

**UNIVERSITY OF THE WESTERN CAPE
MINI THESIS**

**THE KNOWLEDGE, SKILLS AND
ATTRIBUTES OF FACILITATORS OF
PSYCHOTHERAPEUTIC GROUPS FOR
CHILDREN**



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**THE KNOWLEDGE, SKILLS AND ATTRIBUTES OF FACILITATORS OF
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BY

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KEYWORDS

- KNOWLEDGE
- SKILLS
- ATTRIBUTES
- LEADER EXPERTISE
- CHILDREN
- GROUPS
- CLIENTELE
- SOCIAL SUPPORT
- EMOTIONAL EXPRESSION
- COGNITIVE MANAGEMENT SKILLS
- GROUP FACILITATOR
- PSYCHO-DYNAMIC UNDERSTANDING
- LIVING MOMENT- TO-MOMENT



ABSTRACT

Introduction: Because Children have different needs and function differently from adults, special training for leaders of children's groups is required (Zipora, 2002). Child group psychotherapy is a unique treatment modality and it requires specific facilitation skills. According to (Mc Callum, 1999, as cited in Zipora, 2002) the primary objective of child group psychotherapy is to improve the child's immediate adaptation to his or her life situation, build ego strength and teach problem-solving skills.

Aim of the study: To explore the knowledge, skills and attributes of facilitators of psychotherapeutic groups for children.

Methodology: A qualitative research design in the form of the case study method was used in this study, as it enabled the researcher to interpret the phenomena in terms of the meaning given to it by the individuals in the study (Denzin et al., 1998). In addition, a semi-structured interview schedule was used and the results positively supported the findings of the study.

Sample: The study population consisted of eight child group facilitators who are associated with the Child and Family Unit of the Red Cross Children's Hospital. The facilitators attend to children who are referred for therapy by mental health professionals, due to generalised difficulties with their developmental functioning, peers, school related problems, parental/authority control issues, sibling rivalry as well as emotional and behaviour difficulties. The participants have been facilitating groups with children for periods of one to nine years.

Analysis: The content analysis technique was used in the study. The purpose of content analysis is to analyse semantic content or to establish the meaning or intent of the content. Qualitative data is narrative in form and is often extensive, but may be counted to show differences in kind or rank. The tapes were played back to the participants, who confirmed that the interview had been recorded fully and effectively. The researcher tried to distinguish general patterns, through the coding of the data. The main themes emerging from the data were identified and used in the presentation of the data.

Ethics: All participants were assured of confidentiality. They were given the assurance that any written or verbal reports or presentations of the information would retain the participant's anonymity. This thesis will be submitted for evaluation and approval to the Faculty of Community Health Science, University of the Western Cape, Ethics Committee.



Results: The findings of the study have not differed from the literature. As confirmed in literature there has been a shift in the task of facilitation of children's groups from psychologist to mental health professionals. In this study, it was nurses and occupational therapists who facilitated groups with children. From the findings in the study, it also appears that facilitators collectively have an understanding of the knowledge, skills and attributes required to facilitate groups with children, which they said is mainly gain through an assortment of methods.

DECLARATION

This work has not been previously submitted in whole, or part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this thesis from the work, or works, of others has been acknowledged and referenced.

PATONIA GERALDININE OLCKERS

DATE



MRS. FELICITY DANIELS. (LECTURER)
SUPERVISOR

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APPENDIX 1

SEMI-STRUCTURED INTERVIEW SCHEDULE.

TITLE: Knowledge, skills and attributes of facilitators of psychotherapeutic groups for children

- 1 What are your professional qualifications?
- 2 How long have you been facilitating groups with children?
- 3 Did you have any formal training in facilitation skills for children psychotherapy groups?
- 4 Should you have had formal training in facilitating children's groups do you think you would have facilitated the group more effectively?
- 5 Would you like to acquire more knowledge and skills around facilitation of children's groups?
- 6 Do you receive supervision while facilitating groups? How often and is it helpful?
- 7 How does the facilitation of children groups differ from that of adult groups?
- 8 According to you, what:
 - knowledge,
 - skills and
 - attributes should a child group facilitator have?
- 9 In your opinion what are the challenges that faces therapists in facilitating children groups?
- 10 Given your current professional training and exposure to group facilitation, what are your experiences in facilitation of children's groups.



APPENDIX II

PARTICIPANT CONSENT

Title: The knowledge, skills and attributes of facilitators of psychotherapeutic groups for children.

Researcher: PG Olckers

I will be interviewing and audio taping the group facilitators. I hope that this will assist me in exploring the knowledge skills and attributes a child group facilitator requires to facilitate groups effectively. The interviews will be recorded and transcribed. Only my supervisor and I will hear these tapes. The tapes will be stored securely and, on completion of the study will be destroyed. Should you choose to participate, your identity will remain anonymous. Your participation is voluntary and you may withdraw from the study at any time.

I, (name)agree to participate in this study.



The researcher has explained the study to me in my language of choice, including the purpose of the study. I agree to participate in the study and give consent for the interview to be audio taped. I understand that the confidentiality of the data, and the promise to keep it anonymous will be uphold at all times. I understand that I will be shown a written copy of my responses to the interview. I may change my responses, or I may withdraw from the study at any time, without redress. I understand that I have the right to speak with others before consenting to participate. I have received verbal and written information and agree to participate.

.....

.....

SIGNATURE OF PARTICIPANT

SIGNATURE OF RESEARCHER

DATE.....

DATE.....

CHAPTER 1: ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Since the pioneering writings of Slavson and his contemporaries (1943), Frank and Zilbach (1968), Slavson and Schiffer (1975) and Frank (1976) in Raubolt (1983), there have been many ideas about what happens in children's psychotherapy groups and how the therapist best facilitates positive change in group members. Group therapy with children is a complicated and demanding therapeutic endeavour because the therapist is constantly assailed with images, memories, and feelings from his/her own childhood (Raubolt, 1983).

Over the past two and a half decades, the clinical population referred for group therapy has become more diverse and complex. Leaders in the field of child group therapy have struggled to keep up theoretically with enormous changes in practice. The question of how groups develop and how diverse populations of children change and grow within groups has been alluded to, and indeed has seemed to be placed in a position of central significance. However, since the contribution of Garland, Jones, and Kolodny (1965) as cited in Zipora (2002), the process has not, until now, received extensive consideration in literature (Pfeifer, 1992).

Between the early 1970's and the middle 1980's, theory development and clinical innovation in children's group therapy diminished markedly as fewer professionally trained therapists choose to treat children in groups.

This led to the situation that, para-professionals and practitioners from disciplines that do not define their roles primarily in terms of psychotherapeutic knowledge and function (nurses and occupational therapists) gradually took over this work. This phenomenon still exists in current practice. While many of these practitioners worked sensitively and skilfully with children in a variety of “helping” groups, they did not, for the most part, conceptualise their work in therapeutic terms, thus leaving a notable gap in child group therapy literature (Schamess, 1992).

1.2 BACKGROUND STATEMENT

After completing the Advanced Diploma in Psychiatric Nursing Science (Child and Adolescent Elective) at the end of 1993, the researcher returned to adult psychiatry. She commenced her career as a child nurse practitioner at the Therapeutic Learning Centre (TLC), Child and Family Unit, Red Cross Hospital at the beginning of 1995. Because of her experience in group work with adolescents and adults, she wanted to explore the prospect of working in groups with children at the Therapeutic Learning Centre.

This became a reality when the Occupational Therapist (OT) who started working at the unit in 1996 had a similar vision. Who in turn had gained her experience of working in groups with adolescents and young adults while working abroad after graduation. From 1996 to date, the researcher has been actively involved in facilitating groups with children between the ages of 6-13 years at the Therapeutic Learning Centre, Child and Family Unit, and in private practice.

The researcher's knowledge and skills around group work with children was gained mainly through experiential learning and sharing of ideas with colleagues and other child group facilitators.

1.3 AIM OF THE STUDY

To explore the knowledge, skills and attributes of facilitators of psychotherapeutic groups for children.

1.4 OBJECTIVES OF THE STUDY

- (i) To determine the qualifications and training of facilitators managing children's groups.
- (ii) To explore the perceptions of facilitators regarding the knowledge, skills and attributes required to manage psychotherapy groups with children.
- (iii) To explore the experiences of facilitators in the management of children's groups.

1.5 SIGNIFICANCE OF THE STUDY

Zipora (2002) noted that many child group psychotherapy studies with an inadequate research base, are published. What is needed in research is rigorous methodology, including pre-post tests, experimental and control designs a clear description and monitoring of the intervention, a large enough sample. Several group leaders, replication of studies, valid multiple instruments, and follow-up measures.

Many of the reviewed studies do not meet such criteria. Follow-up measures, leader expertise, and control groups particularly need improvement and attention.

Literature on groups for adults offer an established knowledge base on several major issues regarding group intervention, stages of group development, a set of therapeutic factors for leadership roles and skills, difficult populations, and ethical considerations (Barlow et al., 2000 in Zipora, 2002). Very little, however, is known about these issues with regard to child psychotherapy groups. In contrast to the consensus established regarding the effectiveness of group interventions with children, there is very little research-based knowledge on the processes in the various types of child psychotherapy groups. Such research is essential for the development of theory regarding group work with children. Moreover, process research, in contrast to outcome research, informs clinicians about constructive practice, thus improving psychotherapy groups for children (Zipora, 2002).

1.6 PROBLEM STATEMENT

As highlighted in literature, the success of group psychotherapy for children is largely dependent on the knowledge, skills and attributes of the group facilitator.

There is however a gap in literature regarding group leader expertise to manage the large number of children who are exhibiting adjustment problems in society today. Some of these problems are part of their normal developmental tasks, whereas others are a result of stressful events in their lives.

