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# Personal life education : the theory and practice of education-discussion groups with a secondary prevention focus.

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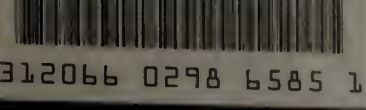
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**FIVE COLLEGE  
DEPOSITORY**

PERSONAL LIFE EDUCATION:  
THE THEORY AND PRACTICE OF  
EDUCATION-DISCUSSION GROUPS WITH  
A SECONDARY PREVENTION FOCUS

A Dissertation Presented

By

JEANNE FRANCES MARTIN

Submitted to the Graduate School of the  
University of Massachusetts in partial fulfillment  
of the requirements for the degree of

DOCTOR OF EDUCATION

May 1984

School of Education

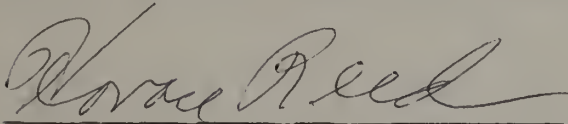
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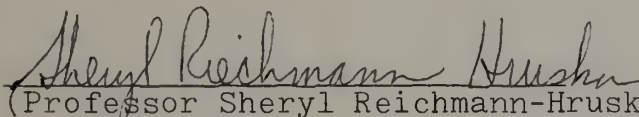
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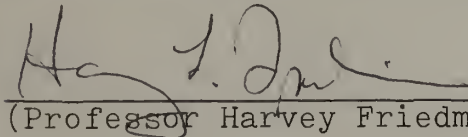
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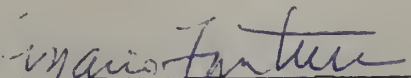
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School of Education

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This dissertation is dedicated  
to those people who truly  
care about the welfare  
of others

## ACKNOWLEDGEMENTS

I would like to thank my husband, Donald Ross, for his continual support and understanding, even when he didn't feel like it. My daughter Elizabeth helped me keep a healthy perspective on writing the dissertation. I appreciate the unquestioned belief of my parents in my academic abilities, and the friendship and support of Margaret Maxwell who kept me in touch with the realities of being a graduate student.

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ABSTRACT

Personal Life Education:  
The Theory and Practice of  
Education-Discussion Groups with  
a Secondary Prevention Focus

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This dissertation develops a theoretical and structural framework for the facilitation of education-discussion groups with a health or mental health secondary prevention focus. These groups are referred to as Personal Life Education because they focus on participants learning to solve personal health and mental health problems within an educational framework. The need for the study is established by reviewing the fields of Family Life Education, patient education, and behaviorally-oriented educational groups. The lack of a generic framework for the development of these groups, based on unique needs of participant populations, is noted. The relationship of adult education concepts with the educational aspects of common schools of psychotherapy as practiced in the United States is explored, as are staff development and training concepts. Twenty six education-discussion groups are analyzed, and sixteen facilitators of these groups are interviewed to determine the current practice



of Personal Life Education.

Twelve guidelines for the implementation of Personal Life Education groups are presented. These guidelines incorporate theoretical and structural concepts and methods for practice discussed earlier in the dissertation.

Major findings include the dynamic combination of affective, cognitive and behavioral learning presented by facilitators. Another finding suggests that participants rely heavily on mutual support, sharing and problem-solving to attain learning goals. Facilitators were acutely aware of their impact on the groups and often modeled behavior for participants.

The dissertation concludes with the suggestion that health and mental health professionals and community caregivers more actively consider teaching roles in their work.

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## C H A P T E R I

### INTRODUCTION AND OVERVIEW

A woman joins a group at a community alcoholism program to learn about the effects of alcoholism, and how she can help children, herself, and her alcoholic husband.

A man has been recently diagnosed as having cancer. He enrolls in a group at a local hospital to learn how he can best take care of himself.

A friend of an isolated elder joins a group at the town's senior center, to help her with decisions about where this elder should live.

These people joined education-discussion groups to learn to solve personal life problems. They all enrolled in carefully planned and facilitated groups, referred to throughout this study as Personal Life Education (or PLE) groups. But they may not have been so lucky. Many such groups disappoint participants because the group facilitators do not have the necessary skills and knowledge to effectively design and deliver this educational modality. The purpose of this study is to clarify a theoretical and structural base for the practice of Personal Life Education.

#### Definitions

Such education-discussion groups are a manifestation of a newly developed, yet old-time, common sense approach to resolving personal problems. These groups are newly developed, because these examples

reflect a mode only recently adopted by professionals and community caregivers. They are old time, because they parallel and borrow from methods people have used for years to settle problems and overcome crises and transition periods in their lives. They are not therapy groups, support groups, nor educational classes, yet they draw from such educational groups as patient education, family life education, and behavior modification. They have a distinctly personal approach in that participants learn how to handle life problems and transitions. These groups are therefore referred to as Personal Life Education, or PLE groups. These are groups in which people, with the help of a leader or facilitator, learn information and skills to help them resolve problems that they have in common. The approach of such groups is educational and the content areas cover health, social and mental health issues. They differ in focus, method of delivery, length of time and duration, and population, but they all have several elements in common: they are facilitator-lead groups; they focus on solving personal life problems, and they are basically educational in nature. They are also "closed" in that they have a set number of participants from beginning to end. Participants learn didactic information and engage in affective and behavioral learning within a personally supportive yet clearly educational environment. These groups are structured but flexible: they have a plan or curriculum which is agreed-upon and followed by facilitator and participants, yet incorporate new content areas and learning activities as needed. The facilitator is usually a person working in the health field who may be a mental health or health pro-

fessional such as a nurse or social worker. Sometimes community caregivers conduct such groups. A community caregiver is a person working in a helping or service capacity in the community who is not strictly designated as a health professional. Clergy, police and guidance counselors are some common examples (Caplan, 1970, pp. 20-21). These groups take place in many different settings: hospitals, churches, social service agencies, community colleges, and advocacy centers are a few examples of sites (Encyclopedia of Social Work, 1977, p. 1051).

PLE groups fall within the mode of secondary prevention as an arena for teaching, learning and change. This is because the emphasis is on solving problems which have already begun. Secondary prevention deals with efforts to keep a problem from becoming worse, or eliminating the problem altogether. It is important at this point to distinguish between primary, secondary, and tertiary prevention because many groups with an educational approach are currently conducted under the auspices of primary prevention. This study does not include those groups in part because primary prevention has not been clearly defined, nor has it been fully demonstrated as a reliable arena for effective change (Gilbert, 1982, p. 293). The three loci of prevention have been defined many times, perhaps originating with Gerald Caplan's description. His perspectives on prevention still hold true and remain the cornerstone for preventive work. Caplan (1964) regards prevention as the elimination of problems before they even begin, or the lessening of already existing problems so that they do not get worse. Primary prevention as defined by Caplan (1964, p. 26) is "efforts to reduce



the number of new cases of a disease or problem by affecting the population before the problems occur". This arena is young and as a mode of practice not fully developed. Gilbert (1982, p. 293) emphasizes that "prevent" means "to keep from happening", and argues that such ambitious efforts to eradicate social problems like poverty, delinquency and drug abuse before they even begin bring with it vast problems with identification of populations at risk. He argues further that primary prevention lacks a knowledge base with which to develop practical applications of research, and heretofore lacks the technology for meaningful replication of positive experimental pilot projects.

Secondary prevention is defined as the "early identification and treatment of a problem in order to reduce its severity" (Caplan, 1964, p. 87). Secondary prevention efforts might be targeted toward the early detection of an illness, or learning how to prevent further progression of a disease. Examples of secondary prevention include the early identification of delinquency, child abuse, depression or anxiety, and the learning of skills to handle these problems. The experience of a life crisis or transition such as death of a loved one, divorce, or severe illness also reflects secondary prevention issues. In workplace settings the early identification and treatment of alcohol problems would be considered secondary prevention. Efforts are to be made toward helping employees learn to correct the alcohol abuse that may be contributing to deteriorating work performance. Secondary prevention efforts therefore help alleviate both the alcoholism and the work performance problems related to the disease.

The area of overlap between primary and secondary prevention is hazy indeed. Many writers who optimistically call for increased programming in the area of primary prevention seem to be calling for secondary prevention efforts. Examples of goals of primary prevention, such as the prevention of self-defeating behaviors, relationship problems, and affective over-reactions like anxiety attacks, overlap into secondary prevention. Perhaps this hazy area should be referred to as "early intervention" which encompasses both primary and secondary prevention (Klein & Goldstein, 1977, vii).

Tertiary prevention, which seems to have been left out of the debate, is usually viewed as reducing the rate of residual difficulties following personal problems (Caplan, 1970, p. 39). Although tertiary clearly differs from primary in that populations targeted for tertiary have established problems, the area of where secondary prevention ends and tertiary begins is fluid: a permeable membrane rather than a brick wall.

So altogether stated, primary prevention can merge into secondary, secondary can become tertiary, tertiary affects secondary, and secondary can become more primary than secondary. The locus of intervention becomes even more complex, or perhaps confusing, when the potential populations are considered. Most people do not experience one problem at a time, neatly constructed or defined, but rather carry with them a constellation of difficulties, large and small, which beget other problems and possible solutions. Planning for retirement groups are an example of such blurred areas. Depending on the difficulties involved

with the prospects of retirement, people may vary from having little to no problems, to having severe problems resulting from a proposed retirement. Nevertheless, for the sake of clarity and for the purposes of definition, a chart demonstrating examples of interventions and applications of PLE groups is on page 7.

Participants become a part of PLE groups because they are experiencing some kind of problem or difficulty which they want to resolve. They hope to learn information and skills, and ways of handling problems to keep them from getting worse in order to cope effectively if they do get worse, or to get rid of the problems altogether. Many times these people may be in a state of transition or crisis. These situations may generate considerable emotional stress, which may develop into crises for people who by personality, past experience, or difficult present situations find that their usual ways of coping do not work (Aguilera & Messick, 1982, p. 5). Caplan (1970, p. 53) defines crisis as a "relatively short period of psychological disequilibrium" or "novel situation that cannot be resolved through a person's normal, customary methods". During these periods people work out new ways of handling problems through new sources of strength in themselves and their environments. During these periods the person may feel an increased desire for outside help. As the crisis is alleviated the person returns to a steady state which may be more or less healthy than the precrisis state. Caplan (1964, p. 35) gives examples of crisis as loss of a job, a threat to the body such as illness or disability, or a significant change of role that parenthood, marriage, or leaving

TABLE I

PREVENTION - INTERVENTION SCALE

PRIMARY PREVENTION	SECONDARY PREVENTION			TERTIARY PREVENTION
NO PROBLEM	AT RISK FOR PROBLEM	MINOR PROBLEM	SERIOUS PROBLEM	SEVERE PROBLEM
				CHRONICALLY SEVERE PROBLEM
Alcohol Education	Alcohol Abuse and Alcoholism Education			
Parent-Child Communication	Parent Education			
Planning for Retirement				
	Drug Education			
	Assertiveness Training			
	Anxiety Management			
	Stress Management			
	Smoking Cessation			
	Controlling Overeating			
	Overcoming Depression			
	Cancer Education			
	Diabetes Education			
	Stopping Child Abuse			
	Death and Dying Education			
	Organic Brain Damage Education			
	Severely Disabled Education			

school might bring. These transition periods bring opportunities both for personal growth, or danger of increased vulnerability to mental disorder.

The openness for help, the increased vulnerability, and the discovery that past ways of handling situations may not work pose challenge and opportunities to providers of crisis services. Short-term individual and group treatment approaches have been developed in response to people in crisis (Aguilera & Messick, 1982, p. 5). PLE groups may provide individuals with necessary information as well as support from others. Such groups may also help people to identify and learn behavioral skills which may encourage them to discard maladaptive responses to difficult situations.

#### Examples of Personal Life Education Programs

The concept and practice of Personal Life Education encompasses several modalities, especially Family Life Education (FLE), patient education, and behaviorally oriented therapy groups. These three types of groups incorporate learning and relearning behaviors that result in improved health, personal relationships, and/or sense of well-being. These groups are widely practiced in the United States. Many community colleges, adult education centers, and continuing education components of universities offer such groups.

#### Family Life Education

Family Life Education originated in the 1930's and 1940's in the United States as a way for families to learn effective ways of handling

the inevitable and sometimes difficult stages of family life. Developed and practiced primarily by the social work profession in community settings, groups focused on topics like childbearing practices, parent-child communication, and difficulties within marriage (Pollack, 1975). Spanning both primary and secondary prevention, the fundamental goal of Family Life Education is educational, focusing on giving and receiving information, and general "broadening of understanding of family living" (Beck, Tileston, & Kesten, 1977, p. 3). Much of the curriculum of these groups is packaged lecturettes at the first part of the group, with question and answer periods and group discussion during the latter half of the session. Recent trends in FLE are a move away from the didactic lecture to a greater emphasis on group discussion, and presenting multi-session rather than single session groups.

#### Patient Education

The field of health promotion also includes Personal Life Education practices. Health education and patient education groups are adult teaching vehicles utilizing health promotion goals. Patient education in particular has utilized Personal Life Education concepts when multi-session groups are conducted. Patient education is defined as "planned combinations of learning activities designed to assist people who are having or have had experience with illness or disease in making changes in their behavior conducive to health" (Green, Kreuter, Dedds, & Partridge, 1980, p. 7). It is a method of practice only recently developed, especially the closed multi-session group format.

Wendy Squyers (1980), a leader in the patient education field, describes patient education as educating patients and family members about a particular illness, and helping them plan strategies that will incorporate new behaviors into their life-styles that will improve health.

### Behaviorally Oriented Groups

Personal Life Education can also be practiced in behaviorally oriented groups, which emphasize learning new behaviors and unlearning old behaviors as a way to change and overcome problems. Based on learning theory, these groups employ behavioral techniques to teach people how to change specific behaviors. Most groups do not necessarily encourage group support but rather utilize skill building, practice, and positive reinforcement as primary methods. These groups have been especially useful for people who want to reduce phobias, such as agoraphobia, or to change seemingly intractable compulsions like bulimia or anorexia nervosa. Patient educators often utilize behavioral methods when presenting groups on themes like smoking-cessation or weight control. Traditionally, the two modalities would differ in the affective or interpersonal areas: behavioral groups would be based on scientific learning theory, while patient education groups traditionally utilize humanistic and interpersonal methods of interaction while also incorporating medical and behavioral concepts.

Personal Life Education, therefore, is widely practiced in several different forms. It can incorporate issues from primary to tertiary prevention, but focuses on secondary prevention or "early intervention"

issues. Personal Life Education strives to help people learn ways to overcome difficulties involved with the problems of living.

### Need for Personal Life Education Groups

The practice of Personal Life Education in whatever form is steadily increasing. In family service agency settings, educational programs have been effective adjuncts to therapy programs. Funding sources seem to respond to programs providing combined services of counseling, education and advocacy (Fallon, 1982, p. vii). Family Life Education has consequently become more widely utilized as a mode of practice by social workers over the last decade (Fallon, 1982, p. viii). Moreover, many mental health practitioners believe that traditional mental health services have been too focused on psychopathology and have not allocated adequate resources for prevention. Traditional mental health centers have recently been criticized for placing too much emphasis on long-term individual treatment and excluding strategies that may be helpful to a larger number of people (Bloom, 1976, p. 51). Other observers suggest that nonmedical, more humanistic models of intervention which encourage people to take personal responsibility for personal problems may be more useful than a medical paradigm which may foster passivity through a mystification of process and procedure (Morrison, 1979, pp. 482-483). Personal Life Education may be a useful method for some of these help-seekers.

The 1970's saw a real boom in health promotion programs as Americans became more interested in getting and staying healthy. All kinds



of educational, self-help, support and therapy groups flourished with the promise of improved social, physical and emotional well-being.

This trend has continued into the 1980's. Consumer demand has encouraged health care institutions like hospitals and health maintenance organizations to produce such programs. Common programs are stress management education, assertiveness training, weight control, and to a lesser degree parent-child communication and smoking-cessation.

Personal Life Education groups are currently being developed in workplace settings. There is growing awareness that personal problems and life stresses of employees effect their quality of work life, work performance, and absenteeism. Consequently employers are expressing greater interest in meeting the educational and counseling needs of their workforce. The rapid expansion of employee assistance programs has helped inaugurate FLE programs in the workplace. Examples of FLE programs include workshops on working parents, and communications skills in the workplace and at home (Apgar, Riley, Eaton, & Diskin, 1982, p. 1).

