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SOLUTION FOCUSED THERAPY AND TRAUMA:
A BRIEF GROUP PROGRAM

BY

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A Final Project submitted to the
Campus Alberta Applied Psychology: Counselling Initiative
In partial fulfillment of the requirements for the degree of
MASTER OF COUNSELLING

Alberta

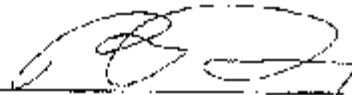
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**CAMPUS ALBERTA APPLIED PSYCHOLOGY:
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SUPERVISOR SIGNATURE PAGE

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25 July 2007

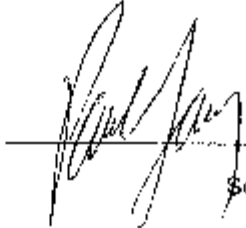
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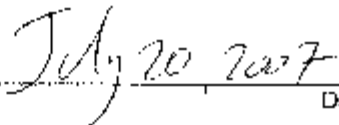
SECOND READER SIGNATURE PAGE

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ABSTRACT

A traumatic event can happen to anyone at any time, with no warning. A traumatic event can include but are not limited to: illness, accidents, financial problems, divorce, or relationship difficulties. Trauma occurs when an event overwhelms a person's ability to manage stress. The goals of this project are to develop a group therapy program that will utilize solution-focused techniques to move beyond the stages of trauma: victimization and survivorhood in order to effectively relieve or diminish the traumatic symptoms. The proposed program will focus on previous self-management strategies, envisioning change, brainstorming solutions and taking action.

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CHAPTER I

Introduction to the Project

The Solution-Focused Brief Therapy (SFBT) approach aims to assist people to engage their own unique resources and competencies in solving their problems. This theory is radically different than most theories because it does not assume that the counsellor needs to know the cause of a problem in order to solve it (de Shazer, 1988). This approach is appealing because it focuses on the person's strengths and looks for exceptions to their problem. SFBT does not focus on the problems and nor does it view people as pathological but rather it views them as having the ability to create solutions to dissolve their own problems. This constructive approach is attractive to clients, counsellors and various counselling settings because: it increases self-confidence, promotes self-respect as well as being cost effective.

In short, the rationale for developing a program that focuses on people who have experienced trauma is threefold:

- To provide a program that is easy and cost effective to implement
- To decrease the effects of trauma and increase emotional and mental mastery
- To increase participants' decision making and problem solving skills

THEORETICAL FOUNDATION

SFBT

As indicated in its name SFBT is focused on finding solutions. Therefore, methods of how to achieve change are the backbone of SFBT. Each SFBT counselling session is carefully orchestrated so that clients increase their awareness of how to bring about change. The purpose of the initial session is to talk about change and to provide

homework tasks that will assist clients construct their experience differently (de Shazer, 1988). This will, in turn, increase the clients' change talk. Discussion in the initial session focuses on a rigorous search for exceptions to the clients' problems and how the clients will know when the problem is solved. Consequently, the clients are focusing on change immediately. The therapist and client collaborate on setting specific goals, in order to enable the client to actively engage in changing the troublesome behaviour. If the client perceives the goals as attainable yet difficult, they are more likely to meet these goals than if the goals are perceived vague or easy to meet (de Shazer, 1988). These discussions that focus on change and goal setting involves the therapist's use of carefully framed questions.

SFBT Questioning Techniques

At first glance, the questions asked by SFBT therapists may seem simple and easy to articulate. However, each question is well formulated and has a specific purpose. SFBT therapists typically ask four types of questions: exception, miracle, scaling and pessimistic (Swenson & Anstett, n.d.). Exception questions are used to search for exceptions to the problem's occurrence. By having the client shift his/ her focus to when the problem does not occur, the condition of that situation may be extended to other situations and thus reduce the problem occurrence. The therapist asks the following exception searching questions: (1) When didn't you have that problem? (2) What's different about those times? What occurs instead? (3) How can that be made to occur more often? (4) How will you begin to notice that the problem is solved (de Shazer, 1988)? By having clients who have experienced trauma focus on

exceptions, the clients begin to realize that there are times in their life when the problem is less of a problem.

The miracle question sequence is probably the most well known aspect of this theory. In this line of questioning, the therapist asks the clients the following questions: (1) If a miracle occurred tonight and when you awakened tomorrow the problem was solved, what would be the first noticeable indication that things are different? (2) What will have to be different for that to begin happening? (3) When does that already happen, even if only a little? (4) What will be an indication to you and others that the problem is really solved (de Shazer, 1988)? It is important to remember that when working with clients who are in an acute stage of trauma, they may be able to only make short term plans; therefore, the miracle question may have to be scaled down (De Jong & Berg, 2007).

If the therapist and client are not successful in producing responses to the above questions, the therapist may ask some self-management questions. This line of questioning increases the client's awareness of constructive behaviour that is occurring in spite of the problem. These questions help to identify important self-management mechanisms that can be appreciated and amplified. Examples of questions SFBT therapist asks are: Home come things are not worse than they are? What are people doing to prevent things from getting worse? How are those things useful? What else would be useful? What needs to happen for those things to continue (de Shazer, 1988)? This line of questioning can be useful when working with clients who have experienced trauma.

Scaling questions are implemented to reinforce client's self-management successes and to aid in the formulation of the next step in their recovery (De Jong & Berg, 2007). Scaling questions involve clients rating their observations, impressions and predications on a scale from 0 to 10 (De Jong & Berg). Scaling questions are used to measure client's level of progress towards a solution and to reveal the behaviours that are needed to achieve or maintain further progress (Trepper, Dolan, McCollum, & Nelson, 2006). Scaling questions will be integrated into every session of the proposed program.

The final method of questioning is the pessimistic questioning sequence. This type of questioning is useful during an initial meeting when clients are cynical or reluctant to consider potential solutions or in later meetings when no change is reported (Swenson & Anstett, n.d.). What do you think will happen if things do not improve? What will happen after that? What next? However, this method of questioning should be used cautiously when clients are in a fragile state. The proposed program incorporates these SFBT questions into the three group counselling sessions.