Many children in groups are the product of a non-accepting and criticizing environment, and need corrective experiences in their interpersonal relationships. Some of them experience test anxiety, school failure, social isolation or rejection, or are involved in bullying. Unusual stressful life events have a detrimental impact on their emotional well-being e.g. family break-up, parental neglect, abuse and death. As a result, children are often referred for group psychotherapy (Zipora, 2002).

1.7 OPERATIONAL DEFINITIONS

Attributes for the purpose of this study means characteristics and qualities associated with a group facilitator's personality.

Knowledge for the purpose of this study, is the theoretical understanding about the emotional, physical and practical needs of children. This could be enhanced by the knowledge of psychological theories

Skills for the purpose of this study are the ability to practically and emotionally do things well.

Leader expertise refers to skills, special techniques and attributes that group leaders acquire through training.

Children for this study refer to girls and boys between the ages of 6-13yrs.

Group refers to a set of structured activities specifically geared toward children. It ensures containment, structure and boundaries.

Clientele refers to the children admitted into group therapy with varying ages and verbal ability, emotional maturity, developmental ability, level of social skills and social adjustment.

Social Support refers to interaction, understanding, transference, insight, tolerance, reason, reality, caring support, praise, warmth, acceptance and genuineness experienced by children in group therapy from various people.

Emotional expression refers to the ability to adapt to life's situations, display understanding, catharsis, and emotional stimulation e.g. challenge, confrontation, and self- disclosure.

Cognitive management skills include teaching problem-solving skills through the use of games, art and music therapy, activities, puppets and stories. These are used to explain, clarify, interpret and translate feelings into ideas and vice versa.

Group facilitator, therapist, and group leader - for the purpose of this study these words will be used interchangeably.

Psychodynamic understanding is the ability to understand the unconscious forces that impact on development and games.

Living moment to moment is the ability of the child to function in the here and now and to transfer knowledge and skills into their day-to-day functioning.

1.8 OUT LINE OF THE STUDY.

CHAPTER 1: Introduces the study, a background statement, aim and objectives of the study, significance of the study, problem statement and operational definitions.

CHAPTER 2: Focuses on a review of the relevant literature.

CHAPTER 3: The research methodology, namely, the design of the study, study sample, data collection, data analysis, reliability and validity, content validity and ethical considerations and limitations of the study.

CHAPTER 4: Methods used for data analysis, presentation of findings and interpretation of results.

CHAPTER 5: Summary of findings, Recommendations and Conclusions.

This chapter has given a description of the problem under study, aim and objectives, an introduction to the literature review as well as definitions of terms. It ends with an outline of the study. The next chapter is a presentation of the literature review.



CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

This chapter examines the theoretical basis for group work with children. The literature is presented in the following order: an introduction to the history of group psychotherapy, an explanation of group psychotherapy and its significance as a treatment modality for children. The review thereafter addresses the process of group psychotherapy and the lack of literature in child psychotherapy groups. The importance of a psychodynamic understanding of the child in group therapy, as well as the significance of the role of the group facilitator in groups with children. The literature further focuses on the knowledge, skills and attributes needed by the child group psychotherapist to effectively facilitate Children's Groups, and the Expressive Supportive Theory as a theoretical framework for this study.

The literature under review was retrieved from websites such as EBSCO host and Pubmed as well as Journal articles drawn from the library. While little has been written on group work with children; most of the literature available on group work is on adults. For this reason, a clear distinction has been made between the literature regarding children and adults.

2.2 THE HISTORY OF GROUP PSYCHOTHERAPY

2.2.1 Adults

Joseph Pratt, an internist from Boston who treated patients suffering from tuberculosis in 1905, is considered the father of group therapy. He worked with poor patients who were unable to afford in-patient treatment, and soon recognised their need for moral support. He designed a method of group treatment for these patients, which included lectures on TB, weekly weight charts, and stories of encouragement from patients who had recovered from their illness (Nicholls, 1993). The conceptual framework of group psychotherapy however, was designed and promulgated by the psychoanalysts Louise Wender and Samuel Slavson. These therapists drew directly on the theories of psychoanalysis and examined the group process in terms of transference, resistance and unconscious conflicts (Nicholls, 1993).



2.2.2. Children

Samuel Slavson, known as the father of child group psychotherapy, developed his theories on groups while working with children in New York, for the Jewish Board of Guardians between 1934-1942. He was the first analyst to record the use of activities in groups and said that feelings are expressed in group therapy through actions and activities. Slavson believed that the child would learn tolerance and acceptance of the other children in the group if they were allowed to play without being interrupted or channelled by the leader (Nicholls, 1993).

2.3 GROUP PSYCHOTHERAPY

2.3.1 Adults

Group psychotherapy is a special form of therapy and is defined as “an intervention designed to alleviate psychological distress, reduce or enhance maladaptive behaviour through counselling, structure or unstructured interaction, a training programme or a predetermined treatment plan” (Weisz et al., as cited in Zipora, 2002:2). Group therapy according to Foulkes, should fulfil the following conditions: “(a) That verbal communication and formulation are the principal occupation of the group. (b) That such treatment does full justice to the individual members and their interaction, and, (c) that the therapist, who has a group before him, wants to avail himself particularly of the forces which present themselves in that situation” (Foulkes, 1984:48). Yalom (1975) suggests that group psychotherapy is largely a corrective “here and now” experience, while Bion (1960) in Sandler (1999) stressed an understanding of working with groups based on observing unconscious processes that occurs within groups. Foulkes (1984) also indicated that the group therapist needs to place emphasis on the “here and now” and further promotes tolerance and appreciation of individual differences within the group setting.

Scheidlinger (1985), notes that while the work of theorists such as Yalom (1975) and Bion (1960) in Sandler (1999) has been significant in the field of group psychotherapy for adults, the major contributions of these authors are mostly irrelevant to the field of child group psychotherapy. However, their ideas and concepts around group psychotherapy remain relevant to this study.

2.3.2 Children

Phelan (1974) suggests that the major difference between adult group therapy and child group therapy lies in the external reality, theory and technique. Group therapy is particularly helpful for children who need assistance in seeking validation and support (Role of Mental health Professionals, 2003). This idea is in line with the curative factors experienced in a group, by group members as described by (Yalom, 1975). Children are mostly concerned with the here-and-now; they worry about their unhappiness, frustrations, disappointments, developmental task failures, anxieties, fears and other disabling emotions (Schiffer, 1975).

2.4 SIGNIFICANCE OF GROUP PSYCHOTHERAPY

2.4.1 Adults

For group therapy to be effective, the therapist should always be aware that it is the group rather than the individual, which should remain the unit of measurement (Zipora, 2002). In society, as noted in the literature, all individuals are raised in a group environment, be it with their families, at school, in organised activities or at work. Human beings live their lives as members of groups.

Group therapy with adults creates an environment where people come together with others, to share their difficulties and concerns, which assists in the process of understanding themselves and others better, as well as giving them the opportunity and environment to learn from others (Groups Works, 2003). Yalom (1983) states, that given enough time, one behaves in the therapy group very similarly to the way one behaves in one's outside social environment.

2.4.2 Children

Child group therapists have always viewed corrective peer interaction as an essential curative element in children's groups (Dies, 1982). They also realised the central role that group-as-a-whole (In the group-as-a-whole method the group leader's focus is on the group process and not on the individual members) plays in shaping the course of treatment in children's group therapy (Sandler, 1999). Pfeifer (1992) says that groups are a place where kids get together to do ordinary things; they do it in a safe space where benign adults watch, take interest, and help them to work things out.

“Group psychotherapy with children is a particularly dynamic form of treatment, as the fact that children play with and talk to one another and the therapists, and that the therapists interpret to the group as a whole, means that interpretations have a group life, and a place in the group's mind” (Emanuel & Canham, 2000:2).

Group therapy also helps to overcome narcissism and improves the sense of interdependence as well as autonomy. Dwivedi (1993) cited that Didato (1974), sets out four therapeutic goals in group work with children: To increase their capacity to experience powerful affects (emotions), positive and negative without acting them out; to increase their capacity for empathy; to strengthen identification with the therapist and; to encourage new behavioural patterns in helping the group to resolve inter-group conflict through non - physical verbal means.

2.5 PROCESS OF GROUP PSYCHOTHERAPY

2.5.1 Adults

Foulkes (1984) states that the group cannot form itself, it has to be organised by the therapist. Lieberman et al (1973) and Yalom (1975) as cited in Dies (1982) reiterate that the leader affects the members directly by interacting with them, and by doing so indirectly creates a setting in which the group can exist. Yalom favours the leader's personal involvement in the group process, because according to him, it facilitates the development of curative factors within the group, for example cohesiveness, catharsis and universality. However, Dies (1982) makes it clear that group psychotherapy should not be used to help the therapist work through his/her past or present problems. The leader should also not enter the group with the intention of modelling behaviour for members; rather he/she participates with the goal of learning from others and with others in the group (Gibb, 1969, in Dies 1982).

According to Hare (1973) in Dies (1982), the following dynamic patterns occur in groups over time “forming”, “storming”, “norming” and “performing”. When therapists are aware of these processes it allows them to remain in control of the group process as it develops. It remains important that the leader is at all times aware of these processes to ensure success within the group. The leader also needs to have the broadest possible range of understanding of interpersonal communications and its significance for the client (Leszcz, 1992).

2.5.2 Children

According to recent child group literature Zipora (2002), professional counsellors who have been dealing with children’s groups thus far are more informed about outcomes than about process with regard to child group psychotherapy. Group process however, is an area just beginning to evolve, as research in this area has received sparse attention from professional audiences in the past. In a recent review done by Silver there were only two articles written by professionals focussing on group psychotherapy with children (Silver, 1982).

Children have different needs and function in a different manner from adults (Zipora, 2002). This is the primary reason why child group therapists need to acquire special techniques and be cautious in the handling of group processes.