The time seems to be ripe as well for the growth of health promotion programs in the workplace. Both public and private sectors are attempting to contain costs through health promotion programs for management and workers. These programs can offer group sessions during which people can "share the experience of education and self-improvement" (Brennan, 1982, pp. 49-51). Examples of health promotion programs in the workplace are stress management, smoking-cessation, cancer education and screening, and nutrition and weight control.

Many educationally oriented groups are also conducted outside tra-

ditional health care settings and the workplace. The 1970's boom described earlier also brought with it a plethora of groups in a variety of settings: community centers, prisons, churches, libraries, and the offices of private practitioners. These groups responded to a need of people to share problems with other people experiencing similar difficulties, and to learn useful information. They tend to be conducted by community caregivers and health professionals alike.

### Need for the Study

Many health professionals and community caregivers may decide that they want to facilitate a PLE group. They may feel that the people they work with would benefit more from an educational than a psychotherapeutic experience. Such potential facilitators then may embark on the design and delivery of a PLE group without adequate preparation. A poorly designed and conducted group can be extremely discouraging to participants, who may drop out and never return. At first glance these groups may look easy to facilitate, but in fact they pose unique dilemmas and raise issues that facilitators must be prepared to handle. Practitioners and researchers are beginning to recognize these needs of facilitators.

Family Life Educators have recognized this need and have produced a series of manuals designed for specific problems. They generally consist of sample lecturettes and discussion questions. These manuals are useful for specific populations and learning goals but may also serve to trap facilitators by suggesting they follow a somewhat rigid "cook-

book" approach which may tend to discourage individual creativity and spontaneity. For example, the Family Service Association of America has recently published a book entitled Training Leaders for Family Life Education (Fallon, 1982) which is a set of lesson plans for a teacher to teach facilitators. It relies on "mini-lectures" and hand-outs, and is quite cursory in its review of adult learning. It does however utilize some staff development concepts like goal-setting and evaluation, but does not fully consider the in-depth tasks of both facilitators and participants.

Leaders in the field of health promotion are also aware of a need for more guidelines in practice and delivery. Wendy Squyers (1980, p. 229) has recently written that a "continuing weakness" of patient education is "a persistent failure to make explicit the theoretical or assumptive connection between educational interventions and behavioral or health outcomes". Linda Ormiston (1980, p. 7) as well as Squyers cautions practitioners that telling people to change their health behavior without helping them gain skills to change is very limiting. People need the "how" of patient education as much as the "what". As Ormiston (1980, p. 217) states, "wanting to change and knowing how to change are two different issues". Squyers (1980) calls for facilitators to rely more on adult education principles, which speaks to active involvement of both consumers and providers. She sees a great need for group process skills and for providing a conducive learning environment. A rigid approach to planning and implementation is also criticized. Commenting on worksite programs, Merwin and Northrop (1982, p. 75) empha-

size that a standardized set of interventions cannot result in successful outcomes. They point out that ample evidence demonstrates that in order to be effective, health promotion programs must be closely tailored to the specific needs and circumstances of the population.

Although specific manuals have been written for facilitators, especially in the areas of stress management, smoking-cessation and controlling overeating, little theoretical or structural information has been provided for facilitators who want to design their own groups based on the specific needs and concerns of their potential participant populations. The literature on such PLE groups is sparse. Articles reporting such groups may describe one particular program but do not cite literature pertaining to the design and delivery of these groups. Most reports of PLE groups only state in a few paragraphs the need for understanding adult learning, usually citing Malcolm Knowles as the originator of the concept of adult learning. Clearly a need exists to bring Personal Life Education out of the era of speculation and intuition and into a more tightly designed yet broadly applicable framework.

#### Purpose of the Study

The purpose of the study is to provide facilitators with a generic framework and theoretical foundation leading to the successful production of PLE groups for their particular populations. The framework provides both mental health professionals and community caregivers with tools for careful, systematic planning and implementation that may help them avoid some of the problems common to new programs. These problems may include participants' inability to construct or meet their learning

goals, boredom, frustration, or a poor fit between personal needs and program goals. These problems may be manifested in a high drop-out rate and low participation, possibly resulting in the termination of the group.

The framework is designed to be generalizable so it can be applied to a variety of secondary prevention issues not usually approached by adult education. This will enable facilitators to use their own creativity and personal contribution to the group. Rather than using a "canned" group design out of a manual, facilitators will be able to more exactly tailor the group to the specific needs, interests and environments of the participants.

#### Organization of the Study

The study is organized in a descending order of abstractions. Chapter Two presents broad philosophical issues of theory and practice. The prevailing theories of psychotherapy in the United States are related to adult learning theory as a way to identify a theoretical base for Personal Life Education. This theoretical base is presented in eight underlying principles that discuss theories for practice of Personal Life Education. Chapter Two establishes a clear theoretical foundation on which to build Chapters Three through Six.

Chapter Three presents in succinct form the basic concepts of staff development as related to the planning, implementation and evaluation of adult training and education activities. This conceptual framework is applied to the production of PLE groups. Chapter Three therefore

presents a more structural framework on which to base practical design issues, such as determining training needs, carrying out meaningful evaluation, and planning learning activities. Chapter Three helps to clearly define the more practical construct of PLE groups through an application of staff development principles. It makes possible a more specific examination of the actual practice of PLE groups, which is presented in Chapter Four. Chapter Four presents an analysis of twenty-six PLE groups, each with a different topic or focus. Identifying data such as participant population, goals of each group, and number and length of sessions are presented. Chapter Four discusses the results of in-depth interviews with facilitators of sixteen of the groups in order to identify pertinent, commonly practiced methods of design and delivery.

Chapter Five summarizes the combined information presented in Chapter Two, Three and Four by suggesting twelve practical guidelines for facilitating PLE groups, and presenting a sequence of the guidelines by describing the three phases of the PLE group. Chapter Five draws from all the preceding chapters. The twelve suggested guidelines reflect the theoretical and structural concepts from the earlier chapters, while incorporating material from the interviews with facilitators and the analyses of the twenty-six groups.

Chapter Six concludes the study. Several major findings are discussed, as well as less important findings that were nevertheless striking to the author. The in-depth interview method used in gathering the information presented in Chapter Four is assessed. Several areas for further research are suggested, and finally, the general usefulness of

the study is discussed by outlining the implications for the practice of these education-discussion groups for facilitators.

## C H A P T E R    I I

### TOWARD A DEFINITION OF PERSONAL LIFE EDUCATION:

#### A THEORETICAL FOUNDATION

##### Introduction

Chapter Two presents a theoretical framework for the establishment of Personal Life Education groups discussed in Chapter One. This chapter begins the formation of a set of guidelines for the design and delivery of these education-discussion groups with a secondary prevention focus. A major theme of the study deals with how to present mental health issues within an educational context. This chapter addresses that problem by examining how people learn best when dealing with psychosocial issues. Eight principles are presented that were developed by the author after reviewing major adult education theorists, the trends in psychotherapy, and from her own experience as facilitator of twenty-two such groups. The eight principles reflect common notions about how adults learn best. The principles also reflect issues of how people learn and change in a psychotherapeutic context. Each principle is presented as a discussion of how adult education theorists intersect with trends in the three major psychotherapies practiced in the United States today: behavioral therapy, ego-psychology (Yates, 1970, p. 3), and Rogerian therapy as a major form of humanistic psychology (Torrance & White, 1969, pp. 2-4). This presents the reader with a sense of the general relationship of the theories to the principles rather than a routine comparison of theories. The discussion focuses on major trends



in adult education and commonly-held concepts of psychotherapies. It is general rather than specific as the theoretical framework aims for a high level of abstraction. By its very nature the discussion must be left incomplete, for it explores how people learn and change in response to their desire to master psychosocial issues within an education-discussion group context. A table on pages 21-23 illustrates how the adult education and the psychotherapeutic concepts correspond to the eight principles.

In this review adult education theorists like Malcolm Knowles, Allen Tough, Donald Brundage, Carole Aslanian, Robert Boyd, Alan Knox and John Verduin are drawn upon to determine and clarify the role of adult learning. Many theories of adult learning abound, and this chapter does not attempt to explore them all. In fact, great controversy over the definition of learning exists as to whether it is primarily a biological, phenomenological, or social process (Boyd & Apps, 1980, p. 69). No single theory of learning predominates: twenty to thirty theories have been discussed in the literature on experimental psychology (Wodarski & Bagarozzi, 1979, p. 32). In this discussion, practiced models and theories of adult education are utilized in order to draw a clear convergence with the theories of psychology. Only the psychotherapies practiced widely in the United States are explored as they relate to adult education. This selection was determined in order to arrive at a definition of Personal Life Education that has wide enough application for a variety of PLE groups without integrating concepts that are seldom used by practitioners.

TABLE II: EIGHT UNDERLYING PRINCIPLES FOR PERSONAL LIFE EDUCATION

Underlying Principle	Corresponding Theory from Adult Education and Psychotherapies
1. The goals of Personal Life Education are attainable, task-oriented, and centered in the here and now.	<p>Adult Education (AE): Goals are specific and measured; task-oriented and subject-centered</p> <p>Behavioral Therapy (Beh): Goals are attainable and specific.</p> <p>Rogerian Therapy (Rog): Goals are evolutionary and vague, but present-centered.</p> <p>Ego-Psychology (Ego): Goals are vague, evolutionary, global and long-term.</p>
2. The individual takes responsibility for his or her own learning.	<p>AE: Learners are responsible for their own learning.</p> <p>Beh: People are responsible for changing their own behavior.</p> <p>Rog: Learning is self-directed.</p> <p>Ego: The individual has ultimate responsibility for her own learning.</p>
3. The facilitator of Personal Life Education must combine the qualities of teacher and therapist to achieve a balance of self-awareness and caring with the technical skills and knowledge relevant to the purpose of learning.	<p>AE: Teachers need to combine self-awareness, caring and skills.</p> <p>Rog: Teachers need to possess "realness", tools and skills.</p> <p>Ego: Therapists need a thorough understanding of people combined with basic interviewing skills.</p> <p>Beh: Therapists need high quality skills more than personal traits.</p>

TABLE II (continued)

Underlying Principle	Corresponding Theory from Adult Education and Psychotherapies
<p>4. The facilitator - learner relationship is collaborative, learner-oriented, and one of mutual trust and respect.</p>	<p>AE: The relationship is collaborative yet learner-oriented; and one of mutual trust and respect.</p> <p>Rog: The facilitator acts as a flexible resource, yet participates in the learning.</p> <p>Beh: The relationship is learner-directed, based on mutual trust.</p> <p>Ego: The relationship tolerates more dependency by the learner, but is rooted in trust and respect.</p>
<p>5. Participants in Personal Life Education learn best when they interact with one another in a group context.</p>	<p>Rog: People learn most effectively when interacting with each other.</p> <p>AE: Group learning is often more effective than learning alone.</p> <p>Beh: Groups enable people to practice and learn behaviors from others.</p> <p>Ego: Groups can effectively help people work through selected, especially interpersonal, issues.</p>
<p>6. The learner must be motivated and ready to change.</p>	<p>Rog: Learning, the sense of discovery, comes from within.</p> <p>AE: The learner needs internal motivation and a belief in him or herself.</p> <p>Beh: Motivation is critical to changing one's behavior.</p> <p>Ego: Motivation is important for growth and change.</p>

TABLE II (Continued)

Underlying Principles	Corresponding Theory from Adult Education and Psychotherapies
7. Personal Life Education focuses on learning by doing.	<p>AE: All genuine education comes through experience.</p> <p>Rog: Much significant learning is acquired through doing.</p> <p>Beh: Behavior is learned, unlearned and relearned.</p> <p>Ego: Personal experience can significantly effect learning as part of growth and change.</p>
8. Individuals have the potential and capacity to bring about their own change.	<p>AE: People are able to change.</p> <p>Beh: People have the capacity to learn all kinds of behavior.</p> <p>Rog: Human beings have a natural potential for learning.</p> <p>Ego: All people have the capacity for change.</p>

## The Psychotherapies

### Freudian Therapy

Freudian therapy, commonly psychoanalysis, was developed by Sigmund Freud and his circle of followers in the latter half of the nineteenth century. Called the "talking cure", it revolutionized the treatment of mental illness because it posited that people could be cured through their own resolution of inner conflicts through insight (Freud, 1963, p. 19). Psychoanalysis has had great impact on American psychiatry and psychotherapies, and has been very influential since the 1940's (Stunkard, 1976, pp. 7-8). Although widely practiced, psychoanalysis has come under much criticism. It has at times been referred to as "imaginative Victorian speculation posing as science", (Gross, 1978, p. 196) and relying heavily on "charm and wisdom" of the therapists (Stunkard, 1976, p. 12) rather than scientific investigation or research (Stunkard, 1976, p. 2; Yates, 1970, p. 8). Nevertheless, most currently accepted approaches to psychotherapy owe their roots to psychoanalytic theory (Stuart, 1970, p. 51).

The educational function of ego psychology is an outgrowth of psychoanalytic theory, and is widely practiced in traditional mental health settings. Ego psychology shares much of the same theoretical foundation as psychoanalytic thought, emphasizing the notions of ego strengths, defense mechanisms, and developmental stages (Turner, 1978, p. 16). Most long and short-term therapy practiced in this country is based on ego psychology concepts.

## Behaviorism

Behaviorism was developed at the beginning of the twentieth century. It relies primarily on operant and classical conditioning learning theories to explain behavior. Behaviorism is often associated with Skinner (Yates, 1970) but has been expanded, modified and adapted by many other theorists and practitioners. It is a scientific pursuit of how and why people change, and is widely used for the acquisition of new behavior or changing old behavior. Examples would be overcoming phobias, smoking cessation, and stress reduction (Yates, 1970, pp. 345-349).

## Rogerian Therapy

Rogerian therapy was developed by Carl Rogers in the 1940's and has been continually refined by him and his followers. Although Rogerian therapy uses many of the same notions as ego psychology, such as strengths and weaknesses of the ego, it also utilizes some behavioral techniques related to learning theory (Knowles, 1973, p. 34). Rogerian therapy centers on the relationship of client and therapist, and growth through empathetic understanding and acceptance. It is practiced by a wide variety of psychologists and mental health workers in a variety of public and private settings (Rogers, 1951, pp. 4-5).

### Principle One: The Goals of Personal Life Education are Attainable, Task-Oriented, and Centered in the Here and Now

If Personal Life Education brings together the practice of adult education and psychotherapy, we must recognize how each field or school

of thought relates to the achievement of distinct, task-oriented goals. Implicit in this principle is the role of the learning and change process: the establishment of goals sets into motion a process; a movement toward these goals.

Adult learning theorists and psychotherapists alike consider the formation of goals to be integral to the learning and change process. The different psychotherapies and adult education theories view goals in some different ways, in part depending on the nature and specificity of the goals. How do adult learning theorists view goals for education? The answer is as broad as the question, and has many alternatives. For the purposes of this discussion we will consider the more commonly-held notions about goals as they relate to growth and change of the learners.

Kurt Lewin (1951, p. 65) probably put it best when he wrote "the term learning is a popular one which refers in a more or less vague way to some kind of betterment". Boyd goes on to state that learning is a "process of growth and development whereby the learner organizes and reorganizes his perceptions of what he knows about himself, his environment, and various interrelationships between the two" (Boyd and Apps, 1980, pp. 70-71). Clearly these theorists have placed the goals of learning in the realm of personal growth and enhancement, which is also a general goal of psychotherapy. Brundage (Brundage and Mackeracher, 1980, p. 5) becomes a little more specific about adult learning when he defines it as an attempt by individuals to "change or enrich their knowledge, values, skills or strategies". Verduin, Miller and Greer (1977, pp. 16-17) further narrow the parameters of the goals by divid-

ing them into three domains of behavior.

1. cognitive - mental processes such as knowing and retaining information, making judgements, and evaluating.
2. psychomotor - performance of physical skills.
3. affective - attitudes or values as evidenced only when displayed in a real situation.

Gagne (Gagne & Briggs, 1979, pp. 85-88) elaborates on the affective domain by describing attitudinal learning as an "internal state" which affects the individual's choices about people, objects, and events. Gagne sees the direct influences of conditioned response, reinforcement, and modeling behavior on learning, as does Bandura (1969, pp. 599-624). These direct influences affect the goals of learning and changing attitudes. Implied in this behavioristic approach to learning is that goals need to be specific and measured.

