

Dr. Christopher T. Haley

PEER PROCESS

SOCIAL SKILLS GROUPS



For Academic and Clinical Settings

A Treatment Manual
for Mental Health Therapists,
Behavioral Specialists, and School Professionals

Includes DVD

**Peer Process
Social Skills Groups**

Christopher T. Haley, Psy.D.

Copyright © 2011 by Christopher T. Haley, Psy.D.

Published by: ECKO Publishing
P.O. Box 901930
Sandy, Utah 84090

All rights reserved. No part of the material protected by this copyright notice may be reproduced or used in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without the prior written permission of the copyright owner.

Printed in the great city of Buffalo, NY, United States of America, by:

Dual Printing, Inc.
340 Nagel Drive
Cheektowaga, NY 14225
(800) 358-4348
www.dualprinting.com

To order additional copies please contact:

Christopher T. Haley, Psy.D.
(703) 447-6489
www.SocialSkillsGroups.net
drhaley@socialskillsgroups.net

ISBN: 978-1-4276-4660-6

Dedication

I dedicate this book to my parents, Jerry and Peg, who did an excellent job teaching me Life Skills. These essential skills gave me the opportunity to succeed in life.

Special Note for School Professionals

Peer Process Social Skills Groups can easily be implemented in a school setting. When reading the manual, please substitute the word “therapist” with “counselor” or “school psychologist” and the word “client” with “student.”

Additionally, Chapter 17 contains some specific modifications for facilitating the groups at school.

Table of Contents

1. Why Social Skills?	1
2. Social Skills and the 21 st Century.....	3
3. Why Group Therapy is More Effective than Individual Therapy	6
4. What is a Peer Process Social Skills Group?....	9
5. The Initial Intake Evaluation	11
6. Assessment Continued	18
7. Four Components of the Social Skills Group.	21
8. Responsibilities of the Therapist	23
9. The Group Leader and His/Her Responsibilities	27
10. Introducing New Group Members.....	31
11. Group Rules.....	33
12. Managing Rule Violations.....	35
13. Life Skills Games	38
14. Dyads and Triads.....	42
15. Parent Meetings	44
16. Assessing Progress	46
17. Modifications for Facilitating the Groups at School.....	47
18. Random Thoughts	49
Appendix A	50
Appendix B	65

1

Why Social Skills?

I have always been a firm believer that social skills are the most important skills in life. In fact, I have often stated that the greatest predictor of “success” in life is the strength of an individual’s social skills. I understand that “success” can be defined in a multitude of ways, including:

- * being happy and healthy
- * being the best parent you can be
- * being a loving, supportive spouse
- * being independent, responsible, and capable of meeting one’s own needs in life
- * being financially successful
- * having power, control, or influence over others

If you thoroughly examine the various ways people view success, you will discover that strong social skills are really the foundation for each of these areas. For example, being an exceptional parent requires excellent communication and listening skills, maintaining appropriate boundaries, developing proper conflict resolutions skills, and having leadership/positive role-model qualities. Also, being financially well-off often requires having excellent interpersonal skills in leadership, networking, and developing and maintaining relationships. So, without a doubt, social skills can be deemed *essential* life skills.

Unfortunately, for a variety of reasons most parents equate the future successes of their children directly with academic performance. However, I have yet to locate an empirically validated study that links straight A's with overall happiness and health in life. We all know people in our own lives that are extremely "book smart," but are totally lacking in social graces. We also know people in our lives that did not excel in school or graduate from the most prestigious universities, yet are socially very skilled. I would bet these individuals more closely fit the definitions of "success" mentioned earlier.

In 1999, I began developing a social skills group program at Psychological & Life Skills Associates, P.C. Since that time I have developed a group strategy to foster social skills in children and adolescents. My one-of-a-kind group format is entitled "Peer Process Social Skills Groups." The primary intervention style I implement in group is entitled "incidental teaching," and allows me and fellow group members to teach skills in the moment. I will be describing more about the group process and how children and teens benefit from it in the following sections.

Social Skills and the 21st Century

The purpose of technology is to make life easier and more convenient for society. However, in this age of advanced technology, we lose opportunities to learn essential life skills. It is easier to order a Big Mac in your car by talking to a machine, rather than going in and ordering your meal face-to-face. It is easier to send an e-mail or text message to a fellow employee, rather than walk down the hall and deliver the message face-to-face. And how about children's beloved video games? Play for hours on end at home, then grab your hand-held machine and play in the car on the way to the store. Then play the demo machine at the store for a while. The only interaction is between a child and a video screen.

What is lost here? Without a doubt, it is social skills. You lose opportunities to interact with others, thus eliminating opportunities to gain essential life skills.

A large part of my doctoral training focused on teaching social skills. Unfortunately, my training consisted of supervisors telling me that the way to foster these skills in clients was via an individual therapy format. Techniques like "role-playing" were encouraged, where I would pretend to be a child so the same aged boy in my office could practice friend making. Needless to say, I didn't have any acting skills and I certainly never

won an Academy Award, so my portrayal of the little boy was never usually believable. If I was unable to teach the skill in my office, then the skill could never be generalized to real-life experiences for that client. Yet this was the typical outcome of my individual sessions with these clients. After a multitude of frustrating experiences, I realized that the only real way to successfully teach enduring skills was to do so in a group format with similar aged children.

As part of my doctoral training, I also completed a year-long practicum in which I was forced to use a “structured” treatment manual to treat children and adults with anxiety disorders. This structured treatment approach required that each week the therapist was expected to follow a chapter in the manual. Week 1 you have an intake appointment, week 2 you talk about “this,” week 3 you deal with “that,” etc... The book we used had 12 chapters and the patient was supposed to be “cured” in 12 weeks. There is little flexibility in this “structured” approach, as each week there is a “lesson” to cover. As you might expect, the manual was ineffective for my patients, as they were unable to focus on the issues that were important to THEM that particular week. I remember one particular female client wanting to talk about conflicts with her boyfriend, and my segueing the conversation into “Chapter 7.” Clearly, this was not meeting her needs. Just as the individual therapy approach to treat social skills was ineffective, this structured treatment approach

was ineffective for many as well.

When I first started researching how other therapists facilitated social skills groups in 1999, I quickly realized that “structured” groups were the norm. Because that’s how the so-called experts were conducting such groups, that’s what I did. And, as expected, I found them to be ineffective. Why? For two reasons. First, the structured approach did not meet patient needs in the moment. Second, group members were in school all day and then coming to group. The structured social skills groups are more educationally based where the facilitator teaches a particular lesson that day. The group was much too similar to a school/educational setting and the group members became disinterested. I quickly realized that my group format/style had to be modified in order to foster development of these essential skills.