Effectiveness of SFBT

Before subscribing to a particular theoretical approach, such as SFBT, when designing a program, it is important to understand the effectiveness of that approach. Consequently, a review of current literature was conducted to determine the effectiveness of SFBT. Since SFBT has only been around for the past twenty years, considerably more research regarding the effectiveness of this approach to counselling is needed. However, the research that has been conducted regarding the feasibility of this approach is favourable. A variety of outcome studies indicate that solution-focused

therapy is effective and it helps elicit positive outcomes for most clients (McKeel, 1999). De Jong and Berg (1998) discovered that solution- focused therapy had a success rate of 70% for a broad range of clinical problems, including depression, suicidal tendencies, sleep problems, eating disorders, parent-child conflict, marital/relationship problems, sexual abuse, family violence and self-esteem problems (as cited in McKeel, 1999). A study conducted, at the Brief Family Therapy Centre discovered an 80% success rate with solution-focused therapy, when following up with clients six-months after therapy (Kiser & Nunnally, 1990 as cited in McKeel, 1999).

Shields, Sprenkle, and Constantine (1991) demonstrated that the more a client uses solution-talk in his/her first session the more likely the client will continue on with therapy (as cited in McKeel, 1999). They found that the more the client and therapist discuss solutions and goals in the first session, the likelihood of the client completing therapy are increased. Furthermore, a study conducted by de Shazer (1985) found that 89% of clients reported that once they completed their first homework assignment they felt that something positive and worthwhile had occurred and 57% reported that their situation was better (McKeel, 1999). Consequently, these outcomes studies and numerous others have demonstrated that solution-focused therapy is effective and provides positive outcomes for most of the clients. Unfortunately, there is a lack of published literature regarding SFBT's effectiveness with people who have experienced trauma. However, most solution-focused therapists believe that no category of problem or type of client should be considered unsuitable for this approach (O'Connell, 2002). Therefore, conclusions can be drawn from the above studies that SFBT would be beneficial for people who have experienced trauma.

Assumptions of SFBT

George, Iveson and Ratner (2000) summarize some assumptions that are useful for solution-focused therapists, explaining that: (1) it is not necessary to understand the cause of the problem in order to solve it, (2) successful therapy involves knowing the client's goal, (3) no matter how rigid the problem pattern seems to be, there are always times when the client is already doing some solution building, (4) problems do not indicate underlying pathology or deficits, (5) sometimes only small change is needed to set a solution in motion, and (6) it is the task of the therapist to discover ways for clients to benefit from therapy (Lethem, 2002). These assumptions were taken into consideration in the development of this program.

The Appropriateness of SFBT in Various Settings

SFBT is implemented in a variety of settings and populations. Prisons, courts, hospitals, pain clinics, social service programs, residential treatment homes, daycare shelters, alternative schools, and schools are just a few of the settings that have adopted the solution-focused brief therapy model (Berg & Steiner, 2003). There are several reasons why this approach to counselling is attractive to these various agencies and organizations. Firstly, the SFBT model is a quick, efficient and effective approach to therapy that is highly desirable when financial constraints and time constraints are involved. Secondly, SFBT is a constructive, client driven approach that focuses on exceptions to the problem, leads to solution building and takes the focus away from what is wrong with the individual to focus on the individual's strengths. Since SFBT can be successful in a variety of agencies for both individual and group counselling, it seemed logical to develop a program that would be cost effective and that could be

used within a variety of settings. Consequently, this program purposes to combine SFBT with group counselling in order to capitalize on the strengths of both of these approaches.

CHAPTER II

Group Counselling

When designing a group-counselling program, it is important to be aware of the various stages of group work. A literature review identified a variation in stages of group work; however, the groups did share similarities and could be grouped according to Coreys' 4 stage model or to Behrman and Reid's nine basic tasks for trauma groups.

Corey and Corey (2006) discuss four stages of group development: initial, transition, working and final. The purpose of the initial stage is to lay the foundation by creating trust, identifying and clarifying goals, discussing concerns and establishing guidelines (Corey & Corey). The transition stage prepares the group for the working stage by confronting their anxieties and fears and working through any conflict and control issues. The working stage involves group members working through their issues and concerns, in order to achieve their goals. In the final stage of group work, the group leader prepares the group for termination, summarizes the group experience, and provides feedback, deals with any unfinished business and if applicable provides referrals to and information on outside resources. While this model is not specifically for trauma groups, it is general enough that it can be implemented with a variety of types of groups and it provides a clear outline of the goals that need to be accomplished at each of the group phases.

Behrman and Reid (2001) discuss nine basic tasks for group leaders of a post trauma group. These tasks are (1) welcoming, (2) reflecting, (3) reframing, (4) educating, (5) grieving, (6) amplifying, (7) integrating, (8) empowering and (9) terminating and revisiting. The theoretical background and the purpose of the group

would assist in determining whether a group would follow the four stages of group work or the nine basic tasks for trauma groups or a combination of the two approaches. A brief program for people who have experienced trauma could be modelled after the four phases of group work model. However, difficulty may arise when designing a brief trauma group to fit the nine basic tasks model. A brief trauma group may not have the time or the desire to attend to all of the nine basic tasks. For example, reframing, amplifying and grieving may not fit into a brief trauma group that is focused on the impact of the trauma and increasing problem solving skills and emotional and mental mastery over the trauma. Since a brief trauma program has time limitations, the focus of the group is on finding solutions rather than on understanding and reliving the trauma. For the purpose of this project, Coreys' four stages of group work were incorporated into the program design.

Group Design and Planning

Unlike individual counselling, group counselling requires a framework that guides the leader from session to session so more in depth planning is required. Screening group members is an important aspect of group design and planning, especially with trauma groups. "The goal of screening is to prevent potential harm to clients" (Corey and Corey, 2006, p.112). Since people who have experienced trauma are in a fragile state, caution regarding their readiness for group work needs to be assessed in order to avoid causing further harm. During the screening interview, the group leader needs to explore the potential group member's fears and concerns with special attention paid to fears about self-disclosing shameful and guilty memories and experiences (Shapiro, 1999). Short-term group therapy works the best when the group members had a

“reasonably stable level of functioning prior to exposure to trauma” (Nieves-Grafals, p.389). The leader will also need to discuss the potential member’s expectations for dealing with future experiences of shame and humiliation that may occur within the group setting. Shapiro (1999) states that a person’s readiness to receive empathic responses from others, without excessive shame or defensiveness, helps to determine readiness for group.

The actual group design can vary greatly from closed groups to open groups and range from a few sessions to a few years depending on the theoretical framework of the group, the agency’s mandate and the purpose of the group. Closed groups have a defined start and end date and fixed membership; the same members remain in the group. In an open group, dates and membership are not as fixed. Group members may join or leave the group at any time. An open group format maybe too challenging when working with people who have experienced trauma because important topics may be missed and group cohesion may not be as strong. Consequently, a closed group format will be adopted for this project.