What are some of these specific goals of adult education? Non-formal education; a type of education conducted outside the established formal schooling system, calls for goals that can include any subject matter as long as it is relevant to the learner's needs (Harman, 1976, pp. 3-4). Brundage and Mackeracher (1980, p. 17) insist that goals, based on the needs of learners, must be related to the learner's current life situation. In fact, the work done by Tough (1970) indicates that adults engage in a wide variety of learning activities in response to daily needs and problems, and that adults are continually involved in learning even though they may not always define their activities as learning. In fact, adult learners are pragmatic, goal-directed crea-



tures who want clear, definable goals in order to sustain their interest in learning (Overly, McQuigg, Silvernail, & Coppedge, 1980, p. 7).

In order to become clearer about these self-directed goals, it would be useful to understand more about the characteristics of adult learners themselves. According to Knowles (1973, p. 48), adult learners have a problem-centered, not a subject-centered approach to learning. They are concerned about current life coping. Other theorists agree that adult learning goals are related to current life situations (Brundage & Mackeracher, 1980, p. 12). But future is a preoccupation, too, as adults also learn in order to move out of some status they want to or must leave, and into a new status. Therefore learning often comes at a time of life transition, such as a change in career, health, or family status (Aslanian & Brickell, 1980, pp. 52-53). Such learning is concerned with accepting new knowledge and adopting new attitudes to cope with new situations (Campbell, 1977, p. 88). Knox (1977, p. 174) supports this claim by stating that adults learn in order to improve their performance around specific activities and demands. Attainable, present-centered goals are therefore useful because they specify the behaviors that learners will have acquired by the end of their learning program (Gentile, Frazier, & Morris, 1973, p. 71).

In terms of the psychotherapies, the behaviorists come closest to the adult learning theorists as they describe the goals of behavioral therapy as 1. specific changes in behavior (Thoresen, 1980, p. 64), 2. learning new, desirable behaviors (Dustin & Rickey, 1973, p. 199), and 3. learning to be better problem-solvers and behavior analysts

(Stuart, 1977, p. 5). Behaviorism emphasizes the importance of establishing specific goals so that people will be able to understand and work through the barriers to these goals (Dustin & Rickey, 1973, pp. 14-16).

Although ego psychology claims its major goal is enabling the individual to "achieve the highest psychosocial function within the client's value system", a rather vague proposition, it does elucidate types of change that are not unlike the domains outlined by Verduin, including cognitive, emotive, behavioral and environmental changes (Turner, 1978, pp. 45-49). Ego psychology also supports the practice of contracting or goal setting, especially in short-term practice, although much of ego psychology does engage people in long term work with the goal of basic personality change (Turner, 1978, p. 83). These more long range, personality oriented goals fall outside the purview of Personal Life Education as they do not translate into the specific and task oriented goals of this model for practice. Insight, the goal of psychoanalytic treatment and to a large part ego psychology, can be defined as "the emotional recognition that the way the person feels and acts toward other people is part of a pattern that originated long ago and is manifested throughout his life" (Hunt, Corman, & Ormont, 1964, p. 132). This too is practically speaking outside the realm of Personal Life Education as it calls for vague, more evolutionary goals.

Carl Rogers is an ardent supporter of the role of education in psychotherapy, stating that "significant learning takes place in psychotherapy". However, the goals he sets forth for psychotherapy

tend to be, like ego psychology and psychoanalytic thought, fairly vague and inconclusive. Examples of goals are: maturity, increased self-confidence, the ability to see oneself differently, and greater flexibility (Rogers, 1961, p. 280). He views the goal of education as "growth, which involves a change in the self" (Rogers, 1951, p. 391) and the "facilitation of change and learning" or "changingness" (Rogers, 1969, p. 104). In some ways the goals of Rogerian therapy overlap with human relations training, so popular in the 1970's. The goals of human relations training are to increase understanding of oneself as related to interpersonal relationships and group tasks. This training also calls for identifying some specific behaviors as well (Pfeiffer, Heslin & Jones, 1976).

Personal Life Education, then, utilizes many of adult education concepts regarding the setting of relevant, task-oriented goals for learners which will satisfy immediate, practical needs. It reflects the encouragement of self-directed learning through the determination of goals by the learners themselves. The psychotherapies move both toward and away from adult education's concepts of goal setting. As the psychotherapies set concrete, behaviorally-oriented goals, they approach adult education. As the psychotherapies set vague, inclusive goals more oriented to personality change, they move away from adult education as defined in this study. The fields of adult education and psychology overlap as Personal Life Education includes goals that are attainable, task-oriented, and present-centered, yet are mental health oriented in content.

Principle Two: The Individual Takes  
Responsibility for His or Her Own Learning

Personal Life Education adheres to a value orientation of self-directed change reflected in both adult education and the psychotherapies. A basic component of successful adult education and practice is the learner's ability to accept responsibility for his/her own learning. The notion of the adult learner as an "internal change agent" is commonly held by many learning theorists (Brundage and Mackeracher, 1980, p. 16). Knowles (1973, p. 45) relates this in part to the self-concept of the adult learner as non-dependent and self-directing. Brundage and Mackeracher (1980, p. 12, p. 14) elaborate on this idea by describing adult learners as having different self-concepts than children. Adults may view themselves as acting independently of others and as responsible members of society who are expected to be productive. The adult needs to be able to respond to the diversity of changes, dilemmas and paradoxes often found in a learning situation.

The behaviorists place as a central aspect of change the ability of the person to take responsibility for changing his or her behavior. A major theme of behavior therapy is "I can learn to do things differently", which reflects the notion that we are responsible for what we experience (Thoresen, 1980, p. 9). Basic assumptions of behaviorism imply that people are able to conceptualize and control their behavior, that they are able to acquire new behaviors, and that they are able to influence, and be influenced by, the behavior of others (Dustin & Rickey, 1973, p. 12). Behaviorists therefore view the individual as

taking responsibility for his or her own learning insofar as she or he can direct and influence his or her behavior. This illustrates a move of the field of behaviorism away from the relatively restricted conditioning model toward the practice of self-control and engineering. Modern behaviorism views the person's contribution to his or her own treatment as crucial to learning (Stuart, 1977, p. 3).

Carl Rogers (1969, p. 153) states that only learning which is self-directed and self-appropriated significantly influences behavior. As experiences occur, the self either symbolizes, perceives and integrates them, ignores them, or denies and distorts them (Rogers, 1951, pp. 503-504). As a result the individual takes ultimate responsibility for learning. Teachers and therapists "cannot teach a person directly, [they] can only facilitate [his or her] learning" (Rogers, 1951, p. 389). It is this quality of personal involvement, including the whole person, both feeling and cognitive aspects, that makes learning happen. In turn, this learning can then be evaluated by the learner, since only the learner knows whether it is meeting his or her needs (Rogers, 1969, p. 5).

Within the context of psychotherapy, ego psychology emphasizes the role of the therapist as well as that of the client. However, the locus of motivation and change is nevertheless the client, who in most cases seeks treatment. Therefore the alliance, or "helping relationship" is initiated by the client although carried out by both client and therapist. More difficulty is encountered when the client is getting help involuntarily. For example, in the field of children's pro-

tective services, mothers who batter their children may be required to attend a group. In these cases major emphasis is placed on helping the mothers to become motivated to take responsibility for their behavior and thereby begin the process of change for themselves and their children.

In examples like this more active methods may be used to encourage and foster the acquisition of responsible behavior. Much of this is done by role modeling and directive teaching by the therapist (Turner, 1978, pp. 43-44).

Finally, Wheelis (1973, p. 19) a psychologist, writes philosophically that we all are separate individuals, that we all have our own despairs, fears, frustrations, and our bouts with meaninglessness. We all experience the joys and fulfillments of personhood, at times linking with others, at times alone. He emphasizes that only we can direct our moves toward change, and that any goal, direction and movement must be determined by the individual who contracts for treatment, learning, or whatever.

Principle Three: The Facilitator of  
Personal Life Education Must Combine the Qualities of  
Teacher and Therapist to Achieve a Balance of Self-  
Awareness and Caring with the Technical Skills and  
Knowledge Relevant to the Purpose of Learning

Just what are the qualities of a good teacher? What are the qualities of a good therapist? What are the qualities of a good facili-

tator of Personal Life Education? These questions reflect and probe the nature of the kind of helping relationships between people that encourage learning. Adult educators seem to agree that the best teachers for self-directed learners are caring, supportive, nonjudgemental, warm and friendly (Brundage and Mackeracher, 1980, p. 47). Teachers must possess the self-awareness necessary for empathy and the self-knowledge necessary for flexibility in meeting the variety of needs of adult learners (Knox, 1980). They need the positive self-concept and self-regard that will enable them to trust themselves and to cope with a variety of situations and roles: as role model, as colearner, and to engage in self-disclosure when appropriate (Brundage and Mackeracher, 1980, p. 70).

Carl Rogers (1961, p. 287) reflects these same beliefs when he describes the characteristics necessary for both therapists and facilitators of learners. He emphasizes the "realness" of the facilitator, describing him as a person who is comfortable with himself; who is genuine. He describes good facilitators as people whose feelings are available to themselves and other people, meaning they are basically open and nondefensive. The facilitator's "realness" is reflected in an awareness of who he is to others: he does not function as a blank wall. These qualities enable the facilitator or therapist to engage in "empathetic understanding": the ability to understand learners' reactions from the inside, and to know how it feels viewing the world from the eyes of the learner. This understanding is important because the relationship between therapist and client, and facilitator and

learner, is critical for change and growth (Hollis, 1972, p. 236, Rogers, 1969, p. 106).

Empathy and the other qualities that foster empathy may not be enough to cause people to change. Even Carl Rogers uses other tools and skills to facilitate the learning process. Behaviorists claim that a strong background in both therapeutic, practical skills such as the use of reinforcement can encourage people to change. Behaviorists have investigated the use of learning tools in psychotherapy, especially the use of systematic desensitization, behavioral modeling, and progressive relaxation (Dustin & Rickey, 1973, p. 4). All these skills result from long years of practice. Behaviorists tend to emphasize skills based on empirical research more than personal qualities of the therapist, which are viewed as subjective and difficult to measure (Thoresen, 1980, pp. 10-12). Adult educators also state that in order for learning to take place teachers must have the knowledge, skills and strategies relevant to the content area being learned (Brundage and Mackeracher, 1980, pp. 71-72). Personal qualities are not enough, even though they in part reflect skills. Concrete practical skills are also essential for the effective teaching of Personal Life Education.

Ego psychology, reflected in the fields of psychiatric social work and clinical psychology, emphasizes a thorough understanding of people as key to effective change. However, methods of practice such as communication, assessment, and engagement skills are also viewed as necessary for meaningful change through the therapist-client relationship (Loewenberg, 1977, pp. 229-233).



Principle Four: The Facilitator-Learner  
Relationship is Collaborative, Learner-Oriented, and  
One of Mutual Trust and Respect

In fact, the relationship between teaching and learning is not all that clear. The facilitator can be an influential part of the learner's environment, providing guidance, structure, information, feedback, reinforcement, and support (Brundage & Mackeracher, 1980, p. 20). But in fact the learner reacts to experience as she perceives it, not as the facilitator or teacher presents it (Kidd, 1963). The facilitator can create a supportive, learning-centered climate with an emphasis on the teaching and learning dynamic that will encourage learning (Knox, 1980, p. 89). In reality, as Carl Rogers (1951, p. 389) states, "we cannot teach a person directly, we can only facilitate his learning."

Adults learn best through a two way communication between facilitator and learner. This communication constitutes the crux of the facilitator-learner relationship. That relationship can have several characteristics conducive to learning (Brundage & Mafkeracher, 1980, pp. 58-60).

1. It can be collaborative. The learner and facilitator share as colearners in the discovery and creation of shared meanings, values, skills, and strategies. Tasks can be divided on a mutually-agreed upon basis. The nature of this relationship requires a high level of trust on both sides because it can be relatively threatening.

2. It can be learner-oriented. The facilitator does not undertake the learning venture for self-improvement, although that may be

a fringe benefit of the encounter. Rather, the relationship is learner-oriented and learner-directed and so tasks and activities focus on the learner's needs. The facilitator within this context helps the learner to acquire specific skills and knowledge, and to possibly discover personal meanings within this knowledge. This process takes place within the context of mutual dialogue and trust.

3. As in rogerian therapy, the facilitator can act as a resource for the learner. The facilitator helps elicit and clarify the purposes of the individual. He relies on the learner to implement the purposes which have meaning to him or her, and he makes available the widest possible range of resources for learning. The facilitator regards himself as a flexible resource for both the cognitive and the affective components of the learning (Rogers, 1969, p. 110). The facilitator uses self-disclosure as a resource for the group, so discloses not to meet his own needs, but rather as a role model for the group (Rogers, 1975, pp. 55-56). Rogers vacillates a little on this point, because he also feels that leaders should participate in the group like group members and so should disclose as a group member would.

Behaviorists have asked the question, "Just what do we think we are doing? How do we justify the interference into the life of another?" (Kegan, 1980, p. 63). As in part a reflection of these concerns, behaviorists over the last decade have made a concerted effort to pinpoint their clients' problems in a direct, straightforward fashion. Therefore, the role of the behavioral therapist is to define problems in the concrete terms of everyday experience (Thoresen, 1980, p. 108). Personal

Life Education, therefore, borrows from the behaviorists by mutually collaborating with learners to make their problems concrete and rooted in the here and now. Working within the context of a collaborative relationship, the facilitator and learner work toward understanding how the learner's life is influenced by a variety of factors. These factors include the three domains of behavior - affective, cognitive, and psychomotor - outlined by Verduin, Miller and Greer (1977, pp. 16-17), and environmental factors like interpersonal and societal resources (Thorsen, 1980, p. 111 and Turner, 1978, pp. 47-49).

Personal Life Education minimizes the existence of transference, which according to psychoanalytic theory and ego psychology is a reality of strong therapeutic relationships. The practice of dynamic ego psychology makes use of transference as a treatment tool and locus of therapy (Stuart, 1970, p. 56). Transference is the way one responds to the therapist as if to a significant person from one's past, usually a parent or parent substitute. For example, a person may attribute certain personality traits to a therapist that are not characteristic of the therapist, but rather reflect the personality of that person's parent (Turner, 1978, p. 85). In Personal Life Education, transference is kept to a minimum by keeping the relationship open and nondependent as much as possible, and explicitly stating processes and purposes of activities and goals. In this way the facilitator acts more like a teacher than a psychotherapist in the traditional sense. Ego psychology does emphasize the need for mutual trust and respect of client and therapist. The therapeutic relationship is one in which both parties view the other

as competent and able to help, thus strengthening the therapeutic alliance (Loewenberg, 1977, p. 230).

Central to Principles Three and Four is the attitude of mutual trust and respect. Learning new behaviors can be a risky proposition, threatening to one's present sense of self (Rogers, 1951, p. 390). At times, in order to achieve change, the learner must take risks, thereby exposing herself to the possibility of failure and loss of self-esteem (Brundage & Mackeracher, 1980, p. 43). In order to steer the rocky, perhaps uncharted course together, both facilitator and learner must be able to know each other's capabilities, to recover from defeats and disappointments, and to move forward. This calls for a large degree of trust in each other's abilities and respect for each other as people able to teach and to learn.

Principle Five: Participants in Personal  
Life Education Learn Best When They Interact With  
Each Other in a Group Context

People involved in learning from Personal Life Education may learn more effectively by interacting with one another. Therefore the context of learning is the interaction between learner and facilitator, but also a small group of learners working together with a facilitator as a resource and guide. The atmosphere or climate of the group should be one of acceptance and trust enough for participants to have the freedom for self-examination within the group (Rogers, 1951, p. 286). In adult education, groups have many benefits: they can help learners over-

come initial anxiety about learning, they can increase learner motivation through group cohesiveness and pressure, and they can offer peer support: the opportunity for learners to assist each other with difficulties (Knox, 1980, pp. 59-60).

Participants learn and change not only as individuals but as members of a larger whole, which has its own history and momentum. The structures and processes set forth in the group establish roles and traditions that can transcend individual learning and be transferred to new groups and situations (Yalom, 1970, pp. 3-15).

Personal Life Education provides participants with the opportunity to practice, in a protected setting, what they are learning. Behaviorally oriented groups provide the same opportunity for participants. They can examine their own ways of thinking and acting, and also critique each other's reactions (Grayson, 1978, pp. 16-17). The use of discussion in groups can give individual learners the opportunity to draw items of information from different people, and interpret the information in terms of their own emotional and intellectual experience (Harnack, 1977, pp. 17-27). Behavior change techniques are often used in group contexts of this kind. Group techniques such as role-playing, modeling behavior and reinforcement are effective uses of group interaction, as long as these techniques are not "oversold" to make them seem simpler than they are to perform (Dustin & Rickey, 1973, p. 212).

