Rationale:

Drug abuse is a prevalent condition that impacts individuals, families, and communities. Recent research has shown the societal implications of drug misuse, including increased incarceration rates along with increased expenditures for treatment for social services, criminal justice and health systems (Aeteaga, et al., 2010). The impact of substance misuse on the family system is an increasing concern and the debate of effective treatment for families involved in substance misuse continues. While research and social policies continue to evolve, there is a population in which adversity from substance abuse may be ignored, the children of substance abusers. Children of substance-abusers have a higher risk of developing future psychological and behavioral disorders (Woolderink, et al., 2010).

Parental substance abuse contributes to adversely affecting child outcomes and family life. Parental substance abuse is associated with family conflict, divorce, poverty, and disruptive family arrangements (Phillips, et al., 2009). Exposure to such conditions increases the risk factors of children developing problems. In addition to developing psychological and behavioral disorders children of substance-abusers are more likely to develop substance misuse disorders themselves, suffer from increased aggression and are less likely to develop coping skills (Woolderink, et al., 2010). Parental substance abuse also affects the parent-child relationship which may affect the child’s personal characteristics and a greater tolerance for deviant behavior (Riggs et al., 2009).

As aforementioned, parental substance use can be associated with other contextual factors such as low socioeconomic status, inadequate housing, little social support and existing mental health concerns that influences a parent's ability to effectively parent (Lopez, et al.,
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2009). In addition to such factors, parents who abuse illicit drugs may have never learned appropriate parenting skills themselves or how to form healthy bonds with others (Lopez, et al., 2009). Parental substance abuse may exacerbate such parental deficits in that substance abusing parents may be less likely to form health relationships or social skills with their children. Substance abusing parents have reported lower attachment to their children, along with lower child satisfaction (Lopez, et al., 2009).

More specifically, in regards to parent substance abuse, adolescence is a population with great adversary to the topic. Adolescence is a period of development where parental involvement is most important. Parents are responsible for pro-social coping and social skills as well as monitoring behaviors. When such skills are not transcended into parenting, children of substance-abusing parents are affected (Lopez, et al., 2009). Adolescents of parent’s who have a history of substance abuse and anti-social behavior, are at a greater risk of problematic behaviors (Brook et al., 2007). In addition to those problematic behaviors adolescents with parental substance abuse may experience poor interpersonal skills which may translate into both school and work performance (Woolderink, et al., 2010).

No more is the abuse of parental substance more adversely affected than that of adolescent female population. Adolescent girls, more so than boys, have a more elevated need for interpersonal relationships (Lopez, et al., 2009). Research indicates that adolescent girls suffer more psychological consequences when interpersonal relationships are compromised (Lopez, et al., 2009). Understanding interpersonal relationships, particularly parent-child relationships can lead to an understanding of adolescent girls delinquent and criminal behavior (Lopez, et al., 2009). Parental substance abuse may cause feelings of internalized rejection and
low self-worth which is may be associated with future adolescent problems (Lopez, et al., 2009). It is for the previously mentioned research, that I propose a group to help foster interpersonal relationship for adolescent females with a substance-abusing parent, in anticipation that increased awareness of interpersonal relationships will assist in deterring adolescent substance abuse, delinquent behavior and future psychological concerns. Specific criteria for this group will later be discussed in the upcoming sections.

The potential value of this group would be the benefit for shared experiences and relatedness between adolescent girls in order to foster interpersonal relationships. Since adolescence is somewhat a period of "group thinking" girls in this stage of development, could benefit from an environment which fosters social skill development and learning from one another. Adolescents are can greatly benefit from group counseling in that the opportunity to relate to peers can provide a healing process (Corey, et al, 2010). This proposed group would benefit adolescent girls who have prevalent parental substance use, in that in the group, they would be able to explore their environment, relationships with others, current behaviors and thoughts and emotions related to their parental substance use, by expression and comparison of thoughts and feelings of others in their peer group. The group would function as an environment to dispel feelings of isolation and promote the feeling of relatedness which may provide various perspectives on issues facing the group membership population.