Foy, Eriksson, and Trice (2001) discuss five models for group interventions for trauma survivors: (1) supportive, (2) psychodynamic, (3) cognitive-behavioural, (4) groups for children and adolescents, and (5) psychological debriefing. Supportive groups focus on current life issues and self-management skills. These groups tend to be brief, place little emphasis on the traumatic event and focus on the impact of the traumatic event while teaching members how to manage with post trauma symptoms. There is evidence that this approach can lead to improvement in depression, anxiety,

and self esteem (Foy, Eriksson, & Trice). SFBT would fit into the supportive group intervention model.

Psychodynamic groups focus on revealing the traumatic event and understanding the meaning attached to the reactions and symptoms of the event. Research indicates that psychodynamic group treatment can lead to a general improvement of distress, anxiety and depression (Foy, Eriksson, & Trice, 2001).

Cognitive-behavioural group therapy aims to reduce trauma-related symptoms and teaches skills to manage with chronic symptoms through the use of techniques such as cognitive restructuring. Outcome research supports the effectiveness of psychodynamic and cognitive-behavioural group therapy (Foy, Eriksson, & Trice).

Group therapy for children and adolescents who have been exposed to trauma provides advantages over individual therapy and incorporates a variety of theoretical techniques (Foy, Eriksson, & Trice). More research needs to be conducted on this group, as the current empirical literature is limited and focused on child sexual abuse survivors.

Finally, psychological debriefing following a disaster is a preventative and inclusive intervention that occurs immediately following a disaster. Psychological debriefing is widely used and is described as being useful by members but its effectiveness, is debatable (Foy, Eriksson, & Trice, 2001). An interesting finding of this study was that “there is no evidence of the superiority of one particular model of group therapy over another” (Foy, Eriksson, & Trice, 2001, p.250). These studies demonstrate that group therapy is an effective treatment option for people who have experienced

trauma. Once the model for group intervention has been decided up on, it is important to explore the role of the group leader.

Group Leadership Style and Skills

There is debate over the leader's role in group counselling, some believe that the leader should take a passive role in the group process, allowing the group members to determine the direction of the group, while others believe that the leader needs to take a more assertive role. There are pros and cons for either approach. The group leader's style, philosophy and type of group will assist in determining how much the leader will direct the group process. When working with people who have experienced trauma, it is necessary for the group leader take on a more assertive role because there is a greater potential for harm when working towards healing from trauma. Consequently the role of the leader is paramount in working with traumatized members.

According to Shapiro (1999), the most important task of the group leader is to provide a safe environment, in order for members to feel comfortable discussing their trauma and feelings. Although leaders will have different styles, it is important for the leader to adopt a style that fits with their personality because a significant healing ingredient is the genuineness of the relationship (Stadter, 1996 as cited in Nieves-Grafals, 2001). Group leaders need to be respectful, warm and nurturing and should be familiar with culturally appropriate greetings and customs (Nieves-Grafals). The articles agrees that group leaders have several tasks such as creating and building the group, fostering group culture and activating and illuminating the here and now. The group leader will also need to ensure that everyone has the opportunity to participate as well as bring the here and now into the process (Loewy, William & Keleta, 2002).

In a SFBT group, the leader's role is to create opportunities for the group members to see themselves as competent and resourceful. To assist SFBT group leaders in achieving this goal, O'Hanlon & Weiner-Davis (1989) suggested the following guidelines:

1. Keep the group nonpathological by redescribing problems to open up possibilities.
2. Focus on exceptions to the issues discussed in group interactions.
3. When you notice a group member's competency, comment on it intermittently and gather other group members' thoughts on this discovery.
4. Avoid any tendency to promote insight rather focus on the client group member's ability to move beyond the problem situation.
5. View group members as people who have complaints about their lives, rather than people with symptoms.
6. Remember complex problems do not necessarily require complex solutions. Try to assist group members to think in simpler ways.
7. Temporarily adopt each group member's worldview to lessen that client's resistance. Think of actions and behaviours as doing something important for the group member and attempt to assist the group member in the discovery of actions and behaviours that would be less dangerous and interfering than the ones currently used.

8. Assist group members to view their problems as external to themselves. This will help them to view the problem as a separate entity that influences but does not always control their life.
9. Focus only on the possible and changeable. Assist group members in thinking more specifically and less emotionally when setting goals for therapy.
10. Proceed slowly and encourage group members to ease into their solutions gradually. Help them to see each new strategy as an experiment rather than as a technique that guarantees success. Whatever happens as a result of a new strategy is simply part of an experiment toward change (as cited Metcalf, 1998).

Group Member Needs and Roles

Just like group leaders, group members also have a specific role to play in group counselling. Group members will need to discuss their feelings, thoughts, and concerns (Loewy et al., 2002). In order for groups to be effective, group members need to adhere to set guidelines which include, listening, speaking without interruption, following an agreed upon agenda, being respectful and ensuring confidentiality. Self-disclosure is an important aspect of group counselling and the degree to which the members self disclose affect the degree of the group's cohesiveness (Loewy et al.). The group members' needs and roles in trauma groups are the same as other groups; however, support and empathy from each other may be more vital.

Cultural Integration

Multiculturalism is an important aspect of the counselling process and every client-counsellor interaction should be viewed as a cultural encounter. Not paying attention to these cultural differences can impact the counselling relationship in several ways. For example, many non-dominant cultures believe that the counselling relationship should be structured where the counsellor is viewed as the expert who provides advice and solutions to their problems while the client assumes a more passive role (Patterson, 1996). This is in contrast to the typical counselling relationship where the counsellor collaborates with client and the client is an active agent in the therapy process. Self-disclosure during counselling sessions is another area where there are differences between the dominant and non-dominant cultures. People from non-dominant cultures may not be comfortable with an approach where self-disclosure is necessary. Consequently, cultural differences can become a problem when working with groups because it is possible that a group leader may have a group consisting of a variety of cultural backgrounds.

It is important to know the cultural background of potential group members when forming a group for many reasons. For example, problems could arise when members “come from polarized countries where people are either allies or enemies” (Nieves-Grafals, 2001, p.389). In addition to knowing the cultural backgrounds of members, the group leader also needs to understand the group member’s worldview and be aware of his or her own biases and ethnocentrism (Loewy et al., 2002). It is essential for the group leader “ to recognize culturally different forms of counselling and to integrate cultural practice with professional practice” (Loewy et al., p.174). Due to our

multicultural society, more attention needs to be paid to the importance of culture when working with trauma counselling groups. The advantage of SFBT is that it naturally incorporates a person's culture into the intervention as SFBT draws upon what the person is already doing.