Groups also tend to develop norms, which may pressure individual members to conform to group standards or to suppress opposition (Boyd & Apps, 1980, p. 51). The task of facilitators and learners is to use

group norms constructively within the context of Personal Life Education: to achieve a safe, caring atmosphere that will enhance and encourage group cohesion while at the same time giving participants the opportunity to honestly explore their individual responses to the learning goals and activities.

Personal Life Education as defined by Principles One, Two, Three and Four falls within the overlapping context of counseling groups and discussion groups, even though they may share similar elements with psychotherapy groups. Psychotherapy groups based on ego psychology generally are concerned with more basic therapy goals. They tend to utilize insight and transference, and rely heavily on the corrective emotional experience as vehicles for change (Yalom, 1970, p. 16). Although psychotherapy groups vary widely in size, goals, types of therapy, and composition, they tend to be squarely located within the context of mental health and psychological functioning, often having personal maturity as their most ambitious goal (Kaplan & Sadock, 1972, pp. 4-13).

Discussion groups with educational goals, even those concerned with mental health issues, do differ significantly from psychotherapy groups. They do not focus on personality pathology in the therapeutic sense, but rather emphasize the healthy aspects of the ego. Group goals are clearly defined, are relatively nonthreatening, and are viewed as a joint endeavor between learner and facilitator (Pollack, 1975, p. 10, p. 23). Group counseling is aimed at the conscious level of functioning. It is concerned with the here and now, and does not try to reach unconscious or preconscious material (Glass, 1969, p. 4).

Personal Life Education includes a combination of group discussion and group counseling methods. Group counseling is concerned not with personality change, as psychotherapy groups are, but rather with particular problems and situations. Members share common problems and focus on how to alleviate these problems. Group discussion tends to be primarily educational: focused on topics, and often using information as the primary mode of learning. However, the boundaries between counseling groups and discussion groups overlap. For example, discussion groups may focus on topics that contain personal and emotional implications and result in an increase of participant insight and skills (Thompson & Kahn, 1970, pp. 40-48). It is within this area of overlap that Personal Life Education functions, utilizing the strengths of both methods in order to present mental health concepts within an educational format.

The element of group support is vital to the process of Personal Life Education. PLE groups are not self-help in the true sense of the word, because self-help groups are for the most part leaderless and informal. In general, professional staffing does not exist within the self-help movement (Ross, 1980, p. 18). However, PLE groups share common similarities with self-help groups by utilizing the powerful phenomena of member to member sharing and support. Like self-help groups, they are composed of members who share common problems or conditions, situations, or experiences. It is through this sharing and support that learners are able to move beyond their current states and toward the goals they have set for themselves.

Principle Six: The Learner Must Be  
Motivated and Ready to Change

If the individual is going to take responsibility for his or her own learning, then he or she must be motivated for such an undertaking. Most adult learning theorists and mental health practitioners tend to agree that significant learning and change come about when the individual is ready and willing to work on that change. Rogers (1969, p. 158) states that the sense of discovery, of grasping and comprehending comes from within, no matter how much impetus comes from the outside. Significant learning takes place when the subject matter is perceived by the learner as relevant to his or her purpose. Learners need the internal motivation necessary to approach learning in a positive rather than a negative manner. Learners need the willingness to "take chances, to explore the uncertain", the ability to "project themselves into a satisfying and self-fulfilling future" as they embark on learning activities (Overly, et al, 1980, p. 4). Gagne (1970, pp. 781-91) goes on to say that the nature of mastery requires motivation for learning, even though individuals possess strengths and limitations and have various degrees of developmental readiness for task mastery.

Why do learners need to be motivated to learn? Rogers (1951, pp. 390, p. 515) states that significant learning is threatening: learning produces change that can alter one's view of oneself. It can call into question one's values or introduce some experiences inconsistent with the self. Rogers believes that the goal of learning is growth, which involves a change in the self. These changes may be perceived by learn-



ers as a threat to their current states, which although perhaps desirable, may also be somewhat anxiety-producing. Such learning therefore requires motivation on the part of the learner, to overcome or tolerate these feelings of being threatened.

Certainly Personal Life Education calls for learners to question past ways of doing things and past and present self-perceptions, and encourages consideration of doing things differently in the future. Both cognitive and affective self-knowledge are increased as a result of task-oriented, directed goals. Changing behavior and learning new ways of doing things need motivation, especially when learners experience failures and have doubts about their abilities. Certainly people make these changes and take these risks when the threats are minimized (Rogers, 1951, p. 391). Motivation can be encouraged and rewarded when learners experience direct and immediate benefits, even unexpected benefits, resulting from learning tasks. In turn, anticipated benefits might keep motivation kindled (Tough, 1971, pp. 45-58). In fact, adult learning is most likely to occur when the reasons, and resulting benefits, are multiple, reflecting both personal striving and societal encouragement (Knox, 1980, p. 73).

Behaviorists also believe that motivation is a sustaining factor in learning to change one's behavior. Behaviorists in recent years have tended to move toward a theory and practice of self-management and cognitive change rather than operant conditioning. These methods enable people to more fully sustain their own desire and readiness for learning by identifying self-defeating thoughts and behaviors, and taking steps

to change them. Modern behaviorism, therefore, tends to view the learner as needing the motivation and readiness to learn (Thoresen & Coates, 1980, pp. 24-25).

What factors might affect motivation? Clearly the individual characteristics of each learner affect how motivated, how willing to risk, he or she is. These characteristics reflect past successes and failures with educational experiences and the approach learners take toward present learning experiences (Knox, 1977, p. 425, and Lovell, 1980, p. 28). Factors like physical and psychological health, personal outlook, such as openmindedness or defensiveness, and the relevance of the task, influence motivation (Knox, 1977, pp. 410-411). Pressures for change resulting from work and social roles might also affect motivation. Personal needs and expectations for continuing productivity, one's self-image regarding performance, and task mastery may encourage a person to seek learning. Motivation reflects whether or not people are changing in the direction of their own "idealized self-concept", which exposes them to the threat of failure as well as the satisfaction of success (Brundage & Mackeracher, 1980, pp. 19-24). Motivation is also influenced by the person's "assumptive world". That is his or her set of assumptions and beliefs about the nature of the world and his or her own personal experiences in the world. If a person believes that the learning intervention will help and will produce positive change, that person may be more motivated to take the risk of trying it out (Frank, 1963, p. 20). In fact the success of learning and problem-solving strategies depends in part on the adult's belief that these can contribute to the

achievement of important goals (Knox, 1977, p. 455).

Practitioners in the fields of social work and psychology who are trained in ego psychology understand the need for internal motivation. This is especially true when practitioners work with people who do not desire help. Often the criminal justice system or childrens' protective services presents such cases. A readiness to change is viewed as a first step toward change. Therefore, much of the therapeutic contact may be aimed at arriving on goals which individuals can feel motivated about and ready for change (Loewenberg, 1977, p. 130).

Personal Life Education, then, takes into consideration all these factors as significantly affecting the capacity of learners to take risks, to tolerate failures, and to enjoy successes. Motivation is a cornerstone of self-directed learning and of sustaining a collaborative teacher - learner relationship. It enables learners to tackle difficult issues of a mental health or psychosocial nature. And it sustains their continued learning even if the going is not always easy.

#### Principle Seven: Personal Life Education

##### Focuses on Learning by Doing

The practice of Personal Life Education is based on theories from both adult education and psychology. John Dewey's (1938, pp. 16-28) premise that all genuine education comes through experience; that growth and development in education is based on a sequence of experiences, is reflected in the group discussion and activity format. Gordon Allport (1961, p. 108) has also stressed that participation is basic to learn-

ing. Carol Rogers (1969, pp. 162-163), who was influenced by Allport, agrees that much significant learning is acquired through doing. He included the processes of self-criticism and self-evaluation as basic to learning. He calls the assumption that "presentation equals learning" wrong - what is presented in a lecture is not necessarily what the student learns. Rather, learning is the accumulation of content and information (Rogers, 1969, pp. 177-178). Other learning theorists also state the importance of personally carrying out activities (Brun-  
dage & Mackeracher, 1980, p. 2), and of relying on the experience of the learner as the best educational resource (Knowles, 1973, p. 46).

The three basic theoretical frameworks of behaviorism: the respondent paradigm, the operant paradigm, and the modeling paradigm, all reflect several general commonalities involving learning through activity: 1. one's behavior is learned and is the product of reinforcement, 2. In order to gain control of these behaviors one must isolate the antecedents and consequences of the behavior, and 3. behavior is due both to one's genetic endowment and one's personal history (Wodarski & Bagarozzi, 1979, pp. 31-32). These paradigms call for learning about one's past and current behavior, unlearning old behaviors, and learning new behaviors through a variety of methods. Even though, for example, the modeling paradigm is very different from the other two paradigms, all state that learning new behavior is a result of the direct experience of the learner. According to social learning theory, the modeling paradigm states that the process of learning would be very laborious if learners had to rely solely on the effects of their own actions

to inform them. Fortunately, people can learn how new behaviors are to be performed by observing others. However, the learners then must convert this information into appropriate actions for the behavior to work for them (Bandura, 1977, pp. 22-23, p. 77).

Ego psychology does not emphasize experience per se as a major vehicle for change. Instead, insight and understanding of one's behavior is viewed as critical to change. In the course of successful therapy, an individual may begin to do things differently. For example, the way he or she relates to friends or family might change, or the person might be better able to manage an affective state like depression. However, ego psychology in general does not emphasize an activity-oriented approach, but rather a more reflective approach toward self-understanding and resolving problems. These rather general statements reflect commonly held notions about ego psychology and the practice of psychiatric interviewing (Parad, 1958).

How do teachers and therapists apply the "learning by doing" concept to their particular settings? Knox (1977, pp. 77-78) stresses the reliance on self-directed study and states that learners need to work on activities and topics that best relate to their learning goals. He emphasizes the need for learners to obtain sufficient practice and reinforcement of relevant information through persisting in agreed-upon learning activities. One goal of such learning is for individuals to be able to transfer information learned to situations to which it is likely to be applied. Another goal is to maintain a balance between intentional, or explicitly stated learning, and incidental learning,

which one gains as a side effect of the learning activities (Knox, 1977, p. 441).

Rogers (1951, p. 160) uses this experiential method by encouraging practicing behaviors outside the therapeutic situation, with emphasis on repeated practice, perhaps with verbal and/or visual guidance. In this way individuals can learn to generalize behavior learned within the confines of the group experience to other arenas in their lives. This transfer of learning can serve to make the new learning a more integrated part of the person's functioning in the world.

The behaviorists apply this learning concept by teaching people reinforcers and ways to change behavior. Progressive relaxation is an effective coping skill developed by Edmund Jacobson in the 1930's. People identify the causes of their anxiety and then learn and practice relaxation techniques to alleviate the anxiety. Systematic desensitization is used to lessen anxiety that results from exposure to specific objects and situations. Systematic desensitization includes several basic components: learning deep muscle relaxation techniques, establishing a measure of subjective anxiety, and constructing hierarchies that indicate a scale of least to most anxiety-producing items on the hierarchy. This method places the learner in direct control of his or her behavior and demystifies the state of his or her anxiety. Assertiveness training is also a traditional behavioral method which helps people develop a new belief system through teaching new thoughts and beliefs. It enables people to apply their belief system to new behaviors through the techniques of modeling, feedback, rehearsal, role-

playing, and structured assignments (Wodarski & Bagarozzi, 1979, pp. 113-136). Other applications of behavioral methods including smoking-cessation, overcoming social anxieties such as stage fright, and stopping compulsive gambling (Yates, 1970, pp. 345-349).

Personal Life Education uses a variety of methods and techniques drawn from adult educators, behaviorists, and humanistic psychologists. In this way both cognitive and affective content areas can be addressed. Learners are able to learn and practice techniques which can lead to self-directed changes in interpersonal and intra-personal beliefs, and the acquisition of skills and knowledge. Group discussion too is emphasized as a way to explore, question and reinforce new learning in order to most appropriately integrate learning goals.

Principle Eight: Individuals Have the  
Potential and Capacity to Bring About Their Own Change

"All books on the psychology of personality are at the same time books on the philosophy of the person", states Gordon Allport (1961, p. xl). Allport (1961, p. 84) also claims that "every learning theorist is a philosopher, although he may not know it". These statements meld together the fields of psychology and learning as overlapping into the area of philosophy, of hypothesizing about the nature of people. In fact, both fields, no matter how scientific they may claim to be, hold basic assumptions about the way people act. Both hold forth the optimistic view that people can change. Behaviorists operate on the assumption that people have the potential for all kinds of behavior,

both good and bad (Dustin & Rickey, 1973, p. 12). The major theme of behaviorism is "I can learn to do things differently", that we are what we do, and that we have the potential for change (Thoresen & Coates, 1980, p. 9). Rogers (1969, p. 157) proposes that human beings have a natural potentiality for learning. He believes that people will grow into their own potentials if they are exposed to supportive and enhancing environments and experiences. Rogers, who is influenced by Maslow, believes that people work and grow toward their own self-actualization. That is, they strive to reach their maximum potentials (Knowles, 1973, p. 30).

Practitioners trained in ego psychology, such as social caseworkers, also believe that people have the capacity to learn and change. A basic value orientation of the field of social work is the precept that each person has an inherent capacity and drive toward change (Morales & Sheafor, 1983, p. 200). This value is reflected in a basic respect for the dignity of all people, which is a major tenet of social work and a theme of the National Association of Social Workers.

Even though we have the potential for change, it does not mean that it comes easily. We often resist change: we have usually formed a balance of many conflicting claims, forces and tensions. To change means mobilizing resources from within, and can imply almost a "self transcendence" toward future conceptions of who we want to be. Usually change follows "long and arduous trying", according to Wheelis (1973, pp. 100-104). But it is the contention of the author that change, however difficult, is possible, often painful, usually hopeful, and is more



easily accomplished with a little help from one's friends.

### Summary

Principles One through Eight establish a theoretical foundation for how individuals learn and change within the context of Personal Life Education. Concepts from adult learning theories and behavior, rogerian, and ego psychology therapies are presented. The discussion addresses the question of how adults can most effectively learn to deal with psychosocial and health issues within an education-discussion format. They include aspects of the facilitator-learner relationship, individual characteristics of facilitators and participants, and environments for learning. Such characteristics as learning by doing, motivation, and learner responsibility are discussed, as well as the qualities of mutual trust, caring and respect combined with solid technical skills on the part of facilitators. The necessity of attainable goals is addressed as well as the capacity of learners to achieve these goals.

Chapter Two explored the areas of overlap between adult education and adult psychotherapy. It established a theoretical framework that begins to identify the educational components of therapeutic processes. The theoretical foundation for the practice of Personal Life Education was explored. Chapter Three establishes a more structural foundation for the practice of Personal Life Education by utilizing staff development theory and practice.

## C H A P T E R    I I I

### THE STRUCTURAL BASE: STAFF DEVELOPMENT CONCEPTS

Chapter Three specifically addresses the production of Personal Life Education groups. The framework of staff development as a major vehicle for adult training and education is used as a practical way to establish such groups. Staff development concepts are based on adult education principles and so coincide closely with the eight principles described in Chapter Two. Chapter Three presents a structural framework on which to base the design and delivery of PLE groups.

#### Background

Training and education activities have been widely used to fulfill a variety of purposes. Taking the form of workshops and multi-session groups, they have sought to provide skill enhancement, behavior and attitude change, and acquisition of information for people working in organizational and community settings. This type of training and education is commonly referred to as "staff development" because it seeks to increase capabilities of working people or "staff", even though staff development as a concept is more broadly applied to a wide range of adult education endeavors. Staff development is currently used in both public and private sectors, including schools, hospitals, and human services agencies, as well as corporations and industries. The goals of training range from technical: specific learning of skills in order to perform specific tasks, to humanistic: learning to relate to other people.

### The Staff Development Framework

The staff development framework is composed of five steps and has been used for the planning, implementation, and evaluation of many programs falling into this broad range of goals. A great deal has been published in the field of staff development, and several journals and organizations are devoted to its practice. The largest organization in the United States is the American Society for Training and Development (ASTD), which publishes the Training and Development Journal. The staff development concepts are to a large degree "tried and true" measures of program development aimed at training and education, and have been used to produce a wide variety of educational groups and programs.

Staff development as a conceptual framework can also be applied to the production of PLE groups. In fact, the staff development framework may be the most useful and practical way to produce this type of group. Staff development is based on adult learning principles, as is Personal Life Education, and so many of its assumptions about adults and adult learning can be directly applied to the PLE groups. Staff development as a framework is well suited to a wide variety of content areas, populations, contexts, and trainers. It is, therefore, generic in approach. Personal Life Education as described in this study is also generic in approach. Staff development is a useful vehicle for transmitting the practice of Personal Life Education to the widest possible group of consumers, without weakening its effectiveness. Moreover, the practice of staff development has been used to teach trainers - those people planning and facilitating groups - as well as the group

participants themselves.

