESSION 1: INITIAL SESSION
- Greet members, introduce facilitators, opening—Define purpose of the group
- Establish group rules (safety, respect, confidentiality)
- Introductions: Introduce partner—To promote peer and group identification, pair off members and have pairs ask about one thing that has changed in life and one thing that has stayed the same.
- Create group bulletin board/banner to promote group identity.
- Establish group rituals to promote group identity.
- Close group

SESSION 2
- Greet members—Opening ritual, review rules
- Group check-in on feelings to share current feelings from day, and/or previous group. Process feelings before moving on to planned activity.
Exploring changes: positive and negative (art media, nature, life examples) to normalize the idea of change. List changes.

Process task by reviewing list of changes and those that people have in common.

Introduce journals—make first journal entry to promote documenting and reflecting on life and its changes by creating a personal history.

Closing ritual

SESSION 3

Greet members—Opening ritual, review rules

Group check-in

Role play/puppetry: To promote problem solving skills and increase awareness of options and alternatives by identifying solutions to problems caused by changes. Provide members with scenarios and have them work in small groups to find solutions and play them out.

Process activity by asking questions about the solutions chosen and additional alternatives, and the level of difficulty members had in solving problems together.

Journal writing—write about a solution to a problem.

Closing ritual

SESSION 4

Greet members—Opening ritual, review rules

Group check-in

Life review activity: drawing materials, rubber stamps. Members are directed to create a life line documenting their personal history, i.e. birth, first memory etc, and significant life events. Facilitator should provide a completed personal example.

Process task as a group by reviewing members feelings about “life reviews,” and finding similarities between them.

Journal writing—write your feelings down about a memory from the life review. Write about a favorite memory.

Closing ritual

SESSION 5

Greet members—Opening ritual, review rules

Group check-in—Begin termination discussion by reminding members of how many groups have taken place and remain, and begin to explore feelings about the group ending and saying goodbye.

Continue work on Life review: Discuss ways people gain strength and grow from changes, offer examples. Have members identify ways they have grown and strengths they have developed from life changes.

GROUP MATURATION

By the 3rd session, the group should be maturing. Once it moves beyond the “getting to know you stage”, members feel increasingly safe to express their real ideas and feelings, which increases the group’s capacity for mutual-aid. Once this occurs, the group will establish a “norm of authenticity” where members will feel comfortable to talk about “real things” (Steinberg, p. 72).
Facilitators should have prepared list of observable strengths for each member to assist in raising personal awareness and self-esteem.

- Journal writing—write about a strength you have as a result of a change in your life.
- Closing ritual

**SESSION 6**

- Greet members—Opening ritual, review rules
- Group check-in—Termination discussion—continue to remind members of how many groups have occurred and how many remain, continue to explore feelings associated with endings and saying goodbye.
- Memory Boxes activity: Introduce concept of memory box to provide a place for the safe keeping of memories i.e. photographs, ticket stubs, letters, certificates, jewelry, journals, etc. Provide members with boxes (i.e. cardboard photo storage boxes) and a variety of media (paint, markers, glue, glitter, fabric, etc.) to decorate inside and outside and personalize.
- Journal writing—create a list of items to put in your memory box.
- Closing ritual

**SESSION 7**

- Greet members—Opening ritual, review rules
- Group check-in—Termination discussion—continue to remind members of how many groups have occurred and how many remain, continue to explore feelings associated with endings and saying goodbye.
- Discuss plans for the final group and party for group closure.
- Continue work on decorating memory boxes
- Journal writing—write down feelings about the group ending, and any memories you have from the group.
- Closing ritual

**SESSION 8 FINAL SESSION**

- Greet members—Opening ritual, review rules
- Group check-in—Termination discussion have members share feelings and memories from the previous week's journal entry regarding the end of the group.
- Complete Memory Box work
- Good-bye party
- Journal writing—write something about your experience in the group
- Closing ritual

**ENCOURAGING COMMUNICATION**

One of the hopes of any group is that by the last sessions, a norm of free form interaction has been established. To help establish this, the facilitator should state their expectation that “members participating in the process whenever they feel that they have a contribution to make.” Encourage and help members communicate directly with one another than through the facilitator. For example, “Talk to the group, tell the group how you feel, Jimmy” (Steinberg, p. 74). Use scanning skills to ensure that everyone who wants to speak has the opportunity to. This is essential in a group where members are attempting to process how they manage through changes or transitions in their lives and are attempting to find their own voice around their adjustment skills.
RITES OF PASSAGE
HIV-Affected Girls’ Group
Teen Girls ages 13–18

Membership
Girls ages 13–18.

Membership Screening
Referrals will be screened for appropriateness based on chronological age, social skills, behavioral considerations, ability to attend groups consistently, and whether or not they are affected by HIV/AIDS

Group Time
The group will meet for one hour per week for a total of 8 sessions.

Group Purpose
To provide a therapeutic environment in which HIV/AIDS-affected girls ages 13–18, can develop social skills, skills for the appropriate expression of feelings, problem solving and decision making skills, and increased self-esteem. Through the use of art materials and group discussion, participants will explore growth and developmental issues including self-respect, relationships, violence, and substance abuse, and HIV/AIDS.

Goals
To provide support: members of the group will receive support with regard to emotional, and social needs demonstrated through increased social connections to peers and facilitators.

To provide education: members will receive education regarding, and increased understanding, of normal female development.

To provide opportunities to openly share and express concerns and feelings: members will learn and demonstrate appropriate means of identifying and expressing feelings.
To develop coping and problem solving skills: members will learn problem solving strategies and be able to identify and demonstrate alternative coping solutions.

To raise self-esteem: members will demonstrate increased levels of self-esteem via positive verbalizations regarding self, and image as a “girl”.

Evaluation
All members will be given a Satisfaction Survey at the end of the cycle to evaluate the effectiveness of the group in meeting the needs of members and accomplishing the goals of the group. Each participant will be individually evaluated by the Facilitator at the end of the group to assess goal attainment.

Group Rules
Group rules will be established by members and facilitators during the initial session. Basic group ground rules will include: confidentiality, no physical aggression, and respect of personal space, thoughts and feelings shared by others, and of the art materials and products.

Materials and Activities
Art materials (mixed media)
Video on dating violence
Literature on Normal Development/Puberty, Abstinence, STD’s, HIV/AIDS.

ANONYMITY

By having the girls anonymously putting their questions in the “question box”, the facilitator is essentially lifting the ownership and responsibility off of the group members. This is only necessary at the beginning phases of the group. Later on in the cycle, if the facilitator wishes to revisit the questions, it will be likely that the members will have formed a trusting alliance with the facilitator and each other and will be more likely to reveal their own questions.

Group Outline

SESSION 1: INITIAL SESSION
- Introductions of Facilitators and members, define purpose of group
- Establish group rules (safety, respect, confidentiality)
- Feelings check. Explore feelings members have about joining the group.
- Introduce Anonymous Question Box. Have members write down an anonymous question to be answered during group cycle.
- Discussion: Self-esteem: Hand out self-esteem books. Review concept of self-esteem, and read excerpts from the book. Discuss how positive self-statements or “affirmations” are important to maintaining a healthy and positive self-esteem.
Activity: “Secret boxes” for affirmations. Hand out small boxes (cigar boxes/shoe boxes) for members to decorate outside and inside to hold personal affirmations.

Process task by asking questions about self-esteem, and have members identify a personal affirmation word to be utilized in making an affirmation necklace.

Closing ritual: Write an affirmation for a peer, place affirmation in peer’s box

SESSION 2

Greet members

Review group rules. Feelings check-in. Create a list of feelings to posted in the group for reference. Process how members are feeling about the group or any issues they may be bringing to the group from their day before moving on. Review use of “I feel” statements to encourage appropriate expression of feelings.

Discussion: “How do women shape themselves to meet societal expectations?” Discuss physical, attitudinal, and behavioral changes. Explore extremes and dangers i.e. make-up and clothing to eating disorders and plastic surgery etc.