Core Strategies and Techniques

When working with trauma groups, there are several core strategies and techniques that can be implemented to facilitate the group process. Retelling of the traumatic event is a commonly used strategy to foster a sense of identification and empathy (Glodich et al, 2001; Nieves-Grafals, 2001; Loewy et al, 2002; Roth, 2002; Turner, 2000). Although, retelling is the most commonly used strategy, leaders should use it with caution. Retelling could potentially retraumatize and overwhelm group members. Other strategies that may be implemented with trauma groups are relaxation and anxiety reduction exercises and journaling. These other strategies are important and could be used in trauma groups. When working with SFBT groups the focus of the sessions is on those times when a group member's problem is not a problem (Metcalf, 1998). The proposed program will incorporate relaxation exercises and journaling into the group sessions.

Group Goals and Processes

Goal setting is an important aspect of SFBT and of group work. There can be diverse opinions regarding goal setting as some believe the group members should set goals while others believe that the goals are a combination of agency goals, leader goals and group members' goals. A review of the literature found that programs that focused on trauma were successful because they focused on a combination program

goals and member goals. In short, the rationale for developing a program that focuses on people who have experienced trauma can be summarized to decrease the effects of trauma and increase emotional and mental mastery and to increase participants' decision-making and problem solving skills. Nieves-Grafals' (2001) article on civil war related trauma stated the importance of restoring their belief in humanity might be the most important goal of trauma group counselling. Although she was specifically thinking of civil war trauma clients, this goal could be generalized to other traumas such as violent or sexual traumas.

There is consensus regarding the general counselling goals that are specific to trauma groups: reinforcing or increasing self- management skills, providing symptom relief, developing or reconstructing a support system, reducing barriers to the individual's capacity to function to his or her potential, and to establish a therapeutic bond that will facilitate future therapy (Glodich, Allen & Arnold, 2001; Nieves-Grafals, 2001; Turner, 2000; Yeager & Roberts, 2003). This proposed program aims to include these general counselling goals through a SFBT framework. There is further agreement that it is important for the group leader to work with the group members to establish specific goals that will influence their participation in the group (Corey & Corey, 2006; Glodich et al., 2001). " Members will have real difficulty making progress until they know *why* they are in the group and *how* they can make full use of the group to achieve their goals" (Corey & Corey, p.145). Homework assignments and the miracle question will be used to help facilitate this process. It is also good practice to revisit the goals throughout the various group stages to determine if the group is on track or if the goals

need to be redefined (Turner, 2000). Consequently, scaling questions will be used to assist group members to remain on task.

Group Treatment Effectiveness

Group interventions for people who have experienced trauma provides a cost-efficient opportunity for people to come together with other trauma survivors to increase their trauma related self-management skills. However, cost-efficiency should not be the sole factor for deciding treatment approach. A treatment methodology should be determined based on how it meets the goals of counselling; therefore, the effectiveness of group counselling should be examined in deciding treatment methodology.

All of the articles reported success in working with people who experienced trauma in a group setting. Erlich's (2002) research on short-term group counselling with Holocaust survivors reported that group counselling allows for connections to be made. This is important because one's reason for living is related to connecting with others. Erlich stated that it is the group's work to witness, accept and confirm the despair that they experienced. As group members worked through their fears and anger, empathy developed among them and they began to feel more self-acceptance. Another benefit of group work with trauma clients is that it allows group members who are not ready to verbalize their pain to hear the pain of others in the group and recognize that they are not alone (Erlich).

Turner's (2000) group treatment of trauma survivors reported that 64% of the group members reported no need for further counselling 14 months post group intervention. "The majority of the group members, however, appeared to be self management well and getting on with their lives" (Turner, p.147). Group counselling with

traumatized East African Refugee women further supports the effectiveness of group counselling because the women were transformed from fearful and isolated to empowered and determined to be successful in their new country.

CHAPTER III

Program Structure

This project will incorporate the key principles of solution-focused brief therapy and group counselling, in order to create a cost effective, brief treatment model for people who want to move beyond their traumatic event.

Program Development

A review of SFBT, group therapy and acute trauma literature was conducted on Psychology research databases such as PsycInfo and Journals@OVID and MEDLINE on the Biological Sciences research database. Unfortunately there were limited articles on SFBT and group therapy and SFBT and trauma. Consequently, a search of Chapters website revealed two books that focused on SFBT and trauma, *Thriving Through Crisis* (O'Hanlon, 2004) and *One Small Step: Moving Beyond Trauma and Therapy* (Dolan, 2000). Some of the ideas and activities from these books were adapted and incorporated into the proposed program. The book *Solution Focused Group Therapy: Ideas for Groups in Private Practice, Schools, Agencies, and Treatment Programs* (Metcalf, 1998) provided information for the structure of the group. The following Campus Alberta Graduate Program courses provided further background information for the development of the program: Group Process, Health Psychology, and Solution Focused Therapy.

Program Design

The proposed program will consist of three, one and a half hour sessions and will include homework tasks that are to be completed outside of the counselling session. SFBT is a brief method of therapy that can vary in length from one session to multiple

sessions. Three sessions were chosen for this project because it is believed participants will need this time to define their goals, set an action plan and be able to carry on the changes that they have begun to make.

Each session will start with an icebreaker activity and provide step-by-step instructions for the therapists and clients. Scaling questions will enable participants to monitor their self-perceived change throughout the counselling process. In the first session, the participants will gain an understanding of the stages of recovery from trauma and identify their current stage. The participants will learn and practice a grounding technique to decrease any possible effects of retraumatization. The participants will begin to focus on solutions and start searching for exceptions to their problem in the first session.

In the second session, the participants will clarify their strengths and continue to monitor where they are in the stages of recovery and to celebrate their progress. The miracle question is introduced and the participants begin to envision what life would be like if their particular problem no longer had control over their life. Between the second and third session, the participants' homework is to pretend that their miracle has happened and they begin to live life differently.

In the third and final session, the participants review their outcome of their homework experience and develop a further plan of action in order to make their miracle more concrete. Information regarding community resources for future assistance will be provided and participants will complete a group evaluation.

A brief follow-up session will take place eight weeks after the final session in order for group participants to celebrate their success. This follow-up session does not

need to be as long as the three previous sessions. The main objective of this session is for the participants to share what has been different for them over the past eight weeks. This session will also serve as a motivator to keep doing what they are doing and to reflect upon all the positive changes that they have made since the program had started.