This study is directed toward the trainer or group facilitator who is planning and implementing PLE groups. Staff development concepts, because they are based on adult learning theories, tend to coincide nicely with the eight principles of Personal Life Education described in Chapter Two. Staff development is both task-oriented and oriented in the "here and now", tends to integrate skill-building through "learning by doing" techniques, values the capacity of individuals to grow and change, assumes learners are motivated, and is most often (but not always) practiced in a group context (Laird, 1978). The role of the trainer is clearly defined and usually unambiguous. Unlike Personal Life Education, that role may or may not be collaborative, depending on the structure and situation of the training intervention. The effective facilitator or trainer also combines the qualities of self-awareness and interpersonal and technical skills, but may not combine the teacher-therapist orientation described in Chapter Two.

The staff development framework has other uses too for the facilitator of Personal Life Education. Staff development can provide a fairly reliable structure and conceptual framework that will enable facilitators to 1. Plan PLE groups in an organized, structured manner while still utilizing their own intuitive approaches when appropriate. 2. Systemically plan activities that are satisfying to both facilitator and group participants. 3. Obtain a clear idea of the relationship of the PLE group to the larger social or organizational context. 4. Provide a useful evaluation component which can help determine what went

right or wrong during and after the program, both in process and content areas. 5. Generate data that will enable continued growth and improvement of PLE groups.

### Steps of the Staff Development Framework

The next section of this chapter outlines the steps involved in staff development and demonstrates their applicability to the production of Personal Life Education.

#### Needs Assessment

The needs assessment phase is critical to the successful planning of staff development programs. A "need" as defined by Bishop is "a gap between what is and what ought to be" (Bishop, 1976, p. 25). Morrison describes a training need as anytime an actual condition differs from a desired condition in the human aspect of organizational performance (Craig & Bittel, 1976, p. 9). This can be transferred into other than organizational realms as well, with the emphasis on performance as the criteria for growth and change. Needs assessments imply a diagnosing of problem areas, of converting frustrations into problems that can be worked on and solved (Miles, 1981, pp. 57-61). Needs have multiple origins which may involve information, skills and content areas, competencies, use of resources, and attitudes, among others. If the carrying out of a needs assessment is based on insufficient data, the real needs may not be addressed. Instead, symptoms or "surface evidences" will be dealt with rather than causes (Bishop, 1976, pp. 20-30).

A needs assessment is conducted through gathering pertinent information from potential participants about their needs. These needs are then diagnosed and defined in terms of problems and solutions, and used as a basis for the planning of curriculum and instruction. Langerman and Smith (1979) describe four methods of needs assessment, called the Description-Prescription Model, which determines the relationship of facilitator and learner in the planning process of needs assessment. Of particular interest to Personal Life Education are the first two methods. The Descriptive-Subjective is used for self-directed learning, in which the learner identifies what s/he wants to learn, and the program planner acts as a resource to the learner. In the Descriptive-Objective method, responsibility for planning is mutually shared (Langerman & Smith, 1979, pp. 97-110). These methods of needs assessments relate to the concepts identified in Principle Six, that the learner must be motivated and ready to change. The art of a good needs assessment is to clearly ascertain the true needs of people. Needs as defined earlier imply motivation, the desire to change. False needs or "off base" diagnosing by planners and learners alike can discourage desire and motivation for change. A reliable needs assessment will establish the realistic goals described in Principle One, and set into motion the concepts identified in Principle Two, in which the individual can realistically begin to take responsibility for learning as part of identifying and defining of problems and possible solutions. The conducting of a needs assessment in a collaborative, learner-oriented way can early on establish the relationship described in Principle Four, and set the tone of mutual endea-

vor for the rest of the program.

Needs assessments can be conducted in a variety of ways. Much has been written on needs assessments, a technology too extensive to review thoroughly here. Many researchers and practitioners have written on the subject of needs assessment, including Leslie Bishop (1976); Dugan Laird (1978); Robert Craig (1976) and Richard Schmuck (1977). Multiple methods of data collection usually strengthen the information attained and increase the possibilities of a successful outcome (Schmuck, 1977, pp. 70-71). Surveys and questionnaires are often used, which are effective if the questions asked are carefully considered in relation to what planners want to do with the data (Laird, 1978, p. 51). However, for the purposes of Personal Life Education, interviews may be more useful as they tend to uncover information that is sensitive or affective. The flexibility of an interview provides an opportunity to respond to unexpected "agendas" (Laird, 1978, pp. 53-57). It also may better establish a collaborative mode of participation in planning by providing the opportunity for dialogue with potential participants and facilitators.

The needs assessment phase, then, has two major functions: to gather insights and information necessary for selecting topics and content areas for Personal Life Education, and to use the information gathered as the basis for planning the curriculum and instruction. The affective and potentially anxiety-laden topics implied in the conducting of PLE groups may be more difficult to obtain through a systematic needs assessment. This difficulty demonstrates how critical the identification of true, not superficial needs is to the usefulness of the program

to its participants.

### Defining Goals and Objectives

The second phase of the staff development process is deciding what the participants will achieve from the PLE group. Clearly stating specific goals and objectives helps people realize where they are at the start of the group, and where they want to be and are able to be at the end of the group. To return to Brundage's notion: goals and objectives state in practical ways the terms of the adult's movement toward his/her "idealized" self-image (Brundage & Mackeracher, 1980, pp. 19-24). This acquisition of skills and knowledge should be readily useable and move the adult learner toward his/her goals.

Goals and objectives are determined from the information generated from the needs assessment. The information from the needs assessment is synthesized and translated into what people seem to want most and are able to achieve as a result of the PLE group. Goals and objectives must be directly and clearly related to the needs and wants of participants so that they will feel motivated and see the group as a way to change. This relates to Principle Six, that participants must be motivated and ready to change. If the group directly addresses the needs and wants of learners, they will be more naturally inclined to take responsibility for their own learning, since that learning reflects their own self-interest. The defining of goals and objectives that are readily useable and practical also by definition make them attainable, task-oriented, and rooted in the "here and now", as identified in Principle One.



What do we mean by goals and objectives? Goals tend to reflect the long-range directions identified in the needs assessment. They describe the "desired state" toward which the group is striving, and give form and shape to that end. These qualities tend to make goals more abstract than objectives but do set the direction for the group (Schmuck, 1977, p. 148). Objectives are included as a part of the goals, but are more specific. Objectives define outcomes - they are not a description or a summary of the content of the course (Mager, 1962, p. 24). In order to be useful, objectives should contain 1. an observable action 2. a measurable criterion or criteria, and 3. the conditions of performance. These measurable criteria reflect the questions: how often, how well, how many, how much, and how to know it's okay. In this way ambiguous objectives are translated into concrete objectives. Even with affective goals, observable actions in the form of objectives need to be found (Laird, 1978, pp. 104-105). When clear criteria for objectives are defined, participants are then able to establish how well they have done, and what acceptable performance will be (Mager, 1962, p. 44). In other words, objectives can state for the learner what s/he will be doing at the end of the group (Otto & Glaser, 1970, p. 122).

The identification of objectives enables the participant to continually self-evaluate - to gauge his/her progress as the group unfolds. This process of self-evaluation is central to the ability of the participant to take responsibility for his/her own learning. In this way the person takes not only responsibility but is also accountable for

his/her own progress. Clearly defined objectives and goals tend to demystify the learning process because all concerned, facilitator and participants, know where they are going and how far they have come. Even for affective objectives, the subjective evaluation of the participant can ascertain the level of achievement (Davis & McCallon, 1974, p. 23). This mutual knowledge and the evaluative process can help foster a collaborative relationship both between learner and facilitator, and among learners. It may also increase group trust and respect as participants observe and encourage each other as they work toward attaining group objectives.

#### Resources and Constraints

The third phase of the staff development framework is identifying and working with the forces that both help and hinder the optimal functioning of the group. These forces are often referred to as resources and constraints because they reflect both the positive, facilitative factors fostering group learning and also those forces which may hold back or hinder learning. Resources and constraints include environmental, group, and individual forces. Environmental resources and constraints may be organizational, community, or greater societal forces. These may be a combination of helping and hindering forces. Such factors may include general societal attitudes and/or specific community attitudes which encourage or discourage the development of learning. For example, feelings of embarrassment or stigma because of the topic reflects a constraint which influences the way participants view them-

selves, often leading to lowered self-esteem and increased anxiety. Other environmental resources and constraints may be more concrete: the physical setting of the group, availability of money for educational material and audio-visual equipment, or the capacities for publicity. If the group takes place in an organizational context, support from the top of the organization that gives people the encouragement or permission to feel free to experiment and try new things is also very important (Miles, 1981, p. 67). Support from all facets of the organization may also encourage the collaborative nature of the work in the group.

Group resources and constraints include the intragroup forces that help or hinder learning. They may be group norms, pressures, and ways of doing things that affect participants' ability to reach their goals and objectives. These may reflect the level of group cohesion, and sense of trust and respect among participants resulting from the collaborative relationship described in Principle Four.

Individual resources and constraints reflect the nature of each group member, both participant and facilitator. Several key questions need to be considered. Is each person ready to take responsibility for his/her own learning? Are people motivated enough to see themselves through the rough phases of the learning, when they may become discouraged and want to quit? What about the facilitator - does she have enough experience? Is s/he able to balance the roles of teacher and therapist: to be caring and supportive, yet be able to actively use learning tools when appropriate?

Constraints need to be identified in order to be ameliorated and converted to resources if possible (Bishop, 1976, p. 135). Some constraints are not amenable to change, and so need to be identified in order to develop a wider range of options that may serve to curb or soften these "fixed" constraints (Bishop, 1976, p. 48).

Resources are to be strengthened, identified and used by all concerned as a way to enhance learning opportunities within the group context and also develop further educational interventions outside the group. By identifying resources and constraints and sharing them together, participants and facilitator can relate their learning to forces inside themselves, to forces within the group, and to forces that transcend the group, reflecting societal, community or organizational factors which they may be able to act upon.

### Learning Activities

Learning activities are by definition what goes on in the PLE group. These activities are what take place during the time the participants are meeting together, and also any "homework" or outside learning that is directly related to the group. The choice of learning activities is value-laden, providing messages to the learner about the nature of the material, his/her ability to learn, and the relationship of learner to learner and learner to facilitator (Reed, lecture, October, 1979). In Personal Life Education the choices of activities reflect Principle Eight, that individuals have the capacity and potential to bring about their own change. These learning activities therefore tend

to be experiential, collaborative, and learner-directed. They also assume and encourage motivation, and the learner's ability to carry out these activities even outside the group. Affective learning, which is a major component of Personal Life Education, takes time (Verduin, 1980, p. 123). This is why more successful achievement of Personal Life Education objectives takes place by using activities that can be acted upon over time. Multi-session groups and homework assignments give people the opportunity to test out and move through affective changes needed for learning.

Ralph Tyler (1949, pp. 66-67) outlines several principles that can be applied to the selection of learning activities.

1. They must have relevancy, in order to give learners the opportunity to meet their learning objectives.
2. They must be satisfying to carry out, to give learners a sense of accomplishment.
3. They must be possible to do, and be attainable by the learner.
4. They must have variety, to hold learner interest and reduce boredom.
5. They must be able to result in several outcomes in order to meet individual needs of learners.

Tyler (1949, p. 84) goes on to state that learning activities must be organized in such a way to provide group continuity: a connectedness rather than fragmentation. Learning activities must provide integration so learners can incorporate the learning into their everyday lives.

Other criteria for learning activities take into consideration Principle Five: group interaction, as well as Principle Seven: focusing on learning by doing. Therefore learning activities may include many of the methods used in staff development interventions, including team tasks, brainstorming sessions, role-plays, case studies, group discussions, and a variety of group "games" involving participants. The dissemination of didactic information may include learning activities like lectures, demonstrations, field trips, reading, note-taking, panel discussions, open-forum discussions, and question and answer sessions (Laird, 1978, pp. 127-159).

Because Personal Life Education in part reflects a therapeutic orientation the elements of group support and discussion are crucial to any learning activity, and can often be utilized as activities in and of themselves. Group discussion and reporting may take on a decidedly supportive nature as participants encourage, console, and share with each other the results of learning activities. In this way three strategies are used in planning learning activities, each pertinent to the goals of Personal Life Education. The academic strategy is concerned with transmitting conceptual understanding and content areas. The laboratory strategy enables participants to gain insights and skills from direct experience in the group. These activities emphasize process rather than content. The activity strategy emphasizes the practice of a particular skill, which may include homework assignments, therefore allowing participants to practice activities outside the group. These three strategies combine the principles outlined by Tyler in order to achieve

the balance of affective learning with skill building that can result in achievable goals.

### Evaluation

Matthew Miles (1981, p. 267) defines evaluation as "a process of trying to find out whether (and why) certain actions have led to desired consequences". The evaluation phase of the staff development framework is integral to the educational process, and to the management of that process. The process, purposes and methods of evaluation reflect all eight principles and so must be integrally woven into the fabric of the PLE group. Continuous evaluation by participants and facilitator together can enhance the mutuality implied in Personal Life Education, and support the participants' abilities to take responsibility for their own learning. Choices in what to evaluate can be determined by all concerned as everyone contributes to the successful functioning of the group, and to the achievement of learning goals and objectives. Therefore evaluation should not only take place at the end of the educational intervention, but should in fact be continuing throughout the course of the group. As a continuous process evaluation can then be used to contribute to a variety of tasks of participants and facilitators, including decision-making, program improvement, and creative processes (Bishop, 1976, p. 145).

In order for evaluation to be useful, "the proper thing to count" needs to be determined (Laird, 1978, p. 252). That is, the question needs to be asked, "what do we want to measure, what do we want to know,

about this particular group?" Otherwise evaluation can generate data that is not particularly pertinent to the questions asked by participants and facilitators. Donald Kirkpatrick (1976, pp. 87-112) describes four categories of evaluation that help to focus this question. The first is reaction: How well did the participants like the program? Was it enjoyable, enhancing, perhaps fun? Did it hold their interest, did they get bored, did they look forward to meetings?

The second category is learning: How well did participants learn facts, techniques, and principles in the group? Were they able to integrate and apply information, were they able to use principles and techniques outside the group context? How well was this learning conveyed by the facilitator?

The third category is behavior: What changes in behavior occurred as a result of the training? What are the participants doing differently? What are they doing more, or less, than before?

The fourth category of evaluation is results: Concrete evidence that demonstrates learning, such as a change in work performance, help-seeking behavior, or increased social activity. The concrete evidence of change should relate directly back to the learning goals and objectives in order to assess whether the intervention has reached its desired goals. Results also imply outcome and follow-up, in order to analyze what changes have taken place.

Methods of evaluation can vary depending on the nature, tone and orientation of the group. A combination of methods, ranging from subjective verbal and written observations of participants, to documenta-



tion of observable results, relates to the four categories described earlier. Many methods of evaluation exist. Several of the more widely used and useful evaluation methods are listed below:

1. Pre and post, plus follow-up questionnaires can assess how participants have changed by using their own criteria and self-reported assessments.

2. Verbal observations of participants. Often discussing the process and subjective interpretation of one's own learning, although biased, can be useful. It may tend to be more open-ended and may free participants to talk, fostering collaboration and a sense of mutual openness and trust that exists in PLE groups.

3. Individual interviewing of participants may also identify some of the issues in number two, and reduce bias. However, this method curtails the group interaction that could continue to enhance learning through a group evaluation.

4. Observation of participants by the facilitator, by friends, family, co-workers or by each other. This type of evaluation can give participants useful information that may be less subjective. This method may be enlightening as well as threatening to participants depending on the relationship of the participants and the observer. Therefore a good deal of trust needs to exist for participants to be able to integrate this type of learning.

#### Summary

The commonly practiced staff development framework has been used

to determine practical methods of producing PLE groups. The five basic steps of staff development are needs assessment, defining goals and objectives, identifying resources and constraints, planning learning activities, and conducting evaluation. Each of these steps has been applied to the design and delivery of PLE groups. Chapter Two presents a broad conceptual foundation, while Chapter Three outlines a more specific, structural framework for adult education. Chapter Four moves from the general to the specific by describing the actual implementation of PLE groups.

