Peer Process
Social Skills Groups

A Treatment Manual for Helping Professionals

Second Edition

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About the Authors

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Dr. Haley is a Licensed Clinical Psychologist and owner of two private practices - Psychological and Life Skills Associates (www.PsychLife.net) and The Social Skills Center (SocialSkillsCenter.com). He has 20+ years' experience in psychotherapy with children, adolescents, adults, families, and groups. His primary specialty area is teaching social skills to patients of all ages, and he facilitates 12 separate Social Skills groups each week – 9 for children and adolescents and 3 for adults. He has developed a Social Skills Group technique that employs "incidental teaching" to foster these essential life skills. His book/DVD, "Peer Process Social Skills Groups: A Treatment Manual for Mental Health Therapists, Behavioral Specialists, and School Professionals" was published in 2011.

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Scott F. Miller is a Licensed Clinical Social Worker and Psychotherapist. Mr. Miller has honed his clinical practice facilitating process psychotherapy groups in the inpatient psychiatric setting; before working with family systems struggling with emotional and mental disorders to create sustainable change in North Carolina.

His experience incited an excitement in the healing power of relationships and the necessity of social relationships for health and well-being. In Early 2018 clinical interest overlapped with the expertise of Dr. Christopher Haley, and a relationship was established. Mr. Miller accepted an invitation to join Dr. Haley's practice at The Social Skills Center in February 2018. Since, Mr. Miller has immersed himself in the study, facilitation, and improvement of the Peer Process Social Skills Group approach.

Dedication

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

- Dr. Haley

I thank my wife Anna E. Miller, MSW who has been steadfast in her support and an incredible source of clinical insight throughout this project. Thank you for the health and power that your relationship provides me.

-Scott F. Miller, MSW, LCS

Forward

By: Dr. Christopher Haley

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

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

If you thoroughly examine the various ways people view success, you will discover that strong social skills are really the foundation for each of these areas. For example, being an exceptional parent requires excellent communication and listening skills, maintaining appropriate boundaries, developing proper conflict resolutions skills, and having leadership/positive role-model

qualities. Also, being financially well- off often requires having excellent interpersonal skills in leadership, networking, and developing and maintaining relationships. So, without a doubt, social skills can be deemed *essential* life skills.

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

In 1999, I began developing a social skills group program at Psychological & Life Skills Associates, P.C. Since that time, I have developed a group strategy to foster social skills in children and adolescents. My one-of-a-kind group format is entitled "Peer Process Social Skills Groups." The

primary intervention style I implement in group is entitled "incidental teaching," and allows me and fellow group members to teach skills in the moment. I will elaborate more on the intervention and group process and how children, teens and adults benefit.

A large part of my doctoral training focused on teaching social skills. Unfortunately, my training consisted of supervisors telling me that the way to foster these skills in clients was via an individual therapy format. Techniques like "role- playing" were encouraged, where I would pretend to be a child so the same aged boy in my office could practice friend making. Needless to say, I didn't have any acting skills and I certainly never won an Academy Award, so my portrayal of the little boy was never usually believable. If I was unable to teach the skill in my office, then the skill could never be generalized to real-life experiences for that client. Yet this was the typical outcome of my individual sessions with these clients. After a multitude of frustrating experiences, I realized that the only real way to successfully teach enduring skills was to do so in a group format with similar aged children.

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

When I first started researching how other therapists facilitated social skills groups in 1999, I quickly realized that "structured" groups were the norm.

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

Nearly 10 years has passed since I published the original treatment manual in 2011. Over that time, I gained additional insights and strategies to improve the effectiveness of these groups.

For the second edition of this book I invited Mr. Scott F. Miller, MSW to coauthor. Mr. Miller joined the practice in 2018 to collaborate on the peer process social skills group model. The second edition reflects the insights, updates and evolutions of the model from the last decade since the first edition and includes

the answers to many questions that parents, teachers, and colleagues have posed along the way.

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1. What is a Peer Process Social Skills Group?

Peer Process Social Skills Group is a clinical intervention developed to improve the social skills or interpersonal effectiveness of group members. Peer Process Social Skills Groups (PPSSG) uses a powerful two-fold intervention of incidental teaching along with process group psychotherapy. This unique approach addresses the primary issue of social skills deficits along with auxiliary issues including depressive symptoms, anxiety and isolation that often accompany an individual's deficits in social skills.

Incidental teaching is an empirically supported intervention from Applied Behavioral Analysis used to encourage elaborated language and improve communication skills (Hart & Risley, 1978) (Hart & Risley, 1982). This naturalistic teaching method uses the child's current motivation such as school stress, family conflict, or intense feelings to encourage communication and social skills development. This allows for teaching to be relevant and contextualized for the group member. Group psychotherapy has efficacy for a variety of issues including social anxiety and depression (Barkowski, et al., 2016)

(Mcdermut, Miller, & Brown, 2001).

Peer Process Social Skills groups establish a group culture which provides a safe haven that allows disclosure and vulnerability, and thus more effective problem solving. Focusing on immediacy or "here and now" interventions heightens awareness to maladaptive social behaviors and their effect on others, in a setting in which group members are safe to acknowledge and change these behaviors.

There is a significant difference between peer-process groups and "structured" social skills groups. Structured social skill groups approach each group session with a specific skill to be learned that day. While structured social skills groups are more commonly implemented, we have found that our modality of peer process social skills groups are more effective for a large population of people. A "process" approach allows the group members to interact and discuss whatever issues are important to them in the moment, and then receive direct feedback from the therapist and other members regarding the issue. In addition, interactions between group members are significantly focused on, including factors such as

personal space, positive communication skills, listening skills, etc. The process approach allows for the teaching of multiple skills in any given session. The therapist facilitates the "incidental teaching" approach as often as possible – meaning, an intervention is made at every opportunity to teach a skill. This approach provides greater flexibility for the therapist and offers more direct, in-the-moment feedback to the group members. We have observed that teaching client relevant skills improves retention and motivation for treatment.

2. Significance of Group Therapy

Group therapy can be more effective than individual therapy to enhance social skills for a multitude of reasons.

