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**TITLE: GROUP COUNSELLING FOR PARENTS: PREVENTION AND
TREATMENT OF DRUG ABUSED IN SCHOOLS.**

1. INTRODUCTION

This essay deals with the use of groups in counselling. More particularly it examines parent groups in schools. It consists of two parts. In the first part there is a general review of groups in counselling. It presents a brief historical review of groups in counselling and how the different approaches use the groups. Some techniques used by the various approaches are also referred.

The second part looks at a practical application of group counselling in schools: parent groups in schools. This can be used in many levels and topics. However, in this case the focus is on a very important and current issue; prevention and treatment of drug abuse. The study attempts to examine the ways of forming a parent group, the role of the counsellor and possible problems of the process. Finally, there are some concluding comments.

PART I

**2. DEFINITION AND HISTORICAL BACKGROUND OF GROUP
COUNSELLING**

2.1 DEFINITION OF GROUP COUNSELLING

One very general definition is: "group counselling consists of the practice of the relationships and activities of counselling in groups". According to Nelson-Jones (1993, p.449) "counselling might be viewed as (a) a special kind of helping relationship characterised by the core conditions"; (b) a set of practical activities based on theoretical principles; and (c) an area of services provision focused on less disturbed clients in non medical settings".

In practice, counselling groups are defined by their theoretical orientation, by their clientele, by their length, by broad categories.(Nelson- Jones, 1993).

2.2 HISTORICAL BACKGROUND

A doctor from Boston, Joseph H. Pratt, appears to be the founder of group psychotherapy. During the inter-war years many psychiatrists tried group methods. The most known is Alfred Adler who used group techniques in his child guidance clinics in Vienna and was concerned with the developmental of "social interest" for his patients.

Another one was J. L. Moreno, the founder of psychodrama and sociodrama. He was the first to use the term "group therapy". At the same period the American Vocational Guidance used group techniques in occupational information. (Gazda cited in Nelson-Jones, 1993).

During the 1940's the developmental of group therapy was rapid. The reason was the Second World War: lot of soldiers needed treatment of military psychiatric casualties. However, the health workers could not correspond to the demands in individual counselling, and so they formed groups.

In 1947 was formed the first T (for human relationship skills training) group and afterwards the T group movement, with its educational and laboratory training emphasis, continued growing.

Rogers in 1946 and 1947 was experimenting at the University of Chicago Counselling Centre with an intensive group experience for trainee person counsellors for the Veterans Administration.

During the 1950's the group therapy field was mainly towards different clinical settings, with a number of theoretical approaches, such as Freudian, Sullivanian Rogerian having their group applications explored.

Ten years later in 1960's and 1970's happened the growth of encounter groups, which provided intensive group experiences for "normals" in non-medical settings. (Nelson-Jones, 1993).

3. SOURCES OF THERAPEUTIC GAIN IN GROUP COUNSELLING

The counsellor decides whether or not group counselling is more appropriate for a certain client, than individual counselling. There are three cases in which group counselling may be used: after, concurrently with, or instead of individual counselling. Comparison with individual interview, group counselling provides the client with:

- Opportunity for self exploration and feedback.
- Improved Motivation.
- Experience of Group Membership.
- Contribution of Other Members.
- Practise at Personal Relationships.
- Participant-observer Role of Counsellor. (Nelson-Jones, 1993)

4. THE USE OF GROUP BY THE DIFFERENT APPROACHES OF COUNSELLING

Person-centred counselling has applications in group work. Rogers championed the use of his theory principles in encounter groups, classroom (Nelson-Jones, 1995). He wrote that encounter groups may help people to alter their self-concepts “as they explore their feelings in an accepting climate and receive tough and tender feedback from people who care” (Nelson-Jones, 1993, p.30).