## C H A P T E R    I V

### THE STATE OF THE ART:

#### AN ANALYSIS OF PERSONAL LIFE EDUCATION GROUPS

#### AND FACILITATOR TECHNIQUES

Now that the theoretical and structural framework for Personal Life Education has been established, the current "state of the art" of Personal Life Education groups needs to be identified and examined. Chapter Four includes descriptive information about PLE groups practiced in a variety of settings. This information is the result of an analysis of twenty-six groups, and in-depth interviews with sixteen facilitators of PLE groups. They include patient education, behaviorally oriented, and family life education groups. Chapter Four seeks to address two issues. Issue number one: identify the form and content of PLE groups: the settings, populations, goals, length, location, sponsoring agencies, and types of facilitators. Issue number two: examine the methods of practice of experienced facilitators of PLE groups. The salient issues identified in the actual delivery of PLE groups is discussed and applied to the eight underlying principles in Chapter Two and the staff development concepts described in Chapter Three. Through this descriptive analysis Chapter Four makes the abstract more specific by describing real-life PLE groups and analyzing the data gathered.

Issue number one: the form and content of PLE groups is addressed by identifying a wide variety of PLE groups and analyzing them according to six basic factors: educational background of facilitator, partici-

pant population, number, time, place and length of sessions, stated goals of the group, sponsoring agency, and meeting place. Twenty six groups were identified, each with a different topic or focus. Three methods were used to select the groups. 1. A review of the literature. Social work, community psychology and educational psychology journals were examined in order to identify any articles describing the successful implementation of PLE groups. Eight such groups were identified. 2. In-depth interviews were conducted with experienced facilitators of PLE groups. Sixteen facilitators were interviewed. 3. After examining the range of topic areas covered, two additional groups were included: one facilitated by the author, and the pilot interview.

Each group described met the criteria for Personal Life Education: 1. Its purpose was distinctly educational as opposed to primarily support or therapy. 2. It covered a secondary prevention issue. This was the most difficult point, which severely limited the number of groups reported. Most educational groups as reported in the literature dealt with primary prevention issues. 3. The groups had a leader or leaders, and so were not leaderless groups. 4. The groups had a specified number of sessions, with a distinct beginning and end. 5. The groups had an established number of participants, and were therefore closed rather than open groups. The twenty six groups were listed according to the six factors and are grouped according to theme. See tables on pages 72-75 for an outline of the groups. An analysis of the information presented on the table will follow later.

Issue number two. The methods for practice of facilitators of

TABLE III

## TWENTY SIX PERSONAL LIFE EDUCATION GROUPS

Theme One: Changing a Self-Destructive Personal Behavior

Topic and Title of Group	Stated Goals	Sex	Race	Participant Population Income Level	Number	Educational Level of Facilitator	Length of Session	Time Number and Frequency of Sessions
Anxiety Management "Anxiety Management Training"	Control nonproductive feelings of anxiety	M F	mixed	middle	8-12	Mental health professional	90 mins.	- 4 weekly
Assertiveness Training (same name)	Improve relationships; Increase self-confidence	F	W	middle & lower	10-13	M.S. in Counseling	120 mins.	eve. 8-10 weekly
Bulimics, overeaters "Support Group for Women Struggling with Eating Problems"	Connect eating behavior with emotions	F	W	middle	6	M.S.W.	90 mins.	aftn. 8 weekly
Child Abuse (no name reported)	Stop abuse and neglect	F	-	middle & lower	-	M.S.W. students (2)	120 mins.	aftn. 6 weekly
Sexual Offenders (no name reported)	Control behavior; Increase sexual knowledge	M	-	-	-	M.S.W. & Psychology students	-	- 30 weekly
Smoking Cessation "Freedom from Smoking"	Stop smoking	M F	mixed	middle	10-18	B.S. in Health Ed.	90 mins.	aftn. 4 weekly

TABLE III (Continued)

Topic and Title of Group	Stated Goals	Sex	Race	Participant Population Income Level	Number	Educational Level of Facilitator	Length of Session	Time of Day	Number and Frequency of Sessions
Overeaters "Sensible Weight Loss"	Weight loss; behavior change; attitude change	M F	mixed	middle	12	M.S. in Health Ed.	120 mins.	eve.	8 weekly
Wife Battering "Domestic Violence Program"	Stop battering	M	W	lower	8	B.A. in Psychology	105 mins.	eve.	12 weekly

Theme Two: Dealing with a Problem of a Significant Other

Children and Friends of the Elderly "Primary Caretakers"	Learn to handle living situations of elderly; make decisions	F	W	middle	6	M.Ed. in Counseling	15	aftn.	weekly
Friends and Family Members of Alcoholics (same name)	Learn about alcoholism; how to help selves, others, and the alcoholic	M F	mixed	lower	20	M.S.W.	60 mins.	eve.	6 weekly
Foster Mothers of Foster Children (no name reported)	Improve parenting	F	W	lower	10-15	M.S.W. & graduate students	-	eve.	8 weekly
Parents of teenage delinquents (no name)	Gain control over own behavior; understand children	M F	W	lower	12-15	Ph.D.	150 mins.	eve.	8 weekly

TABLE III (Continued)

Topic and Title of Group	Stated Goals	Sex	Race	Participant Population Income Level	Number	Educational Level of Facilitator	Length of Session	Time of Day	Number and Frequency of Sessions
Parents of teenagers experimenting with alcohol and drugs "Talking with Teenagers about Alcohol and Marijuana"	Learn information; decision-making, communication skills	M F	W	lower	10	B.A. in Sociology	120 mins.	eve.	4 weekly
Wives of Batterers	Keep selves safe; help batterers	F	W	lower	4-8	M.A. in Counseling Education	120 mins.	eve.	12-14 weekly
<b>Theme Three: Resolving a Personal Problem or Crisis</b>									
Cancer "Living with Cancer"	Learn information; Deal with issues and concerns	M F	W	middle & lower	25-27	R.N.	120 mins.	eve.	5 weekly
Depression (No name reported)	Reduce depression; Learn coping skills	M F	-	-	6-7	Psychology Grad. Stud.	120 mins.	-	8 twice weekly
Diabetes "Managing Your Diabetes"	Learn self-care; Make decisions; Learn information	M F	W	middle & lower	10-18	R.N.	120 mins.	eve.	4 weekly
Early Alcoholism of Women "Questioners' Group"	Learn about alcoholism; Assess own drinking	F	W	middle	5	M.S.W./M.P.H.	75 mins.	eve.	8 weekly
Hypertension "Hypertension Education Group"	Control, learn about hypertension	M F	W	middle & lower	8-10	M.P.H.	120 mins.	eve.	4 weekly

TABLE III (Continued)

Topic and Title of Group	Stated Goals	Sex	Race	Participant Income Level	Population	Number of Facilitator	Length of Session	Time of Day	Number and Frequency of Sessions
Institutionalized Elderly (no name)	Learn social interaction skills	M F	-	middle & lower	5	Psychologist & R.N.	40 mins.	-	9 Thrice Weekly
Low-Self-Esteem (no name reported)	Learn assertiveness skills	F	-	-	10	M.A. in Counseling	150 mins.	eve.	6 weekly
Stress Management (same name)	Understand stress; learn coping skills	F	W	lower	20	M.S.W.	120 mins.	aftn	6 weekly
<u>Theme Four: Coping Effectively with a Problem of Living</u>									
Effective Parenting "Confident Parents, Responsible Children"	Solving problems with children	M F	W	middle & lower	12	Ed.D. in Counseling	120 mins.	eve.	8 weekly
Grieving, personal loss "Resolving Personal Loss"	Resolve death of a loved one	M F	-	middle	6-8	Mental health professional	120 mins.	-	5 weekly
Widowhood "Widow's Life Support Group"	Adjustment to life as a Single Woman	F	W	middle	5	B.S. in Social Work	120 mins.	eve.	8 weekly
Working Women "Working Women's Group"	Resolve role conflicts; improve self-image; reduce stress	F	W	middle	5	M.S.W.	120 mins.	eve.	6 weekly



PLE groups. These methods were identified through the same in-depth interviews of experienced facilitators. Before pursuing further the results of these interviews the methodology of the in-depth interview will be described.

### Methodology

#### Rationale: Why In-Depth Interviews

The purpose of the interview was to find out a combination of factual and reflective information. Facilitators were asked to accurately describe some of the methods they used, but also to reflect upon the group and consider how the process - the interaction between participant, facilitator, content and learning activities - took place. Such interviews could have been somewhat anxiety-producing for the facilitators because at times they may have had to consider some of their own mistakes, or realize through the interview that they had left some significant elements out of the group. Facilitators were able to expand on issues, therefore creating new information as they talked, which the author could then add to the list of questions that were asked.

The "focused interview", a type of in-depth interview, was chosen as the best means to arrive at the combination of factual and subjective information desired. The in-depth interview as a method was chosen because it is an appropriate technique for revealing complex, perhaps emotionally-laden information, and for probing underlying sentiments and opinions about expressed issues. The flexibility of the interview provides the best way to explore areas and questions that may be par-

tially hidden from the interviewer at the time of the interview. It is, therefore, well-suited for the creation of information at the time of the interview (Sellitz).

The focused interview is less structured than a standardized interview. It helps to bring out affective and attitudinal information, and encourage spontaneous rather than forced responses by the subject (Sellitz, 1959, p. 263).

### Conducting the Interview

The focused interview was conducted by the author as described by Merton, Fiske and Kendal (1965). The author has certain topics and questions to cover during the interview. The manner in which these questions or topics were covered was left to the discretion of the interviewer. The author could ask, probe, and discuss, or sit back and let the interviewee create the information based on the assessment of the process of the interview. The goal was to identify definite types of information, and to clearly define the parameters of the interview, but also to encourage the interviewee to respond as fully as possible and in her or his own way to the questions and topics presented.

The interview covered seven topic areas: 1. Type of group and sponsoring organization. 2. How facilitators learned to conduct PLE groups. 3. The role facilitators played in the group; their relationship with group participants. 4. Methods of group facilitation: encouraging support and trust, conveying didactic and affective information, setting goals and objectives, encouraging behavioral change, and

dealing with termination. 5. How they handled problems in the group. 6. Thoughts on co-leadership. 7. Methods for marketing, screening and evaluation, and 8. Suggestions for new facilitators. The topic areas were organized into a list of questions that were asked in a free-form style. Each interview was tape-recorded so the author would not have to take notes as the interviewee talked. Most interviews took place in the facilitators' offices. Two were in coffee shops, one at the author's house, and one in the kitchen of a facilitator. Every effort was made to conduct the interview at a time and place convenient to the interviewee. The author began the interview by describing the purpose and reason for the interview. Non-verbal and verbal communication techniques were used to try to help the facilitator feel relaxed. The interview procedure was carefully described. The author explained that she had a list of questions but that they could talk generally about the facilitator's group as a way to cover the topic areas. The facilitator was asked if the interview may be tape-recorded, and told that she could stop the interview at any time if necessary. Facilitators were told they could turn off the tape-recorder at any time. Several did, in the interests of confidentiality, when describing specific incidents that took place in their groups. Then, as a way to begin the interview, the author would sit back, smile, and ask the facilitator to describe the group. Usually the initial question would focus on the role of the facilitator, a topic with which people seemed intrigued, and was relatively nonthreatening in that it did not imply any failures or mistakes. The interviewees were busy people. They often seemed

a bit reluctant to talk at first, perhaps distracted by other work demands. However, this usually dissipated quickly as people began to reflect on their work with the group. As they talked, facilitators seemed to recollect more and more information about the group. In general, the facilitators seemed to hold genuine affection for group participants, and the topic of the group. At the end of the interview most facilitators would thank the author, saying that they had little time to truly reflect on their teaching, and enjoyed the opportunity to do so. Most commented that they wished they had more time to both reflect and conduct such groups in the course of their work. Many stated that doing the group was their favorite part of their work.

Interviewer bias is a definite problem in in-depth interviewing, which cannot be totally avoided. Such bias was reduced by conducting a pilot interview first, and listening several times to taped interviews in order to note words of encouragement, and how and when questions were asked. Basically each interview was begun in essentially the same manner, and the same responses to facilitator remarks were consistently used. Mostly the words "um hum" and "yeah" were used over and over. The facilitators seemed to become "caught up" in their recounting of their groups, and seemed to be listening to themselves talk more than talking directly to the author. The interview was shaped by asking questions that seemed to take on a natural sequence. Prepared remarks were consistently used in introducing more anxiety-producing sections. For example, when asking about problems in the group, the author stated that she asked everyone this question. Facilitators were disarmingly

candid about this topic, which took place late in the interview. The only question that seemed to provoke some defensiveness was about evaluation. Facilitators looked uncomfortable and often made excuses about why they did not conduct evaluations, such as running out of time. Those who had not done much seemed to think they should have. The last question that was routinely asked was what suggestions they had for new facilitators of PLE groups. This was perhaps the most free form, and the most fascinating, in part because it was information totally created by the facilitator, and revealed basic orientations about the facilitators. Although often almost out of time, facilitators would become very enthusiastic about the opportunity to give advice, and talk at great length as they moved from one topic to another. Without exception the author left the interview feeling grateful and collegial, believing that the facilitators felt collegial and expansive as well.

#### Selection of Interviewees

A random sample was not selected. Instead, the author believed that this descriptive piece of work required a broad and varied rather than a representative group of facilitators. A general knowledge of most typical health education programs reveals several common types of PLE groups: stress management, smoking cessation, controlling overeating, and to a lesser extent, assertiveness training and parent education. The latter two types may be characterized as primary prevention, depending on the goals and needs of the participants, and the focus of the group. This dissertation is concerned with the more generic prob-

lem of presenting guidelines for facilitators to develop groups around their own unique issues as they arise in their own settings. Reliance on a representative sample would include primarily the groups listed above. Instead, as many different types of goals and purposes as possible were chosen, which was the major criteria for selection. Facilitators were identified who worked in a variety of settings, sponsoring organizations, and with differing participant populations.

Facilitators were selected by three methods. The first method was identifying agencies or organizations in Hampshire and Franklin counties which were known to provide educational groups on mental health issues. For example, the local community hospitals, a women's counseling program, the working women's task force of the University women's center, and the Cooperative Extension Service were contacted. People in these organizations also gave the author referrals, and a word-of-mouth referral search was conducted. Second, available marketing literature was read, such as continuing education program brochures, community college catalogues, and many newspapers which advertised local groups. Many phone calls were made to find out more about these local groups. One facilitator was identified through a radio ad. The third method was contacting facilitators the author knew or had heard about in the Boston and Springfield areas, and pursuing their referrals.

Although twenty facilitators were interviewed, four interviews were disqualified, three because the groups were too open-ended in length, running for up to two years, and a fourth because the issues were of a more primary prevention nature.

### Tabulation and Analysis

After each interview the tape-recording was reviewed and the responses to the questions listed on the interview sheet were recorded (see Appendix). All the responses to the questions were then transferred to a grid in order to have the information clearly presented, and to ascertain emerging trends and patterns. The factors were manually calculated in order to present the data in clear terms. Definite patterns were described. The same method was used with issue one and issue two: the twenty-six group list and the sixteen group list. In both instances, characteristic patterns were clearly evident and needed no further technical analysis.

### Results

The table on pages 72-75 sets forth the information collected from an analysis of the twenty-six PLE groups. They are divided into four categories, according to the theme of the group. The identifying elements of each group are then listed across the table. The descriptive information listed in the table presents some clear patterns of the twenty-six groups examined, which are relevant to the planning and production of new PLE by inexperienced facilitators. This section reviews these patterns.

The groups fell into four distinct themes, around which the goals of each group were organized.

Theme One: Changing a self-destructive personal behavior. Group participants were the people who were having these difficulties, and

who were participating in the group to learn how to stop or limit these behaviors. Groups included smoking-cessation, stopping child abuse, stopping wife battering, stopping sexual crimes such as peeping and flashing, and controlling anxiety attacks.

Theme Two: Dealing with a problem of a significant other. The people attending these groups were interested in learning how to be helpful to someone close to them, in order to understand and support those people who were having difficulty. These groups included wives of batterers, friends and family members of alcoholics, parents of juvenile delinquents, mothers of foster children, and parents of teenagers using alcohol and marijuana. These groups were all sponsored by human services agencies. Caregivers from these agencies were also working with the group participants as well, but not necessarily in a group context. Often the group participants were recruited from the case-loads of agency social workers.