First, peer feedback is often more powerful than feedback from a parent or therapist. For example, on more than one occasion parents share that their teen takes showers on an irregular basis and rarely brushes his teeth. Regardless of how much the parents have intervened, their attempts have been fruitless. Yet, when the child goes to school and a peer responds "Dude, you stink!" or, worse yet, someone shouts "You have bad breath," the teen suddenly changes hygiene habits. In the group, feedback is offered from a variety of role models. This allows for more ideas, and in turn leads to greater problem-solving skills.

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

generalization of skills beyond the therapy office.

The above explanation ties into the third reason why a group therapy approach is more effective. The Peer Process Social Skills Group is a "microcosm" for real-world experiences. The expectation of the group process is that skills learned within the group will be transferred to real-world experiences. The closer the group situation resembles real-life, the greater the chance that these skills will be implemented by the child in his/her daily routine.

Fourth, when teaching social skills in an individual therapy format, the therapist must solely rely on the observations of parents, teachers and the recall of the client. That is, the individual therapist never has an opportunity to directly view the child in natural peer interactions. While parent and teacher feedback is an essential component of the ongoing assessment of the child's social skills regardless of the modality used, a significant aspect is lost when the therapist has no direct observation as well. In group therapy, the therapist not only has the essential information of parents and teachers, but he/she is able to witness the child first-hand with peer

interactions. This gives the therapist a significant advantage in the assessment and treatment process. Additionally, on many occasions we have observed very different behavioral responses of a client in individual vs. group formats. We would never have seen this if not for the group modality.

Fifth, peer process social skills group treatment allows for immediate interventions in a social situation. In individual sessions, the therapist teaches the skill, the child goes out and attempts to implement the skill, and then the child comes back to report on how he/she did. In the peer process group modality, the therapist can intervene in-the-moment and can immediately assess, with his/her own eyes, how the child responds. Additional feedback and skill building can then be done - again, in the moment.

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

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

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

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

We typically insist that both parents (if available) and the client attend the initial intake appointment. Unless all of the "important players" are present, too

much valuable information is at risk of being lost. Although there are some exceptions, the standard initial appointment consists of meeting first with the parents and child together for about 30 minutes, then with the parents alone for about 15 minutes, and finally spending 5 or so minutes with the child alone.

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

Once in the office we begin by speaking directly with the child. We may say something like:

"I have spoken to your mom and know a little bit about why you and your family are coming in. Today I have a whole bunch of questions for you and them.

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We're going to spend some time with all of us together. Part way through we're going to take a break and I'm going to meet alone with your mom and dad, [turning to parents] so if there's anything we need to keep between the adults we can hold off until then. [Looking back to the child] I'm going to do my best to save some time at the end for us to get acquainted…maybe we can do something fun to get to know each other better. Speaking of fun, what do you do for fun? What puts a smile on your face?"

We have found that beginning an intake by asking a child what he/she does for fun is an effective question to engage the client and build rapport. Children appreciate when an adult not only takes interest in things they like, but can also carry on a conversation with him or her about the topic. Regardless of what the child shares, we always converse with him/her about it. In order for this to be effective, it is helpful for the therapist to know a "little bit about a lot of things." Some initial intake appointments have included conversations about rock bands and the electric guitar, technical strategies about Magic the Gathering or Pokémon, movies with princesses, professional sports, skateboarding and half- pipes, social media, and politics (to name a

few). This is especially true of those children whose interests may only be one or two very specific things. Whatever the child brings up, quickly engage him or her with interesting and probing questions on the topic. Those who know a little bit about most things should have an easy time establishing quick rapport with the child.

For children and adolescents who present as angry or unhappy, acknowledge the feeling, but then attempt to lighten the moment with a little joke. For example (with a smile on my face),

"Uh-oh. You look pretty unhappy. Did your mom have to drag you by the ear to get you here today?" Usually this results in a little smirk or laugh from the client and is the start of forming an empathic bond. Other times we might say, "You look really upset. If I were you, I'd probably be frustrated too. When I was your age, this is the last place in the world I'd want to be."

Again, an understanding and empathic statement early on fosters a positive therapeutic relationship. Following this, we would then move to the brief introduction and the "fun" question.

With children and adolescents who present as extremely anxious, acknowledge the feeling, but make every effort to alleviate their anxiety. For example,

"It's okay to be nervous. Although I have "doctor" in front of my name, you're not going to get any medicines, shots, or x-rays when you're here in my office. In my office we're just going to talk. Okay?"

Most kids take a large sigh of relief when this is spoken. For all of us dealing with the unknown can induce anxiety. Take efforts to clarify what the child can expect for the intake and see if they have any questions. After addressing the child's anxiety, quickly proceed to the introduction and "fun" question to continue forming therapeutic rapport.

Take your time to discuss the "fun" question with the client, always directing the questions to the child, make special note of how the child responds both verbally and non-verbally. Pay careful attention to how the child and parent(s) interact. Many children with social skills deficits are more reliant on parents for responses and will frequently

turn to the parent for help. Always try to re-direct the question back to the child if you feel he/she can tolerate it.

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

What do you do at recess?
What are the names of the kids you play with? How long have you known/been friends with them?
Who do you eat lunch with? What do you talk about at lunch?
How many friends do you have in school?
Do you have a best friend?
Do you ever see your friends outside of school?

Responses to the above questions will illicit the child's current social skill strengths, deficits, and skills that need reinforcement. Most often, children who participate in the groups remain on the

periphery during recess and do not regularly communicate with others (or sit alone) at lunch.
These children often report having no friends or very short-lasting friendships. After school, they are most often found closed off in their homes watching internet videos or playing video games alone, even though same age peers are playing together.

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

When alone with the parents it is recommended to report something positive about the child. We have found that many parents fear that the therapist may find something terribly wrong with their child and a positive response helps to alleviate their anxiety. For example, a shared observation may be

"He seems like a pretty cool kid," or "I really appreciate his passion for trains," or "She certainly has some neat interests."

While with the parents ask them to corroborate the information that was shared by the child, especially regarding peer relationships. On many occasions parents report something similar to

"He says Mike and Joe are his friends, but really they aren't. He may talk to them here and there in the classroom, but at recess he is off doing his own thing, away from the others."