Gestalt counselling is conducted on both an individual and group basis, and often in combination. Often they work with individuals in front of the group style (Nelson-Jones, 1995). The aim is to help clients to make strong gestalts, or good contact with their environments. “Gestalt counsellors help group members to focus on the “how” and “now”, or on how or on how rather than why they are feeling the way they are at the present moment” (Nelson-Jones, 1993, p.446). Frequently this work turns into a shared group experience. Gestalt therapy may use psychodrama, skilful frustration, helping resentments expressed and understood (Nelson-Jones, 1993).

Dusay & Dusay state that there have been four transactional analysis phases. The fourth is the post-Berne. This phase is stimulated by the action techniques of the human-potential movement, Gestalt, psychodrama, encounter groups and many of the other explosive, energy-liberating systems.

Reality counsellors work in groups often as joint leaders. According the reality approach “group members can help each other to evaluate the adequacy of current behaviours in satisfying needs and pictures in the head, planning alternative behaviours and making commitments. For example, a member’s plan can be written down and a public commitment made by having each member of the group read and sign it” (Nelson-Jones, 1995, p.107).

Existential counselling is conducted in counselling groups of eight to ten members. Counselling groups provide here- and- now information on members’ ways of avoiding or assuming responsibility. In addition, the interactional format of groups

allows counsellors and members to observe and work on interpersonal distortions and maladaptive behaviours. An existential counsellor tries to take group members through the following sequence: learning how their behaviour (1) is viewed by others, (2) makes other feel, (3) creates the opinions others have of them and (4) influences their opinions of themselves. Also, groups can deal with issues surrounding the ultimate concerns of death and meaninglessness. For instance, an existential counsellor may work with the issue of confronting death in a group of cancer patients.

A behavioural counsellor may use systematic desensitisation in group work. For instance, he might work with either test-anxious college students simultaneously rather than with one at a time, thus possibly saving resources. Emery & Krumboltz, cited in Nelson-Jones (1995), state that “group approaches tend to involve the construction of standard rather than individual hierarchies and thus assume some proximity of the ordering of members’ anxieties to this standard hierarchy. The standard hierarchy may be compiled from items previously collected or may be evolved in consultation with current group members. The counsellor may move the group through the hierarchy, ensuring that further scenes are not presented until all members do not experience anxiety with the present scene” (p.224).

Rational-Emotive behaviour approach uses group counselling in clients with severe problems. They may be given individual and/or group counselling. The duration is at least six months so that they can practice what they learn (Nelson-Jones, 1995). Dryden & Yankura (1993) mention that a RET counsellor can use a further group of clients than individual counselling. Some clients seem to progress better within a group, carrying out behavioural tasks.

Cognitive counselling has been used for group work with families (Nelson-Jones, 1995). In addition, Scott (1989) reports a cognitive-behavioural programme for socially anxious clients. Within the group these clients can develop their social skills.

Multimodal counselling has been used in marital work and in group work.

Lifeskills counselling has group applications. First, lifeskills concepts can be interwoven with the work of interactional counselling groups. For instance, counselling groups might use skills language to analyse either communication within

the group or members' problems outside the group. Also, group counsellors can help members in develop relevant thinking and action skills. Second, lifeskills counselling principles can be extended to lifeskills training groups, for instance training groups in listening skills or stress management skills. The basic characteristics of such groups include using skills language, stipulating clear thinking skills and action skills goals, offering supportive relationships, using good training skills, and emphasising consolidating trained skills as self-helping skills (Nelson-Jones, 1995).

Psychodrama is a counselling approach emphasising group work. Moreno, the founder of psychodrama, defined it as "the science which explores the 'truth' by dramatic methods" (Nelson-Jones, 1993, p.465). It has to do with inter-personal relations and private worlds.

Integrity groups is another approach that uses group counselling. The founder of integrity groups is Mowrer. He considers that the fundamental task of psychotherapy is to help clients to "establish problem - solving habits which will enable emotions to operate as they are normally intended to" (Nelson-Jones, 1993, p.466). There are three cardinal principles: a) honesty; b)responsibility; and c) involvement (concern, love), giving help to others in becoming more honest, responsible and involved.