Art directive: affirmation necklaces. Hand out beads and have members create their affirmation necklace to wear.

Process task by asking questions about ways women change themselves to meet expectations, and what women can do to protect themselves and the role support from peers and family can play.

Closing ritual

SESSION 3

Greet Members

Review rules; feelings check-in. Process feelings before moving on.

Discussion: “What I like about myself. What I’d like to change?”. Have members identify one thing they like and one thing they’d like to change about themselves. Explore and review the role of societal influence. Have members determine whether their “something” can be changed, will change with age, or must be accepted as a part of self. Encourage members to offer support and suggestions to peers to promote coping skills by identifying positive aspects of the things that members would like to change.

Activity: “Personal Mirrors”. Provide small mirrors to decorate. Have members create a “frame” around their mirror with personal symbols, words or affirmations.

Process task by asking questions about feelings associated with looking at oneself in a mirror and acceptance. Have members identify one personal
affirmation to counter a negative thought and look in the mirror while saying it to promote positive self-esteem, and coping skills.

Closing ritual.

SESSION 4

- Greet Members
- Review rules; feelings check-in. Process feelings before moving on.
- Write down an anonymous question re: puberty or female development issues. Place question in a box to be answered later in the group, emphasize that no question is “stupid”. Discuss the role of knowledge as power and a sign of maturity
- Discussion: Normal female development, puberty and natural changes, sexual development, dating, STDs, HIV/AIDS, abstinence, and safe sex.
- Activity: “Embarrassing Questions”. Read and answer questions. Provide literature and reference material for members to read and find answers.
- Process task by asking questions about normal development, related issues, feelings, and what if anything was learned to promote increased awareness and education about normal development.

Closing ritual

SESSION 5

- Greet Members
- Review rules; feelings check-in. Process feelings before moving on.
- Begin termination discussion by reviewing number sessions held, number remaining, feelings associated with endings, and any issues members would like to explore further.
- Discussion: Relationships. Explore and define different kinds of relationships i.e. family, friends, acquaintances, romantic, etc. Develop list of healthy relationship characteristics.
- Activity: Dating Violence Video.
- Process task by asking questions about healthy and unhealthy relationships and dating violence. Have members identify warning signs of a violent relationship and how to protect themselves in order to promote coping skills.

Closing ritual

SESSION 6

- Greet members
- Continue termination discussion.
- Discussion: Open members’ choice/or anonymous questions.
- Activity: Open based on discussion, music listening, free art expression.
Process task by asking questions pertaining to discussion and activity.
Closing ritual

SESSION 7
Greet members
Continue termination discussion.
Activity: Friendship Pictures: Provide plastic picture frames, paints, glue, glitter, beads, etc. Have members decorate a frame. Take individual and group Polaroid pictures to be placed in a frame.
Process task by asking questions about the importance of friendship and what it means to each member to promote support network of peers.
Closing ritual

SESSION 8: FINAL SESSION
Review rules; feelings check
Discussion: Review group work and peer support. Explore affirmations found in individual boxes, discuss feelings associated with receiving peer support and its role in facing teen challenges.
Complete Satisfaction surveys.
Good-bye party. Hand out participation certificates.
Closing ritual.

STRENGTHS
By the last few sessions, the facilitator should have a clear sense of the members' skills, strengths and talents. The facilitator should make comments at every available opportunity about these strengths. "You have such a nice way with words, Nika" or "That wasn't an easy job, organizing all of us. Nice work, Latrice!"
POSITIVE IMAGES
HIV-Positive Children’s Group
Children ages 9–15

Membership
Children ages 9–15 years who are aware that they are HIV-positive.

Membership Screening
Members will be screened during the referral process to ensure appropriate developmental level is met.

Group Time
The group meet for one hour per week for 10 sessions.

Group Purpose
To provide opportunities for children who are aware of their HIV infection to share and explore feelings surrounding their illness, treatment, family, and develop coping strategies for living with HIV/AIDS

Goals
To provide support: Members will receive support regarding social and emotional needs by demonstrating increased social connection to peers and facilitator

To provide social interaction: Members will socialize and interact with peers

To improve self-esteem: Members will demonstrate increases in self-esteem via positive verbalizations regarding the self

To develop problem solving skills: Members will learn strategies for effective problem solving and be able to identify alternative coping solutions

To provide opportunities for the expression of feelings: Members will learn and demonstrate skills for the identification of and appropriate expression of feelings
To increase communication of feelings surrounding their diagnosis of HIV: Members will openly discuss their feelings regarding HIV status.

To develop coping strategies for living with HIV: Members will identify and discuss coping strategies.

To provide education: Members will receive education and information and demonstrate increased understanding of abstinence, transmission of HIV/AIDS.

To install hope: Members will demonstrate increased sense of hope for the future by identifying personal and life goals.

**Evaluation**

All members will be given a Satisfaction Survey at the end of the cycle to evaluate the effectiveness of the group in meeting the needs of members and accomplishing the goals of the group. Each participant will be individually evaluated by the facilitator at the end of the group to assess goal attainment.

**Group Rules**

Group rules will be established by members and facilitators during the initial session. Basic group ground rules will include: confidentiality, respect for personal space, respect of thoughts and feelings shared by others.

**Materials Utilized**

Art
Music
Movement
Therapeutic Games and Books,
Puppets
Interactive Problem Solving Activities

**Themes**

HIV/AIDS  Living with the illness
Education  Feelings
Impact on family  Self-esteem
Fears  Goals/Dreams
Loss  Support Networks

**DISCLOSURE**

One of the requirements for the Positive Images group is that members be aware of their own HIV status so that an open discussion can take place around coping strategies and behavior choices. According to Lipson, dialogue on disclosure can be hard to facilitate because “putting the disease into words somehow makes it more real, and so, we try not to speak it, to prevent it from being real” (Casey Family Services, p. 45). In this group, the hope is that HIV positive adolescents will be able to actually talk about their real experiences of living with HIV without the complications of stigma, secrecy and fear.
Group Outline

SESSION 1: INITIAL SESSION

- Greet members introduce facilitators.
- Define Purpose of group, review “Why are we here?” have members state what they were told about the group, discuss expectations.
- Discuss and establish goals for group (facilitator and member goals).
- Establish group rules (safety, respect, confidentiality)
- Ice Breaker Activity: “Things we have in common”. Members are paired off and asked to find out at least three things that they have in common with their peer to establish group identity and membership. Members then introduce their partners and as a group discuss things all members have in common.
- Process task by reviewing rules, purpose, and goals of the group and what interests and things connect members including HIV/AIDS.
- Establish Closing Ritual

SESSION 2

- Opening/Greetings
- Review of first group and group rules. Feelings check-in. Have members create a list of feelings to be posted in the group room for reference and review use of “I feel” statements. Process feelings before moving on.
- What are Positive Images? Discussion of varying meanings of the word “positive”.
- Activity–collage of “positive” images. Provide pre-cut magazine images of a wide variety of subject matter from which members are directed to select and arrange on a single piece of paper, at least 5 images depicting something “positive”.
- Process task by reviewing different meanings of positive, asking questions about different images selected and personal meanings and feelings about the task.
- Closing ritual.
SESSION 3

- Opening/Greetings
- Review since last group. Feelings check-in. Process feelings before moving on.
- Discussion-Boundaries, Personal Space and Connecting with Others. Define concepts, and explore role of having HIV/AIDS in members experience of each.
- Activity: Personal Space Circles. Have each member tape off circles of space on the floor surrounding the self, that outline their own personal space and different boundary needs with different people/situations i.e. friends, family, doctors, strangers. Pair off members and have pairs step in and out of different boundaries to promote increased awareness of boundaries and assess comfort levels.
- Process activity by asking questions about how much space members needed; how it felt to share space with others, when boundaries were crossed; and what to do and how to let people know when they have crossed a boundary; trust and how boundaries and space needs may change. Have members identify feelings and use “I” statements.
- Closing ritual