Further inquiry is indicated here, to get the parents' perspective on how their child relates to others. When meeting with the parents alone, also ask about their relationship with each other. Important areas to explore include:

- *Are they able to work together?*
- *Do they regularly communicate about their child?*
- *Are they able to compromise when they disagree about a parenting issue?*
- *Are the disagreements handled calmly and behind closed doors?*
- *Is there a lot of open conflict and drama in the home?*

Inform parents of a tentative "game plan" regarding introducing a child into a group. This involves meeting with the child for at least one or two individual appointments and then having a parent-only meeting, before placing the child into the group. For adolescents the final pre-group meeting may be a joint parent-child meeting instead of the parent only meeting. Be sure to give parents a copy of the PPSSG Parent Handbook at intake. This Handbook can be found in the appendix of the manual.

We have found it to be helpful to finish parent time with a statement like

"I know we talked about a lot of information in a short amount of time. We will have an opportunity to meet in a few weeks at our parent meeting to continue our talk. Please read the Parent Handbook, as it will answer many questions and we can use our parent meeting to address other questions or concerns. However, what questions can I answer for you today?"

The initial intake mostly consisted of the therapist asking the questions, and most parents appreciate the opportunity to have some of their questions answered as well.

Finally, finish the intake with the child alone. During this time speak with the child about the plan, including the one or two individual meetings to come and emphasize how we will do fun things in order to get acquainted. Additionally, give the child the homework assignment of memorizing the clinician's name. Remembering the names of people you meet is an essential social skill, and this is often the first skill you have an opportunity to impress upon the client. Assigning this homework at intake reinforces that the group member has an active role in their treatment.

4. Continued Assessment

During the individual appointments continue to assess the client and work to establish rapport. Thorough assessment and screening is tantamount to effective treatment. Peer Process Social Skills Groups are effective for clients to learn hard social skills (such as good eye contact, a firm hand shake, reciprocal dialogue etc.) and soft skills such as assertive communication, empathy, considering alternatives, respect, etc.

Clients with many different clinical diagnoses and even clients who do not meet criteria for a clinical diagnosis can benefit from improved social skills. So who is likely to benefit? Anyone who has social skills deficits, experiences social isolation, or has difficulty with interpersonal effectiveness may benefit from Peer Process Social Skills Groups.

Some characteristics and behaviors make it hard for a client to be successful in a group setting. Three essential characteristics of a PPSSG participant are:

1. Client has the ability to settle or calm themselves

2. Client will follow simple prompts/directions
3. Client is motivated to improve join PPSSG

When identifying a potential candidate for Peer Process Social Skills Groups be sure to screen for these characteristics. In order for a child to benefit from the Peer Process Social Skills Group, he/she must be able to listen to others without regularly interrupting and be able to settle for several minutes at a time. It is very important that these three screening criteria are met. Clients that will not follow simple prompts, are not able to settle or who absolutely do not want to be in group typically make for disruptive group members. This does not allow for effective intervention for the individual nor the other group members.

We screen for these three criteria in the first meeting so parents or families to not feel lead on in the evaluation process.

One of the predictors of client improvement in social skills training is client motivation. It is important to establish a motivation or "buy in" before starting group. Older clients may be able

to verbalize a desire to improve social anxiety, starting conversations, navigating peer relationships or handling conflict. Younger clients may be motivated to meet potential friends and play.

During the course of the intake and follow up sessions the following questions may be asked depending on the needs and concerns of the child:

Conversational/Personal Space Questions
- *Does your child use appropriate personal space when interacting with peers?*
- *How about with adults?*
- *Does your child pick up on non-verbal social cues like facial expressions and body posture?*
- *Does your child talk particularly loud or particularly quiet in certain situations?*
- *When speaking, does your child use inflection, or is his/her voice more monotone?*
- *Describe your child's style/mannerisms when interacting with a new peer.*
- *Describe your child's style/mannerisms when interacting with a new adult.*
- *Describe your child's style/mannerisms when interacting with a familiar peer.*
- *Describe your child's style/mannerisms when interacting with a familiar adult.*
- *Does your child interrupt/intrude on the conversations of others?*

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- *Does your child perseverate on one topic?*
- *Can your child ask appropriate questions at home?*

Questions Regarding Play
- *How does your child do with taking turns?*
- *Does your child initiate play with others? How does he/she go about doing that?*
- *Does your child attempt to join the play of others?*
- *How? What is the outcome?*
- *When observing your child at recess or a playground, are they in the periphery of the group?*
- *Can your child share with others?*
- *Does your child follow rules well? Is your child overly rigid with rules?*
- *How does your child deal with winning? How do they respond to losing?*
- *How does your child act when losing? Does he/she want to quit?*
- *Is your child overly competitive?*

Friendship Questions
- *How many friends does your child have?*
- *Are these friends from school, the neighborhood, or both?*
- *How long have the friendships lasted?*
- *Is your child good at making friends, but not good at keeping them?*
- *Does your child respect the opinions of*

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

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

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

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5. Client Resistance

In some situations where a parent wants their child to be in group, and the child is a good candidate for group, the child may still be resistant to joining. In this instance, we address the resistance and use it to connect. We might say:

"It is very normal for a parent to come in here wanting their child to join group and the child would rather be anywhere else. In fact, when I was your age there were lots of other places I would rather be than the therapist's office. I think I have a way to respect your parents' wishes and respect you. I know that one of the best predictors of success in social skills training is client motivation. So that means if you hate coming here it probably isn't going to be very helpful for you or the other group members. Would you be willing to do a trial of group for 4 sessions? If you still hate coming, I can confidently tell your parents that I do not think we should continue. What do you say?"

This approach normalizes the resistance, it honors both the parent and the client, and prevents power struggles. If this resistance goes unaddressed the group facilitator is very likely to

experience difficult power struggles in group.

If the child refuses to attempt a trial of 4 sessions, honor their opinion. Review with the parent that client motivation is imperative for effective group outcomes. Let the client and parent know that they are invited to start group, but that they need to go home and discuss the situation. It is recommended to not try to convince the child to join group, but instead encourage the parent child relationship to address this barrier.