“What emerges in the reviewed literature is that children show a high need for self-expressiveness, cathartic experience, social acceptance, support, guidance and training in areas of social deficit” (Zipora, 2002:8). Zipora (2002) further observed that young children often start working right at the initial stage of group development. Initial sessions are often characterised by high levels of self-disclosure and cathartic experiences. These high levels of self-disclosure are mostly generated by structured therapeutic activities for example: games and questions, which are seldom used in adult groups, but are so necessary with children.

There are certain characteristics of children of which the facilitator needs to be aware, that may predict success or failure in group treatment. Facilitators should be aware of characteristics, such as age, verbal ability, emotional maturity, presence of a developmental disability, level of social skills, and the impact of problems on the child’s social adjustment, as it becomes an important part of process development in children’s groups (The Role of Mental Health Professionals, 2003). Groups have failed where therapists have tried to conduct them without understanding and fulfilling the basic requirements of the method (MacLennan, 1982). The nature of children’s groups is also dependant on the “degree of structure and control, the setting and choice of materials, the selection and grouping of the children, and the behaviour of the therapist.

The degree of control in the group can be determined by member balance, the extent of program structure, the regressiveness of the material, the amount of discussion and interpretation, and the number and activity of the therapist” (MacLennan, 1982: 94).

Pfeifer (1992) made the statement that any child group therapist will attest that there are inspiring moments in children’s groups when the group emerges from a chaotic bickering level, climbing to a level of joyous cohesion. Group members after a while become comfortable with the idea that they come to group because it feels good to belong. They accept their strong feelings for the therapist and one another, and they recognise the therapist as an ally. They realise that groups are a special and safe place to “look, see and be seen” (Pfeifer, 1992:367).



2.6 LACK OF LITERATURE ON CHILD PSYCHOTHERAPY GROUPS

While many practitioners worked sensitively and skilfully with children in a variety of “helping” groups, they did not, for the most part, conceptualise their work in therapeutic terms, thus leaving a notable gap in the group therapy literature (Pfeifer, 1992).

Zipora (2002) expressed his concern around the lack of literature regarding children’s groups and suggested that especially the group processes in children’s groups are in need of extensive exploration, to learn about the curative factors and the failures in such groups.

However, the curative factors described by Yalom (1983) regarding group work with adults, also seems relevant in group work with children. Schamess (1992) acknowledges that the gap in child group literature is huge, therefore the need for further research on the subject.

The most recent review on groups in schools claims that only 39% of the group leaders were mental health professionals, many of them novices in group treatment for children (Dagley et al., 1994 as cited in Zipora 2002).

2.7 THE ROLE OF THE GROUP FACILITATOR IN CHILDREN'S

GROUPS

“The role of the therapist must vary in relation to the needs of the group and the needs of the group vary from one group to another, within the same groups at different times and within the same group at the same time. Groups of children or adult schizophrenics will need to have the therapist assume and maintain a central and powerful role, most of the time, regardless of how long they meet” (Levine, 1979:281).

According to (Parse as cited in Galligan 2000:175), the therapist's role is to “permit the child to find meaning through self-expression, to synchronise rhythmical patterns by living moment-to-moment and to mobilise transcendence by moving beyond the moment to forge a unique personal path toward health”.

Berman (1982) confirms that the therapists' position casts him/her inevitably in the role of authority in the group, though hopefully a rational authority, which has its source in competence. In groups with children the therapist has to allow them their personal views and opinions as a learning and explorative opportunity, which can be seen as a positive outcome in therapy. The person whose authority is respected functions competently in the task with which he is entrusted and the children inevitably learn from this experience.

Berman (1982) further cautions that the leader, may resort to various management tactics similar to those often used by an army officer or by a schoolteacher struggling to maintain control of a group. The therapist needs to provide a "container", which allows the client to begin to think about and express his or her feelings in a safe environment. Children may associate the group facilitators with important authority figures in their lives, e.g. their parents.

Transference, wrote Moreno (1995) as cited in Shaffer 1995, does not take place toward a generalized person, but toward a role, which the therapist represents to the patient in therapy. The leader/therapist is both participant and observer; hence transference and counter transference are integrally linked and addressed collaboratively by both the client and therapist (Leszcz, 1992). Yalom (1983) states that when the leader assumes the responsibility of leadership, transference and counter transference will inevitably occur.

The group therapist “lends” the group his/her ego and models alternative models of communication and problem-solving strategies to them. In essence, the group comes to identify with the effective parenting the group therapist provides. “It is important to note that the therapist does not attempt to become the parent, but by creating a “holding environment” a positive parental transference often develops in group” (Winnicott 1968 in Raubolt, 1983:153). Foulkes states that, “in the unconscious fantasy of the group, the therapist is put in the position of a primordial leader image, he/she is omniscient and omnipotent and the group expects magical help from him” (Foulkes, 1984:59).

Raubolt (1983) further explains that the group leader’s role extends to verbalizing concerns for the child. He/she also serves as an interpreter, offering explanations to the child or the group that the child might find hard to do. The leader also determines rules, boundaries and limits within the group setting that in essence will enable the child to live from “moment to moment”.

Dies (1982) confirms that the behaviour of the leader is not the sole determinant of how groups are experienced by the participants. Gruen (1982) in his study found that the truly eclectic leader is not helpful in stimulating movement in the group; he states that a good theory appears to be important for the promotion of movement in any group. Gruen further found that laissez-faire leadership, which is characterised by low visibility of the leader, general absence of focussing, interpreting, or summarizing remarks slows down group movement.

Anxiety builds up within the group, when issues or forces are not examined by the leader from time to time (Gruen, 1982).

Winnicottian therapy encourages the therapist to stay connected with the client, to take the client's experience seriously, even in play, as it is easy for children to relate and learn through play. For Winnicott (1968) play is therapy in itself, and psychotherapy occurs in the overlap of the two areas of playing; that of the child and that of the therapist (Galligan, 2000).

Bion's theory (1962) as cited in Sandler (1999), contains the idea of the "container and the contained" and captures therapist' ability to keep the child in mind, understanding the development of the therapist's capacity to hold thoughts and feelings of the child in mind, becomes an important concept which assists in the facilitation of children's groups. It is however important that the group process, as well as the facilitator's own unresolved conflicts and tendencies, are understood by the child group facilitator, in order to respond therapeutically in the group. The therapist must be in touch with his/her own emotional reactions and in control of his/her behavioural responses in groups. As mentioned previously, group therapy with children can be a difficult, demanding therapeutic endeavour, as the therapist can be constantly assailed with images, memories, and feelings from his or her own childhood (Raubolt, 1983).

2.8. KNOWLEDGE NEEDED FOR CHILD GROUP FACILITATION

The knowledge needed in group work with children is an appropriate theoretical approach, which addresses children's need for emotional expressiveness, social support, and assistance with their practical difficulties. This approach is described by Zipora as Expressive Supportive Therapy (Zipora, 2002).

The therapist's also need to know that his/her role in groups with children has to be active and directive and it is thus of paramount importance that the therapist understand theories in order to understand and treat children effectively in groups. In group work with children there is a tendency toward action, the pace and style of communication is also very different from that of adult groups (Dwivedi, 1993).



The facilitators need to have knowledge that children often display resistance to psychotherapy, but significantly less than adults and adolescents. When adult patients act out, it is a form of resistance; with children it is a form of meaningful communication, seemingly inappropriate but congruent with their basic feelings (Schiffer, 1975).

Group therapy according to the literature is not typically indicated for children who have severe behavioural problems, which may interfere with their ability to participate, or their ability to be supportive to other group members (The Role of Mental Health Professionals, 2003).

Cognitive-behavioural therapy is strong in offering guidance and training, but falls somewhat short in providing the needed opportunity for emotional experiences (Zipora, 2002). In contrast, an interpersonal approach seems to be too difficult for children to conceptualise, in that it requires self-exploration, perspective taking, and dealing with feedback, all of which require ego-strength and mature levels of cognitive development, which children may lack (Zipora, 2002).

2.9 FACILITATION SKILLS NEEDED FOR CHILD GROUP

FACILITATION

It has been reiterated in the literature, that the facilitator will enhance children's self-expressiveness and experiences in group therapy by introducing structured therapeutic games and questions (Zipora, 2002). In previous studies, children were found to be willing to self-disclose private information.

Dwivedi (1983) stated that a positive component of children's groups is when the therapist includes the use of play, activity, behaviour modification and verbal therapy techniques. These skills in themselves need to be incorporated into the group by competent therapists. Dwivedi felt that the facilitator creates a therapeutic setting through thorough preparation, which includes the use of activities and games in the groups, which also assists in the group process. Therapeutic activities such as games, the use of puppets, bibliotherapy, art therapy, and music therapy, behaviour modification and verbal therapy techniques, have all been used to enhance children's participation in groups (Zipora, 2002).

Raubolt states that, “in activity group therapy, the spontaneous discharge of drives, diminution of tension and the reduction of anxiety are achieved through physical and emotional activity in a group setting. This setting permits unimpeded acting out, within the boundaries of safety, and through free interaction with fellow participants” (Raubolt, 1983:148).

In a recent study done by Leszcz (1992), psychodynamic group therapists and cognitive behavioural group therapists were compared with each other. He found that the interventions that were mostly linked to positive outcomes in treatment by both types of therapist’s were the ‘here-and-now’ dynamic interpersonal interventions, which illuminated patterns and effects of behaviour. Interestingly, both types of therapists used psychodynamic and cognitive-behaviour interventions interchangeably. Leszcz also found that the closer the therapist stays to consensually validating the here-and-now information, the harder it is for the patient to refuse it.

2.10 ATTRIBUTES NEEDED FOR CHILD GROUP FACILITATION

Rogers (1957) in Ginther (1996) argues that the core attitudinal knowledge and skill of empathic understanding, unconditional positive regard and genuineness of the facilitator are all influential in successful therapy with clients. His deep belief that each person has worth, dignity and the capacity for self-direction ran counter to the pervading thought of his day.