SESSION 4

- Opening/Greetings
- Review since last group. Feelings check-in. Process feelings before moving on.
- Discussion: Things I’m Self Conscious About. Hand out lists of things people may be self-conscious about (i.e., physical attributes, abilities, family, HIV/AIDS, etc.). Have each member anonymously check off or add to their list the things they are self-conscious about and place completed lists in a box. Next hand out lists of things people may be proud of (same list with additions/and title at top) have members check off the things they are proud of or like about themselves. Before placing lists in the box have members state at least one thing they like about themselves to raise self-esteem.
- Process activity by having members identify feelings associated with being self-conscious and the things they like about themselves. Discuss ways in which people “defend” themselves when they feel self-conscious, embarrassed, proud, etc.
- Introduce Defense Shield activity for next session by discussing the role of a shield (historical/cultural/spiritual) and use of symbols on it, showing a completed example and asking members to begin to think about how they would create and decorate their own shields.
- Closing ritual

INTIMACY

In the discussion of “Things I’m Self Conscious About”, the facilitator should share her vision of mutual aid, help group members engage in mutual aid, and help them reflect upon and assess their own mutual aid efforts. It is appropriate for members to have attained some degree of intimacy and to trust each other with their personal thoughts and feelings and to take risks, either on behalf of or in front of one another. The facilitator should honor the choices of members who maintain some degree of privacy and distance. This is a natural process in human connection, as well as with strangers in a group atmosphere. (Steinberg, p. 109).
SESSION 5

- Opening/Greetings
- Review since last group. Feelings check-in. Process feelings before moving on.
- Activity: Defense Shields. Review role of shields and positive symbols for protection. Provide materials: poster board, mixed media. Have members create their own shield based on their strengths and perceived needs for protection.
- Process activity by having members hold up shields as facilitator reads off a copy of the list of things people are self-conscious about and proud of. Have members identify feelings associated with hearing the lists while holding up their shield. Explore symbols of protection utilized and any connections to HIV/AIDS. Discuss how liking oneself, and being aware and proud of one's strengths becomes an inner shield of protection.
- Closing ritual

SESSION 6

- Opening/Greetings
- Review since last group. Feelings check-in. Process feelings before moving on.
- Begin termination discussion by reviewing number of sessions held and remaining, and exploring feelings about saying goodbye, and any issues members would like to discuss/explore further.
- Continue Defense Shield activity if needed.
- Open Discussion: Feelings, Peer Relations, HIV/AIDS.
- Closing ritual

SESSION 7

- Opening/Greeting
- Review since last group. Feelings check-in. Process feelings before moving on.
- Continue exploring termination issues.
- Open Discussion: Feelings, Peer Relations, HIV/AIDS
- Activity: Abstinence Information. Discuss and provide abstinence information. Read scenarios involving a need to make a choice regarding abstinence, have members role play saying “no”.
- Process activity by asking questions about abstinence, discussing saying “no”, STDs, HIV and making safe and responsible choices, and the role self-esteem plays in making positive life choices, use shields as a reminder.
- Closing ritual

FLEXIBILITY
During the psycho-educational segments of these sessions, such as the “HIV/AIDS Myths and Facts”, the facilitator should be open and flexible to the group process. If the members have questions and want to help one another answer them, let the process guide the group. In group work it is acceptable to not complete a planned activity if the members want to take an appropriate turn and explore something in depth. Use the planned activity to drive the members’ ideas and feelings. The helping process will only happen if the facilitator is flexible and allows the members to take some control over what happens in the group.
SESSION 8
- Opening/Greetings
- Review since last group. Feelings check-in. Process feelings before moving on.
- Continue Termination discussion
- Open Discussion: Personal Goals: Discuss short- and long-term goals and how having goals gives direction in life.
- Activity: Goal Setting—Have members identify one short term and one long term goal for the future by writing, drawing, or using magazine photos. Offer assistance with outlining steps to accomplishing goals.
- Process discussion by asking questions about goals and steps to accomplish them; discuss how having a plan to accomplish a goal can make it attainable. Give positive reinforcement and support for setting goals.
- Closing ritual

SESSION 9
- Opening/Greetings
- Review since last group. Feelings check-in. Process feelings before moving on.
- Review work completed in the group.
- Discussion: Termination—Saying goodbye, different kinds of goodbye, associated feelings.
- Activity: Wave Goodbye Mural—hand print mural. Have members trace hands on a mural to symbolically represent their membership, and write feelings associated with saying goodbye, and feelings about the group.
- Process by reviewing and asking questions about the wide range of feelings associated with endings including death and safe/appropriate ways they can be expressed. Ask questions about the similarity of feelings connected with waving hello and feelings members may have had at the beginning of the group.
- Closing ritual

SESSION 10: FINAL SESSION
- Opening/Greetings
- Feelings check-in. Process feelings before moving on.
- Complete satisfaction surveys
- Good-bye party, hand out participation certificates, take group photos with Polaroid camera for each member to take home (if members agree) as a reminder of the group and to promote continued peer connections.
- Closing ritual

EVALUATION
Because evaluation of groups is so important, the completion of the client satisfaction surveys during the last sessions is critical. This process helps both the facilitator and the clients. It creates a mechanism for members to reflect on what they have learned, what changes they would like to see in the next group, and whether or not they would recommend the group to someone else. The facilitator should model the importance of this process and be open and accepting of both praise and criticism. In this particular group, the members are old enough to be able to respond to the evaluation survey; however, it is essential to always assess whether the children are able to adequately answer the written surveys and to provide other mechanisms for feedback.
Membership

Membership Screening
Referrals will be screened for appropriateness based on caregiver role (non-parental caregiver for HIV/AIDS-affected children), and ability to attend groups consistently.

Group Time
The group will meet for two hours per week for 8 weeks.

Group Purpose
To provide a supportive and therapeutic environment in which members can openly share and explore the stressors associated with caring for HIV/AIDS-affected children and family members, and develop coping strategies for managing stress.

Goals
To provide support: Members will receive support from peers and facilitators and demonstrate increased social connections to peers and facilitators.

To provide education: Members will receive education and information regarding physical and emotional signs of stress, the impact of stress on lives, and the role of relaxation and stress management.

To provide opportunities for socialization: Members will interact and share experiences, and concerns decreasing isolation.
To develop a support network: Members will expand support networks by identifying professionals and persons in community to seek support from.

To provide opportunities to share and openly express feelings: Members will share concerns and feelings regarding caring for HIV/AIDS-affected children and family members.

To provide stress management and relaxation training: Members will develop skills and learn techniques for managing stress.

Evaluation
Members will be given the Parenting Stress Index at the beginning and end of the group cycle to assess changes in the level of stress experienced. Members will be given a client satisfaction survey at the end of the group cycle to assess the effectiveness of the group in meeting members’ needs and accomplishing the goals of the group. Each participant will be individually evaluated by the facilitator at the end of the group to assess goal attainment.

Group Rules
Group rules will be established by the members and facilitators during the initial session of the group. Basic group ground rules will include confidentiality, respect for others’ thoughts and feelings.

Materials/Activities
Guided imagery
Progressive muscle relaxation
Music listening
Breathing exercises
Time management strategies
Movement/Yoga Exercises
Art Materials

Group Outline
SESSION 1 INITIAL SESSION
❖ Greet members—Introduce facilitators, establish purpose of group and group rules (confidentiality, respect)
❖ Introduction of members: Ask members to introduce themselves by identifying the level of stress they are currently feeling on a scale of 1–5
(1=no stress—5=extreme stress), and why each member has chosen to participate in the group. Facilitator should keep a weekly documentation of each members self-rated level of stress.