Sometimes it may be appropriate to offer a parent consultation to give guidance in establishing child motivation. Drawing on concepts of behaviorism, motivational interviewing or collaborative problem solving can be beneficial education to assist parents in establishing client motivation. The motivation to attend group can vary; what is important is to ensure client motivation prior to beginning the group.

6. Four Components of the Social Skills Group

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

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

Each group starts with Check-in. There are several different ways to check-in group members. The check-in phase typically lasts 15 minutes.

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

The third phase of the group is the social skills game. Often times, children express themselves best through play, and social skills games are implemented to

reinforce skills that have been learned. Please see the section Social Skills Games for more information.

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

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

7. Check-In Phase

There are different ways to conduct the check-in during a Peer Process Social Skills Group, and each way has specific benefits. One way, which Dr. Haley implemented exclusively for many years, is to elect one group member to be the leader for the day and have the leader check-in all other members. A second way is to have each member share the leadership role by checking in the person next to him/her. A third approach is to have one group member start a conversation with a peer, encouraging a reciprocal check in for 1 to 2 minutes. This approach is more time efficient for large groups and reinforces reciprocal dialogue. There are benefits and limitations to each approach. Utilize flexibility and clinical judgment to leverage the most beneficial approach for each group.

Being the leader for the entire check-in phase offers a significant leadership experience, however each member only gets the opportunity to be group leader once every 5 to 7 weeks. The second option allows each member to be the leader to another member every single week. This approach may reinforce an interview style conversation with one

person asking questions and the other responding without reciprocity. The third option allows for reciprocal dialogue charging both involved members with responsibility for maintaining the conversation.

When choosing the second option the group facilitator may start the group by checking-in with either the member to the right or the left. This allows an opportunity to model initiating and maintaining a conversation. Then proceed around the circle with each member checking in the member seated next to him/her. Take notice to vary the direction because many members may sit in the same seat every week. The facilitator checking in the same group member every week may unintentionally communicate favoritism, and negatively affect the group dynamic.

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

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

Mike: Not much. Played outside a little.

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

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

Leader: What do you call the game?

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

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

Leader: *What is your favorite color?*

Mike: *Red.*

Leader: *What is your favorite food?*

Mike: *Pizza.*

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

Instead of telling the Leader the exact question to ask, give them an opportunity to come up with an appropriate follow- up question. Only provide a specific question to ask in situations where the child does not have the skill. In addition, this would be an opportune time to ask the group to recommend a question to the Leader. This approach allows the leader to learn a skill and reinforces the skill of asking appropriate follow up questions to other group members.

Another way to handle check-in is to encourage the group leader(s) to focus on a specific feeling throughout the check-in process. For example, prior to check-in the therapist may state that the group leader must use the word "anger, frustration, or irritation" in one of the check-in questions. Typical questions that arise when handling check-in this way include "Tell us something that irritated

you over the weekend" or "Is your little brother still frustrating you?" Other times, encouraging words like "proud" and "satisfied" can be used as well.

There are many goals of check-in, but each goal is based on the foundation of leadership.
First, the importance of memorizing member's names and using their names in conversation is emphasized. Remembering names in social situations lets that person know that you are interested in them and what they have discussed with you in the past. Forgetting people we have met in the past sends a message that who they are and what they discussed was not important.

Second, listening skills are developed. The leader is expected to ask appropriate follow-up questions based on the responses that are offered. Otherwise, the flow is interrupted and the conversation is disjointed.

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

group assists in developing these essential life skills.

It can be advantageous to have group members give feedback on what members are doing well during check-in and what they can improve upon. When first implementing this approach consider requesting group members only give positive feedback. This is jointly beneficial, requiring the observer to focus on the positive, increasing regard, and positively reinforcing adaptive social skills to the group.

8. Process Phase

The Peer Process Social Skills Group approach effectively intervenes and teaches relevant social skills in two ways. First, using incidental teaching during real time, and second, helping group members resolve social problems they are currently experiencing outside of the group. The process phase of group allots time for group members to share problems or issues they are currently experiencing at home, at school, or in the community. It is essential to establish a safe haven, where members feel comfortable sharing and being vulnerable in order for the process phase to be most effective. Below are tips for maximizing the process phase.

Stress the importance of sharing experiences from home, school and the community. Particularly difficult or frustrating problems or issues the group members are experiencing and want relief from. Simply stating the importance of sharing and reiterating the benefit of using the group to problem solve is often effective in promoting members to share.

Require all members to share during the process phase. Everyone doesn't have to have a problem. During one of Mr.

Miller's groups a member stated, "Why do we always have to have a problem?" This is a valid point. It is important to address relational issues group members experience, however it is also important to recognize progress and the correlated "good weeks" group members share. Thus, if a group member does not have a problem they want to share, at a minimum require that members share good news or something they are grateful for.

Some groups have attempted to rush the process phase of group too get to fun time. It is important to be aware if this is happening to protect the integrity of the group. If this occurs use a process comment to share your observations, reinforce the importance of this phase of the group, and why this phase is so important.

Therapist: Group, I'm noticing that no one is sharing today, what's going on?

Member: I think everyone is fine and we really want to get to fun time.

Therapist: I'm really glad that everyone likes playing the social skills games together. However, the process phase of

group is really important. It allows us a time to address real problems people are facing at home, school, or in the community. If there are no issues, I am glad, but at a minimum, I need everyone to share some good news.

If there are consecutive weeks of group resistance to sharing, one strategy is to give members the choice of sharing a specific issue they are encountering or to share the issues that are bringing them into group. This question may help orient group members to best address presenting treatment needs.

With younger groups it may be productive to reinforce successful Check-in and Process phases with a small treat like 3 M&Ms or 3 Skittles. These two candies are chosen because they are inexpensive for a large amount, they don't make a mess, and they typically cover client flavor preferences. Be sure to check there are no food allergies and get parents' permission before giving food to any client.

Be sure to summarize problems that are shared and elicit group problem solving. The Process Phase typically lasts 25 minutes but may go longer. In Middle School and High School groups the

Check-in and Process Phase may consume the majority of group. For these older groups it is fine to allow Check-in and Process to makeup entirety of group as long as group engagement and moral stays high. If group moral is declining be sure to preserve time for Social Skills Games.