3

Why Group Therapy is More Effective than Individual Therapy

I have found group therapy to be far more effective than individual therapy to enhance social skills for a multitude of reasons. First, peer feedback is often more powerful than feedback from a parent or therapist. On more than one occasion I have had parents share with me that their teen takes showers on an irregular basis and rarely brushes his teeth. Regardless of how much the parents have intervened, their attempts have been fruitless. Yet, when the child goes to school and a peer responds “Dude, you stink!” or, worse yet, a girl says “You have bad breath,” the teen suddenly changes hygiene habits. In the group, feedback is offered from a variety of role models. This allows for more ideas, and in turn leads to greater problem-solving skills.

Second, in order to attempt to teach social skills in individual therapy, the therapist must “pretend” to be a child to role-play with the client. Certainly this approach can be more effective than no intervention at all. In the group format, however, children have the ability to interact with real-life peers. This real-life peer interaction results in greater generalization of skills to real-life situations.

The above explanation ties into the third reason why a group therapy approach is more

effective. I always view the Peer Process Social Skills Group as a “microcosm” for real-world experiences. The expectation of the group process is that skills learned within the group will be transferred to real-world experiences. The closer the group situation resembles real-life, the greater the chance that these skills will be implemented by the child in his/her daily routine.

Fourth, when teaching social skills in an individual therapy format, the therapist must solely rely on the observations of parents and teachers. That is, the individual therapist never has an opportunity to directly view the child in natural peer interactions. I certainly believe that parent and teacher feedback is an essential component of the ongoing assessment of the child’s social skills. However, a significant aspect is lost when the therapist has no direct observation as well. In group therapy, the therapist not only has the essential information of parents and teachers, but he/she is able to witness the child first hand with peer interactions. This gives the therapist a significant advantage in the assessment and treatment process. Additionally, on many occasions I have observed very different behavioral responses of a client in individual vs. group formats. I would never have seen this if it were not for the group modality.

Fifth, group treatment allows for immediate interventions in a social situation. In individual sessions, the therapist teaches the skill, the child

goes out and attempts to implement the skill, and then the child comes back to report on how he/she did. In the group modality, the therapist can intervene in-the-moment and can immediately assess, with his/her own eyes, how the child responds. Additional feedback and skill building can then be done - again, in the moment.

Sixth, my most basic goal for any group member is for the group to be a safe place to come and interact with peers. Unfortunately, in school and in the community many children do not feel safe and secure around their peers. At the very least, my therapeutic priority is that group can be a safe haven in which to learn how to develop new, positive peer relationships.

Finally, one of our most basic desires as human beings, especially for children and adolescents, is to feel accepted by our peers. Group therapy is a wonderful opportunity from which to gain social acceptance, as well as provide acceptance to others.

What is a Peer Process Social Skills Group?

“Peer Process Social Skills Group” is a term I use to refer to a group treatment approach to teach social skills to group participants. There is a significant difference between my peer-process groups and most other social skills groups that therapists facilitate.

Most social skills groups implemented by others are based on “structured” approaches - approaches which dictate the skill to be learned that day. My process approach is quite different - and far more effective in my experience. A “process” approach allows the group members to interact and discuss whatever issues are important to them in the moment, and then receive direct feedback from the therapist and other members regarding the issue. In addition, interactions between group members are significantly focused on, including factors such as personal space, positive communication skills, listening skills, etc. The process approach allows for the teaching of multiple skills in any given session. The therapist facilitates the “incidental teaching” approach as often as possible – meaning, an intervention is made at every opportunity to teach a skill, regardless of what the skill is. This approach provides greater flexibility for the therapist and offers more direct, in-the-moment feedback to participants.

In order to participate in a Peer Process Social Skills Group, each potential member (along with their parents) must schedule a 50 minute intake appointment with the therapist facilitating the group. During this first session, potential members and their parents are asked several questions to determine if a Peer Process Social Skills Group is the best treatment modality to meet the needs of the client. If the group is deemed appropriate, the potential member will then be required to participate in one or more additional individual appointments to prepare for the group.

5

The Initial Intake Evaluation

There are as many ways to conduct intake evaluations as there are therapists who facilitate them. The following recommendations should only be used as a guideline for assessing social skills. I highly encourage all therapists to follow the approach that fits their style best.

I always insist that both parents (if available) and the client attend the initial intake appointment. Unless all of the “important players” are present early on in the process, too much valuable information is at risk of being lost. Although there are some exceptions, my standard initial appointment consists of meeting first with the parents and child together (for about 30 minutes), then with the parents alone (for about 15 minutes), and finally spending 5 or so minutes with the child alone.

As with any client, establishing a positive therapeutic relationship from the outset is paramount. I always introduce myself to the parents and child in the waiting room with a warm welcome and handshake. During this interaction, I pay close attention to the introduction skills of both the child and the parents. Of particular importance is eye contact and appropriateness of handshake. Many people who have social skills deficits have poor eye contact and are passive hand-shakers.

Once in my office I begin the intake by speaking directly with the child. I may say something like “I have spoken to your mom and know a little bit about why you and your family are coming in. Today I have a whole bunch of questions for you and them. We’re going to spend some time with all of us together. Part way through we’re going to take a break and I’m going to meet alone with your mom and dad, [turning to parents] so if there’s anything we need to keep between the adults we can hold off until then. [Looking back to the child] I’m going to do my best to save some time at the end for us to get acquainted...maybe we can do something fun to get to know each other better. Speaking of fun, what do you do for fun? What puts a smile on your face”?

I have found that beginning an intake by asking a child what he/she does for fun is the most effective relationship builder in my therapist toolbox. Child clients love when an adult not only takes interest in things they like, but can also carry on a conversation with him or her about the topic. Regardless of what the child shares, I always converse with him/her about it. In order for this to be effective, the child therapist must know a “little bit about a lot of things.” My initial intake appointments have included conversations about rock bands and the electric guitar, technical strategies about Yu-Gi-Oh dueling, Disney movies with Princess Jasmine and Ariel, professional football teams, Sponge Bob Square Pants, Adult

Swim on Comedy Central, skateboarding and half-pipes, X-Box 360, Facebook, and politics (to name a few). This is especially true of those children with Pervasive Developmental Disorders, whose interests may only be one or two very specific things. Whatever the child brings up, quickly engage him or her with interesting and probing questions on the topic. Those who know a little bit about most things should have an easy time establishing quick rapport with the child.

For children and adolescents who present as angry or unhappy, I always acknowledge the feeling, but then attempt to lighten the moment with a little joke. For example, I would say (with a smile on my face), “Uh-oh. You look pretty unhappy. Did mom have to drag you by the ear to get you here today?” Usually this results in a little smirk or laugh from the client, and is the start of forming an empathic bond. Other times I might say, “You look really upset. If I were you, I’d probably be pretty mad too. When I was your age, this is the last place in the world I’d want to be.” Again, an understanding and empathic statement early on fosters a positive therapeutic relationship. Following this, I would then move to the brief introduction and the “fun” question.