Procedures Used

Group Membership, Recruitment, and Screening

When developing a program, it is important to consider all aspects of the program from the criteria for the group through to the program evaluation. Although, this project's intent is only for the development of a SFBT group counselling program, every aspect, from program development to implementation of the program, was considered

(a) Criteria for group membership:

- Experienced an acute traumatic event
- Willingness to move forward with their life and overcome the traumatic experience
- No history of borderline personality disorder or other mental illness or disorder that would hinder group participation

(b) Procedures for recruitment:

- Distribute literature about the groups at local doctors' offices and clinics, churches, hospitals, and other community agencies
- Development of a web page for agency's website with information about trauma and this program
- Word of mouth

- Newspaper advertising, if it is financially feasible

(c) Procedures for screening:

- Potential group member to meet with facilitator for one to one interview to determine appropriateness for group
- Potential members complete the intake form
- Clients will need authorization from their doctor to attend the group and verification that they do not suffer from borderline personality disorder or other mental illness that would hinder group participation

(d) Risk factors and contraindications:

- Need to be aware of the probability of re-traumatizing group members or increasing the effects of trauma
- Need to be aware that group members may feel worse or have increased depression before they get better

Structure and Organization of the Group

(a) Duration and frequency of meetings

- The group will meet once a week for 90 minutes a session

(b) Location and meeting time

- The group will take place at a local counselling agency starting at 7:00 pm

(c) Ground rules for group participation

- Participants will need to be sober
- Participants will not have to share their traumatic story unless they want to but each person will need to be active participants in the group
- Participants will need to arrive on time and be willing to attend each session

Goals and Evaluation

	Description Rationale	Information on how this goal will be addressed in the group	Evaluation of goal obtainment
Goal 1	To decrease the reported post trauma effects	<ul style="list-style-type: none"> • Through use of the miracle question and living as if the miracle occurred • Relaxation techniques • Reframing 	Scaling questions, self reporting, final evaluation
Goal 2	To improve problem solving and decision making skills	<ul style="list-style-type: none"> • Through homework assignments • Participation in program and discussions 	Questionnaire, self reporting
Goal 3	To increase sense of self determination and self mastery	<ul style="list-style-type: none"> • Through individual participation (# of responses and degree of elaborations), homework tasks, journals 	Scaling questions, self reporting

Program Evaluation

Both the group leader and the group members will evaluate the success of the group. The group leader will record group members' individual score on a scaling question that will be asked at the end of every session. This score will enable the leader to evaluate the individual's perception of his/her progress. The group leader will also complete a participation evaluation sheet for each group member at the end of every session. Group members will evaluate the success of the group through scaling questions and a formal final evaluation form.

CHAPTER IV

Content and Process Format of the Group

Session #1

Session	Content	Materials
Topic: The Journey Begins		Needed
Group	<u>Session Objectives:</u>	
Phases/Stage:	1. To gain a better understanding of the stages of recovery from trauma	Blank Paper,
Initial Stage	2. To clarify individual and group goals	clip boards,
30 min	3. To begin to recognize where he/she is in the stages of recovery	crayons or pencil
**All times are estimated.	4. To learn and practice a grounding technique	crayons
Times will vary due to a number of factors such as group size	5. Set the mood for focusing on solutions	
	6. Search for exceptions	
	7. Encourage motivation and assist with task development	
	<u>Ice breaker Activity:</u>	
	An Animal Symbol*	
	Ask the group “If you could be any animal, what would you choose to be?”	

Participants are to draw a picture of this animal and then write a description of the animal's special characteristics and habits. What qualities do you find most appealing about this animal?

Have each member say their name and explain their drawing and their answers to the above question.

Once group members have explained their drawing
Establish and discuss group rules

The group leader opens discussion by encouraging members to provide a brief statement regarding why they are here.

The group leader will ask what steps the group members have taken so far to deal with the situation and compliment them directly for what they have done. They will also be encouraged to describe what will be happening in their future to indicate that things are better for them.

Briefly discuss strategies to remain grounded if a group member triggers you. Group Leader should record

Chart
paper/Felts

these idea on chart paper and post on the wall

20 minutes

Leader asks the group the following questions and records answers on chart paper.

Big felt pen,
chart paper,
flipchart

“What would you like to happen as a result of attending this group?”

Review criteria for goals

“What goals do you have for attending this group?”

“What goals should we begin with”

Leader address how their goals will be met in the program.

Break 10 minutes

Leader asks Importance of relaxation and techniques for grounding:

20 minutes

If you were to take a mini vacation (someplace that you could go or something that you could do for a few hours), where would you go? What would you do?

Would it involve rest and relaxation or be more active?

Give group members about 5 minutes to ponder their answer and then have members share their answers to this and the following questions.

How would you feel after this mini vacation?

Discuss importance of taking time just to be. Relaxation techniques can also be used to ground you when you feel overwhelmed.

Discuss Relaxation: what happens to your body when you are relaxed?

Why is it important to find time to relax?

Teach **Eriksonian Relaxation Method***

Group Leader should model this to the group before letting them practice it in dyads.

Instruct group members to find a comfortable position and focus their gaze on some pleasant or restful view.

Have members concentrate only on what they are viewing and name 5 things that they see, then 5 things that they hear, and 5 physical sensations that they are aware of. If they can't see five things in each category,

they can repeat something more than once. For example, I see the flower, I still see the flower. Once they have named five things for each category, have them name four things for each category. Continue by naming three items in each category, two in each and then one in each category.

In dyads, have one of the dyad members recite this while the other one keeps track and observes then switch roles.

Report back to the larger group about the experience.

Leader to ask

On a scale of 1 to 10, where one is not relaxed at all and 10 is an extreme state of relaxation. Where would you rate yourself after this exercise? Quickly have members provide their rating.

Ask group members what relaxation techniques have they used before that has helped them to relax and to reduce stress.

Leader should record these on chart paper so that everyone can easily see these techniques and keep them posted for each session. Group members could then refer to these relaxation techniques when needed throughout the program.

Break

	Stages of Recovery from Trauma	Provide
10 minutes	Leader discusses the stages of recovery from Trauma 1. Victim Stage 2. Survivor Stage 3. Thriver Stage	group with handout of the stages
10-15 minutes	On a scale of 1 to 10, where 1 places you at the beginning of the victim stage and 10 is being a thriver, living fully, joyously and authentically, Where would you be? –Ask each member of the group for their response What kinds of thing will you be doing and thinking about when you are at one notch higher? Ask group members for their response Closing question: What did we do here today that has made a difference for you?	Leader will record individual member's response to help track individual progress

**Homework Task (Record Answers in your
Journal)**

5 minutes

Think about the three stages of recovery, what stage are you at? What does this stage feel like? What kinds of things are you doing? What is working for you at this stage? What is not working for you at this stage?

What kinds of things do you think you will you be doing and thinking when you are at the next stage?