9. Social Skills Games

Children naturally express themselves through play. Given their limited life experiences and inability to put feelings into words, child psychotherapists often encourage play to teach skills and facilitate self-expression. Social skills games are implemented in each group (except the high school group) for about 15 minutes near the end of the session. The following list contains some of the games conducted in group, as well as the skills taught in each. The game is selected by the group members through a democratic vote. If there is a tie, the group is encouraged to figure out a fair strategy to break their tie or come up with a compromise.

Be mindful of the same game being played week in and week out. Dr. Haley has a standing rule: The same social skills game cannot be played in consecutive weeks. This rule is in place if there is a small majority that gets fixated on one game. This requires exposure to other activities so as not to isolate the group members that happen to be in the minority on their game selection.

Mr. Miller had a group that unanimously voted for the same activity

in consecutive weeks. When realizing a power struggle was ensuing around choosing a different activity for the week, Mr. Miller wondered aloud "we have a rule in place to keep members from having to play a game they do not like week in and week out. However, the entire group wants to play the same game again. I wonder if we need to update our rule?" The group voted to modify the rule that if there is a unanimous vote the same activity can be played in consecutive weeks.

Sometimes group members will ask to play a new or novel game in group. This may be handled in a multitude of ways to leverage the best outcome for the group's goals. If the activity is desired by other group members and is appropriate for the group's time frame and goals encouraging the group to include this choice in their vote has many benefits. This encourages creativity, problem solving, taking a risk and flexibility.

Some children have a habit of making up elaborate make-believe games that other children rarely take an interest in and may take 15 – 20 minutes to describe the rules. If a scenario like this is presenting, a comment such as

"This sounds like a really neat game, but I'm concerned it may take too long to explain and because it's new to me, I'm not sure if it meets our group's goals. If you would like, you can send me an email or leave me a voice message explaining the game to me. Then if I think the game meets the groups goals, I can help you summarize it next week and the group can vote on it".

This approach prevents the group from being monopolized by one individual, encourages planning ahead, and reinforces the child's willingness to try something new.

Below is a list of options that are regularly used for the social skills activities. This is not an exhaustive list. It may be important to incorporate new activities to keep group exciting. Identifying activities to target the specific needs of your group is essential.

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

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

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

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

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

5. <u>Simon Says</u>
   This classic game is great at targeting impulsivity, turn taking, and assertiveness.

6. <u>Are you for real?</u>
   This is a great game for learning verbal and non-verbal facial cues. One member makes a statement that may be true or false. Other members must assess tone of voice, facial cues, body posture, and other clues in order to determine if the person is being honest or fabricating the statement. A similar activity with synonymous benefit is Two truths and a Lie.

7. <u>Group Mind Trap</u>
   Mind Trap is a game that can be purchased online or at your local big box store. This game involves reading a clever riddle and then problem- solving to generate potential solutions. For example, "Two mothers and two daughters went fishing. They caught three fish and each person went home with a whole fish.

How is this possible?" This game is great for group problem solving, accepting the viewpoints of others, working together, taking turns when speaking, and enhancing listening skills. By the way, I don't want to leave you hanging……the answer is "It was a grandmother, a mother, and a daughter."

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

9. Four Corners
   Four corners is a classic game that has been around for years and is extremely valuable for younger members who are

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

10. <u>The Laughing Game</u>
In this game, members take turns being "it". The person whom is "it" gets 1min. to tell jokes or be silly to get as many members to break a flat affect or laughs. For each group member that laughs the person whom is "it" gets 1 point whoever gets the most points wins. For members that are not "it", their job is to manage their affect and emotion, by keeping a flat affect and not laughing. This activity targets social anxiety as well as impulsivity and affect management.

10. Responsibilities of the Therapist

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

"Protect group members, but do not overprotect." Independence and assertiveness are two very important, if not essential, life skills. When conducting a Peer Process Social Skills Group there may be a tendency to interject and intervene when a member needs assistance. If a child possesses the skill to be assertive and stick up for him or herself, we recommend giving the child an opportunity to do so before intervening. However, if a child does not possess the skill, it is advised to intervene immediately by teaching the skill and then allow the child to practice the skill in the moment. Then, if a similar situation occurs again, we give the child an opportunity to use the skill. Therapists who always interject may undermine an opportunity for the child to develop

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assertiveness.

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

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

"Create an open atmosphere by fostering safety and security."
In order for group members to be vulnerable and maximize their group experience, members must feel safe and secure. Group members must trust that information they share will always remain within the group. Additionally, all members must be given time to share whatever they are feeling that day. It is the therapist's responsibility to promote and encourage safety and security. Those members who do not feel safe and secure will unlikely benefit from the group process.

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

"Insist on confidentiality."
Confidentiality is discussed in all groups
and is always revisited when a new
member joins a group. This is especially
true if participants attend the same school
or extra- curricular activities, and see
each other outside of group time.
Although unusual, there may even be
group members who are in the same class
at school. Again, confidentiality is highly
stressed. If a violation were to ever occur,
the violating member would immediately
be asked to leave the group. Otherwise,
safety and security issues would interfere
with the group process.

*"Implement the incidental teaching
approach often."*
It is our belief that every action and
interaction in the group could potentially
be analyzed. Each interaction offers a
possible skill to be taught or reinforced,
from a child interrupting another, to a
member's lack of eye contact when
communicating, to someone sitting
quietly and responding minimally. It is
encouraged to view each interaction as an
opportunity for all members to learn
something. Yet, to intervene at every
possibility would clearly disrupt the flow
of the group.   The therapist must allow
the group to flow, and intervene in the

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moments where the greatest skill building would take place.

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

11. Starting a New Peer Process Social Skills Group

A new PPSSG can be as small as a dyad (2 members) and could start as large as a group of 8 members. When deciding how many members to prepare to begin group, it is better to start with a small number of members (even a dyad) and build the group. This allows the members who are prepared to start the PPSSG intervention to access treatment as quickly as possible.

When building a group always consider group fit: considering such factors as commonality (age, grade, interest), cognitive functioning and social skill strengths, and deficits.

During the first group with all new members, start with simple introductions. Encourage members to share their name, what grade they are in, and what they do for fun.