With children and adolescents who present as extremely anxious, I again acknowledge the feeling, but then make every effort to alleviate their anxiety. For example, “It’s o.k. to be nervous. Although I have “doctor” in front of my

name, you're not going to get any medicines, shots, or x-rays when you're here in my office. In my office we're just going to talk. O.k?" Most kids take a large sigh of relief when this is spoken. I then quickly proceed to the introduction and "fun" question to continue forming the treatment bond.

I often take several minutes to discuss the "fun" question with the client, always directing the questions to the child. As with any child intake, make special note of how the child responds both verbally and non-verbally. Pay careful attention to how the child and parent(s) interact. Many children with social skills deficits are more reliant on parents for responses and will frequently turn to the parent for help. Always try to re-direct the question back to the child if you feel he/she can tolerate it.

When academic history/performance is discussed, do not over-emphasize school grades - other than behavior and conduct marks. Instead, direct your questions to social behavior and interpersonal interactions. The two most important periods to ask about regarding school are recess and lunch. From a socialization perspective, these are far and away the two most important periods of the day. Some areas to explore include:

What do you do at recess?

What are the names of the kids you play with?

How long have you known/been friends with them?

Who do you eat lunch with?
What do you talk about at lunch?
How many friends do you have in school?
Do you have a best friend?
Do you ever see your friends outside of school?

Responses to the above questions will illicit the child's current strengths and weaknesses from a social skills perspective. Most often, children who participate in the groups remain on the periphery during recess and do not regularly communicate with others (or sit alone) at lunch. These children often report having no friends or very short-lasting friendships. After school, they are most often found closed off in their homes watching television or playing video games, even though same age peers are playing outside.

After gathering additional information including how the child relates to his/her parents and siblings, history of previous counseling, medication history, medical history, and any other relevant issues, I request that the child wait in the waiting area as I meet with the parent(s) alone.

My first response when alone with the parents is always to report something positive about the child. I have found that many parents fear that the therapist may find something terribly wrong with their child and a positive response helps to alleviate their anxiety. For example, I may say "He seems like a pretty cool kid," or "I really appreciate his passion for trains," or "She

certainly has some neat interests.”

I always ask parents to corroborate the information that was shared by the child, especially regarding peer relationships. On many occasions parents report something similar to “He says Mike and Joe are his friends, but really they aren’t. He may talk to them here and there in the classroom, but at recess he is off doing his own thing, away from the others.” Further query is indicated here, to get the parents’ perspective on how their child relates to others. When meeting with the parents alone, also ask about their relationship with each other. Regardless of their parenting styles, are they able to work together? Do they regularly communicate about their child? Are they able to compromise when they disagree about a parenting issue? Are the disagreements handled calmly and behind closed doors? Is there a lot of open conflict and drama in the home?

I finish my time with parents by talking about my tentative “game plan” regarding introducing a child into a group. This involves meeting with the child for at least one or two individual appointments and then having a parent-only meeting, before placing the child into the group. I also give them a copy of the F.A.Q. handout (see Appendix A).

Always finish parent time with a statement like “I know we talked about a lot of information in a short amount of time. We will have an

opportunity to meet in a few weeks at our parent meeting to continue our talk. Please read the F.A.Q., as it will answer most questions. However, what questions can I answer for you today?" The initial intake mostly consisted of the therapist asking the questions, and most parents appreciate the opportunity to have some of their questions answered as well.

Finally, I finish the intake with the child alone. During this time I speak with the child about the two individual meetings to come and emphasize how we will do fun things in order to get acquainted. Additionally, I give the child the homework assignment of memorizing my name. Remembering the names of people you meet is an essential social skill, and this is often the first skill I impress upon the children I see.

6

Assessment Continued

During the course of the intake, regularly look for the child's ability to listen and settle. In order for a child to benefit from the Peer Process Social Skills Group, he/she must be able to listen to others without regularly interrupting and be able to settle for several minutes at a time. Additionally, children who are poor listeners and are unable to settle are potential distracters of the entire group process. This takes away from the experience of other group members.

The following questions may also be asked during the intake, depending on the needs and concerns of the child:

Conversational/Personal Space Questions

Does your child use appropriate personal space when interacting with peers?

How about with adults?

Does your child pick up on non-verbal social cues like facial expressions and body posture?

Does your child talk particularly loud or particularly quiet in certain situations?

When speaking, does your child use inflection, or is his/her voice more monotone?

Describe your child's style/mannerisms when interacting with a new peer.

Describe your child's style/mannerisms when interacting with a new adult.

Describe your child's style/mannerisms when interacting with a familiar peer.

Describe your child's style/mannerisms when interacting with a familiar adult.

Does your child interrupt/intrude on the conversations of others?

Does your child persevere on one topic?

Can your child ask appropriate questions at home?

Questions Regarding Play

How does your child do with taking turns?

Does your child initiate play with others? How does he/she go about doing that?

Does your child attempt to join the play of others? How? What is the outcome?

When observing your child at recess or a playground, are they in the periphery of the group?

Can your child share with others?

Does your child follow rules well? Is your child overly rigid with rules?

How does your child deal with winning? How do they respond to losing?

How does your child act when losing? Does he/she want to quit?

Is your child overly competitive?

Friendship Questions

How many friends does your child have?

Are these friends from school, the neighborhood, or both?

How long have the friendships lasted?

Is your child good at making friends, but not good at keeping them?

Does your child respect the opinions of others? Is

*your child tolerant of others?
Does your child attempt to dominate/control the
friendship?
Does your child go along with everything the
others are doing?
How does your child respond to peer pressure?*

Feelings/Emotions Questions

*Do you feel your child understands his/her own
emotions (especially anger, frustration,
anxiety, etc.)?
Can your child appreciate the feelings of others?
Is your child able to calm down when
angry/frustrated? How?
Can your child communicate feelings to you?
How?*

Conflict Resolution Questions

*How are your child's conflict resolution skills?
Would you describe your child as passive,
assertive, or aggressive?
How does your child deal with being told "no?"
Has your child ever reported being bullied?
Has anyone ever talked to you about your child
being a bully?
Is your child regularly "the last one picked?"
How does your child respond to
feedback/constructive criticism?*

Four Components of the Social Skills Group

All of my groups, regardless of age, follow the same general sequence during the 50 minute session:

1. Check-in
2. Processing of check-in
3. Social Skills Game
4. Relaxation/Settling

Each group always starts with Check-in. There are several different ways to check-in group members and I will detail this later. The check-in phase typically lasts 15 minutes.

The next phase of the group involves processing information discussed during check-in. Usually, themes develop during the check-in phase. These themes may include friend-making, dealing with bullies, family conflicts, issues with teachers, etc. Specific skills are then talked about and taught based on that particular theme. Group feedback and problem solving strategies are encouraged as well. This phase lasts approximately 20-25 minutes.

The third phase of the group is the social skills game. Often times, children express themselves best through play, and social skills games are implemented to reinforce skills that have been learned. Please see the section on

games for a more detailed synopsis of this phase.

The final phase of group is relaxation and settling time. Being able to “chill out” is an essential life skill. The last 4-5 minutes of group are spent teaching this skill.