Practice one relaxation exercise once a day for the next week. Keep track of how this impacts your day in your journal.

Provide
group with a
handout with
the
homework
task

Leader's Post Session Tasks

Complete Participation Evaluation Form

Debrief with Co-Facilitator (if there is one)

Follow up if any group members missed the first
session

Session #2

Session	Content	Materials
Topic: Getting to Know Yourself		Needed

Group	<u>Session Objectives:</u>
Phases/Stage:	1. To begin to envision what life would be like without the trauma controlling their life
Initial Stage 15-20 min	2. To begin to recognize periods in their life when the trauma was not a problem. What were they doing differently compared to now? 3. To gain an awareness of their strengths 4. To monitor where they are in the stages of recovery and celebrate progress

Ice breaker Activity:

Trying to Get Home

Participants stand behind their chair. Every time a player can answer 'yes' to a statement he/she may move to the chair on their left. If they must answer 'no', they stay where they are. Try statements like these:

You have granddaughters. You have tomatoes in your garden. You are retired. You have a blue vehicle. You were born in another province/country. The first person

back to their chair wins.

Leader asks the group:

Who would like to start our time together by telling us what has gone better for you since we last met?

20 minutes

Tell us about your relaxation exercise. What effect did this have on your week?

Big felt pen,
chart paper

What aspects of your goal have stayed the same, worsened, or improved since our last group meeting?

How did the improvements happen?

How could you continue the improvement or even make it happen more often?

Miracle Question

Working Stage What is it? It is a future oriented question that is designed to assist you to think about (as specifically and clearly as possible) what your life will be like once the problem, that has brought you here, is solved or is managed more effectively.

Group members are encouraged to write their answers in their

	<p>Ask the group the following:</p> <p>Imagine that when you go to sleep tonight, a miracle happens and the problems that brought you to this group disappeared. Because you were asleep, you did not know that a miracle had happened. When you wake up, what would be the first signs that a miracle had happened?</p> <p>Let the group think about their response to this for about 5 minutes and have them record their responses in their notebooks.</p>	<p>notebook for future reflection</p>
<p>Break 10 minutes</p>		
<p>Will need about 10 minutes per group member</p>	<p>Ask members to share what their first signs would be when the miracle happens.</p> <p>As the members (each should have a turn if they are willing) share their responses, the leader should probe for further detail by asking “what else”</p> <p>The miracle question can reveal how the group member can act to improve his/her situation, so it is</p>	<p>Group members are to record this list in their notebooks for future reference.</p>

important for the leader to explore members' responses.

Sample questions to gain more information regarding member's miracles:

1. Have the member describe in detail, the day after the miracle and by exploring how the differences in one part of the day will affect the other
2. Asking questions about other significant people and how the miracle would affect them.
 - Who would be the first person in the family to notice that a miracle has happened? How will they react?
 - What difference will this make to you?
 - How will you know that they have found out?
 - How will your partner behave now that the miracle has happened?
 - How will you feel if you manage to do that?

	Leader to close group with the following scaling question:	
	On a scale of 1 to 10, where 1 places you at the beginning of the victim stage and 10 is being a thriver, living fully, joyously and authentically,	Leader to record individual member's
10-15 minutes	Where would you be? –Ask each member of the group for their response	responses, to help track individual
	What kinds of thing will you be doing and thinking about when you are at one notch higher?	progress
	Ask group members for their response	

Homework Task (Record Answers in your Journal)

5 minutes Pretend the miracle happened. How are you going to live your life differently this week?

Do one thing different this week that will help you to move up a notch on the scale.

Leader's Post Session Tasks	Evaluation
Complete Participation Evaluation Form <input type="checkbox"/>	Form
Debrief with Co-Facilitator (if there is one) <input type="checkbox"/>	

Session #3

Session Topic:	Content	Materials Needed
Plan of Action		
Finding		
Comfort with		
Knowledge that		
we're okay		

<u>Group</u>	<u>Session Objective:</u>
<u>Phases/Stage:</u>	1. To reflect on their homework experience-what differences did they notice in their day when they were living as if the miracle occurred?
15-20 min	2. To develop a plan of action
	<u>Ice breaker Activity:</u>
	Pocket Pow-Wow
	Participants must produce one object from their pocket (purse, wallet or body, ie. jewellery, belt, etc.) that has meaning for them and explain its significance to the group.
	<u>Check-in:</u>
	Leader asks the group to share their homework experience-how did things change for them while they were pretending that the

miracle occurred

Establishing a Plan of Action

Plan of Action

Making the miracle more concrete.

Worksheet

30 minutes

Have members complete the plant of action worksheet and then discuss the results.

Break

Support system

Discuss benefits of a support system, when you would need a support system and have members brainstorm possible people for their support systems.

Support System

Handout.

Community Resources

Provide the group with information on the various community resources that are available

Brochures, handouts

from the various

Ask participants if there is anything that they would like to discuss that has not been address

community agencies

Group Discussion regarding the group process:

What worked for them?

What have they learned from other group members?

What is the one golden nugget of information that they will take with them from this experience?

Where will they go from here?

Scaling Question

5 minutes

On a scale of 1 to 10, with 1 being where you were at the beginning of this group and 10 is where you have achieved mastery over your problem, where are you?

How could you continue to make improvement?

M&M game

Pass around a bag of M&M's and tell people to take as many as they want but they are not allowed to eat them yet. Before they eat each M & M they have to tell one thing that they learned about themselves or something that they are going to be doing differently in their life.

Large bag of

chocolate M&Ms or
Smarties

Group Evaluation

Have each group member complete an evaluation form

Final Evaluation Form

Leader's Post Session Tasks

Evaluation Form

Complete Participation Evaluation Form

Debrief with Co-Facilitator (if there is one)

Follow up each group member 8 weeks post group.

CHAPTER V

Synthesis and Implications of the Work

This paper demonstrates that it is possible to develop a SFBT group therapy for people who have experienced acute trauma. This program could easily and quickly be implemented in any agency setting. Although the focus of this program was on people who have experienced trauma, the program could easily be adapted for client with other concerns.

This paper did not set out to prove that SFBT should be the only approach used by counsellors rather the program demonstrates that this approach is worthwhile because it provides a quick, efficient and cost effective solution. This approach is also appealing because it focuses on the clients' strengths and looks for exceptions to their problem. It views them as experts who are capable of solving their own problems. SFBT does not focus on the problems but rather it views them as having the ability to create solutions to their problems. This positive approach is attractive because: it increases self-esteem, it is time efficient, and it reduces the cost of therapy. Although, SFBT is an attractive approach there needs to be evidence to support its claims.