This is a great time to reinforce the skill of name recall. Make a brief statement of the importance of name recall and inform the group that we will use each other's

names when speaking in group. It may be fun for the group to quiz them on their name recall at the end of group.

Segue into introducing group rules. Be clear and focus on how these rules will help us have more fun and get the most out of group. Check for understanding and answer any questions.

Provide a brief prompt of check-in phase and complete a check-in. Then transition into process phase, reiterating the importance of sharing life frustrations, difficulties and even when members get in trouble at school or home.

With young members doing a mock PPSSG with them and their parents can be effective to reduce anxiety, address questions, and increase the likelihood of the initial PPSSG group going well.

With some older groups, parents may leave the site to run an errand or go to their car. With the first few groups insist that parents remain on site for the first groups to ensure they are available if needed.

Stay upbeat and have fun.

12. Introducing New Group Members

After completing the initial intake appointment all potential members must first participate in one or more individual sessions with the therapist facilitating the group. This is done for several reasons. First, it is essential for the therapist and group member to have a positive treatment relationship. It is harder to develop this in a group format, and is much better handled in individual sessions.

Second, individual sessions can minimize anticipatory anxiety. Peer Process Social Skills Groups utilize an open group format, meaning, when one child gains the skills he/she needs and then terminates from the group, another child is welcomed into the open spot of the ongoing group. When the new participant comes, however, all the other children already know each other. Because the new member has participated in individual session(s) with the therapist and a positive treatment relationship has developed, anticipatory anxiety will likely be reduced.

Third, individual sessions are used to screen the potential member's:
1. Ability to Settle

2. Ability to follow simple prompts
3. Establish motivation for treatment

Children who have difficulty with listening and settling may need additional individual sessions to improve these skills. Without learning these two skills, new participants will likely distract fellow members and take away from the entire group process. Everyone will not be an ideal candidate for a Peer Process Social Skills Group. It is important to manage parent expectations for these screening requirements during intake to reduce client frustration and /or inappropriate group placement.

When a new member attends group for the first time, the only expectation placed on him/her is to listen and observe the group process. All other members are charged with looking the new participant in the eyes and sharing their name, where they go to school, and what they do for fun. Most often, the new participant is able to introduce him/herself as well, but this is not necessary during the first session. Usually, because introductions include sharing what the members do for fun, the new participant is able to bond with other

members who share common interest right from the start.

For new members who feel uncomfortable with the initial introduction, the therapist will simply say "This is Billy, everyone" and then continue with the check-in process. Almost always, the new individual becomes an active participant during the first or second group they participate in.

On one specific occasion with Dr. Haley, a new member requested to sit at his desk and observe the group process. The desk was outside the group circle. Dr. Haley accommodated this request, which actually continued for several weeks, until the member was able to move from the periphery into the milieu.

It is important to be flexible and use sound clinical judgment. Anxiety is a powerful emotion. Unfortunately, many children who experience anxiety are dismissed or forced by physicality or authority to do things which reinforces their anxiety and reinforces an external locus of control. It can be a profound and powerful clinical intervention to remain flexible and respect requests of a group member experiencing significant social anxiety to remain on the periphery. When

providing intervention for group members with social anxiety it is important for the clinician to balance the requests of the individual with the joint understanding of working towards joining the group.

13. Group Rules

Regardless of group focus, age of group members, or techniques used, all psychotherapy groups must have explicit group rules. Enforced group rules allow for security and allows for increased likelihood that group members will feel safe and allow themselves to be vulnerable. The following list contains the default rules that are enforced during a Peer Process Social Skills Group.

1. Maintain group confidentiality at all times.
2. Only one person talking at a time. No interrupting.
3. No touching. Except High fives and handshakes
4. No swearing.
5. Be respectful to yourself, others and the office
6. Knock on the door before entering if you are running late.
7. Use calm/"indoor" voices.
8. Allow each specific group to develop their own rules as needed, with majority group vote and Group Facilitator endorsement.

Group rules are discussed during three situations. First, during the initial meeting of a group just being formed.

Second, when a new member joins an already existing group. Third, when there has been a rule violation. For the second and third scenarios, have the group members re-introduce the rules to each other and then the therapist may add any rules that may have been missed.

Group rules vary at times, especially for different age groups. For example, allowing for flexibility with the "swearing" rule for older adolescents is developmentally appropriate, barring that the member is not swearing to "show off." In those situations, a simple "watch your mouth, please" will typically suffice. Also, for younger elementary aged groups it has been beneficial to implement a rule about going to the bathroom prior to group. If you do not enforce this rule, group is regularly interrupted by bathroom breaks.

For many groups, a "no gas" rule has been created. Far too many children have not been taught to relieve themselves in a private place. Insist that the group member, without making a big scene by announcing "I'm going to fart," politely excuse him/herself and go to the bathroom.

The next chapter will explicitly
cover hard to manage rule violations.

14. Managing Rule Violations

We all know that people make mistakes. No matter how simple and clear cut the rules are, group members will make mistakes and rules will be broken. Not all rules are as essential as others and thus require different approaches to managing rule violations. For example, passing gas in the office is dealt with by providing a simple correction: "Please remember our group rule about passing gas" is usually enough to remind the member of the appropriate expectation.

Another minor rule violation that impacts the entire group occurs when there is an overall excitement amongst many members. This seems to regularly occur before holiday breaks and summer vacation. When members are more excited there is a greater chance of side conversations, rather than listening to the member who is talking. When needed, requesting a minute of silence has been effective in settling down the entire group.

If there is an interruption during the minute of silence, one tactic is to start the minute again. Utilizing a process comment may be beneficial such as "John keeps making us start our minute over

again by talking. What does the group think about that?" More often than not the group members will share their annoyance with the offending individual, and the offending member gains insight into his/her disruptive behavior and its effect on others.

On a few occasions, especially with members who have significant hyperactivity, it may be appropriate to have repeat offenders go to the waiting room and "chill out" for five minutes. If the behavior is not corrected upon returning, it is imperative to schedule an individual/family session to analyze the root of the issue. Again, members who are unable to listen and settle will have a negative impact on the entire group process.