Phases 1 and 2 can be combined, depending on the topic being discussed and flow of the conversation. Regardless of how each phase is handled, the therapist should conclude the group discussion with a summary of the skills that were focused on. In my experience, the key dynamic of the group process is allowing natural interactions between the children, and not about handling each and every group the exact same way. Be flexible in your approach when facilitating your groups and always trust your clinical judgment.

8

Responsibilities of the Therapist

Needless to say, there is always a lot going on in a Peer Process Social Skills Group. Given this, the therapist must always be keenly focused on individual group member concerns, interactions between group members, various skills to be taught, themes that are discussed and many other issues. The following is not an exhaustive list, but simply some issues that might arise when facilitating such a group.

“Protect group members, but do not overprotect.”

Independence and assertiveness are two very important, if not essential, life skills. When conducting a Peer Process Social Skills Group there is a natural tendency to “jump in” and intervene when a member needs assistance. My rule of thumb here is that if I feel a child possesses the skill to be assertive and stick up for him or herself, I always give the child an opportunity to do so before intervening. However, if a child does not possess the skill, I intervene immediately by teaching the skill and then allow the child to role-play/practice the skill in the moment. Then, if a similar situation occurs again, I give the child an opportunity to use the skill. Therapists who always “jump in” are too protective and undermine an opportunity for the child to be assertive on his/her own.

“Always help participants to fit-in.”

A fundamental goal for all participants is to gain acceptance from fellow group members. In the fore-front of the therapist’s mind must always be promoting positive relationships among the group members. There is no doubt that certain personalities in the group may clash, but working through these issues is paramount. It is unrealistic to expect all group members to become best friends, but it is essential to promote trust, respect, and acceptance among them.

“Try to minimize competition among group members.”

Often times during check-in a group member will discuss a recent successful experience or accomplishment. Sometimes another member may try to “one-up” the first member by boasting about a greater success. In these situations I will stop the exchange and focus on the feelings of the first member. I will then initiate empathy skill training with the “boaster.” All the while, other group members are encouraged to express their feelings about the situation, as well as give feedback to both members.

“Create an open atmosphere by fostering safety and security.”

All group members must feel safe and secure at all times. Group members must trust that information they share will always remain within the group. Additionally, all members must be given time to share whatever they are feeling that day. It is the

therapist's responsibility to promote and encourage safety and security. Those members who do not feel safe and secure will unlikely benefit from the group process experience.

“Understand the needs, strengths, and weaknesses of each member.”

A thorough intake evaluation will assist the therapist with the specific skills a client needs. A thorough evaluation will also unveil the skills a child already possesses, and that simply need to be reinforced. Skills that need to be learned vs. skills that are simply reinforced vary from member to member, but the therapist must have a keen awareness of this. For example, when selecting another member to role-play how to maintain proper eye contact, the therapist would need to select someone who already possesses that skill.

“Insist on confidentiality.”

To the best of my knowledge, there has never been a breach of confidentiality in the years I have been facilitating the groups. Confidentiality is discussed in all groups, and is always revisited when a new member joins a group. This is especially true if participants attend the same school or extra-curricular activities, and see each other outside of group time. Although unusual, I have even had children who were in the same class at school participate in group together. Again, confidentiality is highly stressed. If a violation were to ever occur, the violating member would immediately be asked to leave the group.

Otherwise, safety and security issues would interfere with the group process.

“Implement the incidental teaching approach often.”

It is my belief that every action and interaction in the group could potentially be analyzed. As such, I am a very active participant in the group. I see each interaction as a possible skill to be taught, from a child interrupting another, to a member’s lack of eye contact when communicating, to someone sitting quietly and responding minimally. My approach is not one of “sitting back and seeing what happens.” The therapist must view each interaction as an opportunity for all members to learn something. Yet, to intervene at every possibility would clearly disrupt the flow of the group. The therapist must allow the group to flow, and intervene in the moments where the greatest skill building would take place.

“Maintain group rules.”

Group rules will be discussed in a future section, but it is incumbent upon the therapist to maintain all rules. If the therapist is lax with the rules, you can be sure the group members will be too.

The Group Leader and His/Her Responsibilities

I have found that there are two ways to conduct the check-in during a Peer Process Social Skills Group, and each way has specific benefits. The first way, which I implemented exclusively for many years, is to elect one group member to be the leader for the day and have the leader check all other members. The second way is to have each member share the leadership role by checking in the person next to him/her.

Although there is great benefit to being the leader for the entire check-in phase, each member only gets the opportunity to be group leader once every 5 to 7 weeks. Lately I have been choosing the second option, which allows each member to be the leader to another member every single week. Although the first way offers a more intensive leadership experience, I now prefer to have each child receive the single experience on a weekly basis.

When the second option is selected, I begin the group by checking-in with either the member to my right or the member to my left. I vary the direction because many members like to sit in the same seat every week and I do not want to show favoritism toward any member. We then proceed around the circle with each member checking in the member seated next to him/her.

My rules for check-in include: always calling the person by name; asking whatever question the leader likes; listening to the response and asking appropriate follow-up questions; keeping the conversation going; and maintaining appropriate eye contact. A typical scenario might be as follows:

Leader: Hi, Mike. What did you do over the weekend?

Mike: Not much. Played outside a little.

Leader: Did you play outside by yourself or with other people?

Mike: With other kids from down the street. We have this game we play that's like hide and seek. It's a lot of fun. We all came up with the idea together. Instead of one person being "it," we use teams.

Leader: What do you call the game?

This brief example demonstrates the basic principles of check-in. The Leader called Mike by name and asked a question of his choosing. The Leader then listened intently to the responses and asked some follow-up questions based directly on these responses.

Often times group members, especially those with a Pervasive Developmental Disorder

diagnosis, struggle with maintaining flow in a conversation. It is important to intervene quickly in these situations. For example:

Leader: What is your favorite color?

Mike: Red.

Leader: What is your favorite food?

Mike: Pizza.

Therapist (using the incidental teaching approach and intervening): Wait one second. Let's stick with the first question and find out more information about it.

Instead of telling the Leader the exact question to ask, I recommend giving him/her an opportunity to come up with an appropriate follow-up question. I would only provide a specific question to ask in situations where the child does not have the skill. In addition, this would be a very opportune time to ask the group to recommend a question to the Leader to help facilitate flow of the check-in process.

Another way to handle check-in is to encourage the group leader(s) to focus on a specific feeling throughout the check-in process. For example, prior to check-in I may state that the group leader must use the word "anger, frustration, or irritation" in one of the check-in questions.

Typical questions that arise when handling check-in this way include “Tell us something that irritated you over the weekend” or “Is your little brother still frustrating you?” Other times, encouraging words like “proud” and “satisfied” can be used as well.