- Complete Parenting Stress Index (individual task)
- Break: lunch/snack—Open discussion
- Identify stressors. Open discussion for members to identify and list those things they find stressful in their lives. Post list for members to add to throughout the discussion.
- Identify current coping strategies. Have members identify the current coping strategies for each identified stressor. Write strategies next to each identified source of stress.
- Introduce Breathing exercises: “cleansing breath” (integrate into opening and closing ritual). Members should be encouraged to practice the breathing exercises on their own at home.
- Introduce relaxation music. Play music while practicing breathing exercise. Encourage members to identify their own personal selections of music for relaxation.
- Group closing—Closing ritual: identify one thing learned in the group, cleansing breath. Members should be encouraged to keep a daily record of their self-rated stress level at home to increase self-awareness and recognition of need to employ stress management techniques.

**SESSION 2**

- Greet members—Cleansing breath
- Group check-in—Identify one stressful situation since last group- and strategies used to cope. Have each member self-rate their current level of stress (1–5).
- Exploring Support Networks: Discuss concept of support networks and have each member complete a drawing or diagram of their own support network listing individuals, agencies etc and what kind of support they receive from each.
- Process network task by having members assess the level of support they receive, if there are any gaps, and encourage support and suggestions from peers.
- Break: lunch/snack—Open discussion
- Breathing exercises
- Introduce Progressive Muscle Relaxation: Discuss concept, scripts, and practice technique. Members should be encouraged to practice the P-M-R technique along with the breathing exercises on their own at home. Members can be given scripts to follow.
- Group closing—Closing ritual.

**SOURCE**

*The Relaxation & Stress Reduction Workbook, 5th edition*

By Martha Davis, Matthew McKay, Elizabeth Robbins Eshelman

September 2000

Paperback-276 pages

New Harbinger Pubns

List: $19.95

ISBN: 1572242140
SESSION 3
- Greet members—Opening ritual
- Group check-in—Identify one stressful situation since last group— and strategies used to cope, self-rated stress scale
- Exploring Self Care: diet, exercise, sleep, hobbies/interests. Discuss how each plays a role in stress management. Have members discuss personal examples and identify one area they feel they do well in and one area they need to improve self-care to increase self-awareness.
- Break: lunch/snack—Open discussion
- Breathing exercises
- Progressive Muscle Relaxation
- Introduce Guided Imagery: Discuss concept, scripts, and practice technique. Members should be encouraged to practice guided imagery along with the breathing exercises and P-M-R on their own at home.
- Group closing—Closing ritual

SESSION 4
- Greet members—Opening ritual
- Group check in—Identify one stressful situation since last group— and strategies used to cope, self-rated stress scale
- Finding the time/Making the time: Setting boundaries for yourself, time management. Discuss ways in which boundaries can reduce stress, and basic concepts of time management. Have members identify one boundary to set for themselves and create a daily schedule to include time for stress reduction.
- Break: lunch/snack—Open discussion
- Breathing exercises
- Progressive Muscle Relaxation
- Guided Imagery: developing a personalized script. Members should be encouraged to practice all techniques and continue to develop a personalized script on their own at home.
- Group closing—Closing ritual

SESSION 5
- Greet members—Opening ritual
- Group check in—Identify one stressful situation since last group— and strategies used to cope, self-rated stress scale
- Begin Termination discussion by reminding members of how many groups have taken place and remain, and begin to explore feelings about the group ending and any issues members would like to explore further.
- Spiritual Awareness: Discuss role of spirituality in managing stressors.
- Break: lunch/snack—Open discussion
- Breathing exercises
Progressive Muscle Relaxation
Guided Imagery: personalized image
Draw personalized image. Provide members with paper and drawing materials to depict one or more images from their personalized script to increase awareness and serve as a visual reminder of their script. Members should be encouraged to continue to practice all techniques at home on their own.
Group closing—Closing ritual

SESSION 6
Greet members—Opening ritual
Group check in—Identify one stressful situation since last group—and strategies used to cope, self-rated stress scale. Continue termination discussion.
Exercise/Basic Yoga techniques. Introduce concept and demonstrate and practice basic techniques.
Break: lunch/snack—Open discussion
Breathing exercises
Progressive Muscle Relaxation
Guided Imagery: personalized image, adding to drawing.
Members should be encouraged to continue to practice all techniques at home.
Group closing—Closing ritual

SESSION 7
Greet members—Opening ritual
Group check in—Identify one stressful situation since last group—and strategies used to cope, self-rated stress scale. Continue termination discussion.
Having fun—the role of humor and hobbies in managing stress. Have members discuss and share ways they find humor in situations to manage stress, and hobbies/interests they have to help them “escape”.
Break: lunch/snack—Open discussion
Review of topics covered and techniques learned
Breathing exercises, Progressive Muscle Relaxation, Guided Imagery
Group closing—Closing ritual

SESSION 8: FINAL SESSION
Greet members—Opening ritual
Group check in—Identify one stressful situation since last group, and strategies used to cope, stress scale—review of self rating throughout group. Each member is given a graph representing their stated levels of

SOURCE
The American Yoga Association’s Easy Does It Yoga: The Safe and Gentle Way to Health and Well-Being
By Alice Christensen
November 1999
Paperback-192 pages
Fireside
List: $16.00
ISBN: 0684848902

SELF CARE
Since the purpose of this group is so closely tied to taking care of one self and reflecting on options for self-care, this group can move beyond the “getting to know you” phase and move into the more authentic phase. This happens with the facilitator being authentic and by taking risks and by sharing her/his own true reaction to what is being said or being done in the group. Help normalize the process of real feelings being exchanged by encouraging, accepting and praising the expression of real feelings and by amplifying group member’s subtle messages and expressions. (Steinberg, p. 72).
stress throughout the group in order to increase awareness of the impact of stress and implementing stress management techniques.

- Good-bye lunch—Open discussion
- Complete Parenting Stress Index
- Complete Client Satisfaction Survey
- Group Closing—Closing ritual
**Membership**
Adult caregiver/parent who is HIV-infected

**Membership Screening**
Members will be screened after being referred to the group for availability and ability to attend the group during set times, current medical/psychological issues, status of disclosure to family members. Readiness to engage in group discussion and activity surrounding their illness and the creation of a legacy will also be discussed. Attention will be paid to the gender makeup of referrals to ensure the effectiveness of the group process and dynamic for each individual member.

**Group Time**
The group will meet one time per week for two hours for 10–12 weeks.

**Group Purpose**
To provide opportunities to parents/caregivers who are HIV-infected to create and develop permanent memories to serve as legacies for their children. A legacy may comprise the following: photographs, letters, drawings and other art works, poetry, family histories, family stories, cultural/ethnic rituals/traditions, special memories, personalized videos, audio tapes, personal articles of clothing or jewelry, wills, instructions for guardians, a list or letter containing a parent’s life experiences, lessons learned, regrets and hopes, and a parent’s wishes, hopes and desires for their children’s lives.

**Goals**
*To provide support:* Members will receive support from peers and facilitators and demonstrate increased social connections to peers and facilitators
**To provide education:** Members will receive education and information and demonstrate an increased understanding of creating legacies.

**To provide resource networking:** Members will receive information regarding community resources and services from peers and facilitators.

**To develop a collection of legacy items:** Members will complete a memory box and personalized items for their legacies.

**To improve communication of issues surrounding their HIV status:** Members will openly discuss their HIV status and its impact on their lives and family.

**To improve communication surrounding disclosure:** Members will openly discuss feelings and concerns regarding disclosure of HIV status to family and children.

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**Evaluation**

All members will be given a Satisfaction Survey at the end of the cycle to evaluate the effectiveness of the group in meeting the needs of members and accomplishing the goals of the group. Each participant will be individually evaluated by the facilitator at the end of the group to assess goal attainment.

**Group Rules**

Group rules will be established by the members and facilitators during the initial session of the group. Basic group ground rules will include confidentiality, respect for others’ thoughts and feelings.