Boyatzis (2002) said that in order to be effective as a therapist, the person must be sensitive to others; in order to be sensitive to others; he/she must have the ability to be sensitive to him/herself. Leszcz (1992) states that effective psychotherapists (regardless of their stated psychotherapeutic orientation) share certain common attributes that include empathy, warmth and acceptance.

Foulkes reiterates that “to promote the attribute of tolerance and appreciation of individual differences, the facilitator represents and acknowledges reality, reason, tolerance, understanding, insight, catharsis, independence, frankness, and an open mind for new experiences with the client i.e. to allow the children the autonomy to drive the group process and being led by their internal needs” (Foulkes, 1964:57).



Spontaneous interactions within social groups are not always therapeutic. The authority of the therapist is crucial in increasing mutually helpful responses from participants, such as listening, attempts to understand, honest feedback and empathy toward others (Berman, 1982). “Group provides an opportunity to explore and capitalise on interactions between peers, the children and the therapists, as well as both present and past interpersonal experiences and family relationships. In this model the therapist may set limits, may interpret interactions, and seeks to promote an understanding of social skills and peer relationships” (Kolvin, 1993:244).

The therapists’ role is neither to push the process, nor to be dragged along by the client, but rather to accompany the client.

Consequently, during the initial group sessions the therapist needs to foster trust and attachment to the group, and provide positive experiences in exploration. The therapist should clarify beginning expectations and provide structure, while also allowing and supporting distance (Loy, 2000). The therapist does not create the group process; it occurs spontaneously, provided, that the necessary structures exist.

It is important for the therapist to be aware of the meta-communication of the group participants, and to clarify and verbalise this for the children. The therapist serves as a protector, by establishing clear, non-punitive limits to behaviour, also as an alter-ego in offering a running commentary on feelings and behaviour, which assists the child in identifying the various feelings that emerge in group (Zipora, 2002).



The group therapist also serves as an interpreter, offering explanations to an individual for the group. These interpretations not only identify their feelings but also seek to explain how these feelings have come to occur. These children are also offered a new view of authority that is firm, consistent and non-punitive (Raubolt, 1983).

2.11 EXPRESSIVE SUPPORTIVE THEORY AS A THEORETICAL FRAMEWORK

The primary objective of Expressive Supportive Theory also known as psychodynamic psychotherapy is to improve the patient's immediate adaptation to his or her life situation, build ego strength, and teach problem-solving skills.

Psychodynamic psychotherapy further aims to go beyond symptomatic change, by resolving the unconscious conflicts that are thought to underlie symptoms displayed by clients. This concept is congruent with the definition of child group psychotherapy (Richardson, 1997). Expressive-Supportive Theory according to Zipora (2002), is a theoretical approach that addresses children's need for emotional expressiveness, and social support, assists them with their practical difficulties, and is an appropriate approach to follow in group work with children. Expressive Supportive Theory has recently been suggested for persons with low psychological ability (McCallum, 1998; Piper, McCallum, and Azim, 1998), and physical illness (Spiegel, 2000 as cited in Zipora, 2002).

The theorist acknowledged that an interpersonal approach, which dominates adult groups, seems too difficult for children, in that it requires self-exploration, perspective-taking, and dealing with feedback, all of which require some ego strength, which children may lack.

Spiegel (2000), as cited in Zipora (2002), made the point that social support and the expression of feelings reinforce each other i.e. when a child has the necessary social support he or she will find it easier to express their emotions. Intimate social relations both allow and encourage the expression of strong emotions, which in turn stimulate the development of social support. Involvement in such relationships allows participants to better mobilise their existing resources, as well as develop new sources of support. Moreover, freeing themselves through the expression of strong emotions, children may also open up to learn new coping skills.

The primary objective of Expressive Supportive Theory is to improve the patient's immediate adaptation to his or her life situation, build ego strength, and teach problem-solving skills (Zipora, 2002). Thus, it is logical to use the Expressive Supportive Theory with children because they are frequently the product of a non accepting and critical climate and need some corrective interpersonal experiences in order to change. They also need to be attended to with care and support and be empowered in order to be ready for insight development. Moreover, they need assistance with their immediate emotional and practical difficulties.

Thus, such a modality requires certain leadership skills for working with children (Zipora, 2002). This theory is also in line with Oaklander's idea of giving children the opportunity to play games with each other as it gives them fundamental experiences in interrelating (Kaplan, 1983).

Erickson and Piaget's theories in addition to this concept (Expressive Supportive Therapy) are fundamental approaches, which are pivotal in the management of children's groups. In some ways Erickson and Piaget support aspects of the Expressive Supportive Theory.

Erickson (1963) emphasised the role of cultural context in ego development. He argued that human development could only be understood, if one takes into account the social forces that influence and interact with the developing person (Kaplan, 1985). This concept is in line with one of the fundamental approaches described in Expressive Supportive Theory. Children struggle to develop an ego identity, and become pre-occupied with appearance, hero worship, ideology and development of group identity. This is one of the reasons why group therapy is acknowledged as an effective treatment modality for children, as children learn easily from peers (social support). Erickson (1963) reinforces the emotional expression (psychodynamic understanding of the child) as well the importance of social support for children to develop, as described in Expressive Supportive Theory. Erickson further states that the way in which ego synthesis and social organization complement each other provides the growing child with a "vitalizing sense of reality" that emerges from the awareness that his individual way of mastering experience is a successful variant of a group identity.

It continues as follows, “the spontaneous or ritualistic play of children in psychotherapy groups may be understood as reflecting the member’s attempts to reveal their personal identity, connect with one another and experience themselves as an integral part of a greater whole” (Erickson, 1963as cited in Pheifer, 1992:21).

Piaget’s theory of development studied children’s acquisition, modification and growth of abstract ideas and abilities based on an inherited or biological substrate, the replacing of physical acts and experiences by mental ones. Piaget also found that between 6 and 8 years of age children leave the egocentric mode of thought and move to socialise thought. As a child comes to value his peers, he becomes more interested in being understood when he speaks to them (Kaplan, 1983). The need that children have for others to understand them, leads him /her to start framing his ideas to take account of the other’s view point. Children begin to learn that the way other people view them is important (Grunebaum, 1982). According to Dwivedi (1993), effective group work can enhance social skills, self-esteem and reality testing in children. It can also help them to learn delaying gratification, managing feelings, exploring abstractions and values, cultivating creativity and sharing themselves with others. Piaget describes the cognitive management skills as needed by children according to Expressive Supportive Theory, coping day to day in society and amongst peers.

As described above this theory Expressive Supportive Theory (also known as psychodynamic psychotherapy) lends itself well to use as a theoretical framework for describing the knowledge, skills and attributes facilitators need to effectively facilitate groups with children, which was explored in this study.

This chapter has covered an introduction to the history of group psychotherapy, an explanation of group psychotherapy, and its significance as a treatment modality for children. The review subsequently addressed the process of group psychotherapy and the lack of literature in child psychotherapy groups. The significance of the role, of the child psychotherapy group facilitator. The literature further focused on the knowledge, skills and attributes needed by child group facilitators, to effectively facilitate children's groups, and the Expressive Supportive Theory as a theoretical framework for the study.

The next chapter focuses on the qualitative research methodology adopted to perform the study. A description of the research design, study sample, data collection, data analysis, reliability and validity, content validity and ethical consideration and limitations will be outline.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 RESEARCH DESIGN

The qualitative research design in the form of the case study method was used in this study. This method enabled the researcher to interpret the phenomena in terms of the meaning given to it by the individuals in the study (Denzin et al., 2000).

Case study research is a time-honoured, traditional approach to the study of topics in social science and management. The case study research method provides the capacity to uncover causal paths and mechanisms by observation and gestures, and through the richness of detail, to identify causal influences and interaction effects, which might not be treated as operationalised variables as in a statistical study. In this study, the researcher used a semi-structured interview schedule that supported the process positively. Case studies are also seen as satisfying the three tenets of the qualitative research method i.e. describing, understanding and explaining processes and data (Case Studies, 2003). This method also allows for individual semi-structured interviews or focus groups (Mouton J, 2000).

3.2 STUDY SAMPLE

The study population consisted of eight child group facilitators who are associated with the Child and Family Unit of the Red Cross Children's Hospital.

The facilitators attend to children who are referred for therapy by mental health professionals due to generalised difficulties with their developmental stage, difficulties with peers, school related problems, parental/authority control issues, sibling rivalry as well as emotional and behavioural difficulties. All the participants have facilitated groups with children for periods of between one to nine years.

3.3 DATA COLLECTION

The data was gathered by means of a semi-structured interview schedule (Appendix 1), and audio taped at the same time. The researcher interviewed eight participants who facilitate psychotherapy groups with children. The questions focused around the research topic i.e. the knowledge, skills and attributes of facilitators of psychotherapy groups for children.



The questions were exploratory in nature and required descriptive responses from participants. The semi-structured interviews allowed the researcher to organise the interview methodically, through structured questions, and at the same time, access information not covered in the interview. Through probing, the interviewer was able to elicit the depth necessary for qualitative research (Neuman, 1997). This was a useful way of deriving information from child group facilitators regarding their thoughts and understanding regarding the knowledge, skills and attributes necessary for facilitation of psychotherapeutic groups for children. These participants have been facilitating groups with children for a number of years.

In addition, they have gained an enormous amount of practical experience, and were excited to share their group experiences, knowledge, and struggles encountered through the process.

The facilitators who had less than three years of group experience were skeptical about the questionnaire; they felt insecure about their knowledge and skills regarding group work with children, and felt ill equipped to answer the questions. They were reassured that this was not a test of their knowledge, and that the findings would not be used to jeopardize their position at work.