There are many goals of check-in, but each goal is based on the foundation of leadership. First, the importance of memorizing member’s names and using their names in conversation is emphasized. Remembering names in social situations lets that person know that you are interested in them and what they have discussed with you in the past. Forgetting people we have met in the past sends a message that who they are and what they discussed was not important. Second, listening skills are developed. The leader is expected to ask appropriate follow-up questions based on the responses that are offered. Otherwise, the flow is interrupted and the conversation is disjointed.

Ultimately, like all of the skills fostered in a Peer Process Social Skills Group, the expectation is that such skills are generalized to real world experiences. As adults, most of us have been in group situations where we are expected to lead in some way. The check-in phase of the group assists in developing these essential life skills.

10

Introducing New Group Members

After completing the initial intake appointment all potential members must first participate in one or more individual sessions with the therapist facilitating the group. This is done for several reasons. First, it is essential for the therapist and group member to have a positive treatment relationship. It is extremely difficult to develop this in a group format, and is much better handled in individual sessions. Second, individual sessions can minimize pre-group “jitters.” All Peer Process Social Skills Groups are “open and ongoing,” meaning that when one child gains the skills he/she needs and then terminates from the group, another child is welcomed into the open spot of the ongoing group. When the new participant comes, however, all the other children already know each other. Because the new member has participated in individual session(s) with the therapist and a positive treatment relationship has developed, any anticipatory anxiety will likely be reduced. Third, individual sessions are used to assess the potential member’s ability to listen and settle. Children who have difficulty with listening and settling may need additional individual sessions to improve these skills. Without learning these two skills, new participants will likely distract fellow members and take away from the entire group process.

When a new member attends group for the first time, the only expectation placed on him/her

is to listen and observe the group process. All other members will look the new participant in the eyes and share their name, where they go to school, and what they do for fun. Most often, the new participant is able to introduce him/herself as well, but this is not necessary during the first session. Usually, because introductions include sharing what the members do for fun, the new participant is able to bond with other members who share common interests right from the start.

For new members who feel uncomfortable with the initial introduction, I will simply say “This is Billy, everyone” and then continue with the check-in process. Almost always, the new individual becomes an active participant during the first or second group they participate in. On one specific occasion a new member requested to sit at my desk, which is outside the group circle, and just observe the group process. I accommodated this request, which actually continued for several weeks, until the member was able to move from the periphery into the milieu.

11 Group Rules

Regardless of group focus, age of group members, or techniques used, all psychotherapy groups must have explicit group rules. The following list contains the rules that are enforced during a Peer Process Social Skills Group.

1. Maintain group confidentiality at all times.
2. Only one person talking at a time. No interrupting.
3. No touching.
4. No swearing.
5. Always be respectful.
6. Knock on the door before entering if you are running late.
7. Always use calm/“indoor” voices.
8. Allow each specific group to develop their own rules as needed.

Group rules are always discussed during three situations. First, during the initial meeting of a group just being formed. Second, when a new member joins an already existing group. Third, when there has been a rule violation. For the second and third scenarios, have the group members re-introduce the rules to each other and then the therapist may add any rules that may have been missed.

Group rules vary at times, especially for different age groups. For example, I am more

flexible with the “swearing” rule for my group of 16 to 18 year-olds, provided that the member is not swearing to “show off.” In those situations, a simple “watch your mouth, please” will typically suffice. Also, for my 5 to 6 year-old and 3 to 4 year-old groups I have a rule about going to the bathroom prior to group. If you do not enforce this rule, group is regularly interrupted by bathroom breaks.

For all groups, I have regularly enforced a “no gas” rule as well. Far too many children have not been taught to relieve themselves in a private place. I insist that the group member, without making a big scene by announcing “I’m going to fart,” politely excuse him/herself and go to the bathroom.

Handling rule violations will be discussed in the next section.

12 Managing Rule Violations

We all know that kids will always be kids. No matter how simple and clear cut the rules are, kids make mistakes and rules will be broken. I typically classify rule violations on different levels of severity, and intervene accordingly. For example, passing gas in the office is dealt with by providing a simple correction: “Please remember our group rule about passing gas” is usually enough to remind the member of the appropriate expectation.

Another minor rule violation that impacts the entire group occurs when there is an overall excitement amongst many members, particularly before holiday breaks and summer vacation. When members are more excited there is a greater chance of side conversations, rather than listening to the member who is talking. I have found that requesting a minute of silence has an immediate impact on settling down the entire group. However, if there is an interruption during the minute of silence, I may choose to start the minute again. I will often process this experience with the entire group by stating “John keeps interrupting our minute of silence and making us start it again. What do you guys think about that?” More often than not the group members will share their annoyance with the offending individual, and the individual gains insight into his/her disruptive behavior.

On a few occasions, especially with members who have moderate to severe ADHD, I have requested that repeat offenders go to the waiting room and “chill out” for five minutes. If the behavior is not corrected upon returning, it is imperative to schedule an individual/family session to analyze the root of the issue. Again, members who are unable to listen and settle will always have a negative impact on the entire group process.

Over the past ten years I have only witnessed a few major rule violations. On one occasion an angry member grabbed the finger of another member and bent it back, causing the other member to cry. On another occasion an angry group member made a statement about wanting to hurt another member. I consider both of these episodes as major rule violations. In each instance, the offending member was immediately asked to leave the room and sit in the waiting area. Then, the experience was processed with the remaining group members. In the finger bending incident, I made an “executive decision” that the child would not be allowed to return to the group, and the child was referred for individual therapy to another psychologist in the practice. However, I allowed the group to make a determination about the second episode. We first spoke about how there may be times when people get mad and they say things that they do not mean. I then led a group discussion on whether those in group would feel safe should the offending member be allowed back

into group. In the end, we democratically voted on the issue, and the group members ultimately decided not to allow him back. In this instance, I felt confident the statement was made out of anger and there was minimal risk of the individual acting on his anger. I therefore welcomed him into a different group, where he never made a threatening statement again.

Surprisingly, I have never experienced a confidentiality violation, even though some group members attend the same school. Regularly discussing the importance of confidentiality has clearly reduced the likelihood of this rule being broken. However, if confidentiality were broken, this would obviously be treated as a major violation and the group member would not be allowed to return.

13 Life Skills Games

Children naturally express themselves through play. Given their limited life experiences and inability to put feelings into words, child psychologists often encourage play to teach skills and facilitate self-expression. Social skills games are implemented in each group (except the high school group) for about 15 minutes near the end of the session. The following list contains some of the games conducted in group, as well as the skills taught in each. I always allow group members to vote for the game they would like that day. I do have one rule regarding game selection in which the same game cannot be played two weeks in a row.

1. Action Figures

This game is only implemented with younger children. A variety of action figures are introduced into the group milieu. Through their group play, skills of sharing, cooperation, and impulse control are taught.