The greatest anticipated area of support could potentially come from both the community and educational settings. Community agencies may support the initiative of the group in that the parents of the group members will be serviced by local community agencies for addiction treatment. The members of the group will be referred by local community
agencies by merit of their parent’s own involvement in addiction treatment. The community agency settings will potentially provide locations for the proposed group as well.

In addition to support from community agencies, the group may potentially receive support from local schools. Local middle and high schools may provide referrals based on the number of students who present behavioral concerns and based on the group’s membership criteria. The local school counselors may have ideal students in mind that could benefit from the group and may suggest that groups be completed within the school day while the students are attending school. The support from the educational sector, may provide additional funding, as school districts may view it beneficial to have such groups within the educational sector. School counselor may be more ideal group leaders with their familiarity with the membership population being adolescent females.

Opposition to the group may develop with some ethical considerations in that the substance abusing parent may consider the group as a means of group counseling and therefore attempt to engage in the group’s activity or may not consider the limitations of confidentiality. Some other issues of concern may be that treatment may only temporally provide relief from their situations as when treatment is completed the adolescent will return to the home environment.

In support of such proposed opposition, it would be beneficial to provide a memorandum of understanding between the parents of the potential group members, addressing their understanding that their child’s progress or personal information shared within the group will not be provided to the parent. The MOU will help to structure the limitations of confidentiality. As for the concern that the group will only provide a temporary reprieve from
the adolescent’s environment, exposure to some type of treatment would be beneficial for the children of substance-abusing parents, versus no treatment at all. It could be recommended within the group that family treatment is sought after, in hopes of treating the family system as well.

**Group Objectives:**

The primary objective of the group is to work on interpersonal relationships with the group members. Many of the members will have strained relationships with their substance abusing parent or others due to the group members' own behavior. The group will provide an outlet for healthy relationships to be explored, while stressing the importance of what the members can do to create healthy social relationships with others.

During the forming stage of the group, the group will focus on activities to build trust and cohesion with other members, as the group population may not be so willing to form relationships with other members due to their inability to trust others. The activities in this group, will promote commonality and relatedness between the group, and will also allow the members to feel less isolated in terms of their issues or concerns.

During the transition stage, which will be anticipated to occur between sessions three and five, the group’s focus will be to begin to explore their relationships with their substance-abusing parent and other strained relationships. It will be anticipated that during the initial phase of this stage, there will be reluctance to share personal experiences or perhaps competition will arise to share personal experiences.

During the working stage, the group will move from a more reluctance to share personal relationship experiences to more willingness to share experiences. There will be less structured
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activities and more encouragement to share journal entry homework assignments. There will be more encouragement of feedback and reflection from other members and there will also be time for group members to journal group experiences while in the session. During this stage there will be influential adults who can share experiences of growing up with a substance-abusing parent and their personal outcomes, as a means to create positive role models for the group.

During the final stage, it would be anticipated that the group has created a trusting safe environment that enhances processing the group experiences and applying to real life application. There will be a final wrap-up structured activity as a means to allow the members to take something tangible from the group experience as a sort of keepsake. During the final sessions, members will be encouraged to assess their goals and objectives and the group will evaluate the experience both on a personal and group level.

At the close of the group experience, the group should have developed a greater understanding of their relationship with their substance-abusing parent, their relationships with others, and how both impact or influence their probable or current behavior. The members should also have a more positive view of themselves in relation to their environment.

Announcing the group:

Being that the population of the group is that of adolescents of substance-abusing parents, the recruitment of the group will be more of a referral type process. Once it is established that there will be a group servicing the target population of substance abusing parents and once the parent(s) enter treatment, they will be asked if they have any adolescent
girls between the ages of fourteen and seventeen, and if they are currently involved in any type of treatment. If the adolescent is not in any sort of treatment and falls between the age guidelines, a referral for the group member will be made and forwarded to the group leader(s).

There will be no need for advertisement as the group's membership will work in conjunction with parents who are currently receiving treatment.