3.4 DATA ANALYSIS

After the interviews, the tapes were played back to the participants, who confirmed that the interview had been recorded fully and effectively. Content analysis technique was used in the study. The purpose of content analysis is to analyse semantic content or to establish the meaning or intent of the content. Qualitative data is narrative in form and is often extensive, but may be counted to show differences in kind or rank.

Rossmann (1995) noted that data analysis is the process of bringing order, structure, and meaning to the mass of collected data. It is a messy, ambiguous, time-consuming, creative, and fascinating process. He goes on to say that, the analytic procedure of data falls into five modes.

The first mode involves organizing the data. When performed, the exercise was experienced as, described by Rossman (1995) as a time consuming and exhausting process. Initially, it was difficult to make sense of the data collected on the transcribed tapes. The tapes were listened to repeatedly; this was to verify that the interview had been recorded in full and effectively. All the responses were compiled in individual folders, responses of Participant One and Two separately.

The second mode revolved around generating categories, themes, and patterns, where the researcher tried to distinguish general patterns through the coding of the data. “In the generation of codes, preliminary and thematic analyses are usually undertaken first to develop a broad range of themes, propositions and concepts. Other potential coding categories lie in the setting and in various processes, events and activities, strategies and relationships. The data is checked against these codes to see whether they fit, if the match is poor the codes are adjusted” (Grbich, 1999:234). This process was a difficult and overwhelming task, and was found hard to master. To master this task, the researcher read and reread the data collected. The answers to each question were compiled together and it assisted in the emergence of patterns and themes from the data. Finally, after numerous attempts, the main themes, emerged from the data collected were identified and then used in the presentation of the data.

Grbich (1999) says that once the researcher is convinced that the picture is complete he/she should get a colleague or friend to discuss what they see as the emerging themes or issues, and to note where they see gaps in the data. The researcher discussed the emerging themes throughout with her supervisor who finally approved them.

The third mode focused around searching for alternative explanations of the data, which took creativity and perseverance to understand and process the data collected. Nevertheless, it assisted in deriving meaning of the data. The last mode according to Marshall (1995), focuses on the writing of the report.

3.5 RELIABILITY/VALIDITY



Reliability is easiest to achieve when the measure is precise and observable, thus there is a strain between the true essence of the highly abstract construct and measuring it in a concrete manner as in the case of case studies. Highly precise questions in a questionnaire give reliable measures, but there is a danger of losing the subjective essence of the concept.

That is why the researcher's approach of semi-structured interviews and audiotaping became a more reliable method of data collection as she could go back to the raw data when unsure about a word or phrase used by the participants. Positivist researchers argue that this means that constructs based on personal feelings and experiences are poor concepts, and should be avoided.

However, in qualitative research, it is found to be a useful and rich method. Others who accept a more interpretive or critical approach to science, argue that these concepts should be retained. They argue that measurement must be more flexible and less precise, using qualitative methods (Neuman, 1997). Using semi-structured interviews as well as a tape recording of the interviews (dual methodologies) with the group facilitators excluded the personal biases that stem from single methodologies.

3.6 CONTENT VALIDITY

“Content validity is the extend to which the instrument samples the factors or situations under study. The content of the instrument must be closely related to that which is to be measured. Someone must judge if the content of the instrument is appropriate, and in this case, a jury opinion is better than a single individual. The jury should be composed of individuals who are experts in the field under study” (Treece, 1986:262). Content validity is an important characteristic of inventories, checklists, evaluation instruments, questionnaires and interview schedules. Every question in the interview schedule and response by the interviewee related to the focus of the study i.e. the questions in the interview schedule, were linked to the aims of the study. If this were not the case, it would be meaningless and costly in terms of both the time and effort of both the researcher and the subjects of the study. The semi-structured interviews and audiotaping of the facilitator’s responses made to the researcher, validates the content of this study. In this study, the tape recordings are an exact reflection of the data collected.

The interviewee's responses were handed back to them for final clarification and confirmation of its accuracy. . Content validity intends to judge whether all the possible information gathered in this study was truthfully sampled.

It is also important that someone judge whether the content of the study is a true reflection of the information gathered by the researcher. This means that the raw data collected should at any time stand up for perusal by the supervisor or the interviewees. In the case of this study, a copy of the transcribed data was given to the supervisor. The interviewees in this study would in essence be the experts judging whether the data captured from them reflected the truth as they were given the opportunity to listen to the tapes after the interview (Treece, 1986).



3.7 ETHICAL STATEMENT

A good research project should conform to the moral, ethical, and legal standards of scientific enquiry.

The rights of human subjects include the right not to be harmed, the right of self-determination, the right to privacy, and the right to obtain services (Neuman, 1997).

Each of these is related to other rights, such as the right to maintain self-respect and dignity, to remain anonymous, and to have confidential material remain confidential (Neuman, 1997). The researcher maintained these rights; all participants were assured of the concept of confidentiality.

They were given the assurance that any written or verbal reports or presentations of this information will retain the participant's anonymity. The researcher protected them by not using their names at any stage of the research process. This thesis will be submitted for evaluation through the Faculty of Community Health Science, University of the Western Cape.

Informed consent was obtained in writing from the eight child group therapists affiliated to the Child and Family Unit at the Red Cross Hospital (Appendix II).

This chapter dealt with the research methodology. The type of research chosen was qualitative in nature and the semi-structured interview guide was used to collect the data. The next chapter gives a detailed description, of the findings of this study, as well as exploring the main trends and patterns of the study. It continues to summarise and discuss the main result, which emerged in the data collected.

CHAPTER 4: RESULTS, PRESENTATION AND DISCUSSION

4.1 INTRODUCTION

In this chapter, the researcher will describe the findings of this study, explore the main trends and patterns, summarize, and discuss the main findings that emerged from the data collected.

Neuman (1997) states that each phase of the data analysis process entails data reduction as the reams of collected data are brought into manageable chunks. The researcher interprets and brings meaning and insight to the words and acts of the participants of the study. Qualitative analysis according to Neuman requires more effort by an individual researcher i.e. to read and re-read data notes, to reflect what was read, and to make comparisons based on logic and judgment. He further emphasized that only after numerous attempts i.e. reading, re-reading, writing or transcribing, as in the case of this study, and the rewriting of the data collected, does the researcher start making sense out of the mass of data collected. Although this process seemed unattainable to the researcher at the beginning of analysis, it developed into an exciting process from which specific themes emerged.

A theoretical framework was used to present the findings and answer the research question, which was “to explore the knowledge, skills and attributes of facilitators of psychotherapy groups for children”.

The researcher therefore, uses the findings of objective (i) and (iii) to support the focus of the study, which is to explore the perceptions of facilitators regarding the knowledge, skills and attributes required to manage psychotherapeutic groups with children.

As noted previously in this reading, the theoretical underpinning for this study is based on a combination of theoretical approaches central in dealing with children's needs. These needs as described by Zipora (2002) in the theory named Expressive Supportive Theory (also known as Psychodynamic Psychotherapy), seem to be the theoretical starting point that addresses the difficulties that children present with in groups. This theory can be conceptualised and categorised as follows; i) children have an emotional need that necessitates expression; ii) they need assistance with their practical difficulties; iii) they cannot function effectively without the essential social support in their lives.

Expressive Supportive Theory focuses on the social issues through creative expression, and is therefore particularly effective for group work with children. Expressive Supportive Theory allows participants to work through feelings, scenarios or issues by using buffer activities (Natter, 2005). The displacement that happens with Expressive Supportive Theory is often helpful for children, who may at times feel more inhibited than adults in discussing vulnerable feelings without the use of activities. Children are naturally expressive via play and activities and often feel more comfortable with the indirect confronting of problems that happens in expressive therapy.

Sometimes children are not directly aware of certain feelings or cannot articulate feelings directly, but may be able to grapple with emotions very effectively within the safe distance of Expressive Supportive Theory's directed activities. Given that the Expressive Supportive Theory provides good guidelines through the three categories above, the researcher attempts to draw links between the findings regarding the knowledge, skills and attributes and this theory.



4.2 TRAINING AND EXPERIENCE OF PARTICIPANTS

Table 1: Qualifications of participants

Profession / Qualification	Participants
Professional Nurses	6
Occupational Therapists	2

All the participants interviewed thought that a professional qualification had significance for child group facilitation. As noted by one of them, *“you need a postgraduate qualification and some theoretical and practical knowledge about group therapy”*.

Table 2: Experience of participants

Participant nr	Years of Experience - children’s groups	Post graduate qualification	Previous training - adult groups
1	6 years	*	*
2	7 years	*	*
3	8 years	*	
4	2 years		
5	3 years		
6	2 years		
7	9 years	*	*
8	9 years	*	

Postgraduate qualifications, refers to facilitators who have studied further in psychiatry or psychology after their undergraduate training. Previous training in adult groups means that the facilitators have had training in group work for adults.

All of the participants felt that experience is one of the most valuable assets to have when facilitating children's groups. None of the participants had formal training regarding group work with children. Most of the facilitator's method of learning about children groups was through observing other experienced child group facilitators. A few of the participants who had formal training in adult groups felt that it had been beneficial and made it easier for them to facilitate children's groups. As noted by one of the participants, ***"I found it helped having worked with adults first, it gives you a good idea as just how to run (facilitate) a group before you have the complication of children and all their issues on top of it"***.

Some of the participants had supervision by a psychologist affiliated to the Therapeutic Learning Centre (TLC) and Child and Family Unit at the Red Cross Hospital as well as in-service training that assisted in working with children. However, most of the participants said that they did not receive formal supervision for groups but that they always discuss the groups with colleagues before and after they have done a group. They felt it was a fundamental component of the work.