**Materials Utilized**

- Box/container
- Collage materials—magazine pictures, photos, cloth
- Decoupage
- Fabric, Sequins, Glitter, Glue, Glue Gun
- Paints, Fabric Paints, 3-D Paints, Magic Markers, Pastels, Colored Pencils, Pens
- Writing Stationary
- Cassette Tapes (Cassette Recorder)
- Video Tapes (Video Camera)
- Disposable Cameras

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**CREATING LEGACY**

This group was offered to help parents with HIV/AIDS address the difficult and painful realization that they face the possibility that they will most likely die before their children become adults. Legacy projects “help people express their thoughts, experiences, hope and dreams, and provide lasting, tangible evidence of their love for family members and also make it easier for HIV/AIDS-affected families to cope with the losses associated with the disease” (Casey Family Services, p. 125). During the group, parents create lasting memory boxes of various shapes and sizes, which serve as powerful therapeutic tools for the parents and their children.
Group Outline

SESSION I: INITIAL SESSION
- Greet members—Introduce facilitators, establish purpose of group and group rules (confidentiality, respect).
- Hand Print Mural. Members and facilitators create a handprint mural to establish the group identity and open discussion surrounding impact of individual lives on the life of the group.
- Goals of the Group: Have members identify personal goals for themselves in the group. Discuss course of group calendar. The group calendar is reviewed and copies are given to each member as a reference and reminder to take home.
- Break: Lunch
- Introduce “Legacy”: Definition, concept, ideas.
- Family Genogram “Who AM I?”. Members are given examples of a genogram and worksheet to begin recording their family “tree”. Members should be encouraged to gather additional family information between sessions to complete genogram.
- Establish Closing Ritual—Messages of Hope

SESSION 2
- Opening/Greetings
- Review of first group—Check-in on feelings.
- Explore issues of trust and disclosure in relation to the group and life outside the group.
- Continue Family Genogram “Who AM I?”
- Introduction of Memory Boxes. Have members select a box. Process by raising questions about feelings and the symbolic representation of the box for each member.
- Break/Lunch
- Brainstorming ideas for Legacies.
- Create Personal List of items to go inside Memory Box
- Process task by asking questions about feelings experienced during group.
- Homework assignment: collect items at home for legacy
- Closing ritual

SESSION 3
- Opening/Greetings
- Review since last group, Feelings check-in.
Continue discussion of issues surrounding legacy and disclosure.
Focus on holiday issues: Holiday Blues/How to make the most of holiday times in creating memories.
Break/Lunch
Work on Memory Boxes. Provide members with variety of media to decorate/personalize boxes.
Process activity by asking questions about feelings experienced during group.
Homework assignment: Collect/create items at home for legacy
Closing ritual

SESSION 4
Opening/Greetings
Review since last group
Continue discussion of issues surrounding disclosure, show video about disclosure experiences.
Process video by gathering responses, discussing reactions and feedback.
Break/Lunch
Work on Memory Boxes
Process activity by asking questions about feelings experienced during group.
Homework assignment: collect/create items at home for legacy
Closing ritual

SESSION 5
Opening/Greetings
Review since last group. Feelings check-in.
Continue discussion of issues surrounding legacy and disclosure. Give members hand-outs for documenting childhood, pregnancy, and child rearing memories from “Because you love them” workbook.
Break/Lunch
Work on Memory Boxes
Process activity by asking questions about feelings experienced during group.
Homework assignment: collect/create items at home for legacy, work on completing hand-outs to share with children at home.
Closing ritual

SESSION 6
Opening/Greetings
Review since last group. Feelings check-in.
Begin termination discussion by reminding members of how many groups have taken place and remain, and any issues members would like to explore further. Begin to explore feelings about the group ending and the parallel to other endings including life.

Continue discussion of issues surrounding legacy and disclosure. Letter writing—hand-out stationary and provide examples of letters and guidelines for writing letters to children.

Break/Lunch
Work on Memory Boxes—Give out disposable cameras.
Process task by asking questions about feelings experienced during group.
Homework assignment: Take pictures at home, write a letter to your child(ren).
Closing ritual.

SESSION 7
Opening/Greetings
Review since last group. Feelings check-in.
Continue termination discussion: discuss length of group 10 vs. 12 weeks.
Continue discussion surrounding legacy and disclosure issues.
Break/Lunch
Work on memory boxes.
Process activity by asking questions about feelings experienced during group.
Closing ritual.

SESSION 8
Opening/Greetings
Review since last group. Feelings check-in.
Continue termination discussion.
Continue discussion surrounding legacy and disclosure issues.
Break/Lunch
Continue work on Memory Boxes
Process task by asking questions about feelings experienced during group.
Closing ritual.

SESSION 9
Opening/Greeting
Review since last group. Feelings check-in.
Continue termination discussion.
Completion of Memory Boxes.

TERMINATION
Members will naturally be hesitant about expressing their thoughts about termination. The facilitator will need to introduce the matter repeatedly throughout these last few sessions in order to fully prepare the clients for the groups’ ending. Some members will have positive reactions to termination. They will have “experienced mutual enrichment from the deep, personal and authentic encounter, and in a very real sense, the self of each person [will have] been expanded by the contacts” with the other group members (Hepworth and Larsen, p. 656).
Process activity by asking questions about feelings experienced during group.
Closing ritual.

SESSION 10: FINAL SESSION
- Opening/Greetings
- Review since last group. Feelings check-in.
- If final group—closing discussion on legacy/disclosure. Process by asking questions about growth, change in attitudes, goals for continuing to develop a legacy, and movement toward disclosure.
- Sharing of completed boxes. Photograph completed memory boxes. (Ask members to complete a release of information to photograph completed memory boxes).
- Process activity by asking questions about feelings experienced during the group cycle.
- Completion of Satisfaction Survey
- Good-bye party, Hand out Participation Certificates

SESSION 11
- Additional group if needed or individual follow up sessions

SESSION 12
- Additional/final group if needed or individual follow up session
References