Once the referral is made, both the parent and the adolescent will meet with the group leader(s) to discuss the purpose of the group and how the group could potentially benefit the adolescent and the family as a whole. The parent(s) will then be given all consents for group screening and membership.

**Screening and Selection Procedures:**

The selection criteria for the group will be that the member must be female in the age range of fourteen to seventeen, not involved in any type of treatment, must have at least one substance-abusing, custodial parent in treatment and must not have any current involvement with substance abuse or the juvenile justice system. The group will be formed on a first come first serve basis, presuming the above criterion is met. If it is determined that the adolescent is not a good fit for the group or the group is not a good fit for the adolescent, she will then be referred to other services that could better fit her treatment needs. In the event that there are too many applicants, their applications will be held and referred for the next closed group session.

The group may consist of both voluntary and involuntary clients as the group will be community based. It will be discussed during the screening or intake interview, that participation is anticipated if referred by other community agencies other than the juvenile
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justice department. Although screening will primarily take place by the referral sources, there will be a screening interview to allow both the potential member and the group leader to address any possible concerns such as involuntary participation. Since the selection of the group is referral based and first come first serve, if a member does not meet the criteria or if during the screening interview the group leader decides the member is not appropriate for the group or vice versa, then the member's parent will be notified via phone call and follow up letter providing resources which may be more beneficial for the adolescent.

The screening interview will consist of questions regarding how the adolescent views herself and her relationship with her substance abusing parent. There will be questions regarding the member’s knowledge regarding the parental substance use, and how she feels the abuse has impacted or influenced her own behavior, how she views herself within the contexts of her environments, her relationships with others, and her thoughts on potential or current delinquent behavior. The interview will be somewhat of an initial session with the substance-abusing parent either present or absent, depending on the potential members level of comfort.

Practical Considerations:

Given that the group will be developed through a community setting agency, the meetings will take place at one the local community MH/DD/AD center that works with adolescents. The room will be one of the day group meeting rooms, and will be well adjusted for privacy and accessibility in regards to both the community and the members. The room will consist of two couches and one love seat, to accommodate the members comfortably. There will also be room for writing tables and chairs for any writing activities along with two dry erase
boards for any note taking. Group leaders will provide extra material as needed and based on the proposed activity.

The group will be a closed homogenous group of six female adolescents ranging in the ages of fourteen through seventeen. The group will last for ten sessions and will run concurrently with school schedules, such as September through December and February through May. The meetings will meet weekly for an hour and fifteen minutes. The group will meet at 6:00 p.m. on Thursday evenings. Members will be notified of the first meeting via phone call and mail notification.

Leadership:

The leadership of the group will consist of one to two mental health counselors who specialize in adolescent behavior and some working knowledge of addictions. The ideal leader will be knowledgeable of adolescent growth and development, as to plan developmentally appropriate activities. The leader will have a comfortable level of self-disclosure as she may be challenged or confronted by members regarding her own adolescent behavior. The leader will have to be able to go with resistance, in regards to possible reluctant or resistance behavior.

The leader will also exhibit openness, active listening, and unconditional positive regard, as those aspects are important when working with adolescents. The leader will appear to be nonjudgmental. The leader will also be cultural aware of differences of varying adolescent cultures. The leader will model appropriate behavior as this would be important given that adolescence is an impressionable stage of development.

The skills in which the ideal leader would possess would be the ability to make the group process meaningful to its members by connecting the group's processes to the outside world.
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Although connection with the outside world would be a desirable skill, the leader will not harp on application of the group process to the outside world, and will understand that application may take longer than anticipated.

Whenever possible the leader will facilitate the group with a same sex co-leader to provide a greater opportunity for the members to build rapport with the leaders. It would be ideal for the co-leadership style to be utilized throughout the duration of the group. Co-leadership will also offer the group another perspective as the group’s objective is to work on interpersonal relationships.

**Evaluation:**

For the evaluation of the group, there will be both a formal and informal means of evaluation. As previously mentioned, during the last sections of this proposal, the leader(s) will encourage members to begin to evaluate the group experience. One way in which the group will informally be evaluated is through the assessment of the member’s goals and objectives. The members will have the opportunity to assess whether or not their goal was achieved and what role the group experience played in the achievement of their goals.