One of the approaches in family therapy is Satirs' conjoint family therapy. He viewed a dysfunctional marital relationship as the major contributor to symptoms in a child. Here, the role of the family therapist includes: being a resource person who remains outside the family power struggle as an 'official observer'; being a model of communication; being a teacher of communication (Nelson-Jones, 1993).

6. FORMING AND RUNNING PARENT GROUPS

The good organisation of a group is the main presupposition for effective results later. The professional must consider many factors before the first meeting. First of all, he has to decide the type of the group. The more common types of parent groups are:

- class teachers meeting the children' s parents once a term to discuss current activities and the child' s progress;
- a group of parents taking a course organised by teachers or therapists, for instance a parents' workshop;
- on-going 'support' groups meeting fortnightly or monthly, organised by professionals or parents themselves (McConkey, 1985).

At the beginning the professional determines the aims and the goals he wants to achieve. Thus, at the end of the whole procedure he will be able to evaluate it. The aims must be clear and concrete. Parent groups aim at improving parental effectiveness.

Another aim also may be to increase parent confidence, confirm their competence, develop new skills and provide information. The school-based groups often focus on the school aims and curriculum areas, and upon the role of associated services (Cunningham & Davies, 1985).

After the determination of the aims the professional must consider the size of the group, the number of sessions, the length, the structure, the composition and other practical issues.

About the size of the group between six and ten is generally the ideal number for a working group (McConkey, 1985). This provides a sufficient variety of needs, perspectives and shared experiences, and yet allows the group to remain manageable, whilst coping with absences.

The number of sessions depends on the type of group. It can be range from three to over sixty, with the 'therapeutic' groups tending to show the greater variation. The average is between six and twelve. Most lecture/information oriented approaches are around six.

As concerns the time-interval between the sessions, one every week is typical. This allows for time to think about and try out suggestions. Parents must have the time to conduct practical exercises and apply the learning. It is more convenient for parents to organise their different activities around regular weekly or monthly meetings.

About the length of time there are no absolutes. The average session is between one-and-a-half to two hours (Cunningham & Davies, 1985). The professional must keep on mind to set a finishing time and stick to it. This is very important to effective use of time during discussions and helps to establish the feeling of getting work done (McConkey, 1985).

For some workshops, the first part of the session presents general principles, using lectures, films or demonstrations. After that small groups meet for discussion. The lecture is important to be well briefed and organised. Where the workshop is based on small numbers, all sessions tend to use the discussion format. It is important to include a final discussion session, often with a panel of speakers and an evaluation with a 'where to go from here' session (Cunningham & Davies, 1985).

Very important is the organisation of the place where the meetings are held. Should be pleasant and attractive with adequate heating and ventilation. Also, it is required comfortable seating, arranged in a circle. The possibility of distracting noises or interruptions must be minimised.

It could be convenient for the parents if there are arrangements for the children (e.g. a baby sitting circle). Attending the meetings with their children is rather destructive and does not allow them to participate fully in the discussion (McConkey, 1985).

As concerns the group composition if the members already know each other, the group becomes active quicker. The same happens in groups with members of the same social background in terms of race, social status or attitudes.

However 'mixed groups' generally produce wider, more varied discussion, even though they may take longer to warm up and there is a higher risk of dropouts (McConkey, 1985).

Usually there are more mothers than fathers. Of course that depends on the nature of the group and when the group meets. The professional must be careful on the number of members representing one child to avoid imbalance (Cunningham & Davies, 1985).

Except the leader who is necessary for groups' action may exist a second leader to help him. Also it may be useful a silent observer who attends to the functioning of the group. Then he/she can give feedback to the parents during the meeting. Afterwards a discussion with the leader is certainly helpful (McCocney, 1985).