Theme Three: Resolving a personal problem or illness. Participants in these groups learned how to handle a variety of difficulties emerging from a personal problem or illness. The group goals differ from Theme One goals in that the goal is more general, and not focused on the controlling of one specific behavior. Group participants may examine life-style patterns, relationships with others, and attitudinal issues as central goals, whereas in Theme One groups these concerns were regarded as secondary objectives. Topics included learning to handle illness such as diabetes, cancer, hypertension, bulimia, early stages of alcoholism, and personal problems such as isolated elders,



coping with depression, overcoming low self-esteem, changing destructive relationships, and managing stress.

Theme Four: Coping effectively with a problem of living or life transition. Participants in these groups were having difficulty with a life transition or particular life situation. Participants' goals were to learn how to more effectively handle situations and relationships arising from these situations so they would not continue to deteriorate. Groups included in this category are resolving personal loss, especially through death, widowhood, multiple roles and conflicts of working women, and parenting difficulties.

#### Patterns in Curriculum

Several distinct patterns emerged in the curriculum of the twenty-six groups. All included the learning of didactic information. The nature of the information included 1. direct information about the problem itself: signs and symptoms, stages of an illness, what to expect, and demographic, social or health information. 2. Alternatives and methods for handling the particular problems that arose. This usually included some skill-building and practicing. Behavioral and communication skills seemed to be particularly emphasized. 3. Resources: where to go for help, and how to ask for help or how to connect with available community and institutional agencies and programs.

All the groups emphasized problem-solving by facilitator and participants. This tended to be group sharing of particular experiences, and how these experiences were handled or could be handled more effec-

tively. The problem-solving tended toward direct, immediate and practical solutions, and related to the information learned.

The groups all had an affective component as well. Participants often connected feelings to the didactic information presented, and responded affectively to problem-solving. The range of affective material was confined to the parameters of the group goals. Often, time was allowed to express these feelings in a structured way, within the educational parameters of the PLE group. For example, many curricula included a section in which participants could report about their progress during the past week, during which they may express feelings about this progress.

#### Participant Population

Sex. Fifteen of the groups had a mixed population of men and women. In all the mixed groups the majority, however slight, were women. Nine of the groups were totally women. Eight of these nine groups were targeted for women only. The ninth was the group for friends and family members of elders. The two men's groups were targeted for men only: batterers, and sexual offenders.

Race. Thirteen groups were exclusively white, and ten were mixed white and black. Three groups did not report racial composition. The racially mixed groups were predominantly white. The all white groups tended to draw from geographic areas that were almost totally white, such as rural areas of Franklin County. Mixed groups tended to come from a greater mix of populations, such as work organizations, institu-

tions of higher education, and caseloads of human services agencies serving mixed communities. Other minority groups like Hispanics were not reported.

Income Level. Eleven groups reported a mix of middle and lower income level. Seven were exclusively middle income, while six were composed entirely of low income people. Two groups did not report income level. Some conjecture can be made from reviewing which groups enrolled which participants. Low income people tended to be in groups that were specifically targeted for that population, including telephone workers, men and women from the court system, and caseloads from human services agencies located in low income areas. The middle income population attended groups that were open to anyone. A discussion of how to reach target populations will be addressed in Chapter Five.

#### Educational Level of Facilitators

Nine of the facilitators held Master of Social Work degrees, while eight had earned a Master's degree in either educational or counseling psychology. Five facilitators held a Bachelor level degree in a health related field, such as health education or social work, two were Registered Nurses, and one each held a Master in Public Health, a Doctorate in Education, a Doctorate in Philosophy, and a Doctor of Medicine. Although a concerted effort was made to search out and identify community caregivers, or people outside the traditional human services field, none materialized. One can conjecture that this is possibly due to the increasing professionalization of "helping people" in general, and also

to the increased number of people with academic degrees. In fact, several Bachelor's level people interviewed seemed almost apologetic that they did not, or had not yet, returned to obtain a further degree.

#### Length of Sessions

Fifteen groups reported sessions lasting two hours, which was by far the prevailing choice of length. Three groups lasted one and one half hours, and two groups for two and one half hours. Other groups were forty minutes, one hour, one and one quarter hours, and one and three quarter hours in length. Two groups did not report length of sessions. The length of the session had no correlation with the number or frequency of sessions.

#### Number of Sessions

Nine groups ran for eight sessions. Five groups lasted six sessions, and five groups went for four sessions. Two groups lasted for five sessions, and another two groups were twelve sessions in duration. One group each respectively lasted for nine, fifteen and thirty sessions.

#### Frequency of Meetings

Twenty-four groups met weekly. One group met twice weekly, another three times a week. The latter two groups took place in heavily medicalized settings. These groups were reported in the literature, which gave no reasons for this choice of frequency.

#### Time of Day

None of the eight groups reviewed in the literature reported time

of day. Of the other groups reported fourteen met in the evenings, and four in the afternoon. Two of the afternoon groups met at the worksite. A third afternoon group facilitator expressed a desire to move her group to an evening time, because afternoon posed an inconvenience to the participants, who had trouble fitting the group into their daytime schedules.

### Meeting Place

The site of the group varied considerably. Eleven met at a counseling or social services agency, four at a community hospital, three at a health maintenance organization, two at the worksite, and one at a "comfortable old" church. Three groups as reported in the literature did not identify a meeting place.

### Summary

The identifying data seem to indicate that PLE groups are designed to meet the needs of adult learners. Adults are people who are busy and have little time outside of work, family, and other necessary constraints. PLE groups seem to be designed to be convenient for learners; most meet only once a week, in the evening, at a well known place, and run for six to eight weeks.

### Methods for Practice

The following is a descriptive report of the analysis of the results of the in-depth interviews with the sixteen experienced facilitators of PLE groups. The discussion of the results is divided into the

seven major areas described under the section, Conducting the Interview, on page 77. The results described below are applied to the guidelines for facilitators presented in Chapter Five.

#### 1. How Facilitators Came to Do This Group

All the facilitators decided to or became involved in conducting their particular group out of a personal interest and commitment to the central issue of the group, and a belief that an education-discussion format would effectively help people learn about the relevant issues and goals. Ten facilitators saw a need for a group and developed it as part of their work, with support from their organization. Five conducted the group because it was an intrinsic part of their job - they were hired to do that particular work. Only one facilitator, of the Widows' Support Group, saw a need and developed the group outside of her job. This facilitator, an insurance saleswoman, held a B.S. in social work and wanted to do some work more directly in the field for which she was trained. The subjective impression of the author was that all the facilitators seemed to have a high level of commitment, interest, and enthusiasm for their groups. They discussed their groups with a great deal of fondness and energy. No qualitative difference existed between those hired directly to conduct the group or those that developed a group themselves, independent of job description. It is interesting to note that all the facilitators were paid for their work. This supports the fact that the sponsoring organizations of the groups were committed to the programs, whether they were for their own employees, as in the

stress programs or smoking-cessation groups, or for community populations.

## 2. How Facilitators Learned to Conduct PLE Groups

All the facilitators reported an evolutionary process of learning skills. All learned by doing. Seven specifically stated by "trial and error" or "by doing it". Seven stated that they took a course or two during their formal education. Two indicated that in-service training programs at work had been useful. Although only two facilitators pointed to their experiences as a group participant as useful, all the facilitators reported having been exposed to group concepts, either through reading, talking with or observing other group facilitators, or a general, so it seemed, "osmosis". Although several identified the human potential movement as the impetus for this osmosis, most vaguely pointed to a combination of support group and therapy group movements, and educational classes as the source of their gradual learning. Several facilitators were not able to explicitly explain how or why they began doing groups. Statements like "I fell into it" or "It seemed like a natural step" were characteristic of these people. The route from counselor to educator to facilitator seemed like an evolutionary and at times a rather vague process.

## 3. Role of the Facilitator

Most facilitators thought that participants viewed them more as educators than counselors or therapists. Seven referred to themselves as "teachers" or "educators". Eight others called themselves "facilitators", using words like "guide" or "resource" or "convener". Only

one felt that participants viewed her as a "counselor", although she viewed herself as a health educator and described herself in that way to the group. These self-concepts reflect much of the thinking in Principles Three and Four, that facilitators of PLE groups combine therapeutic and educational techniques, but seem to more actively minimize the therapeutic relationship by emphasizing their role as providing resources and skills, and fostering a climate of mutual trust and respect. Facilitators provided an arena for learning based on an understanding of the learners as autonomous adults who learn out of their own needs and interests.

Several facilitators emphasized that they did not want to be viewed as "experts". These were people who for the most part worked with people with fairly serious medical problems who had been exposed to many medical experts telling them what to do. The facilitators wanted to encourage dialogue and mutual problem-solving, and did not want to foster dependence on them. They made statements like "I don't play the expert" or "I work hard at not being the ultimate expert". Another stated that she kept "very down to earth" in her role, staying away from the use of medical jargon, and using liberal amounts of humor.

Another facilitator used her role to gently shape the tone and temper of the group. She used the analogy of a thermostat to describe her function in the group: she tried to maintain the proper amount of "heat" or energy in the group. When it began to cool, she would "kick on" by becoming more active, then level out when the group was "warm" enough to maintain active participation.



#### 4. Getting Organizational Support

None of the facilitators had difficulty obtaining support from their work organizations to sponsor their groups. In fact, every organization seemed to welcome the PLE groups. The groups were considered either a vital part of the mission of the organization, which was concerned with either community and/or health education, or decision-makers in the organization seemed to believe that the group would enhance its identified purpose. For example, organizations concerned with patient care, such as hospitals, used PLE groups to augment individual patient care and serve as a way to assist patients with self-care once they had returned home. Other organizations, like the health maintenance organizations and family services agencies, used the PLE groups to pool people together with serious problems.

Although all the facilitators carried out some form of evaluation, few seemed to relate the evaluation to accountability to the sponsoring organization. Attendance, or "head counts" and general comments of participant satisfaction seemed enough to satisfy sponsoring organizations of the effectiveness of the programs. Only the groups concerned with concrete, measurable behavior change, such as the smoking-cessation, overeating, and batterers groups used evaluation as a measure of accountability to the organization.

Only one facilitator described "selling" the organization on her group, "Living with Cancer", at the Franklin County Public Hospital. She and other staff presented orientation sessions describing the form and content of the group to interested top administrative staff as well

as to a variety of interested community agencies who interfaced with the hospital. These orientation sessions, and the resultant group, met with considerable success and was widely supported in the hospital and community.

A table of the sponsoring organizations and settings in which the groups took place is on pages 94-95.

### Summary

The four topics discussed in the preceding section reflect the concerted support for and commitment to PLE groups. Facilitators and sponsoring organizations invested time, energy and money toward the successful implementation of such groups. Inherent in this commitment is the belief that these groups fulfill a distinct need for participants, and fill a gap between therapy and more generalized educational sessions for people.

### 5. Marketing Mechanisms

Eleven facilitators did intensive marketing of their programs. Most utilized all available advertising mechanisms: newspaper and radio ads, posters and fliers. Several used brochures and articles in any appropriate newsletters. One participated in a radio talk show. All the facilitators emphasized the high credibility of word-of-mouth advertising, primarily from past participants, but also from community caregivers knowledgeable about the program. These facilitators were not particularly enthralled about having to do so much advertising, but seemed to view it as a necessary fact of life. They, therefore, took it

TABLE IV  
SPONSORING ORGANIZATIONS AND SETTINGS

Title of Group	Sponsoring Organization	Setting
Assertiveness Training	Community College	Community College
Confident Parents, Responsible Children	Health Maintenance Organization	Health Maintenance Organization
Domestic Violence Program	Community Alcoholism Program	Community Hospital
Freedom From Smoking	Lung Association	Worksite: Manufacturing Company
Living with Cancer	County Hospital	County Hospital
Managing Your Diabetes	Community Hospital	Community Hospital
Parents of Teenage Delinquents	Social Services Agency	Community College
Primary Caretakers	Community Senior Center	Community Senior Center
Questioners' Group	Community Women's Alcoholism Program	Community Hospital
Sensible Weight Loss	Health Maintenance Organization	Health Maintenance Organization
Stress Management	Social Services Agency	Worksite: Utilities Company
Support Group for Women Struggling with Eating Problems	University Women's Educational Advocacy and Counseling Center	University Women's Educational Advocacy and Counseling Center
Talking with Teenagers about Alcohol and Marijuana	Community Alcohol Education Center	Community Counseling Center
Widow's Life Support Group	University Women's Educational, Advocacy and Counseling Center	University Women's Educational Advocacy and Counseling Center

TABLE IV (Continued)

SPONSORING ORGANIZATIONS AND SETTINGS

Title of Group	Sponsoring Organization	Setting
Wives of Batterers	Battered Women's Program	Community Hospital
Working Women's Group	University Women's Educational, Advocacy and Counseling Center	University Women's Educational, Advocacy and Counseling Center

seriously and conducted the advertising in a thorough manner. Most facilitators would recite the long list of places where they had advertised their groups. Many mentioned the importance of "getting the word out" about the groups.

Four facilitators who did not do community advertising filled their groups with direct referrals from sponsoring organizations. In these cases group participants already had an existing relationship with the organization. This included court referrals of people on probation, discharged patients of community hospitals, and parents of troubled youth who were assisted by social services agencies.

Only one facilitator neither recruited participants from the community nor took referrals from agencies. Instead, she accepted unsolicited requests to conduct her group for employers at work sites. She did no active marketing because requests were generated from the board members of her organization, who informally generated requests from their own or closely allied workplace settings. This board of the American Lung Association was composed of active advocates of smoking-cessation who were well-known in the community.

#### 6. Thoughts on Co-leadership

Not all the facilitators commented on the advantages and disadvantages of co-leadership. Only two facilitators indicated that they worked with a co-leader. In one instance this was a new situation, almost an experiment, after many successfully run groups. The other was a pilot group. Both facilitators felt that having a co-leader helped

with the emotional impact of their groups. The groups, "Living With Cancer", and "Men Who Batter", were very emotionally charged. The facilitators felt that they were unable to both teach and give emotional support by themselves, and so co-leadership helped accomplish these tasks.

Eight of the facilitators felt that co-leadership is nice but not necessary. They believed that having another perspective in order to share ideas about curriculum and perceptions of participants would be useful. In addition, facilitating a group with another person would be less tiring, and allow more thorough attention to form, content and group process. The facilitators reported being very busy during the sessions and thought that an effective co-leader would help assure them that they were drawing accurate conclusions from how they observed group functions. These same facilitators, however, indicated that a good co-leader, a person with whom they are on the same "wave length", is hard to find. They stated that co-planning a group often takes greater time and effort than doing it alone, and that two leaders may not be necessary for conducting a small group.

In general, facilitators seemed satisfied with their singular positions in the group. They felt that co-leadership may help, but may be harmful too if the two leaders did not work well together. Facilitators generally seemed comfortable and I would hypothesize worked collaboratively enough with the participants that they did not feel isolated in the group. Another critical factor reported by facilitators was that they did not take complete responsibility for the activity of the group, but instead shared that responsibility with participants.

It was quite surprising to the author to discover these thoughts about singular leadership. The author's experience has been that groups are more easily and effectively run with two leaders. Facilitators seemed decidedly unconcerned about this and did not think another leader would appreciably add to the quality of the group. Perhaps this in part reflects the attitude that the group belongs to the participants, who take a large part of the responsibility for the group. This notion is reflected in the suggestions for new facilitators described later in this chapter.

## 2. Screening of Group Participants

Seven of the facilitators did no screening of group participants before the first session. They reported having little to no prior information about participants - usually only a list of names. These facilitators therefore used the first session as a form of "screening" in which they discussed the form and content of the group with the participants, gave people an option to screen themselves in or out of the group, and assessed learner needs and expectations. Most participants made decisions to stay with the group, but occasionally a participant would decide the group was not for him or her, and opt to leave.

Five facilitators did telephone screening, which served more as an informal description of the group and answering questions than a real selection of participants. Three facilitators reported that the human services agencies which sponsored their groups referred people from existing caseloads, which constituted decisions by agency staff.

However, this screening was always voluntary.

Only one facilitator conducted in-person interviews. She thought this screening was of critical importance to the life of the group, and viewed it as a time to clarify expectations and make decisions about how to structure the group around the needs of participants. This group involved people with potentially serious physical and emotional dilemmas. The facilitator wanted to prevent any serious problems, such as having a very unstable individual enroll in the group.

This lack of prescreening was a surprising finding to the author. She had thought that facilitators might find screening of participants a necessary way to form a compatible group. However, several facilitators stated that the time and energy that screening involved was not worth the trouble, and that they would rather settle for a somewhat chaotic first session to set expectations.