Another informal means for the group to be evaluated is for the group leadership to assess the behavior of the members both inside and outside the group. This may be conducted by observation or by members self-reporting during the sessions. Group leaders will observe for willingness to participate and relational skills with other members. The group leader will also use collateral contacts as a means to evaluate the group’s effectiveness. Brief informal interviews will be conducted with the group member’s teachers, substance-abusing and non substance-abusing parents, when applicable, and other significant persons. Since there were no
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specific behavioral criteria to be eligible for the group, such as a particular score on the CAFAS, there would be no specific behavioral measurements upon the completion of the group.

The more formal means of evaluating the group would be to use of a self-report questionnaire which would be closely related to the questions provided in the intake interview. This means of assessment would provide more measurable accounts for the member’s interpersonal relationships, relationship with parent, provide greater opportunity for acceptable socialization and perception of future behavioral concerns. The questionnaire will help relate back to the initial need for the group and the actual group outcomes. Provided next is self-report questionnaire both for the individual group member and for the group process as a whole.

**Group Experience Evaluation**

Directions: Place an X in appropriate Box or fill in short answer.  

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>This group was helpful for me</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>I learned new information in this group</td>
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<tr>
<td>I felt connected with other group members</td>
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</tr>
<tr>
<td>My relationships with others have improved</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>My relationship with my substance-abusing parent(s) has</td>
<td></td>
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</tbody>
</table>
**Group Proposal: Children of Substance-Abusing Parents**

| improved |  |  |  |
|----------|------------------------------------------------|
| I value myself more now than I did before I began this group |  |  |  |
| I feel that I can develop more meaningful relationships with others now than I did before I began this group |  |  |  |
| I think others will notice a change in my behavior since I have began this group |  |  |  |
| I feel more confident that my situation will improve |  |  |  |
| I would recommend this group to a friend |  |  |  |

What I liked most about this group was ________________________________.

What I liked least about this group was ________________________________.

Any comments/suggestions? ____________________________________________

_________________________________________.

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**Session 1:**

**Introductory Session:**

Session one will consists of explaining the objective of the group. The group facilitator will begin with expressing group expectations and norms. The facilitator will discuss with the members, the policy for attendance, that all members are expected to attend each group.
meeting and if a member is unable to attend, she will notify one of the group facilitators. Each member should be present, on time, and willing to participate within her level of comfort. The facilitator will also discuss that there will be homework assignments that will not be graded but to encourage the members to process what was discuss during the group.

The limitations of confidentiality will be addressed, being that it is a group experience, only the facilitator(s) can ensure confidentiality. The leaders will state that each session will begin by reminding members of confidentiality as to create a safe environment for sharing. Members will also be reminded that information will not be shared with their parents who also attend the center for treatment.

Members will then be encouraged to suggest other group rules and one facilitator will write rules on a dry erase board. Rules will remain posted throughout the duration of the group. Once the rules are agreed upon, the facilitator will type up copies of the groups established rules, and give a copy for each member to sign and keep for the next session. Members will be encouraged to visit the rules whenever unsure as to how to handle a situation, such as excessive tardiness, or if a rule becomes obsolete or needs revising.

The next step in the introductory session would be a getting to know you activity. With this activity, the members will play "Me Too" Bingo, where they are given paper with twelve squares and inside the squares, there will be phrases such as, "enjoys to read," "favorite color is pink" etc. The members will have 10 minutes to find two other members who can fit a particular category. Once the activity is completed, the facilitators will call out phrases on the bingo cards and have the members discuss more about a particular phrase if desired. This
activity is designed to create a sense of commonality between the members and begin to create a sense of group cohesion.

At the close of the session, the group will be encouraged to express what it was like to have members have aspects in common with one another. The facilitator will sum up the session, by asking if there are any final thoughts about the activity, and assign homework for the next session. The homework for the next session will be to write down one to three personal objectives or goals each member would like to personally work on, and be prepared to share with the group her agenda.