# Workplan for Support Group Cycle — “Life Skills for Girls”

<table>
<thead>
<tr>
<th>#</th>
<th>Activity</th>
<th>Time Frame</th>
<th>Responsibility</th>
<th>Evaluation/Outcome</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Advertise Support Group to Collaborators, Case Managers and Others</td>
<td>April 3–28, 2000</td>
<td>Facilitator, Pediatric AIDS/HIV Care, Inc., Family Ties Project</td>
<td>Advertisements: Flyer, Telephone Calls, Outreach</td>
<td>Completed: Flyers e-mailed April 3, 2000 (22), Mailed via US mail April 7, 2000 (60); Broadcast faxed to list on April 7, 2000 (45)</td>
</tr>
<tr>
<td>3</td>
<td>Develop Screening Tool/Intake Form</td>
<td>April 2000</td>
<td>Facilitator</td>
<td>Screening Form/Intake</td>
<td>Completed April 10, 2000 by Facilitator, given to Sub-contractor.</td>
</tr>
<tr>
<td>4</td>
<td>Receive Referrals</td>
<td>April 4–May 1, 2000</td>
<td>Facilitator, Sub-Contractor, Pediatric AIDS/HIV Care, Inc.</td>
<td>Referrals Received</td>
<td>Completed. 13 referrals received. Telephone calls made to 12, spoke with 10 of the 12. Able to complete screening on 10. Messages left with case managers of 3 families unable to contact. 9 accepted into the group.</td>
</tr>
<tr>
<td>7</td>
<td>Contact Case Managers and Clients as Referrals are Received. Conduct Screening/Intake</td>
<td>April 24–May 2, 2000</td>
<td>Facilitator</td>
<td>Referrals Received, Calls Made, Screening/Intake Completed</td>
<td>Completed See above.</td>
</tr>
<tr>
<td>8</td>
<td>Identify Group Members</td>
<td>April 24–May 2, 2000</td>
<td>Facilitator</td>
<td>Support Group Member List: Names, Addresses, Telephone Numbers</td>
<td>Completed. May 2. 9 Accepted into group. List of participants made, with addresses, telephone numbers, transportation methods, and notes field.</td>
</tr>
<tr>
<td>9</td>
<td>Generate Supply List Purchase Supplies</td>
<td>April 2000</td>
<td>Facilitator</td>
<td>Supplies ordered/obtained</td>
<td>Completed. Supply order given to Program Director for approval and placement of order. All non-perishable supplies obtained on May 1.</td>
</tr>
<tr>
<td>10</td>
<td>Contact Group Members Prior to Start of First Group</td>
<td>May 3, 2000</td>
<td>Facilitator</td>
<td>Telephone Calls Made</td>
<td>Completed. Telephone calls made on May 1st with follow-up on May 3rd. Case managers called if providing assistance with transportation (3 participants).</td>
</tr>
<tr>
<td>#</td>
<td>Activity</td>
<td>Time Frame</td>
<td>Responsibility</td>
<td>Evaluation/Outcome</td>
<td>Status</td>
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<tr>
<td>12</td>
<td>Provide Reminder Calls</td>
<td>May 3–June 21, 2000</td>
<td>Facilitator, Co-Facilitator</td>
<td>Calls Made, Number Attending Each Group, Documentation</td>
<td>Reminder calls to each member day before each group. Attendance: 4 May–7; 11 May–6; 18 May–8; 26 May–7; 1 June–6; 8 June–7; 16 June–7; 22 June–7</td>
</tr>
<tr>
<td>13</td>
<td>Provide weekly Clinical Supervision with Subcontractor: Face to Face or via Telephone</td>
<td>April 24–June 30, 2000</td>
<td>Family Ties Project, Pediatric AIDS/HIV Care, Inc., Facilitator</td>
<td>Supervision Sessions Held 6 supervision sessions held; 4 face to face; 2 telephone.</td>
<td>Completed. 13 referrals received. Telephone calls made to 12, spoke with 10 of the 12. Able to complete screening on 10. Messages left with case managers of 3 families unable to contact. 9 accepted into the group.</td>
</tr>
<tr>
<td>15</td>
<td>Distribute Client Satisfaction Surveys to Group Members During 7th and/or 8th session. Follow Up with Members not Completing Survey</td>
<td>June 14–June 30, 2000</td>
<td>Facilitator, Co-Facilitator</td>
<td>Completed Satisfaction Surveys; Follow Up calls Made</td>
<td>Client Satisfaction surveys completed on 7th session. One member, not present, but only attended one of the sessions and not responsive to phone calls.</td>
</tr>
<tr>
<td>18</td>
<td>Complete Individual Client Goal Progress Summaries</td>
<td>By June 30, 2000</td>
<td>Facilitator</td>
<td>Completed Summaries Submitted to Family Ties Project, Pediatric AIDS/HIV Care, Inc.</td>
<td>Complete, June 28, submitted to Family Ties Project.</td>
</tr>
</tbody>
</table>
The Family Ties Project is offering three new support groups this spring for children and youth who are infected and affected by HIV/AIDS. Each group will be facilitated by Rachel Smart, MA, ATR.

**RITES OF PASSAGE: TEEN GROUP FOR GIRLS**

A psycho-educational group for adolescent girls that will use both art and group discussion to address growth and developmental issue.

**When:** Begins Tuesday, April 10th from 6:30 to 7:30 pm. Meets one time a week for 10 sessions.

**Special requirements:** Teen girls ages 13-17.

**LIFE SKILLS FOR BOYS**

Therapeutic and educational group for pre-adolescent boys addressing issues they share. Participants will develop skills to help cope with those issues, including social skills, problem solving, and anger management.

**When:** Begins Monday, April 9th from 5:15 to 6:15 pm. Meets one time a week for 10 sessions.

**Special requirements:** Boys ages 9-12

**LIFE SKILLS FOR GIRLS**

Therapeutic and educational group for pre-adolescent girls addressing issues they share. Participants will develop skills to help cope with those issues, including social skills, problem solving, and anger management.

**When:** Begins Monday, April 9th from 6:30 to 7:30 pm. Meets one time a week for 10 sessions.

**Special requirements:** Girls ages 9-12.

Case managers interested in referring appropriate clients to a group should complete the form below and fax it to Rachel Smart @ Pediatric AIDS/HIV Care, Inc. 202/628-3021. Or mail it to Pediatric AIDS/HIV Care, Inc., P.O. Box 77543, Washington, DC 20013-7543. For further information about any of these support groups, contact Jenna Green @ 202/347-5366. **Individuals do not need to be enrolled in the Family Ties Project to participate in these groups.** For further information about the Family Ties Project, call 202/547-3349 or go to the Project's Web site @ www.familytiesproject.org

**SUPPORT GROUP REFERRAL**

**Participant's Name(s):**

**Parent/Caregiver:**

**Address:**

**Age:**

**Gender:**

**Daytime Telephone:**

**Evening Telephone:**

**E-mail Address:**

**Group (check):**

☐ Rites of Passage ☐ Life Skills for Boys ☐ Life Skills for Girls

**Case Manager/Agency/Phone:**

Once a referral is received, participants will be contacted directly by the Group Facilitator

**DEADLINE FOR REFERRALS IS MONDAY, APRIL 2, 2001**
Support Group Intake
Children’s Group

Date of Referral:     Family Ties Project Client: YES / NO

Name:

Age/Birthday:

Parent/Guardian/Caregiver (relation):

Address:

Telephone:

Emergency Number:

Case Manager/Agency:

Telephone:

Family Status (child/adult HIV status) (who lives in home):

Is Child Aware of Status: YES / NO Explain:

Child’s grade/school:

Significant Issues/losses:

Reason for Referral:

Goals for Group attendance: Person stating Goals:

1) 
2) 
3) 

Transportation Needs/Methods:
Support Group Intake
Caregiver Group

Date of Referral:  Family Ties Project Client: YES / NO

Referred By:

Reason for Referral:

Name:  Age/Birthday:

Address:

Telephone:  Emergency Number:

Case Manager/Agency:

Telephone:

Family Status (child/adult HIV status) (who lives in home)
   Name/Age/Status:

How long have you been caring for HIV affected family members:

Current Stressors:

Coping Strategies Utilized Currently:

Goals for Group attendance: Person stating Goals:
   1)
   2)
   3)

Child Care Needs During Group Time:

Transportation Needs:
Evaluation

Evaluation of program services has been a priority of the Family Ties Project. The purpose of our program evaluation is not only to look at what we accomplished and how we accomplished it, but also to learn about how we can improve our program. As with most programs, we look at how many services we have provided to how many clients and also who those clients are. We look at whether we have served the projected number of clients with the projected number of services.

Recently, our evaluation plan has begun to focus on the assessment of individual, client-focused outcomes. All Family Ties Project services are based on an individual treatment plan which is developed after a comprehensive assessment by the service providers. Treatment plans, include goals, outcome indicators and service methods. Attorneys working with Family Ties Project clients also develop individual service plans for the families they work with. On a regular basis—quarterly for case management, therapy, and legal services and at the end of each group cycle—providers assess the extent to which they have met the established goals of their treatment plan.

OUTCOME MEASUREMENT

A goal attainment scaling process is used to measure client-level outcomes. As part of support group planning, a series of group goals are defined. To the extent possible, these goals are expressed as behavioral and/or knowledge changes and achievements, which group participants, should demonstrate after participating in the group. They are the benefits that group members should experience after participating in the group. Each goal is assigned to one of five domains (e.g., support, education, communication, skills-building, and family processes.)

At the end of each group cycle, the group leader rates each member’s achievement of each goal on a five-point scale (1—Poor; Little or no achievement of the goal to 5—Outstanding; Complete achievement of the goal). This assessment should be based on the clinician’s observation of the group member’s participation and the assessment of what changes the member demonstrates. In addition to providing a numerical scoring for the goal, the clinician writes a short summary of the group member’s experiences in the group. [A sample of an individual assessment is included in this section.]
PROCESS EVALUATION

Process evaluation is an assessment of what activities are completed—what services are delivered, how they are delivered, who receives the services. A process evaluation provides the volume of service delivery, or output measures of the service, (e.g., number of support group sessions offered, number of persons participating in support groups, etc.).

OUTCOME EVALUATION

Outcome evaluation is the assessment of the effectiveness of the service in achieving the intended programmatic results. Outcome indicators are the observable and measurable data that are used to assess a program’s success in achieving client-level change experienced by program participants.