More significant rules include group confidentiality and respect. Though collectively Dr. Haley and Mr. Miller have facilitated thousands of peer process social skills groups, there have only been a few major rule violations. On one occasion an angry member grabbed the finger of another member and bent it back, causing the other member to cry. On another occasion an angry group member made a statement about wanting to hurt another member. Both of these

episodes are major rule violations. In each instance, the offending member was immediately asked to leave the room and sit in the waiting area. Then, the experience was processed with the remaining group members. When rule violations cause intentional physical harm to others, making an executive decision that the offending member not be allowed to return to the group is recommended.

The executive action provides a learning opportunity for both the offending group member (It is never okay to physical harm others out of malice) and for the other members (Do not tolerate abuse from others).

If a member is removed from group due to a major rule violation it is important to address these issues in individual therapy or refer the member for other appropriate treatment. With major rule violations that do not result in physical harm, such as making a threat, it may be appropriate to allow the group to make the determination on whether to ban the group member or allow them back. Be sure to process with the group whether the remaining group members would feel safe should the offending member be allowed back. It is essential to process these major rule violations,

utilizing these therapeutic ruptures as opportunities to teach and learn.

If the group members decide to ban the offending individual, yet the group facilitator does not feel the offending member is an actual threat, it is appropriate to consider introducing the offending member to a new group. Dr. Haley had an offending group member democratically banned from their original group. After deeming the client safe, the offending member was integrated into a new group and never made a threatening statement again.

When managing rule violations it may be appropriate to give parents a quick update at the end of group. A good rule of thumb is if there is a significant threat, give parents a quick update. In order for Peer Process Social Skills Groups to be effective, children must feel safe and comfortable in order to learn new adaptive social skills.

If there is an actual threat made in group (a major rule violation), the group member is immediately removed and asked to sit in the lobby with their parents. Inform the offending group member's parents that they need to be spoken with after group. Then return to the remaining group members to process the rule violation. When returning the

remaining group members to the lobby at the conclusion of group let the parents know that you will be reaching out to them later the same evening.

When informing parents of a major rule violation be mindful to protect client confidentiality. It is inappropriate and may even be unethical to discuss client treatment with other group members' parents. If parents have questions about safety, you can address their concerns while protecting client confidentiality. This can be done by reminding them of group members' rights to confidentiality, while reviewing with them your plan with any group member that makes threats to others. For example:

Ms. Brown: So what are you going to do with Johnny since he threatened to hurt my son and the other group members?

Group Facilitator: Ms. Brown, I can't talk about another group member's treatment plan due to privacy restrictions, but I think I can address your concern. If any group member makes a threat to harm others, this is taken very seriously. The group member is immediately removed and the event is processed with the group. The group member is typically not allowed to rejoin,

and only in certain circumstances when all group members unanimously feel safe and want to offer the offending group member a second chance will I consider allowing them to rejoin.

Other major rule violations include confidentiality violations. Surprisingly, neither Dr. Haley nor Mr. Miller have experienced a confidentiality violation, even though some group members attend the same school. Regularly discussing the importance of confidentiality has clearly reduced the likelihood of this rule being broken. However, if confidentiality were broken, this would be a major violation and the group member would not be allowed to return.

15. Dyads and Triads

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

See this example from Dr. Haley:

I once welcomed a high-functioning autistic child to a Peer Process Social Skills Group of 6 and 7 year-olds. During the two individual meetings the child was able to settle for long periods of time and had very good listening skills. I was initially surprised by this, as the school had reported that the child was virtually out-of-control throughout much of the school day.

However, when he presented in the group for the first time, I was able to easily observe behaviors consistent with the school report. Specifically, this member enjoyed "modeling" any silly

behavior by another member, and would not respond to my redirection. This behavior lasted for a considerable period of time and ultimately I had the member sit in the waiting room with his parent to calm down. After some time I welcomed the child back into the group milieu, but immediately the behaviors continued.

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

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

16.   Parent Meetings

Regular and consistent meetings with the parents of group members is an essential component of fostering social skills in the children. In fact, in the experience of the authors' one of the primary reasons for premature termination and/or a child not achieving skills can be attributed to infrequent and irregular parent meetings. During the initial intake appointment discuss the importance of these meetings. If parents are unable to commit to this, the child's appropriateness for the Peer Process Socials (Barkowski, et al., 2016)Skills Group may need to be reevaluated.

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

In the first edition of the PPSSG

Treatment Manual parent meetings were advised to be held on a monthly basis. A monthly parent meeting is appropriate for many clients; we do encourage titrating the frequency of parent meetings as parents improve their ability to reinforce positive social skills and navigating the school system. At this time parent meetings are recommended at a minimum once every 8 groups to assess treatment progress, and treatment plan.

It is important to clarify if a meeting will be exclusively with a parent or if the meeting will be with both the parent and the child. If a meeting is scheduled exclusively for the parent, it is advised that the child not be brought to these meetings, including sitting in the waiting room (unless it is absolutely necessary). It is extremely uncomfortable and anxiety provoking for a group member to sit in a waiting room for 50 minutes while he/she is being discussed by the therapist and parents.

It may be helpful to set the agenda for parent meetings, so parents know what to expect. Regular goals of parent meetings include seeking updated information on client interactions at home and school specifically recess, lunch, and any peer interactions outside of group. Inquire if the client has made any new

friends and/or has been invited to a birthday parties or other social events. Always take the last few minutes of a parent meeting to answer any questions the parent(s) may have.

17. Assessing Progress

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

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

Some parents may desire more specific measures of progress. If this is the case, during the assessment phase identify a menu of social skills deficits that are likely to respond to PPSSG treatment. During parent consults, review social skills strengths and deficits, identifying progress, and targeting areas for continued work.

18. Modifications for Facilitating the Groups at School

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

1. Fifty minute sessions are usually not possible at schools as most school facilitators have reported only having 25 to 40 minutes to conduct a group. Reducing group size to four members and removing the social skills game is typically best in this situation. This time frame will still allow for a multitude of group interactions and significant opportunities to provide incidental teaching.

2. Confidentiality must be reiterated in each group, as the members may be seeing each other regularly outside of the group.

