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Professor Walker

**SOWK 425: Group Proposal Outline**

<p><u>Agency Sponsorship</u></p>	<p><b>Name:</b> Surviving CSA: Psycho-Educational Group <b>Mission:</b> <i>To empower young adult women, and inform them on the topic of CSA.</i> <b>Agency description/Sponsors:</b> The agencies utilized for this group includes Bridge-To-Africa-Connection, Inc. and Dr. Kwabena Donkor’s Clinic. Both are in partnership with the Ghana Study Abroad program, directed by Dr. Brown-Meredith. <b>Geographic area:</b> Accra, Kumasi, &amp; Cape Coast of Ghana <b>Population served:</b> Ghanaian young adult women, survivors of CSA <b>Services provided:</b> The services include a psychoeducational strengths-based group intervention. Services also include provision of a safe environment to practice introspectiveness, healthy coping strategies, connecting to support systems, and defining posttraumatic growth.</p>
<p><u>Purpose</u></p>	<p><b>Description of the group:</b> Through six closed sessions, the group will discuss setting group context, then delve into introspective narration of trauma through victim role, process and restructure of internalizations, building healthy coping strategies, determining and seeking support systems, and defining personal posttraumatic growth. <b>Statement of purpose:</b> To educate women of this vulnerable population about beneficial coping strategies to navigate the effects of surviving CSA in Ghana. <b>Rationale:</b> To help Ghanaian young adult women survivors of CSA through providing a stigma-limited environment to process their trauma and define posttraumatic growth. <b>SMART Goal #1:</b> To build introspection and healthy coping strategies to apply during and after the intervention to further the participants’ posttraumatic growth. <b>Objective #1:</b> Address current positive &amp; negative coping mechanisms. <b>Objective #2:</b> Adoption of positive coping strategies. <b>SMART Goal #2:</b> By the end of the sessions clients will identify one way that they can identify/experience with the stigmas.</p>

	<p><b>Objective #1:</b> Learning terminology and stigmas, and what that looks like in Ghana.</p> <p><b>Objective #2:</b> Group discussion sharing personal experiences with stigmas.</p>
<p><u>Theoretical Framework</u></p>	<p><b>Posttraumatic Growth Theory:</b></p> <p><b>Historical origins:</b> The idea of trauma leading to positive change was seen in older philosophies and religious texts. It was later coined by Tedeschi &amp; Calhoun in the mid-1990s.</p> <p><b>Major tenets/premises:</b> The appreciation of life, relationships with others, new possibilities in life, personal strengths, spiritual change.</p> <p><b>Intervention skills/techniques:</b> Education of effect of trauma on core beliefs, regulating emotions, disclosure of traumatic experiences, narrative development of trauma, helping others through service.</p> <p><b>Utilization:</b> The disclosure of traumatic experiences with participants and support systems throughout the sessions are practiced through narrative development. Sessions on coping strategies review emotional regulation techniques. Education of the effect of trauma is practiced with introspection and restructural internalizations.</p> <p><b>Empowerment Theory:</b></p> <p><b>Historical origins:</b> The concept of empowerment arose in the 1970s. The theory was soon developed in 1981 by Julian Rappaport.</p> <p><b>Major tenets/premises:</b> Autonomy, competence, community, and fulfillment.</p> <p><b>Intervention skills/techniques:</b> Self-efficacy, critical consciousness, and tool development.</p> <p><b>Utilization:</b> Self-efficacy is built through restructuring internalizations. Tool development is seen in building healthy coping strategies.</p>
<p><u>Composition</u></p>	<p><b>Population:</b> Young women with trauma connected to childhood sexual abuse</p> <p><b>Characteristics:</b> Personality disorders, substance abuse, depression, post traumatic stress disorder, anxiety, poor self esteem, sexual maladjustment, and interpersonal problems</p> <p><b>Homogeneity:</b> Use homogeneity as away to connect, normalize, and discuss experiences with sexual violence.</p> <p><b>Heterogeneity:</b> Overall prioritizing respect and using it as a way to understand different perspectives</p> <p><b>Eligibility:</b> Those that experienced it personally, knows someone that has, or anyone that just wants to learn</p> <p><b>Rationale:</b> Those that have experienced C.S.A. would benefit from strengths based group to process the effects and develop coping strategies</p>