At the end of each group series, the goal attainment data is analyzed. The goal attainment data, along with key client characteristics, are entered into a database or spreadsheet program and the mean of goal attainment is calculated. We have looked at both the overall goal attainment of all group participants, but have also looked at the data by gender, attendance, age group and whether participants were enrolled in the Family Ties Project. [To view our group and other treatment plan outcome data, download the Family Ties Project Evaluation Report 1996–2000 at our Web site, www.familytiesproject.org.]

While the outcome data can be used to show that our support groups have been generally effective in meeting their behavioral and therapeutic goals, the data are equally useful for program planning. After analyzing the data, the findings have been used to lead a discussion among the mental health providers. For instance, we asked why was there a disparity between those clients who were enrolled in our project and those who were clients only of Pediatric HIV/AIDS Care? What changes should be made in the group offerings and operations of the group with male participants? This discussion has lead to some changes to improve our support group services.

CLIENT FEEDBACK

Another form of evaluation used is assessing client satisfaction with the support group services. The Family Ties Project semi-annually conducts client satisfaction surveys for project services. Existing survey instruments which contained the same questions for all services were modified to allow for children to provide their feedback. [Copies of three client satisfaction surveys are included in this section.] Parents and caregivers of younger children can also be asked to complete a survey.

As with the goal attainment data, at the end of each group series, the client satisfaction survey data is analyzed. The qualitative data is generally summarized in a list format, often indicating the frequency of a response (e.g., three participants suggested changing the group time, four said the best thing about the group was the making of the print mural). The quantitative data are entered into a database or spreadsheet program and the mean of for each question calculated. [To view our client satisfaction data, download the Family Ties Project Evaluation Report 1996–2000 at our Web site, www.familytiesproject.org.]

The client satisfaction survey data are also looked at to prompt questions, such what the participants’ felt worked, what didn’t work, what needs to be changed, what needs to be maintained, etc. The client satisfaction data should also be reviewed in the context of the goal attainment data as well as...
other assessment activities, such as the support group leader’s own end of group summary.

It is important to share your evaluation results with support group leaders and other key staff as well as stakeholders in your program.
Client Satisfaction Questionnaire
Children’s Group

From the following list, place a “X” sign for those things you liked about the group.

- other group members
- group facilitator
- location of the group
- time of the group
- assistance with transportation
- issues the group discuss each week
- creative work done at group
- knowing there was one other member who understood me
- number of group meetings

What would you say was the best thing about the group for you?

What changes would you make if this group were to be done in the future?

Please feel free to write any comments below, or on the back of this page. We invite you to include any suggestions for changes that would improve the service.
### Client Satisfaction Questionnaire

**Positive Images**

1. **How would you rate the group you participated in?**

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<th>4</th>
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<tbody>
<tr>
<td>Excellent</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
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2. **Was the group you participated in what you hoped it would be?**

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<th>4</th>
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<tr>
<td>No, definitely not</td>
<td>No, not really</td>
<td>Yes, generally</td>
<td>Yes, definitely</td>
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</table>

3. **Was it helpful to be in a group knowing that all the members were HIV-positive?**

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<tr>
<td>No, definitely not</td>
<td>No, not really</td>
<td>Yes, generally</td>
<td>Yes, definitely</td>
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</table>

4. **If a friend were in need of similar help, would you recommend this group to him/her?**

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<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, definitely not</td>
<td>No, not really</td>
<td>Yes, generally</td>
<td>Yes, definitely</td>
</tr>
</tbody>
</table>

5. **Have you participated in a support group before? Yes No**

   If you answered yes, how does the amount of support you gained from this group compare with other support groups?

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<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gained more support from this support group than others</td>
<td>Gained the same support from this group as previous groups</td>
<td>Gained more support from other groups than this one</td>
<td>Gained no support from either group</td>
</tr>
</tbody>
</table>

6. **How did this group compare to other HIV-related services you receive in the District?**

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<th>4</th>
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<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>This is the best service I receive</td>
<td>This is better than most other services I receive</td>
<td>This service is neither better nor worse than the others</td>
<td>This service is worse than most other services I receive</td>
</tr>
</tbody>
</table>
7. How was the group facilitator?

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<th>3</th>
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</thead>
<tbody>
<tr>
<td>Poor</td>
<td>Fair</td>
<td>Good</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

8. From the following list, rank the three most important factors which have contributed to the group’s success

1=the most important factor; 2=2nd most important factor, 3=3rd most important factor

___ group members
___ group facilitator
___ location of the group
___ time of the group
___ assistance with transportation
___ reminder phone calls
___ issues the group discussed each week
___ creative work done at group
___ knowing that other members of the group were HIV-positive
___ number of group meetings
___ knowing I could talk openly about being HIV-positive
___ knowing there was at least one other member who understands me

9. What would you say was the best thing about the support group for you?

10. What changes would you make if this group were to be done in the future?

Please feel free to write any comments below, or on the back of this page. We invite you to include any suggestions for changes that would improve the service.
Client Satisfaction Questionnaire
Creating Memories Group

1. How would you rate the quality of service you received?

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<th>4</th>
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<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
</tbody>
</table>

2. Did you get the kind of service you wanted?

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<th>4</th>
</tr>
</thead>
<tbody>
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<td>No, definitely not</td>
<td>No, not really</td>
<td>Yes, generally</td>
<td>Yes, definitely</td>
</tr>
</tbody>
</table>

3. Have these services met your needs?

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<tr>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of my needs have been met</td>
<td>Most of my needs have been met</td>
<td>Only a few of my needs have been met</td>
<td>None of my needs have been met</td>
</tr>
</tbody>
</table>

4. If a friend were in need of similar help, would you recommend these services to him/her?

<table>
<thead>
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<th>1</th>
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<td>Yes, generally</td>
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</tbody>
</table>

5. Have you participated in a support group before? Yes No
   If you answered yes, how does the amount of support you gained from group compare with other support groups?

<table>
<thead>
<tr>
<th>4</th>
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<td>Gained more support from this group than others</td>
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<td>Gained more support from other groups than this one</td>
<td>Gained no support from either group</td>
</tr>
</tbody>
</table>

6. How do these services compare to other HIV-related services you receive in the District?

<table>
<thead>
<tr>
<th>4</th>
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<th>1</th>
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<tbody>
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<td>This service is neither better nor worse than the others</td>
<td>This service is worse than most other services I receive</td>
</tr>
</tbody>
</table>

7. How was the initial screening process (questions you were asked before the group began)?

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<th>4</th>
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<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
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<td>Poor</td>
</tr>
</tbody>
</table>
8. How was the group facilitator?

<table>
<thead>
<tr>
<th>1</th>
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<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
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<td>Poor</td>
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</tbody>
</table>

9. From the following list, rank the three **most important factors** which have contributed to the group's success

1 = the most important factor; 2 = 2nd most important factor,
3 = 3rd most important factor

___ group members
___ group facilitator
___ location of the group
___ time of the group
___ assistance with transportation
___ reminder phone calls
___ issues the group discuss each week
___ creative work done at group
___ knowing there was at least one other member who understands me
___ number of group meetings

10. The purpose of the group was to focus on creating and collecting permanent memories to serve as a legacy for children.

Was the purpose of the group met? (please circle) YES NO
Please explain.

11. What would you say was the **best** thing about the support group for you?

12. What changes would you make if this group were to be done in the future?

Please feel free to write any comments below, or on the back of this page. We invite you to include any suggestions for changes that would improve the service.
End of Group Report
“Art Works For Change” Group
February 15, 2000—April 4, 2000

The Art Works for Change group was designed for HIV affected children ages 10–14 that had experienced significant loss, life changes, and/or family transitions. The purpose and goal of the group was to provide a therapeutic environment in which coping and problem solving skills could be enhanced and positive growth from transitions could be explored. The group was developed by Heather Stone, MA, ATR-BC, Pediatric AIDS/HIV Care Group Therapist, and Co-Facilitated by Jeannie Cimino, AmeriCorps member. Flyers and referrals forms were sent out via U.S. mail, e-mail, and fax, along with calls made to collaborating case managers. A total of seven (7) referrals were received from Pediatric Care (2), Children’s Hospital (1), Sasha Bruce Youthworks, Inc. (4). Five referrals were accepted. Facilitator contacted each client family prior to the start of the group and completed a brief intake.