2. Group Draw/Group Lego's

Again, only played with younger children. For group draw, the members sit around a circular table. One child starts by picking a colored pencil and making one line, shape, or mark on a paper. The paper is then passed to the next child, who adds one mark, line, or shape. The paper is then passed to the next member, and

the process continues until the group has a final masterpiece (which we all sign). Group Lego's involves the same experience, only we start with one Lego and then build upon that piece. This game fosters teambuilding, working together, learning to give constructive feedback in a positive way, accepting the choices of others, and creativity.

3. Charades

The classic game of charades is an excellent way to teach non-verbal communication skills. Members act out certain activities without the use of words. The remaining members take turns guessing what is being acted out.

4. Group Chess

Group members are split into two groups and play each other in chess. Teams are allowed to collaborate/conference/strategize together, but they must rotate who makes the next move. Group chess is an excellent way to teach planning, organization, working together, conflict resolution, turn-taking, frustration tolerance, and cognitive flexibility.

5. Are you for real?

This is a great game for learning verbal and non-verbal facial cues. One member makes a statement that may be true or false. Other members must assess tone of voice, facial cues, body posture, and other clues in order to determine if the person is being honest or

fabricating the statement.

6. Group Mind Trap

Mind Trap is a game that can be purchased online or at Toys-R-US. This game involves reading a clever riddle and then problem-solving to generate potential solutions. For example, my favorite is “Two mothers and two daughters went fishing. They caught three fish and each person went home with a whole fish. How is this possible?” This game is great for group problem solving, accepting the viewpoints of others, working together, taking turns when speaking, and enhancing listening skills. By the way, I don’t want to leave you hanging.....the answer is “It was a grandmother, a mother, and a daughter.”

7. The Sentence Game

The sentence game was recently introduced to me by a 12 year-old member, and it has become an instant hit for all groups with members who are 7 and older. The sentence game begins with one member saying a word that starts a sentence, for example “The.” The next member in the group adds a single word to the sentence, for example “blue.” Then, the next member adds a word (e.g. “monkey”) and the pattern continues around the circle. This fun game always leads to a combination of laughing and cooperation, as members work together to form silly sentences. On several occasions members have asked for paper and a

pen to write down a particularly funny sentence.

8. Four Corners

Four corners is a classic game that has been around for years and is extremely valuable for younger members who are louder, have poor impulse control, and/or have difficulty settling. Each corner of the office is designated with a number from 1 to 4. One group member closes his/her eyes and counts slowly to ten while the other members go to a corner. The member who is “it” then calls out a corner, without looking, and those in the corner are “out.” However, here is the twist. My rule for the game is that the member who is “it” must call the loudest corner. Therefore, those members who move slowly and quietly have a much greater chance of staying in the game. Over time, those that have difficulty settling and have poorer impulse control gain greater control.

14

Dyads and Triads

Dyads (2 member groups) and triads (3 member groups) may also be implemented in certain situations. For members who have difficulty settling and are distracting to the group process, or members whose level of functioning is significantly below that of current group members, I always recommend starting with a dyad first. In order for the dyad to be effective, match is very important. Any dyad that is initiated with a poor match will almost invariably be ineffective.

For example, I once welcomed a high-functioning autistic child to a Peer Process Social Skills Group of 6 and 7 year-olds. During the two individual meetings the child was able to settle for long periods of time and had very good listening skills. I was initially surprised by this, as the school had reported that the child was virtually out-of-control throughout much of the school day. However, when he presented in the group for the first time, I was able to easily observe behaviors consistent with the school report. Specifically, this member enjoyed “modeling” any silly behavior by another member, and would not respond to my redirection. This behavior lasted for a considerable period of time and ultimately I had the member sit in the waiting room with his parent to calm down. After some time I welcomed the child back into the group milieu, but immediately the behaviors continued.

A member with concerns like this is an excellent candidate for a dyad. Clearly a large group would not have met his needs, and actually would have negatively affected the process for the entire group. Although it took some time, I ultimately found an excellent match for a dyad to be formed. Within the dyad, I implemented the same format and techniques used in the Peer Process Social Skills Groups. The member acted out significantly less and was able to gain more skills than would ever have been possible in a larger group.

If both members of a dyad are demonstrating progress, I will then consider adding a third member to form a triad. A triad is virtually a “mini” Peer Process Social Skills Group and is facilitated in the same way. One of my current large groups actually started off as a dyad that grew into a triad and beyond.

15 Parent Meetings

Regular and consistent meetings with the parents of group members are an essential component of fostering social skills in the children. In fact, in my experience the primary reason for premature termination and/or a child not achieving skills can be attributed to infrequent and irregular parent meetings. During the initial intake appointment I always discuss the importance of these meetings. If parents are unable to commit to this, I will not accept a child into a group.

There are numerous goals for these parent meetings. The primary goal is to educate parents on the reinforcement of skills being taught in the group. A piece of this is teaching the parents how to reinforce the skills at home, but an equally important piece is educating parents on how to deal with the school system and how to instruct the member's teacher(s) to implement the plan.

Always stress my "90/10 Rule," where at least 90% of the parent's interactions with their child must focus on positive things. I encourage parents to adopt a "catch 'em being good" approach, reinforcing the positive behavior with praise and/or a tangible reinforcer. Many parents have a tendency to do the exact opposite, which limits positive behavior change and hurts the self-esteem of the child.

I have found that parent meetings are best scheduled on a monthly basis, but in some situations I have scheduled meetings every 6 weeks. Also, I insist that the child not be brought to these meetings, including sitting in the waiting room (unless it is absolutely necessary). It is extremely uncomfortable and anxiety provoking for a group member to sit in a waiting room for 50 minutes while he/she is being discussed by the therapist and parents.

Always take the last few minutes of a parent meeting to answer any questions the parent(s) may have.

16 Assessing Progress

There are many ways to assess the progress of group members, including simply asking the group member how he/she feels they're doing. Feedback from parents and teachers is extremely helpful as well. Of particular importance is how the child is responding to others at recess, at lunch, and in the neighborhood after school.

The best way of assessing progress, however, is by asking a simple question. "Since starting the group, has your child made and kept a friend?" The ability to make a friend and keep that friend over time is a good indicator that many of the skills taught in group have generalized to real-world experiences.

Modifications for Facilitating the Groups at School

Peer-Process Social Skills Groups can easily be conducted in a school setting, with the following modifications:

1. Fifty minute sessions are usually not possible at schools as most school facilitators have reported only having 25 to 40 minutes to conduct a group. Reducing group size to four members and removing the social skills game is typically best in this situation. This time frame will still allow for a multitude of group interactions and significant opportunities to provide incidental teaching.
2. Confidentiality must be reiterated in each group, as the members may be seeing each other regularly outside of the group.
3. The more I talk to school professionals, the more I hear about increased expectations and demands being placed on them. With that in mind, the facilitator may have greater opportunity to unobtrusively observe members - especially during recess and lunch. If possible, try to take advantage of this, as group member progress can be monitored on an almost daily basis. Additionally, I encourage facilitators to discuss their observations in group. For example, "Sally, I noticed you sitting by yourself during recess yesterday. What was that like for you? Did you want to play with

the other kids? What can you do today to get involved with them? How can your teacher help you with this? Does anyone else have any ideas for Sally?" Or, regarding a positive interaction, "Sally, I noticed you were playing on the swings with two other girls yesterday. How were you able to make friends with them?" This will lead to a wonderful group discussion on friend-making.