Session 2:

Session two will begin by revisiting the rules from the previous session and have the members sign the rule contracts. The facilitator will check in with the girls by completing a ball toss, tossing the ball to a member to tell something funny, happy or exciting that happened either to her or to someone else over the course of the week.

After the check in activity is completed, the facilitator will revisit the homework assignment from last session. Each member will be encouraged to share at least one goal or objective and discuss how she sees the group helping her work toward her goal. This small activity is a means to support interpersonal skills. Members will be encouraged to speak to one another and to use "I" statements in contrast to generalizations. The facilitator will link the goals and objectives of the members as a means to again create commonality and relatedness.

The facilitator will encourage expansion of thoughts regarding the objectives of the session and link it to the overall objective of the group, which is to encourage healthy
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relationships with others. The facilitator will then ask the group, to share what healthy relationships mean to each member and to share one healthy relationship they may currently have. If no relationships are identified, the members will be asked to imagine a healthy relationship with someone who is close to them, in which they do not have a healthy relationship with. This activity will encourage the members to begin to explore how they relate to other people and also gives the group the opportunity to examine how healthy relationships should appear.

In the conclusion of the session, the members will be asked to begin to keep a journal of their thoughts and emotions from the sessions, and to bring the journal to each session, not to share their entry, but to journal during the sessions as well. The facilitator will provide the journals or composition notebooks and will assign the topic to journal about. The topic for the journal assignment will be to journal about a relationship the members would like to change and to discuss what steps are needed to change those relationships.

**Session 3:**

Session three will consist of checking in with the members. The members will be asked to tag a one word emotion to their name such as "Angry Maggie." The members will then be asked to elaborate upon their feeling word and why. The facilitator will link the member’s experiences together as to encourage group cohesion.

The members will then be asked if they would like to share any journal entries that were assigned for homework. If a member chooses to share, the facilitator will look for reflection of
thoughts or feeling and feedback. If none, the facilitator will move the group onto the next activity.

The next group activity will consist of an art activity, in which the members are given a large globe-shaped sheet of paper and are asked to draw their interpretation of how they fit into the world. The members will be given crayons, markers, colored pencils, scissors, glue, and scrap paper to complete the activity. The facilitator will listen for discussion while the members are completing the activity and encourage discussion as well. If needed, the facilitator will draw her interpretation first, as an example. The members will be given 15 minutes to complete the activity.

Once the activity is completed, the members will be encouraged to share their art and further discussion will be facilitated as to discuss how the members see themselves in their home and school environment and within the group. The members will also be encouraged to discuss relationships which are influential in their role in society.

At the conclusion of the session, the members will be given a chance to express any final thoughts. The homework assignment will be given for the next session, which will be for the members to journal on their experience with the art activity and how it felt to use a creative means to express themselves as a coping skill.

Session 4:

Session four will consist of building trusting relationships. At the beginning of the session, the members will complete a quick verbal check-in, discussing any related feelings from
last session or any experiences they may have had over the week. The check in will be quick as a manner to save time for the main activity.

For the main activity, the members will be given a bandana and told that they will be blind folded. The members will be assured of their safety and asked if they wish to participate. The activity will be explained as it being a mini-obstacle course of chairs and other objects. The members will be blindfolded and arranged in a line. The first member must complete the obstacle course with the assistance of one of the facilitators and will only be guided throughout the course by the hand of the facilitator. The person guiding the member, will at some point, let go of the members hand and the member must complete the remaining course on her own. The remaining course will be a six foot long, straight walk between chairs. Once the first member has completed the obstacle course, that member will remove the blindfold and guide the next member through the designated area. All members will have the opportunity to complete the course and guide another member or a facilitator.

The members will then come back to the designated group area, and discuss how it felt to trust someone else to guide them while blindfolded. The members will be encouraged to use emotional words to express themselves. The members will also be asked how it felt to guide another member with knowing that member was blindfolded. At the close of the session, the members will be asked any final thoughts regarding the session, and be given the homework topic, which will to journal about who in their lives have been a guide for them and why.