3. The more we talk to school professionals, the more we hear about increased expectations and demands being placed on them. With that in mind, the facilitator may have greater opportunity to unobtrusively observe members – especially during recess and

lunch. If possible, try to take advantage of this, as group member progress can be monitored on an almost daily basis. Additionally, encourage facilitators to discuss their observations in group. For example, *"Sally, I noticed you sitting by yourself during recess yesterday. What was that like for you? Did you want to play with the other kids? What can you do today to get involved with them? How can your teacher help you with this? Does anyone else have any ideas for Sally?"* Or, regarding a positive interaction, *"Sally, I noticed you were playing on the swings with two other girls yesterday. How were you able to make friends with them?"* This can lead to a wonderful group discussion on friend-making.

4. Despite the importance of social skills, it is understandable that many parents and teachers have resistance about taking students out of class to attend a group. Given this, lunchtime can be a great opportunity to conduct the group. Allow group members to bring lunch to the group setting and have them eat as they participate.

19. Random Thoughts

When a group member is terminating, ask all other members to share something positive about the member who is departing.

We offer a group "pizza party" if a member's birthday falls on a day the group is being held. The group format is still maintained; however, these special groups have a tendency to be "lighter" and less formal, almost mimicking an office meeting where a birthday is being celebrated.

Some group members may need additional support in addition to the Peer Process Social Skills Group. If clinically appropriate the group clinician may provide individual and/or family systems intervention for the client. Other times a referral for additional clinical intervention in conjunction with the Peer Process Social Skills Group is warranted. Remember as the treating professional it is important to give members and the parents the recommendations you think will best support them.

Peer Process Social
Skills Groups

Frequently Asked Questions

What is a Peer Process Social Skills Group?

The term "Peer Process Social Skills Group" was coined by Dr. Christopher Haley and refers to a group treatment modality to teach social skills to the participants.

Peer Process Social Skills Group is a clinical intervention developed to improve the social skills or interpersonal effectiveness of group members. Peer Process Social Skills Groups (PPSSG) uses a powerful two-fold intervention of incidental teaching along with process group psychotherapy. This unique approach addresses the primary issue of social skills deficits along with auxiliary issues including depressive symptoms, anxiety and isolation that often accompany an individual's deficits in social skills.

Most social skills groups that other therapists implement is based on "structured" approaches – approaches which dictate the skill that is learned that day. Basically, this means that the therapist follows guidelines or chapters in a book and teaches the specific skill that corresponds with the chapter for that week. For example, week 1 is "friend making" skills, week 2 is "conflict

resolution" strategies, etc. The approach is called "structured" because each week a specific skill, deemed in advance, is taught to the members.

My approach, called a process approach, is quite different – but far more effective in my experience than structured or manualized treatments. A "process" approach allows the group members to interact and discuss whatever issues are important to them in the moment, and then receive direct feedback from the therapist and other members regarding the issue. In addition, interactions between group members are significantly focused on, including aspects like personal space, positive communication skills, listening skills, etc. The process approach allows for the teaching of multiple skills each session.

What skills will my child learn?

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

- eye contact
- voice tone and volume
- personal space
- active listening skills
- initiating conversations
- assertiveness
- problem solving/generating alternatives and solutions
- cellphone/social media skills
- manners
- leadership
- conflict resolution
- empathy
- reciprocity
- cooperation

What Goes on in a Peer Process Social Skills Group?

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

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

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

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

approximately 20-25 minutes.

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

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

Why is the group more effective than individual therapy?

1.) Peer feedback can be more powerful than feedback from a parent or therapist. In the group, feedback is offered from a variety of role models. This allows for more ideas, and in turn leads to greater problem-solving skills.

2.) To teach social skills in individual therapy, the therapist must "pretend" to be a child to role- play with the client. In the group format, children have the ability to role-play with real life peers. The group format is far more effective.

3.) I often view the group as a "microcosm" for real-world experiences. That is, if a child can learn and implement a skill in the office, the skill is likely to be transferred to real-world experiences.

4.) When teaching social skills individually, the therapist must solely rely on the observations of parents and teachers. In group therapy, the therapist not only has that valuable information, but is able to witness the child first-hand with peer interactions. This gives the therapist a significant advantage in the assessment and treatment process.

5.) Group treatment allows for immediate interventions in a social situation. In individual sessions, the therapist teaches the skill, the child goes out and attempts to implement the skill, and then the child comes back to report how he/she did. In the group modality, the therapist makes interventions in-the-moment and can assess with his/her own eyes how the child responds. Additional feedback and skill building can then be done - again, in the moment.

6.) My most basic goal for any group member is that group is a safe place to come and interact with peers.

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

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

How are new members introduced into the group?

After completing the initial intake appointment all potential members must first participate in one or more individual sessions with the therapist facilitating the group. This is done for several reasons.

First, it is essential for the therapist and group member to have a positive treatment relationship. It is extremely difficult to develop this in a group format and is much better handled in individual sessions.

Second, individual sessions can minimize pre-group "jitters." All Peer Process Social Skills Groups are "open and ongoing," meaning that when one child gains the skills he/she needs and then terminates from the group, another child is welcomed into the open spot of

the ongoing group. When the new participant joins, however, all the other children already know each other. Because the new member has participated in individual session(s) with the therapist and a positive treatment relationship has developed, any anticipatory anxiety will likely be reduced.

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

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

right from the start.

Why do you play games in the group?

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

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

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

2. Group Draw/Group Lego's
   Again, only played with younger children. For group draw, the members sit around a circular table. One child starts by picking a colored pencil and making one line, shape, or mark on a paper. The

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

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

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

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

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

What is the average group size?

The ideal size for a Peer Process Social Skills Group is 5 to 8 members. This number allows for a variety of personalities, each possessing their own unique strengths and weaknesses. Groups larger than 8 can be facilitated in unique group dynamics, though this occurs less often. Too many members may dilute the group process. Because the groups are "ongoing," they are held year-round, including summer time. With many families taking well needed and deserved vacations during the summer, average group size during June, July, and August tends to be smaller.

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

The average time spent in group varies, because children and adolescents enter group with different skill sets. Some children have shown dramatic improvement in just 4 – 6 months. Others, though, need a considerably longer period of time to learn all the social skills taught. Feel free to pose this question to your therapist for a more accurate estimate.

What is a "Parent Meeting?"

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

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

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

How do you assess progress of goals?

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

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

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