It assists in exploring and understanding the group process and planning for the next session, as the next session needs to continue or follow on the previous session. These ideas are supported by authors such as (Raubolt, 1983 and Berman, 1982). As was confirmed by one of the respondents ***“choosing appropriate activities, and adapting them to the need of the client, to manage all the preparations that you need for co-operation and treatment, planning, hoping and ensuring, that your objectives will be met in sessions”*** is important.

Most of the participants said that formal training in managing groups with children would have been beneficial especially in the beginning, as noted by a respondent, ***“I would have started the groups with more confidence”***. Another participant conferred that, ***“the frustration that went with that (no training), comparing myself with others, realizing that it (competence) does not happen overnight.*** Another response was, ***“One of the biggest challenges for me was not having formal training in child psychotherapy groups”***.

One participant felt that ***“to become a child group facilitator you need patience and you need to believe in yourself, develop your own skills and not to try and create a replica of other people’s skills”***. These thoughts are also in line with the ideas from Dwivedi (1993), who said that in groups with children, there is a tendency toward action, and therefore the pace and style of communication is very different from that of adult groups.

Another respondent further confirmed, *“During the first six months, I felt very inadequate and almost threw in the towel. So I think it takes a lot of time to get into it (facilitating children’s groups), you need to be an exceptional person to keep up with those challenges, but in time it becomes more and more rewarding and interesting, each child is different, each group has different dynamics, although it is (there are) similar themes”*. She continued, *“I also enjoyed working with different co-facilitators; you learn things (skills) from them. There is a different texture and quality to each relationship”*.

Introduction

The researcher identified distinct themes developing around knowledge, skills and attributes with regard to emotional expression, management of children’s practical difficulties and social support, which are discussed below.

4.3 CHILDREN HAVE AN EMOTIONAL NEED THAT NECESSITATES EXPRESSION.

4.3.1 Knowledge

All the participants in the study stressed that it is essential for facilitators of child psychotherapy groups, to be clued-up regarding theory as well as knowledgeable regarding the emotional life experiences of children at the different stages in their lives, as described by Erickson (1963) and Piaget (1962) in Kaplan (1985). These ideas are, in addition, reinforced by the three fundamental approaches, as described by Expressive Supportive Theory (Zipora, 2002).

Knowledge according to the Oxford English dictionary (The Oxford English Minidictionary, 1994) is, “knowing about things, all a person knows or a body of information”. According to literature and the participants of this study, it is imperative that facilitators of psychotherapy groups for children attain an assortment of knowledge that will aid them to facilitate groups with children effectively, as well as understand them psycho-dynamically.

Furthermore, it was said by one of the participants of the study that facilitators also need information on the life history of the child. They must have awareness about *“the normal development of childhood”*. Most of the respondents reiterated that a child group facilitator *“needs a good knowledge and understanding of childhood mental health issues in child psychiatry”* as this will assist the facilitators to help children expressing their emotional needs.

When the question around challenges that faces child group facilitators was raised, one of the participants said she finds parental commitment important and stated. *“If they (parents) don’t support the process (don’t believe in the importance of committing to the group and the effectiveness of groups) it can be seen in the way that the child responds in the group, and that is why its important to get the parents on board, (believing in group work for children) right from the beginning”*. This is different from adult groups, where the group facilitators are not in need of parental consent and commitment to ensure the success of the group.

4.3.2 Skills and attributes

When the question around the knowledge, skills and attributes a child group facilitator needs to have to facilitate groups effectively with children was asked, it was voiced by most of the participants that the group leader needs to verbalize concerns for the child, offering explanations as well as determining rules, boundaries and limits. This confirms one of the fundamental approaches explained in the Expressive Supportive Theory i.e. children have an emotional need that necessitates expression.

One of the participants believed that you have ***“To think on your feet and at all times keep the process and dynamics of the group in mind”***. Another respondent said, ***“You cannot facilitate children’s groups without thinking and (by) being rigid”***. Also noted by one of the respondents was, ***“I enjoy it because you have to be on your toes all the time and planning is not always straight forward”***. This idea has been taken up and was confirmed by one of the participants in the following insert, when the question was asked, regarding what experiences did facilitators gain in children’s groups: ***“Generally, I had a very positive experience with children’s groups, but I must say it can be quite exhausting, it takes a lot of energy, it’s draining emotionally and physically as you have to keep eight children in mind all the time”***. Also confirmed by Raubolt (1983), group therapy with children can be a difficult, demanding therapeutic endeavour, as the therapist can constantly be assailed, with images, memories, and feelings from his or her own childhood.

When the question was asked whether the facilitation of children's groups differs from that of adult groups, many participants alluded to the fact that the difference between adult and children's groups really lies in the amount of energy, activity, creativity and passion that you as a facilitator need to have when facilitating groups with children. Some of the respondents agreed that it is an arduous, but not impossible task if you love working with children and understand all their needs. They believed that a caring but firm approach makes the process of facilitation so much easier and exciting. One of the participants said that, "**Adults have more life experience than children and can therefore come up with their own ideas and strategies**", which can assist with problem solving. Adults, another respondent said, "**Do more talking as to (do) children and seldom need activity-based interactions**" in the group.



This confirms the concept, that children have an emotional need that necessitates expression. One of the participants further emphasized this concept by the following: "**children are easier to handle as to (than) adults, they listen more and are much more spontaneous in expressing themselves, and they do not hold back information or feelings, they are also more trusting**". She went on further to say that they do not have the "**vocabulary or jargon**" to rationalize, avoid or deny feelings; "**Children are also more honest about their feelings as to (than) adults**". The participants further alluded to the fact that children's concentration levels are different from that of adults; their attention span is shorter than that of adults.

Given these responses, it is obvious that a child group facilitator requires skills, often developed through experiences, training and observing competent child group facilitators at work, to manage groups with children effectively. It is important for child group facilitators to develop a variety of strategies in group work with children, since group progress and process develop differently in different groups. Therefore, the importance of activities in children's groups as noted in the literature by several authors such as MacLennan (1982); Dwivedi (1983); Raubolt (1983) and Zipora (2002).

Participants expressed another difference between adults and children's groups; they said that it is imperative that facilitators are knowledgeable about the way children communicate. As pointed out by one respondent, "***Children do not talk about their problems they act it out***" (children have an emotional need that necessitates expression). One of the participants also reinforced this idea that facilitators must "***be gentle, friendly persons able to communicate on the level of the child and be able to listen to the underlying message***". The facilitator should also have patience as was confirmed by another respondent, "***some calmness*** (is necessary) ***especially in the management of the children's acting out behaviours***". Rogers (1957) in Ginther (1996) emphasized that persons working with children in therapy must have an open and honest personality.

It also emerged from one of the participants that, ***“In the beginning it was quite hard for me as you tend to be affected by the children’s sadness, unhappiness, emotions, fragility and brittleness, but as time progressed I felt more able to contain my feelings and them (children) better”***. Most of the participants confirmed, that to facilitate groups effectively with children you need to understand children on different levels. One of the respondents said, ***“You need to know the needs of the children, how to communicate with children”***. Another participant said, ***“Previous experience of working with adults first, could be in your favour as a child group facilitator and a love for children, is a must”***. Understanding the child psycho dynamically according to the participants plays an integral role in the facilitation of children’s groups. One of the participants mentioned that child group facilitators ***“need to be understanding, (to) intuitively know what the child is struggling with,(to be) empathetic, observant, compassionate, caring, flexible and confidently able to contain the children; they also need to understand themselves and feel committed toward the group and need to be comfortable when working with children in groups”***. Another respondent further noted, ***“You need passion, a love (for) and enjoyment about working with children”***.

These above ideas are in line with suggestions made by Rodgers (1957), regarding group work, and are further reiterated, by authors such as Foulkes, 1984; Leszcz, 1992; and Boyatzis, 2002. Some of the respondents confirmed, as reinforced in literature by Raubolt, (1983), that as a child group facilitator; you need to be flexible, yet mature and able to balance these two qualities.

4.4 CHILDREN NEED ASSISTANCE WITH THEIR PRACTICAL DIFFICULTIES.

4.4.1 Knowledge

More and more children today are exhibiting adjustment problems at school. Some of these problems are part of their normal developmental tasks, whereas others are a result of stressful life events. Many children are also the product of a non-accepting and criticizing environment, and need corrective experiences in their interpersonal relationships. Some of them experience test anxiety, school failure, social isolation or rejection, or are involved in being bullied and teased. Unusual stressful life events have a detrimental impact on their emotional well-being e.g. family break-up, parental neglect, abuse and death. Such events could be reflected in deviant behaviour of an internalized or externalised nature; withdrawal, depression, suicidal behaviour, aggression, violence and delinquency. As a result, children between the ages of 6 – 13 years of age (similar to those in this study) are often referred for group psychotherapy, which may assist with these difficulties (Zipora, 2002).

Zipora (2002) stressed the fact that cognitive-behavioural therapy is strong in offering guidance and training for child group facilitators, but that it falls short in providing the needed opportunity for emotional expressiveness. Central to child psychotherapy group work, is the management of behaviours and a certain skill and knowledge necessary to do so.

Skills according to the oxford dictionary mean the “ability to do things well” (The Oxford English Minidictionary, 1994). To attain knowledge and the exposure to knowledge, can alter skills, which means, there is always the likelihood that skills are strengthened by knowledge

Noteworthy in the responses of the majority of participants in the study, is that child group facilitators require, as one respondent mentioned, “**knowledge on how to enforce and maintain boundaries** (skill)”. Furthermore, the participants mentioned that knowledge on group content (group activities) is vital for facilitators of children’s groups. Zipora (2002) observed that young children often start working right at the initial stage of group development. Some of the participants believed that you need to be flexible with the group content and process and at times allow the kids to make their own choices within the boundaries and process of the group; this view is compatible with the idea that the leader always needs to be managing the group (Berman, 1982).