Reports suggest that parents prefer to be in a group where their children have a similar problem or set of difficulties and are of the same age. Thus, it is well worth assessing likely needs prior to forming the group (Cunningham & Davies, 1985).

Socialising is important for groups. Putting persons together in a room does not make them into a group. Socialising lets people meet in a more relaxed informal way, and have more things to talk about.

At the beginning of the group the professional plans a time for the necessary introductions. The professional must not forget to include himself in this procedure.

Making a start in every session is not something easy. The counsellor can use a few 'warm-up' activities. For example, each member might describe in a sentence or two what sort of day they have had so far.

The content of the deliberations is determined by the learning objectives and vary from group to group and even from session to session. All discussions are not helpful. Good discussions combine 'a genuine concern for the topic with a willingness to contribute freely and to revise one' s views in the light of the evidence which emerges'. Groups are more likely to achieve this when:

- the choice of the topic for discussion emerges from their common experience and has implications for their daily life;
- everyone listens and all opinions are valued and respected;
- members stay with the topic rather than introduce tangential issues;
- a summary of outcomes is prepared as a conclusion. (McConkey, 1985).

In a state-wide substance abuse prevention programme, entitled KidsInTouch, in USA, the curriculum of the parent training workshops consists of five weekly, 2-hour workshops. Specific topics include: (a) how to prevent drug abuse in your

family; (b) how to develop a family position on drugs; (c) how to say no to drugs; (d) how to express and control your anger; and (e) how to strengthen family bonds (Jason et al., 1994).

The group need not to remain together for the whole period of discussion. Some other strategies are: individual reflection (each person has 'think time'), pairing, subgroups. Groups can do other things besides talk. Alternative activities such as brain storming and task work, can add variety and give pleasure in the whole process.

Another activity is role-playing in which the members act out a situation as for real. Role-playing enables participants to practice skills in a less formidable context than reality. They can get feedback from their associates as to what was particularly effective and what they might do differently. They can go on to experiment with different approaches without the adverse consequences which might follow failure in real life (McConkey, 1985).

Greif (1994) used family therapy ideas and techniques with parenting groups in schools. As a result of boundary-marking discussions parents in these groups sometimes reported that they did not feel as drawn in to their children's behaviour as before and that they felt more secure in their parental role.

Greif (1994) also, used Object-Relations Theory. According to this theory parents saw through insight how the way they were raised affected how they reacted as parents. For some, insight into this link enabled them to change aspects of their current behaviour as parents that they did not like. As a mother described being neglected by her own mother, she owed to pay more attention to her own child.

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10. CONCLUDING COMMENTS

Substance abuse is a community wide phenomenon, and its nature and incidence often reflect the distinct characteristics of particular communities. As a consequence, it is impossible to assume substance abuse programs-even carefully evaluated programs with demonstrated success-will be successful in particular school (McLaughlin & Vacha, 1993).

The prevention of drug abuse through an isolated means i.e. the media is not sufficient. Personal involvement in the parent training workshops is more likely to be effective as increases significantly the alcohol and other drug knowledge (Jason et al., 1994). Parent groups and workshops appear to form a very useful and effective method of working with parents. It is a flexible way of meeting a wide range of needs and finds application to an array of topics. Of course, active involvement of parents is required through discussion and practical activities.

Successful parent groups and workshops are characterised by: meeting parent needs, fitting in with parent resources, conveying the impression of value, well organised and planned quality of staff. The group becomes something more than a complaint organisation to release aggression and tension and parents appear to gain a deep satisfaction at being able to both give and receive help (Cunningham & Davies, 1985).

Such meetings certainly contribute to the public education of the wider community upon drug misuse. Help parents to recognise the signs of drug misuse and to know where to turn for specialist help and advice (DFE, 1995).

Finally, it has to be emphasised that more research is needed to determine the most culturally appropriate methods of parent involvement with young children and adolescents (Hahn, 1995).

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