This is still a relatively new approach in counselling and additional work needs to be done to further demonstrate its effectiveness. SFBT does not claim to solve all the client's problems rather it focuses on a specific problem and guides the client in finding a solution to the problem. To further enhance SFBT's claims, more work needs to be done that documents working models where SFBT is implemented in various settings using standardize outcome measures for both individual and group work. Studies that

demonstrate the long-term effects of SFBT interventions will add further credibility to this method of counselling.

Unfortunately, two of the co-founders of SFBT have recently passed away which leaves a leadership and visionary void that needs to be filled. Fortunately, there is an increase in research concerning SFBT in Europe and North America (Trepper, Dolan, McCollum & Nelson, 2006). Furthermore, organizations such as the European Brief Therapy Association (EBTA) and the Solution-Focused Brief Therapy Association (SFBTA) have been formed to formally support SFBT research. The missions of these two organizations are to encourage practice, training and research in SFBT around the world (Trepper et al.).

CHAPTER IV
References and Appendices

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Group Evaluation Form

Legend: None ○ Minimal ◎ Moderate ● High ■ Extreme Group Member:

Date:								
Initiative								
Engagement								
Clarity of Self- Expression								
Reasoning								
Apply Topic to Own Situation								
Autonomy								
Social Integration								
Neg. Response of Group to Client								
Attention Seeking								
Dominance								
Anxiety								
Interferring Emotions								
WithDrawn								

Notes: _____

Session #1 Homework Task

Think about the three stages of recovery, what stage are you at?

What does this stage feel like?

What kinds of things are you doing?

What is working for you at this stage?

What is not working for you at this stage?

What kinds of things will you be doing and thinking about when you are at the next stage? Or What will you continue to do to remain at the stage you are at?

Three Stages of Recovery from Trauma

Stage 1

The Victim Stage

- ⌘ Marks the beginning of recovery
- ⌘ Implies that you are able to recognize that what happened was not your fault
- ⌘ Involves sharing your story with someone else

Disadvantages of remaining at this stage:

Stage 2

The Survivor Stage

- ⌘ Begins when you understand that you have lived beyond the traumatic experience
- ⌘ May wonder, “How did I manage to survive this event?”
- ⌘ Take stock of your positive personality characteristics that allowed you to survive the event
- ⌘ Identify and appreciate inner strengths and external resources that have enabled you to survive
- ⌘ Begin to focus on your daily activities and function productively in everyday life

Disadvantages of remaining at this stage:

Stage 3

The Thriver Stage

- ⌘ Begin living not only in reference to the bad things you have survived but start to live life according to your Authentic Self Identity (living to the totality of who you really are as a person)

Reasons why I want to strive for the thriver stage:

Dolan, Y. (2000). *One Small Step: Moving beyond trauma and therapy to a life of joy*.

Lincoln, NE: iUniverse.com, Inc.

Letter from the Future

Record this future date at the top of your letter. Imagine that the intervening years have passed and you are writing a letter to a dear friend. Make sure you address the letter to that person (ie Dear Sally).

Think of yourself living a happy, healthy life at the time of this letter and that the problems you have been struggling with are either resolved or that you have found ways to cope with them.

In your letter, explain how you resolved your problems and what you found to be most useful as you look back over your life. Describe in detail how you are spending your time in this imaginary day. Where are you living? Describe your relationships, beliefs, reflections on the past, and speculations toward the more distant future.

Dear

Date:

Dolan, Y. (2000). *One Small Step: Moving Beyond Trauma and Therapy to a Life of Joy*.

Lincoln, NE: iUniverse.com, Inc.

Caffeine Chart

Coffee	___ cups	@ ___ mg	= ___ mg
Tea	___ cups	@ ___ mg	= ___ mg
Cola Drinks	___ cups	@ ___ mg	= ___ mg
Over the counter drugs	___ tablets	@ ___ mg	= ___ mg
Other Sources (chocolate 25mg bar, cocoa 13 mg per cup)			___ mg
Daily Total			___ mg

Caffeine content of coffee, tea, and cocoa (milligrams per cup)

Coffee, Instant	66 mg
Coffee, percolated	110 mg
Coffee, drip	146 mg
Teabag-five minute brew	46 mg
Teabag-one minute brew	28 mg
Loose Tea-five minute brew	40 mg
Cocoa	13 mg
Decaffeinated coffee	4 mg

Caffeine content of cola beverages (milligrams per 12-ounce can)

Coca-Cola	65 mg
Dr. Pepper	61 mg
Mountain Dew	55 mg
Diet Dr. Pepper	54 mg
Diet Coke	49 mg
Pepsi-Cola	43 mg

Caffeine content of over the counter drugs (per tablet)

Anacin	32 mg
Caffedrine	200 mg
Empirin	32 mg
Excedrin	65 mg
No-Doz	100 mg
Pre-mens Forte	100 mg
Vanquish	33 mg
Vivarin	200 mg

Bourne, E.J.(2005). *The Anxiety & Phobia Workbook*. (4th ed.).Oakland, CA: New Harbinger Publications, Inc.

Stressful Eating Habits

Stress and anxiety can be aggravated not only by what you eat but by the way you eat. Any of the following habits can aggravate your daily level of stress:

- ⌘ Eating too fast or on the run
- ⌘ Not chewing food at least 15 to 20 times per mouthful (food must be partially pre-digested in your mouth to be adequately digested later)
- ⌘ Eating too much, to the point of feeling stuffed or bloated
- ⌘ Drinking too much fluid with a meal, which can dilute stomach acid and digestive enzymes; one cup of fluid with a meal is sufficient

All of the above put a strain on your stomach and intestines in their attempt to properly digest and assimilate food. This adds to your stress level in two ways:

1. Directly, through indigestion, bloating, and cramping
2. Indirectly, through malabsorption of essential nutrients

My bad eating habits are:

I can correct this by:

Bourne, E.J.(2005). *The Anxiety & Phobia Workbook*. (4th ed.). Oakland, CA: New Harbinger Publications, Inc.

Low Stress/Anxiety Dietary Guidelines

These guidelines are intended to be suggestive rather than prescriptive. The author developed them out of his own research in the field of nutrition and after several years of personal experimentation. These guidelines are not intended to take the place of a detailed dietary assessment, recommendations, and meal plan devised by a competent nutritionist, dietician, or nutritionally oriented physician. Although all of the guidelines are important, they are listed in order of their direct relevance to anxiety reduction.