Another important concept alluded to by the participants, would be finding the right balance and composition of the group; because as one participant said if you have “**too many externalized disorders** (acting out behaviors) **in the group, it might become impossible to manage these children in a group, effectively**”. According to most of the respondents, children need to be led by adults i.e. to come up with ideas and suggestions, and adults need to supply children with the appropriate choices (children need assistance with their practical difficulties).

According to most respondents, the form of communication in children's groups, and group content is different to adult groups. Children respond differently and they experience different emotional and practical difficulties at different developmental stages. The child group facilitator's knowledge regarding these differences is vital in managing groups with children effectively (Role of Mental Health Professionals, 2003).

4.4.2 Skills and attributes

The following are a few of the experiences shared by the respondents regarding the skills and attributes needed in dealing with children's practical difficulties, *"Dealing with the children's behaviour, whether externalized or internalized remains a challenge". "To be able to maintain a therapeutic process and manage behaviours is complex". "It is almost like a dance, because sometimes you need to manage the children's behaviors more, while at other times you need to interpret their behaviour more, and (yet) other times you need to step back, and let certain behaviours manifest themselves, so that one can deal with it; you always have to be in synchrony with the child"*. Pfeifer, (1992) also reinforces the latter. This statement describes how important it is for child group facilitators to be in tune with children within the group context, as this knowledge assists in facilitating groups with children effectively.

The participants' responses are in agreement with Gruen (1982), where they reiterate that facilitators require group facilitation skills to be able to choose appropriate child group activities, to notice the children's anxieties, and channel them effectively. As one participant said, ***“Planning the group is a challenge because you have to rely on your skills and intuition to make sure the content prepared is relevant to the group process, holding each child in mind when planning for the next session”*** as is also suggested by Bion (1962). One of the participants thought that another important factor is to ***“remain creative and to come up with new ideas all the time, can (to) prevent burnout”***.

Raubolt (1983) also supports the response of one participant that as a facilitator, ***“You need to be creative, a lateral thinker and (be) able to plan well”***. The following skills as emphasized by one of the participants, is central to child group psychotherapy, ***“You need to know how to handle children, relate to them, listen to them, and be accepting of their ideas and opinions and maintain confidentiality”***.

The person should, as argued by Dwivedi (1993), and as noted by the participants, be energetic, enthusiastic, understand and engage with children not only on a verbal level but on a behavioural level, manage their behaviour, reflect on it, listen quietly and at times allow the co-facilitator to manage the situation.

According to most of the participants, observational skills i.e. observing body language, group dynamics and group process and putting it into perspective for the child (voice it for the children) is essential for group work with children. This supports the opinion of Raubolt (1983) that the group leader's role extends to being willing to verbalize concerns for the child. He/she also serves as an interpreter, offering explanations to the child or groups that the group member might find hard to do. One of the participants felt that as a facilitator, you also ***“need to keep the child and group in mind; you need to be astute as well as mentally and physically healthy”***. Leszcz (1992) also reiterated that a leader, needs to be able to observe and read the (children's) emotions intuitively.



All the participants confirmed that a pivotal skill to have in facilitating children's groups is to know how to communicate with children. Communication is a huge contributor to success especially in children's groups. As one of the participants said, ***“You cannot think as an adult. You have to bring everything down to a child's level”*** within the group. Some skills can be learnt, but some skills are part of your personality. However, another participant contributed, ***“There are some skills that you cannot necessarily teach facilitators, say in terms of how to communicate with a child, that one gets through experience”***.

Another participant said a pivotal skill was, ***“getting through to a child”***, and for the child to leave the group with the realization that ***“he/she can talk about their difficulties; creating trust in the group is a warm feeling to have at the end of the group, as a facilitator”***.

MacLennan (1982) supports the ideas shared by the participants, ***“as a child group facilitator; you have to be confident, consistent in your approach, constructive and not punitive in your disciplining methods”***. A child group facilitator has to illustrate this in a practical way, which will assist children with their practical difficulties. When facilitating groups with children, one of the respondents said, you need to be a ***“facilitator, not an instructor”***. Another participant continued, ***“You need skills in facilitating children’s groups that will assist you to manage their behavior effectively”***. The children need to observe the facilitator managing their behaviours effectively, as children also learn by modeling.

One of the participants alleged that you need to be, ***“quite firm, enforce discipline but try (to) and maintain the balance between firm limit setting, being assertive, creating structure, boundaries and play”***. This idea is perhaps illustrated by Winnicott (1968), and Galligan (2000) who view the therapist as creating a “holding environment” for the client.

It was also further believed by one of the participants that ***“to understand the behaviour, and make sense out of that behaviour, and to manage it is hard (difficult), as from time to time, I found it (behaviour) extremely difficult to ignore”***. Another respondent continued, ***“Managing destructive behaviour is hard (difficult). On the other hand, some children internalize their difficulties and they might appear to be managing well, so to draw them out is quite a skill and a challenge, I also think it is challenging running groups with children but, it is nonetheless exciting”***.

MacLennan (1982) sees the nature of children’s group as dependent on the degree of structure and control, the setting and choice of materials, selection and grouping of the children, and the behaviour of the therapist. This idea was confirmed by most of the participants, who emphasized that the structuring of children’s groups is different to that of adult groups. The therapist needs to set limits in groups with children but, as one respondent put it, ***“less limit setting strategies (are required) in groups with adults”***. It further emerged from the data that the facilitators of children’s groups need to be actively involved in the group.

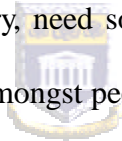
The participants also mentioned that as child group facilitator you need to assist children with their practical difficulties, by drawing children in with activities, as children love to play. Dies (1982) reinforced this idea, and like one of the respondents said, ***“You need to be quite enthusiastic, and you need to approach the group with passion and excitement”***.

What emerged was that a more “hands on” behavior modification approach is necessary with children. Another respondent made the statement that the therapist needs, *“more observational skills, you have to find the words for them, as children do not always speak things out”*. It was further reiterated by all of the participants, that there is much more practical preparation needed for child group facilitators, when doing groups with children, but in the end, it is a rewarding and a *“very nice feeling”*.

4.5. THE IMPORTANCE OF SOCIAL SUPPORT FOR CHILDREN

4.5.1 Knowledge

Child group facilitators need to take cognizance of the fact that children, according to the Expressive Supportive Theory, need social support that will assist them to function adequately in society and amongst peers.



It was confirmed by most participants that it is essential when child group facilitators start out as facilitators in children’s groups, that they be paired with an experienced child group facilitator as an ideal, who has also been trained in child group facilitation skills. Several participants in the study alluded to the importance of a co-facilitator in groups with children; one of them was firm in saying *“it is quite essential that you would never run a group with children without a co-facilitator”*. *It is a partnership – someone that you have a relationship with that will make the group work therapeutically*”. This according to the participants is central in the success of facilitating children’s groups.

The management of children's behaviours and difficulties in groups relies on co-facilitation in children's groups. The fact that it is often difficult for one parent to manage their child's behaviour single-handedly, and the importance of a second parent or adult in a child's life, also applies in group work with children. Another participant continued to emphasize that, *"Developing a relationship with your co-facilitator is a necessity, as you need to see eye to eye with (each other in) situations in the group"*, to ensure success. This knowledge is essential for child group facilitators and parents, as they need to see eye to eye with each other to be able to assist their children with the knowledge and skills necessary to cope effectively in society. You need to establish a good relationship with your co-facilitator as another respondent reiterated, *"Having a partner, as a couple you should understand each other well, you can balance each other out, and when the one is strict, the other one can be a bit more nurturing"*. You cannot facilitate groups with children, as said by one respondent *"without caring and sharing with them. The group becomes like a family as time progresses"*.

4.5.2 Skills and attributes

Pfeifer (1992) reiterated that children realize that groups are a place where kids get together to do ordinary things; they do it in a safe space where benign adults watch, take interest, and help them work things out. This is in line with one of the concepts described in Expressive Supportive Theory (Zipora, 2002), that children need social support to adapt effectively in society and they need it from adults as well as from peers.

One of the participants conferred *“I find it interesting to see how they (children) learn from each other; their honesty and frankness are always heart warming”*.

Schamess (1992) further supported this concept, that group therapists have always viewed corrective peer interaction as an essential curative element in children’s groups.

Raubolt (1983) supports the idea that it is important to note that the therapist does not attempt to become a parent, but through creating a “holding environment”, a positive parental transference often develops in the group. Children need adults to create a holding and containing environment for them, which allows them to feel safe, to explore and master skills as described by Erickson (1963). Thus, children need assistance with social support that they can derive within the group environment and it can then be extended to the outside world, by parents or significant adults.

Most of the participants agreed with Moreno, (1995) in Schaffer 1995, that children may associate facilitators with important authority figures in their lives, e.g. their parents. They felt that you need to have enthusiasm and energy to build relationships with children, to be able to relate to them because children notice it, and this will inevitably affect therapy and relationships positively.

4.6. CHALLENGES AND EXPERIENCES

4.6.1 Knowledge, skills and attributes

Child group facilitators are aware that a large number of the children that are referred to the group are referred for reasons of social difficulties; they struggle with peer relationships and seeing them in a group context assists them to relate to each other. As outlined by Didato (1974) in Dwivedi 1993, there are four therapeutic goals for group work with children. Firstly, group work assists children in improving their capacity to experience powerful affects, positive and negative, without acting them out and getting into trouble for it. Secondly, group also assists in increasing their capacity for empathy as they can work through similar problems with peers. Thirdly, group also helps them strengthen their identification with the therapists, which further extends to significant adults and others in their lives. Fourthly, group also encourages new behavioural patterns in helping the group resolve intra-group conflict through non-physical and verbal means, and this positive skill can then be extended to the real world.