The group was held on Tuesday evenings at Pediatric AIDS/HIV Care, Washington DC, from 6:30–7:30 p.m. A total of eight (8) sessions were held. Attendance ranged from 2–5 children per group (2, 3, 4, 4, 5, 5, 5, 5). Barriers to attendance included a lack of transportation for Maryland resident member, problems with transportation coordination and late enrollment.

Group discussion and activity included the development of a group identity by establishing rules and rituals; exploring changes seen in life, environment, and art media; role play and puppetry focusing on problem solving situations caused by change; life review; creation of memory boxes; and journal writing. All members participated in discussions and art and expressive tasks. Members were able to share feelings associated with transitions in their lives ranging from friends moving away to the death of a parent. Several group members displayed behavioral difficulties throughout the course of the group cycle, requiring the increased role of behavioral management in the group, which at times disrupted the group process and prevented in depth exploration of issues.

Overall, the group was successful in bringing together HIV affected pre-adolescents in a supported environment to explore changes in their lives. Behavioral problems were a barrier to the success of the group in fulfilling goals outlined in the curriculum due to the varying levels of transitions experienced by members, mixed gender make up of members, and the surfacing of pre-adolescent developmental issues.
A total of five (5) client satisfaction surveys were completed and comments included “having fun with other members”, “painting” and “art” as things liked most about the group.

**CHALLENGES**
1) Behavioral problems
2) Mixed gender membership
3) Difficult subject matter
4) Membership with varying levels of transitions and pre-existing coping skills
5) Time of group—late timing of group made transitioning in and out of the group difficult for members
6) Length of group cycle

**STRENGTHS**
1) Provided opportunity for mixed gender group with similar issues
2) Provided opportunities for the expression of feelings surrounding loss and transitions
3) Co-facilitator

**SUGGESTIONS**
1) Mixed gender facilitators (1 male, 1 female)
2) Extend length of cycle
3) Hold group earlier in the evening
4) Screen membership based on level of coping skills
5) Reformat curriculum to provide increased structure and development of basic coping skills
6) Consideration of single gender transitions group
End of Group Individual Client Progress Note
“Art Works For Change” Group
February 15, 2000–April 4, 2000

Client: Jimmy Davis
Attendance: 8 out of 8 groups, 100% attendance

GROUP GOALS
A) To provide support: Members will receive support from peers and facilitators and demonstrate increased social connections to peers and facilitators. (Domain = Support)

B) To provide education: Members will receive education and information and demonstrate an increased understanding of coping with transitions, members create memory boxes and utilize journals. (Domain = Education)

C) To provide opportunities for the expression of feelings: Members will learn and demonstrate skills for the identification and appropriate expression of feelings regarding changes in their lives. (Domain = Communication)

D) To develop problem solving skills: Members will learn strategies for effective problem solving and be able to identify alternate coping solutions. (Domain = Skills Building)

E) To improve self-esteem: Members will demonstrate increases in self-esteem via positive self-statements. (Domain = Support)

Goal Attainment Scale: 1 = Poor; 2 = Fair; 3 = Good; 4 = Excellent; 5 = Outstanding

A) 5
B) 5
C) 4
D) 3
E) 4

SUMMARY
Jimmy was an active participant in the group and increased his social connections with peers in the group and outside of the group. Jimmy
actively engaged in discussions regarding transitions and changes in life and completed a memory box and wrote in a journal during the group. Jimmy appropriately identified and shared his feelings in the group. Jimmy was able to identify appropriate solutions and alternatives to situations, however was easily influenced by peer pressure to choose less appropriate solutions. Jimmy demonstrated increases in his level of self-esteem in making positive self-statements, sharing his work with the group.
Let us know what you think about this publication

To help us learn how useful this document is and what changes we should make to it, please complete and fax this form to the Family Ties Project @ 202/547-7148 or mail to: Family Ties Project, Consortium for Child Welfare, 300 I Street, N.E., Suite 106, Washington, DC 20002.

Name of person completing form:
Agency:
Address (city, state, zip code):
e-mail address:

Would you like to receive e-mail notification of other Family Ties Project publications, including updates to this curriculum guide? (We will not share this contact information with anyone.)

❍ No ❇ Yes; e-mail address:

Please indicate your discipline/profession:
❍ Social Worker ❇ Art Therapist
❍ Therapist/Counselor ❇ Administrator
❍ Child Care/Child Development ❇ Health Care/Specify:
❍ Teacher ❇ Other/Specify:

How did you obtain the Curriculum Guide?
❍ Downloaded from internet.
  How did you locate the Curriculum Guide on the internet?
❍ Received a hard copy from the Family Ties Project
❍ Received a hard copy from a colleague
❍ Other/Specify

Was this an effective modality for disseminating this information?
❍ Yes ❇ No

Do you consider your agency (Please check all that apply)
❍ National ❇ Not-for-profit
❍ Regional ❇ Health care agency
❍ Community-Based ❇ Mental health agency
❍ Church Affiliated ❇ Grief and bereavement-focused agency
❍ School ❇ Child care/development agency
❍ Government ❇ Respite care agency
❍ College/University

choices continued on next page
Do you currently provide support groups to: (Please check all that apply.)

- Child Welfare agency
- HIV/AIDS-dedicated agency
- Substance abuse agency
- Other/Specify
- HIV/AIDS-affected individuals
- Non-parental caregivers (kinship care givers)
- Adults
- Youth/adolescents
- Non-parental caregivers (kinship care givers)
- Other/Specify

Overall, was the material in this Curriculum Guide useful?
(Please best circle response.)

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For each specific section, was the material useful?
(Please best circle response.)

Introduction/How to Use this Guide

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Goals and Group Purpose Information

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Materials and Activities to use for groups

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Group Session Outlines

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Group Development/Process information (sidebars)

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Evaluation information

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Sample materials

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Source and Reference Information

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How do you think you will use this material? (Please check all that apply.)
- Begin to provide support groups at my agency
- Expand my agency’s current support groups to new populations/
  Describe:
  - Modify my agency’s existing support groups by incorporating these materials
  - Seek additional training and/or information on providing support groups to HIV/AIDS-affected persons
  - Use as training materials for staff who provide support groups
  - Begin to evaluate my support groups
  - Other/Specify:

What changes or additions would like to see in this publication to better meet your needs?
THE CONSORTIUM FOR CHILD WELFARE
The Consortium for Child Welfare is a coalition of 21, private, non-profit service agencies established in 1980 to improve child welfare services in Washington, DC. The mission of the Consortium is to protect children and support families in Washington, DC by: 1) facilitating communication and collaboration, between public and private agencies that provide services and resources to children, youth and families; 2) promoting innovation, services and developing resources that are easily accessible and culturally appropriate to children, youth and families; and 3) advocating for the highest practice standards for children, youth and family services.

THE FAMILY TIES PROJECT
The Consortium for Child Welfare is the lead agency of the Family Ties Project, a city-wide collaboration. The mission of the Family Ties Project is to promote and preserve the well being of children, youth and families affected by HIV/AIDS by working with parents and caregivers to plan for the future care of their children. These objectives are accomplished through the direct collaborative efforts of a multi-disciplinary team of service providers, including case managers, therapists, and attorneys. The project also advocates for policy changes to improve the life planning options available to parents and caregivers in Washington, DC. The Family Ties Project receives financial support from the Abandoned Infants Program of the U.S. Department of Health and Human Services (Grant No. 90CB0100), the Washington AIDS Partnership and private sources.

ACKNOWLEDGEMENTS
Washington AIDS Partnership
Cutting Edge Graphics