4. Despite the emphasis I place on the importance of social skills, I can understand the resistance most parents and school personnel have about taking students out of class to attend a group. Given this, lunchtime can be a great opportunity to conduct the group. Allow group members to bring lunch to the group setting and have them eat as they participate.

18

Random Thoughts

1. When a group member is terminating, ask all other members to share something positive about the member who is departing.
2. I always have a group “pizza party” if a member’s birthday falls on a day the group is being held. However, I still maintain the group format. These special groups have a tendency to be “lighter” and less formal, almost mimicking an office meeting where a birthday is being celebrated.
3. Although my format works well for me, I recommend that other therapists modify the format to fit their particular style. Please contact me at any point to share your insights and experiences, both positive and negative. In the interest of improving the Peer Process Social Skills Group approach, all feedback from others is greatly appreciated.
4. Some group members may need more than what the Peer Process Social Skills Group has to offer. Often times individual and family appointments may be warranted, depending on the needs of the member and the family. I have found this to be especially true for group members with a diagnosis along the autistic spectrum.

Appendix A

Dr. Haley's

Peer Process Social Skills Groups

F.A.Q.

(I share this F.A.Q. with the parents of all potential
group members)

Introduction

I have always been a firm believer that social skills are the most important skills in life. In fact, I have often stated that the greatest predictor of “success” in life is the strength of an individual’s social skills. I understand that “success” can be defined in a multitude of ways, including:

- * being happy and healthy
- * being the best parent you can be
- * being a loving, supportive spouse
- * being independent, responsible, and capable of meeting one’s own needs in life
- * being financially successful
- * having power, control, or influence over others

If you thoroughly examine the various ways people view success, you will discover that strong social skills are really the foundation for each of these areas. For example, being an exceptional parent requires excellent communication and listening skills, maintaining appropriate boundaries, developing proper conflict resolutions skills, and having leadership/positive role-model qualities. Also, being financially well-off often requires having excellent interpersonal skills in leadership, networking, and developing and maintaining relationships. So, without a doubt, social skills can be deemed *essential* life skills.

Unfortunately, for a variety of reasons most parents equate the future successes of their children directly with academic performance. However, I have yet to locate an empirically validated study that links straight A's with overall happiness and health in life. We all know people in our own lives that are extremely "book smart," but are totally lacking in social graces. We also know people in our lives that did not excel in school or graduate from the most prestigious universities, yet are socially very skilled. I would bet these individuals more closely fit the definitions of "success" from above.

In 1999, I began developing a social skills group program at Psychological & Life Skills Associates, P.C. Since that time I have developed a group strategy to foster social skills in children and adolescents. My one-of-a-kind group format is entitled "Peer Process Social Skills Groups." The primary intervention style I implement in group is entitled "incidental teaching," and allows me and fellow group members to teach skills in the moment. I will be describing more about the group process and how children and teens benefit from it in the following sections.

What is a Peer Process Social Skills Group?

The term “Peer Process Social Skills Group” was coined by me, and refers to a group treatment modality to teach social skills to the participants. There is a significant difference between my peer-process groups and most other groups that psychologists facilitate.

Most social skills groups that other therapists implement are based on “structured” approaches - approaches which dictate the skill that is learned that day. Basically, this means that the therapist follows guidelines or chapters in a book and teaches the specific skill that corresponds with the chapter for that week. For example, week 1 is “friend making” skills, week 2 is “conflict resolution” strategies, etc. The approach is called “structured” because each week a specific skill, deemed in advance, is taught to the members.

My approach, called a process approach, is quite different - but far more effective in my experiences. A “process” approach allows the group members to interact and discuss whatever issues are important to them in the moment, and then receive direct feedback from the therapist and other members regarding the issue. In addition, interactions between group members are significantly focused on, including aspects like personal space, positive communication skills, listening skills, etc. The process approach allows for the teaching of multiple skills in any given

session. The therapist facilitates the “incidental teaching” approach as often as possible - meaning an intervention is made at every opportunity to teach a skill, regardless of what the skill is. This approach provides greater flexibility for the therapist and offers more direct, in-the-moment, feedback to participants.

In order to participate in the group, each potential member (along with their parents) must schedule a 50 minute intake appointment with the therapist facilitating the group. In the first session, potential members and their parents will be asked several questions to determine if a Peer Process Social Skills Group is the best treatment modality to meet the needs of the client. If the group is deemed appropriate, the potential member will then be required to participate in one or more additional individual appointments with the therapist to talk about what to expect in the group, discuss group rules, and answer questions he/she may have.

What skills will my child learn?

There are literally hundreds of skills and sub-skills that are needed to have excellent social skills. The following is a list of the “basic” skills that are taught and reinforced in the group.

- * eye contact
- * voice tone and volume
- * non-verbal facial cues
- * body language

- * personal space
- * listening skills
- * initiating conversations
- * assertiveness
- * problem solving/generating alternatives and solutions
- * telephone/IM/MySpace/Facebook skills
- * manners
- * leadership
- * conflict resolution

What Goes on in a Peer Process Social Skills Group?

All groups, regardless of age, typically follow this sequence during the 50 minute meeting:

1. Check-in
2. Processing of Check-in
3. Social Skills Game
4. Relaxation/Settling

At the start of group, one member is always assigned to be “group leader.” The group leader’s primary responsibility is to engage each member in a dialogue about important things (both positive and negative) going on in their life. The group leader performs this check-in with all other members. The check-in phase usually lasts 15 minutes.

The next phase of the group involves processing information discussed during check-in. Usually, themes develop in the check-in phase. These themes may include friend-making, dealing

with bullies, family conflicts, issues with teachers, etc. Specific skills are then talked about and taught based on that particular theme. Group feedback and problem solving strategies are encouraged as well. This phase lasts approximately 20-25 minutes.

The third phase of the group is the social skills game. Often times, children express themselves best through play, and social skills games are implemented to reinforce skills that have been learned. Please see the section on games for a more detailed synopsis of this phase.

The final phase of group is always relaxation and settling time. Being able to “chill out” is an essential life skill. The last 4-5 minutes of group are spent teaching this skill.

Why is the group more effective than individual therapy?

- 1.) Peer feedback can be more powerful than feedback from a parent or therapist. In the group, feedback is offered from a variety of role models. This allows for more ideas, and in turn leads to greater problem solving skills.
- 2.) To teach social skills in individual therapy, the therapist must “pretend” to be a child to role-play with the client. In the group format, children have the ability to role-play with real-

life peers. The group format is far more effective.