Also confirmed in the literature and as one of the respondents said, ***“I find group work an appropriate, cost effective and valuable tool to help children”***, this is supported by Schiffer, (1975); and Pfeifer (1992). Another respondent continued, ***“Doing groups, I feel is developmentally appropriate as children learn from their peers; they model their peer’s behaviors”***. There are benefits when conducting group feedback as put by one of the respondents, ***“Even after a couple of weeks the child clearly remembers what was completed in the group.”***

The positive changes that happen with the child is rewarding for any therapist to watch". This is in line with the thoughts of another participant who said, *"I feel very positive about the impact of group work for (on) children, as the feedback after the groups from parents, as to how their kids have changed, makes the challenges and struggles in groups with them worthwhile in the end"*.

One of the participants said, *"I found that group is an excellent tool for diagnostic purposes, in group you get a holistic view of a child, what is happening within the child, what his abilities are, the emotions that he/she is struggling with and where the child is moving to"*. Another participant added that, *"Groups with children are interesting, you encounter new challenges from week to week"*.



When the question around the challenges that faces child group facilitators was asked, one of the participants said, *"I absolutely love it; I can talk about it for ages"*. It is a good feeling, *"being able to deal with crises as they arise in the group, being flexible and ready for any diversions within the group and (to be able to) handle it gives you the knowledge that you have come to master some of the many challenges associated with child group psychotherapy"*.

These responses reinforce some of the theorists' perceptions on group work with children, Rogers, (1957) in Ginther (1996); Schiffer, (1975); Berman, (1982); Dwivedi, (1983); Raubolt, (1983); Zipora, (2002), as well as the contribution of Pfeifer (1992), that any child group therapist will attest to inspiring moments in children's groups when the group emerges from a chaotic bickering level, climbing to a level of joyous cohesion.

The next chapter summarises the findings, and gives the recommendations and conclusions from the study.



CHAPTER 5

SUMMARY OF FINDINGS, RECOMMENDATIONS AND CONCLUSION

This chapter will summarize the findings of the study, make recommendations and draw conclusions.

5.1 SUMMARY OF FINDINGS

In conclusion, the knowledge, skills and attributes essential for facilitators of child psychotherapy groups can be summarized as follows:

5.1.2 Knowledge and skills

Most of the participants recognized that formal training i.e. theoretical input is not the only aspect required to facilitate children's groups effectively and to develop skills.

They reiterated that facilitators need an assortment of knowledge in order to facilitate groups with children effectively. It was felt that observing facilitators who are more experienced is a valuable exposure, while supervision and discussion with your co-facilitator remains a vital part of group work with children. In-service training is another important factor to be considered. It was felt that a training program for the facilitation of child group psychotherapy was required, and needed to link theory and practice.

As one of the respondents highlighted in the following sentence, ***“I have been relatively lucky because I had experienced people that I could learn from, in terms of qualifications and the amount of groups that they have done (facilitated)”***.

All eight participants recognized the importance of acquiring more knowledge and skills around the facilitation of children’s groups, as they realize that specific knowledge and skills are vital to facilitate groups with children effectively. One of the respondents said, ***“I think facilitating groups with children are quite (requires) a specific skill”***, also confirmed by (Zipora, 2002). One of the participants noted that you ***“always learn something new that can assist in changing your perceptions and skills”***.



In essence, it is argued that the knowledge and skills obtained or necessary for child group facilitation can be derived from several methods; observation, supervision, knowledge via in-service training, formal training as well as intensive discussions amongst facilitators before and after groups. In retrospect, these thoughts confirm the researcher’s experiences and knowledge gained over the past few years, regarding group work with children. All the participants of the study confirmed that child group facilitators should have, as confidently stated by one respondent, ***“a theoretical understanding behind group work, and basic knowledge of group therapy, more specifically about children’s groups”***.

Another respondent continued to emphasize the importance for child group facilitators to have knowledge on “*group dynamics, transference and counter-transference*” as they occur in children’s groups. Several authors, in their writings Foulkes, (1984); Bion, (1960) in Sandler (1999); Yalom, (1983); and Weisz, et al (1994) in Zipora (2002), all reinforce the above ideas.

However, most of the participants were concerned about the lack of available resources for child group psychotherapy especially in Cape Town. One of the participants had the idea that they (child group facilitators) “*need to explore more, find and read more literature pertaining children’s groups*”. Most of the participants indicated that they would like to attend courses if and when available as well as if they were financially affordable.



5.1.3 Attributes

Attributes required by child group participants as described by most of the participants are as follows: that you need to be firm; you need to enforce discipline but maintain the balance between firm limit setting and being assertive; you need to create structure and boundaries and facilitate play. As a child group facilitator, one also needs to be confident, consistent in one’s approach, constructive and not punitive in one’s disciplining methods. You need to understand, to intuitively know what the child is struggling with, and to be empathetic, observant, compassionate, caring, flexible and confidently able to contain the children both emotionally and behaviorally.

The facilitators also need to understand themselves on an emotional and cognitive level and feel committed toward the group and need to be comfortable when working with children in groups. They further noted that to be successful in facilitating groups with children you need passion, a love for and enjoyment about working with children. These ideas are in line with suggestions made by (Rodgers, 1957 in Ginther, 1996)).

The researcher agrees with the author Zipora, (2002), that it is important that child group facilitators are able to distinguish between the different group interventions available for children. Educational guidance groups are usually used for primary prevention, which is targeted at the normal student population and aimed at training and social skills. These groups can be facilitated in a classroom setting by a teacher. These groups are expected to improve classroom behavior, school performance and peer relationships.

Counseling groups are targeted at children who experience developmental difficulties for which they need special assistance. Counseling groups often focus on self-esteem and social difficulties and are built on the premise of encouraging close relationships, sharing private information and giving and receiving feedback and are usually facilitated by mental health professionals.

While counseling groups are targeted at children with mild difficulties, psychotherapy groups are aimed at children with severe adjustment and behavioral problems. Psychotherapy groups (as in the focus of this study) are very small and facilitated by experts in a certain type of treatment based on unique therapeutic conditions that permit modification of the child's pattern of interaction. Thus, the setting in which the group is facilitated and the qualifications of the group leader is very important. In the case of psychotherapeutic groups for children, it is important that the group leader have been trained in more than one area.

Thus, it requires a mental health professional to facilitate psychotherapy groups with children. It requires a psychodynamic understanding of the child, an understanding of the group process and of stages of group development. Children have different needs and function in a different manner to adults, and therefore participants have agreed that special training regarding group work for leaders of child psychotherapy groups is required. One of the participants also made reference to the importance of parent commitment, and the impact it has on the success of any child psychotherapy groups.

5.2 RECOMMENDATIONS

Child psychiatry has always been seen and treated as a sub-specialty and was until recently not included into the basic training of nurses:

- Presently basic schools of nursing are charged with the task of preparing nurses to give care to psychiatric patients for “generic practice”, and graduate programs with the task of providing the nurse with relevant material and techniques to enhance the quality of her performance of generic practice and to give her advanced psychiatric practice. In the current nursing curriculum, psychiatry is taught on an undergraduate level, where previously it has been taught on a postgraduate/post-basic level. Thus, with the new nursing curriculum, nurses exit as generalists and not as specialists. Because of these changes in the nursing curriculum, in-service training, for staff working at institutions where child group therapy is offered, is warranted.
- Specialist in the field of psychology and psychiatry should offer short certificate courses at institutions of higher education or specialized facilities recognized as training institutions.
- Supervision of and feedback to child group facilitators, after group sessions, as highlighted by participants, is a vital part of improving knowledge, skills and attributes and should be encouraged to happen. This is an opportunity to reflect on, identify and change missed opportunities, which could assist facilitators/nurses in improving group facilitation skills. As one participant noted, ***“you have to have a passion for group work with children and you have to be skilled in it”***.
- Further research to explore Group Therapy (facilitation) as a specialization is recommended.

- An assessment of training needs in the existing institutions offering group therapy should be done and once facilitators are trained, the expertise must be spread amongst institutions in the province.
- Group therapy (adults and children) must be recognized as an area of specialization, and professionals should be trained accordingly.
- Mental Health Professionals must be encouraged to document and publish their experiences to add to the literature.

5.3 CONCLUSION

The researcher was pleasantly impressed by the responses of some the participants and somewhat disappointed with the responses made by others during the interviewing process. This realization made the researcher more aware of the fact that it is not easy to be or to become a child group facilitator, as child group facilitators have to be persons with a combination of significant information and skills regarding child group psychotherapy. They need significant attributes, a love for children (*a passion to work with children*), enjoy interaction with children, understand children of all ages, whether their behavior proves to be difficult internally or externally.

From the findings in the study, it appears that facilitators collectively have an understanding of the knowledge skills and attributes required to facilitate groups with children, which is mainly gained through experience.

However, it is important that all facilitators are continuously aware of the needs of children and applies the necessary knowledge, skills and attributes to be effective in groups for children. The findings in the study have not differed a great deal from the literature. As confirmed in literature it was found that there has been a shift in the task of facilitation of children's groups from psychologists to mental health professionals. In this study it was nurses and occupational therapists who had not been trained in child group psychotherapy.

What is currently offered in undergraduate courses can be seen as a basic training/knowledge on group work but on its own, it is not adequate to enable individuals to facilitate groups with children effectively.



As previously, mentioned, Group therapy should be recognized as an area of specialization. Unfortunately, child group facilitators seldom share their experiences with others i.e. by writing articles on their practical experiences. This is one of the reasons as stated in literature that there is a lack of available literature on group work with children.

5.4 LIMITATIONS

It was interesting to note that the facilitators alluded to the stages of group development in children's groups but none of them verbally mentioned how the stages of group development occurs within children's groups. None of the questions in the interviewing schedule addressed the question specifically. This might be related to the lack of theoretical input regarding group work with children, as alluded to by all the participants.

A limited number of mental health professionals facilitate children's groups at the Child and Family Unit. Therefore, the size of the study is reasonably small.



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