	<p>As for people without personal experience it could be a learning opportunity</p> <p><b>Size:</b>  Ideal: 7- 10      Expected: 7-10      Minimum:7      Max: 20</p> <p><i>Rationale:</i> 7- 10 is a small intimate group number which is ideal because of the sensitive type may require people telling their personal experiences which would take time, so a smaller group is ideal for the time limit. Lastly the max would be 20 because anymore than that would make it less intimate and would require more time.</p> <p><b>Closed group</b>  <i>Rationale:</i> Sensitive topic where clients may disclose personal experiences. With that being said it is important to keep the same people within the circle so that everyone remains comfortable with disclosing.</p> <p><b>Roles of the facilitator and co-facilitator(s):</b> Provide evidence based knowledge and guide open conversation among group members to aid in reaching the group goals. The co facilitator may be available to step out with a client if they need more 1 on 1 attention if something in the group is a trigger for them.</p>
<p><u>Recruitment</u></p>	<p><b>Method:</b> Through Bridge-To-Africa-Connection, Young women in the program will be informed of the group and informative flyers will be handed out.</p> <p><i>Rationale:</i> The organization connects us to with target population being young women in Ghana</p> <p><b>Persons involved in recruiting:</b> The Bridge-To-Africa-Connection team  Whom will they contact: The program director Dr. Brown Meredith will be the main contact.</p> <p>Documents to be used: N/A</p> <p><b>Outreach to special populations &amp; specific strategies:</b>  Using the Bridge-To-Africa-Connection  <i>Rationale:</i> They already connect and help young girls and women in Ghana  Possible involvement of incentives (ie. door prizes)</p>
<p><u>Orientation of Members</u></p>	<p><b>Summary of activities:</b> Ice breaker: What are your expectations?, Group Goals and objectives, Talk through group process, Open up to questions, Explore clients' concerns, Group Rules, Introductions</p>

	<p><b>Group Rules:</b> Don't criticize/judge, Respect, Confidentiality, Be on time , Avoid interruptions</p> <p><b>Documents:</b> Informed Consent, Risk assessment, Coping Self-Efficacy Scale, Posttraumatic Growth Inventory, Mental Health Continuum Short Form, and Rosenberg Self-Esteem Scale (RSE)</p> <p><b>SMART Goals:</b></p> <ol style="list-style-type: none"> <li>1. By the end of the sessions clients will identify one way that you can identify/experience with the stigmas <ul style="list-style-type: none"> <li>Objective #1: Learning terminology/stigma (what that looks like in Ghana)</li> <li>Objective #2: Group discussion sharing personal experiences with stigmas</li> </ul> </li>   <li>2. To build introspection and healthy coping strategies to apply during and after the intervention to further the participants' posttraumatic growth. <ul style="list-style-type: none"> <li>Objective #1: Address current positive and negative coping mechanisms</li> <li>Objective #2: Adoption of positive coping strategies</li> </ul> </li> </ol>
<p><u>Contract</u></p>	<p><b>Written agreement:</b></p> <p><i>Rationale:</i> So they can have a physical copy and if they have questions or need it explained the facilitator can do that verbally</p> <p><b>Attendance expectations:</b> Must come to all sessions full time unless communicated. Clients also have freedom to withdraw.</p> <p><b>Voluntary participation</b></p> <p><b>Confidentiality:</b> What members share do not leave the group even once services are completed</p> <p><b>Monitoring adherence to contract:</b> Attendance will be documented and stipulations would be if they communicated their expected absence beforehand or 24 hours after.</p>

<p><u>Environment</u></p>	<p><b>Physical arrangements:</b> Private room in a school, journals, assessments, worksheets, writing utensils, water, and prepackaged snacks.</p> <p><b>Accessibility:</b> Accessibility for disabilities is not stated by the program director. The group accommodates individuals with disorders in direct relation to CSA trauma like PTSD, depression, &amp; anxiety (Insufficient for CSA trauma resulting in substance use issues and schizophrenia).</p> <p><b>Financial arrangements:</b> Room provided through Bridge-To-Africa-Connection, Inc. All writing utensils and refreshments will be provided through the Ghana Study Abroad program.</p> <p><b>Special arrangements:</b> To accommodate individuals with limited access to transportation, clients will use the bus for transportation from the shelter and hospital to the school.</p>
<p><u>Challenges and Supervision</u></p>	<p><b>Anticipated challenges:</b> Anticipated challenges could include the language gap between the facilitators and the participants. Bridge-to Africa Inc. will address this through providing a translator.</p> <p><b>Ethical considerations:</b> Voluntary participation &amp; informed consent ensured through comprehensible contract, translation provided by Bridge-to-Africa Inc. Anonymity and confidentiality ensured through all private information secured online, only accessible by supervisors and facilitators.</p> <p><b>Supervision:</b> Facilitators will use the program director, Dr. Brown-Meredith, as supportive, educational, administrative supervision. Educational supervision will also be provided through Dr. Kwabena Donkor’s Clinic.</p>