- 3.) I often view the group as a “microcosm” for real-world experiences. That is, if a child can learn and implement a skill in the office, the skill is likely to be transferred to real-world experiences.
- 4.) When teaching social skills individually, the therapist must solely rely on the observations of parents and teachers. In group therapy, the therapist not only has that valuable information, but is able to witness the child first-hand with peer interactions. This gives the therapist a significant advantage in the assessment and treatment process.
- 5.) Group treatment allows for immediate interventions in a social situation. In individual sessions, the therapist teaches the skill, the child goes out and attempts to implement the skill, and then the child comes back to report how he/she did. In the group modality, the therapist makes interventions in-the-moment and can assess with his/her own eyes how the child responds. Additional feedback and skill building can then be done - again, in the moment.
- 6.) My most basic goal for any group member is that group is a safe place to come and interact with peers. Unfortunately, at school and in the

community many children do not feel safe and secure around their peers. At the very least, group can be a safe haven to develop new, positive peer relationships.

- 7.) One of the most important aspects in life for children and teens (and even adults) is acceptance. Group is a wonderful opportunity to gain acceptance from peers.

How are new members introduced into the group?

After completing the initial intake appointment all potential members must first participate in one or more individual sessions with the therapist facilitating the group. This is done for several reasons. First, it is essential for the therapist and group member to have a positive treatment relationship. It is extremely difficult to develop this in a group format, and is much better handled in individual sessions. Second, individual sessions can minimize pre-group “jitters.” All Peer Process Social Skills Groups are “open and ongoing,” meaning that when one child gains the skills he/she needs and then terminates from the group, another child is welcomed into the open spot of the ongoing group. When the new participant joins, however, all the other children already know each other. Because the new member has participated in individual session(s) with the therapist and a positive treatment relationship has developed, any anticipatory anxiety will likely be reduced. Third, individual

sessions are used to assess the potential member's ability to listen and settle. Children who have difficulty with listening and settling may need additional individual sessions to improve these skills. Without learning these two skills, new participants will likely distract fellow members and take away from the entire group process.

When a new member attends group for the first time, the only expectation placed on him/her is to listen and observe the group process. All other members will make direct eye contact with the new participant and share their name, where they go to school, and what they do for fun. Most often, the new participant is able to introduce him/herself as well, but this is not necessary the first session. Usually, because introductions include sharing what the members do for fun, the new participant is able to bond with other members who share common interests right from the start.

Why do you play games in the group?

The way children naturally express themselves is through play. Given their limited life experiences and inability to put feelings into words, child psychologists often encourage play to teach skills and facilitate self-expression.

Social skills games are implemented in each group (except the high school group) for about 15 minutes near the end of the session. The following list contains some of the games

conducted in group, as well as the skills taught in each.

1. Action Figures

This game is only implemented with younger children. A variety of action figures are introduced into the group milieu. Through their group play, skills of sharing, cooperation, and impulse control are taught.

2. Group Draw/Group Lego's

Again, only played with younger children. For group draw, the members sit around a circular table. One child starts by picking a colored pencil and making one line, shape, or mark on a paper. The paper is then passed to the next child, who adds one mark, line, or shape. The paper is then passed to the next member, and the process continues until the group has a final masterpiece (which we all sign). Group Lego's involves the same experience, only we start with one Lego and then build upon that piece. This game fosters teambuilding, working together, learning to give constructive feedback in a positive way, accepting the choices of others, and creativity.

3. Charades

The classic game of charades is an excellent way to teach non-verbal communication skills. Members act out certain activities without the use of words. The remaining members take turns guessing what is being acted out.

4. Group Chess

Group members are split into two teams and play each other in chess. Teams are allowed to collaborate/conference/strategize together, but they must rotate who makes the next move.

Group chess is an excellent way to teach planning, organization, working together, conflict resolution, turn taking, frustration tolerance, and cognitive flexibility.

5. Are you for real?

Another great game for learning verbal and non-verbal facial cues. One member makes a statement that may be true or false. Other members must assess tone of voice, facial cues, body posture, and other clues to determine if the person is being honest or fabricating the statement.

6. Group MindTrap

MindTrap is a game that can be purchased online or at Toys-R-US. This game involves reading a clever riddle and then problem solving to generate potential solutions. For example, my favorite is “Two mothers and two daughters went fishing. They caught three fish and each person went home with a whole fish. How is this possible?” This game is great for group problem-solving, accepting the viewpoints of others, working together, taking turns when speaking, and enhancing listening skills. By the way, I don’t want to leave you

hanging.....the answer is “It was a grandmother, a mother, and a daughter.”

What is the average group size?

The ideal size for a social skills process group is 5 to 8 members. This number allows for a variety of personalities, each possessing their own unique strengths and weaknesses. There will never be more than 8 in a group, as too many members dilutes the group interaction process. Because the groups are “ongoing,” they are held year-round, including summer time. With many families taking well needed and deserved vacations during the summer, average group size during June, July, and August tends to be smaller.

What is the average number of sessions a child spends in group?

The average time spent in group varies, because children and adolescents enter group with different skill sets. However, some children have shown dramatic improvement in just 5 or 6 meetings. Others, though, need a considerably longer period of time to learn all the social skills taught. Feel free to pose this question to your therapist for a more accurate estimate.

What is a “Parent Meeting?”

“Parent Meetings” are meetings solely between parent(s) and the therapist, without the child present. These meetings are an integral part of the process of teaching social skills to children and adolescents. From a parenting standpoint, it is essential to know and understand your child, including his/her social strengths and weaknesses. Although the group alone can be a great benefit to participants, it is even more beneficial to have parents involved in the social enhancement process. In addition, with the help of the therapist, parents can then share with teachers and other family members how to best help the child grow.

Parent meetings are an opportunity for the therapist to talk about the child’s strengths and weaknesses, offer advice and support to parents, and answer questions they may have. I recommend that parent meetings are scheduled every four weeks, especially during the early stages of the group.

If there is ever an immediate need for a parent meeting, please let the therapist or office staff know.

How do you assess progress of goals?

There are many ways to assess the progress of group members, including simply asking the group member how he/she feels they’re doing.

Also, feedback from parents and teachers is extremely helpful as well. Of particular importance is how the child is responding to others at recess, in lunch, and in the neighborhood after school.

However, the best way of assessing progress is a simple question. “Since starting the group, has your child made and kept a friend?” The ability to make a friend and keep that friend over time is a good indicator that many of the skills taught in group have generalized to real-world experiences.

Appendix B

DVD Vignettes

- Welcoming a New Group Member
- The Anxious Child
- Two Members Know Each Other
- The Interrupter
- The Passive Child
- Personal Space Violations
- The Unsettled Group
- Group Decision-Making
- The Put Down
- The One Upper
- The Frustrated Child
- The Physically Aggressive Child
- Termination

Dr. Christopher T. Haley

PEER PROCESS

SOCIAL SKILLS GROUPS



For Academic and Clinical Settings

A Treatment Manual
for Mental Health Therapists,
Behavioral Specialists, and School Professionals

Includes DVD