1. Eliminate as far as possible the stimulants and stress-inducing substances such as caffeine, nicotine, other stimulants, salt (down to one gram or teaspoon a day), and preservatives. (Elimination of caffeine and nicotine is the most critical for reducing anxiety).
2. Eliminate or reduce to a minimum your consumption of refined sugar, brown sugar, honey, sucrose, dextrose, and other sweeteners such as corn syrup, corn sweeteners, and high fructose. Replace desserts and sweets with fresh fruit and sugar free beverages. Moderate alcohol consumption, since your body converts alcohol to sugar.
3. Reduce or eliminate refined and processed foods from your diet as much as possible. Replace with whole and fresh foods.
4. Eliminate or reduce to a minimum any food that you establish as an allergen.
5. Reduce consumption of red meat as well as poultry containing steroid hormones and other chemical. Replace with organic poultry and/or seafood. Avoid large sea fish such as swordfish, marlin, and tuna, which contain excessive levels of mercury.
6. Increase your intake of dietary fibre by eating whole grains, brans, and raw vegetables. (Note, too much fibre can cause gas and bloating and interfere with the body's ability to absorb protein.)
7. Drink the equivalent of at least six eight-ounce glasses of water.

8. Increase your intake of raw, fresh vegetables.

9. Whenever possible, buy food that is organic.

10. Reduce animal fat and cholesterol-containing foods to no more than 30% of the calories that you eat. Increase consumption of omega-3 fats in your diet.

11. To avoid excessive weight gain, consume only as much energy (calories) as you expend. Decrease caloric intake and increase aerobic exercise if you're already overweight.

12. Select foods from the four major food groups: 1) fruits and vegetables (4-5 servings a day), 2) whole grains (2-3 servings), 4) proteins (2-3 servings a day), and dairy products (preferably low fat or non fat (1-2 servings a day).

Bourne, E.J.(2005). *The Anxiety & Phobia Workbook*. (4th ed.). Oakland, CA: New

Harbinger Publications, Inc.

Personal Wellness Questionnaire

Upgrading your physical well-being will have a direct impact on your particular problem with anxiety, as well as contribute substantially to your self-esteem. This questionnaire is intended to give you an overview of how you are doing in this area.

1. Are you exercising for at least one half hour 3 to 5 times per week?
2. Do you enjoy the exercise you do?
3. Do you give yourself the opportunity to deeply relax each day through progressive muscle relaxation, visualization, meditation or some other relaxation method?
4. Do you give yourself at least one hour of downtime or leisure time each day?
5. Do you manage your time so that you are not perpetually rushed?
6. Do you handle stress or do you feel that it has control of you?
7. Do you give yourself solitary time for personal reflection?
8. Do you get at least seven hours of sleep every night?
9. Are you satisfied with the quality and quantity of your sleep?
10. Are you eating three solid meals each day, including a good-sized breakfast?
11. Are you minimizing your consumption of stress-producing foods (those containing caffeine, sugar, salt, or processed "junk" foods)?
12. Do you take vitamin supplements on a regular basis to augment your diet-such as a multiple vitamin tablet and extra vitamin B-complex and vitamin C when you are under physical or emotional stress?

13. Do you like your living environment? Is the place where you live comfortable and relaxing?
14. Does smoking tobacco interfere with your physical well-being?
15. Does excessive use of alcohol or so-called recreational drugs compromise your well-being?
16. Are you comfortable with your present weight? If not, what can you do about it?
17. Do you value your personal appearance through good hygiene, grooming, and dressing in a way that feels comfortable and attractive?
18. Do you like your body and the way you appear?

Bourne, E.J.(2005). *The Anxiety & Phobia Workbook*. (4th ed.). Oakland, CA: New Harbinger Publications, Inc.

Self Nurturing Activities

Below is a list of self-nurturing activities that many people who suffer from anxiety or depression have found useful. Try performing at least one or two items from the list every day or anything else that you find pleasurable.

1. Take a warm bubble bath
2. Have breakfast in bed
3. Take a sauna
4. Get a massage
5. Buy yourself flowers
6. Play with animals
7. Go for a relaxing nature walk
8. Visit a zoo
9. Have a manicure or pedicure
10. Wake up early and watch the sunrise
11. Watch the sunset
12. Relax with a good book and/or soothing music
13. Watch a funny movie
14. Play your favourite music and dance to it
15. Go to bed early
16. Call a good friend or several good friends
17. Go to the beach
18. Meditate
19. Go to the park, feed the ducks, swing on the swings and so on
20. Work on a puzzle or puzzle book
21. Write out an ideal scenario concerning a goal, then visualize it
22. Read an inspirational book
23. Bake or cook something special
24. Go window shopping
25. Write in your journal about your accomplishments
26. Exercise
- 27.
- 28.
- 29.
- 30.
- 31.
- 32.
- 33.
- 34.
- 35.

Bourne, E.J.(2005). *The Anxiety & Phobia Workbook*. (4th ed.). Oakland, CA: New Harbinger Publications, Inc.

My Wellness Plan

The self-nurturing activities that I will incorporate into my day are:

I will improve my nutrition by:

Exercises that I enjoy and that I will find a way to incorporate them into my week are:

Ways to ensure that I meet my spiritual and religious needs are:

Other things that I may do to decrease the stress in my life are:

My Support System

A support system consists of friends and family who provide two kinds of support when you are feeling down. They listen to your troubles and help you to get your mind off them by talking about other things. Sometimes friends may be better at one of these things than the other, call whichever friend or family member best suits your current needs.

Take a few minutes to think who you could include in your support system and then compile your list.

Friends	Phone Number	Email	How they help
---------	--------------	-------	---------------

Family Members	Phone Number	Email	How they help
----------------	--------------	-------	---------------

Dolan, Y. (2000). *One Small Step: Moving Beyond Trauma and Therapy to a Life of Joy*.

Lincoln, NE: iUniverse.com, Inc.

Final Evaluation

We hope that you have found this group experience beneficial and worthwhile. It is important for us to know your thoughts regarding your experience so that we can continue to assist you and others who are working on overcoming a traumatic experience. Your group leader will follow up with you again in approximately 8 weeks to check in to see how things are going.

Thank you in advance for sharing your thoughts.

On a scale of 1 to 7, rate the helpfulness of this program where 1 is not helpful at all and 7 is very helpful.

1	2	3	4	5	6	7
Not helpful						Very helpful

On a scale of 1 to 7, rate where you were **at the beginning** of the group according to the stages of trauma recovery

1	2	3	4	5	6	7
Victim Stage		Survivor				Thriver

On a scale of 1 to 7, rate where **you are now** according to the stages of trauma recovery

1	2	3	4	5	6	7
Victim Stage		Survivor				Thriver