#### 8. Collaborative Work with Participants Regarding Design and Structure of the Group

Eleven of the facilitators used curriculum designs that were for the most part already structured. These designs were based on evaluation and input of participants from past groups. Five facilitators designed the group with the participants. These groups with one exception, were smaller, less structured, and less behaviorally oriented. This exception was a large group that was a pilot program, in which the two facilitators actively solicited participant feedback. All of the facilitators asked for continuous input about the topics and left some



flexibility in the curriculum to accommodate participant needs and interests. Two facilitators asked participants to write comments and suggestions to them after each session, which they incorporated into subsequent sessions. All facilitators tended to use the group discussion and problem-solving activities to maximize learner participation. Most facilitators seemed to rely on this period as the most fruitful time for collaborative work in the group. The subjective impression of the author was that facilitators seemed willing to sacrifice some collaborative planning in the interests of time and efficiency. They seemed to feel an obligation to "get on" with the tasks of the group. They tended to regard participants as consumers who were investing a significant amount of time and effort into the group, and so wanted to "produce" for the group rather than focus a great deal of participant time and attention on curriculum design. The practice of PLE groups by these facilitators does not reflect the very collaborative mode described in Principle Four. Facilitators seemed to respect and utilize formal input from participants, and work collaboratively in the less formal moments of the group. They have minimized the distinctly collaborative mode in favor of the more expedient time pressures of adult learners. Many facilitators also did not have time in their own schedules to embark on lengthy collaborative work. However, facilitators did work collaboratively to make the curriculum as learner-oriented as possible.

#### 9. Use of Self as a Role Model

Six facilitators stated that they used themselves as role models at specific times and for specific reasons. Most role-modeled through self-disclosure in order to set a relaxed and nonjudgemental tone for the group and to assure participants that they were human too, i.e., not "experts". At times facilitators stated that they had also had personal problems related to the group topic in order to set an example for disclosure and self-reporting, and to encourage a group norm for problem-solving. The facilitators of the parenting groups described their relationships with their own children, while another facilitator used the example of stress management as her attempts to deal with the stress of parenting two toddlers. Three other facilitators used role-modeling more extensively, primarily through self-disclosure as a method for motivating participants and encouraging group discussion. Seven facilitators stated that they did not use self-disclosure, but tended to stay more removed, and saw themselves more as teachers. However, all the facilitators, including the last seven, regarded their behavior in the group as a form of role-modeling. This behavior included a willingness to discuss difficult or problematic topics, a nondefensive attitude, listening fully to other participants, sharing problem-solving strategies, and regarding each participant with respect. Facilitators seemed to place a high value on establishing a group atmosphere of mutual trust and respect as a climate conducive to safe risk-taking, as identified in Principle Four. They did this in particular by exhibiting the qualities of "realness" described by Rogers in Principle Three - of knowing oneself: one's strengths as well as one's weaknesses, and

trusting in oneself to be genuine with participants, and so to share personal problems or individual traits for learner-oriented purposes.

#### 10. Encouraging Group Discussion and Support

Although role-modeling as described in Number Five was a major method of encouraging group discussion and support, other techniques were also used. Eight facilitators relied heavily on demonstrating their own nonjudgemental attitudes as a way to foster a "safe" environment, conducive to meaningful group discussion. Six facilitators engaged in direct teaching of such communications skills as "I messages", giving and receiving feedback, and sensitive listening, in order to help participants actively learn how to talk with and support each other. Another facilitator taught participants how to give and receive compliments. Three facilitators stated to participants at the first session that the group was their group, and so participants had responsibility to keep relevant discussions going. As she stated, "I put the ball in their court".

Most facilitators encouraged group discussion and support through structured sharing, such as dividing participants down into subgroups. A few used a "buddy system" in which participants paired off to support each other throughout the duration of the group. This system was particularly used in behavior change groups where "buddies" could deal with concrete, specific behaviors. These same facilitators also encouraged participants to telephone each other between sessions.

All facilitators reported that the presentation of didactic and

affective information tended to help participants identify with each other and increase group support and trust. Many reported that participants, sometimes for the first time, realized that they were not alone with their problems, and that other people had had very similar experiences. One facilitator reported that, upon learning significant cognitive information, participants would "gasp and look at each other", realizing they all shared common experiences and difficulties. Participants tended to breathe a sigh of relief, and feel that they were with a group that, however they might differ as people, had experienced and would understand what they were going through. Facilitators reported using humor during these times too, in an attempt to combine realization of mutual problems with a positive supportive context. This relief, this interplay of didactic and affective learning would be impossible outside a group context. The process of identification, group support and sharing enabled participants to move affectively as they learned to assimilate and apply direct didactic information. This movement reflects the type of group learning described in Principle Five.

#### 11. Establishing Goals and Objectives

All the facilitators reported a strong commitment to help participants learn to solve the problems that they had enrolled in the group to solve. These specific problems and solutions reflected mutual goals of the facilitators and participants. As described in the first question, facilitators decided to teach their groups out of a personal commitment to the issue as well as to an education-discussion process.

They translated this commitment into a specific task or set of tasks for participants that would be useful and relevant to their daily lives. This attitude reflects the nature of goals presented in Principle One. By its very nature Personal Life Education is involved with goals that are task-oriented, attainable, and of current concern to learners. Facilitators also seemed to reflect Principle Two in that they assumed that participants would take responsibility for learning the goals and objectives they had identified for themselves. All the facilitators expected participants to be able to articulate their own goals for themselves and report on their progress in the group. However, facilitators varied in how they managed the reporting on these goals. Four of the facilitators reported that everyone in the group was working on the same issues and goals, and that by enrolling in the group participants were making a commitment to themselves to work on these goals. Four other facilitators asked participants to write down specific goals for themselves, almost as a sort of "contract" with themselves to work during the group. Seven facilitators encouraged verbal statements of goals throughout the group as a way for participants to share their tasks with other members and to foster group commonality and problem-solving and sharing. One facilitator described this as each participant having a "line" with which she was identified throughout the group. Most facilitators encouraged participants to use their thinking about their goals as a barometer by which to measure their own individual progress throughout the course of the group. Even though facilitators handled goals in different ways, they all viewed the achievement of

these goals as within the personal purview of each participant.

## 12. Learning Activities: Cognitive, Affective, Behavioral

Learning activities were divided into three realms, reflecting the three domains of learning goals described by Verduin in Principle One. The term "behavioral" has been substituted for "psychomotor" because it applies to the performance of a wider range of skills involving building communications and relationships, and is not limited to physical skills. The learning activities of the three areas overlap with each other and enhance each other, which makes a discussion separating them difficult if not confusing. The diagram on page 106 perhaps better illustrates the interplay of the three domains. The table on page 107 identifies the learning activities used by facilitators.

Cognitive learning activities are centered on the transmitting of specific didactic information. Examples include signs and symptoms of illness, stages of particular life transitions, and descriptions of community resources. Cognitive information was conveyed most commonly in several ways. 1. Direct transmittal of information from facilitators, usually through lecturettes most often conducted at a chalkboard or on newsprint. The length and frequency of lecturettes seemed to depend upon facilitators' willingness to deliver them. One facilitator described himself as a "ham", saying he loved to get up in front of a group and talk, and so he delivered many lecturettes. 2. Articles distributed to participants. 3. Quizzes, which generally encouraged participants to identify what they already did and did not know, and

DIAGRAM I

THE THREE DOMAINS OF LEARNING IN PERSONAL LIFE EDUCATION

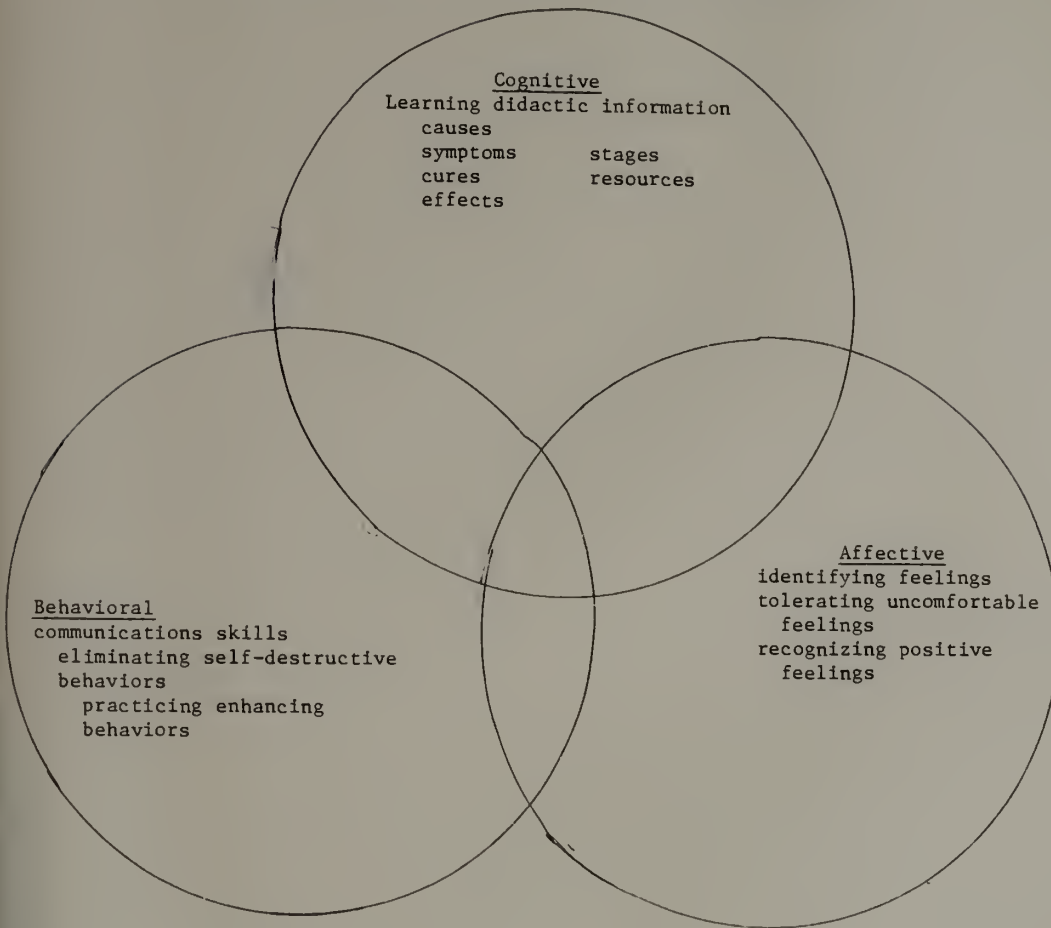


TABLE V  
USE OF LEARNING ACTIVITIES BY FACILITATORS

Number of Facilitators Using Activity	Cognitive Learning Activity	Affective Learning Activity	Behavioral Learning Activity
16	structured group discussion	group discussion and sharing	reporting in group
16	articles	group problem-solving	homework
13			
12	lecturettes		
10	quizzes		
10	personal inventories		
7		lecturettes	
7		personal inventories	
4	films	diaries/logs	diaries/logs
4		guest speakers	
4		articles	
3	take-home manual	group brainstorm of feelings	take-home manual
3	guest speakers		
2		role-playing	role-playing
1	slide-tape presentation	prepared videotape	



4. Personal inventories, in which participants reflected and identified practices or knowledge from their lives that constituted didactic information. The most prevailing method of learning didactic information was

5. The structured group discussion. Participants responded to the rest of the learning activities using discussion to reflect upon, consider, and accept or reject the information presented. In these discussions facilitators helped participants contribute additional information on their own. These discussions would vary from swapping stories about mothers-in-law to recounting attempts to control one's drinking in stressful situations.

Affective learning activities focused on learning to recognize and identify one's own feelings and the feelings of others, and to explore and react to the didactic information presented. An area of overlap exists between the affective and cognitive domains, in which didactic information about feelings is presented. Several learning activities were primarily used. Group discussion as a reaction to the didactic material and as a generation of affective knowledge was an important part of every group. Group problem-solving and sharing also was a way for participants to teach and learn from each other on how to respond to and explore feelings. Several of the more creative ways for learning about feelings included reading and discussing a novel on aging, viewing a videotape of a cancer patient, and utilizing communications skills: "think of a word to express anger." Although not directly stated in the interviews, it is probable that participants role-

modeled affective learning for each other as they disclosed how they handled particular situations, or perhaps gave advice to other participants. Self-inventories, centering on "how did you feel when" or "how do you feel if" were also useful ways for participants to recognize and identify affective information. Lecturettes by the facilitators on feelings - what to expect, how to consider responding - were also used. These were especially focused on some of the more socially unacceptable feelings like guilt and anger. One facilitator stated that she taught "mental health techniques for dealing with feelings", such as why it can often help to cry.

Behavioral learning activities related more individually to learning goals and objectives. Group discussion seemed to be the primary vehicle for assessing behavioral learning: all facilitators emphasized the importance of group reporting of either specific homework assignments or more generally, how the group was affecting their behavior alone and with others. All the facilitators indicated that each session seemed important to the participants in part because they were able to report their progress during the week between sessions, and also because they were concerned and curious about how the others had done.

The cognitive and affective learning is continually related to behavior. Participants considered didactic information, and their reactions to that information, as related to how they would react. This transmittal of cognitive and affective information resulted in a struggle to integrate the material in the group. This resulted in a consequent adjustment of self-regard affecting participants' views of

themselves and also their relationships with others. All the facilitators reported that this digesting of cognitive and affective information was a significant part of the life of the group. This transmission into behavioral learning was an important step that may not have happened without the group impetus. Facilitators reported that identification, or seeing one's behavior in others, helped participants move toward behavioral change. The mutual identification and subsequent role-modeling helped them support and encourage one another.

Since participants had set specific, definable goals, they were able to report progress toward these goals as small steps in changing behavior. This reporting ranged from the very vague ("I'm getting along better with my son") to the very specific ("I smoked two cigarettes before getting out of bed Monday morning"). This range of reporting depended on the work the individual was doing in the group.

### 13. Termination: The End of the Group

None of the facilitators reported a serious problem with termination, even though the group often had become quite meaningful to the participants. The facilitators differed on how important they considered termination work. Seven stated that they had made the number of sessions very clear at the beginning of the group, and been clear about the parameters of the group. They seemed to have given the notion of termination little thought, and did not explicitly discuss it with participants. Four facilitators said they discussed the fact that the group was ending throughout the sessions, occasionally reminding people

how many sessions were left. These facilitators felt that a proper ending to the group insured a more positive learning experience. Three facilitators said the group came to a somewhat seasonal end, usually terminating at the beginning of the summer. Two facilitators took time during the second to the last session to discuss how people had experienced the group. Twelve facilitators discussed the end of the group with participants as a way to consider how to assess progress during the group, and how to consolidate and sustain that progress.

#### 14. Follow Through

All the facilitators discussed plans for after the group, but the emphasis of follow-through planning varied somewhat. Eleven facilitators encouraged participants, if they so desired, to seek additional help either through other programs of the sponsoring agencies; by meeting once or twice individually with the facilitator, or to seek help from an outside agency. Only four facilitators encouraged the participants to keep meeting without them, and only one facilitator encouraged the group to become involved with a community or social action activity relevant to the issues they had confronted in the group. Most facilitators did ask participants to consider future problem situations and to prepare to meet these difficulties. Several encouraged continued learning as a major goal of the group. From this information the conclusion can be hypothesized that facilitators do tend to limit the issues more to individual change rather than broader social or community change.

#### 15. Evaluation

It was the subjective impression of the author that most facilitators believed that evaluation was necessary, but felt they did not do enough, or did not know how to do it well. All the facilitators stated that evaluation was important. Many almost apologized for not doing more, saying things like "We have to do more evaluation in the future." These facilitators were generally satisfied with their groups but felt that they should conduct more extensive evaluation in order to prove the effectiveness of the groups to other people, should that need to do so ever arise. Four facilitators did conduct written pre, post and one year follow-up questionnaires for participants. These facilitators worked in medical settings, which seemed to require more data and evaluative procedures. The facilitators thought it was important to document the successes of their groups, to demonstrate this to the rest of the program. Eight facilitators who worked in less formal settings conducted informal verbal evaluations at the end of the groups, or asked for informal feedback during the group sessions. Two facilitators asked participants to write "letters" to them and to other group participants as something to take home after the end of the group, almost as a form of follow through. Two facilitators asked participants to complete a written questionnaire at the last session. Two facilitators, in addition to evaluating the entire course, asked participants to provide them with written feedback at the end of each session indicating comments and suggestions for future sessions. Many of the evaluations seemed to measure participant satisfaction with the program rather than specific at-

tainment of goals. Facilitators seemed to feel that the latter was the primary focus of the group, and so did not require an evaluation at the end, which somehow seemed perfunctory. Instead, facilitators seemed to rely on their observations and assessments of participants as they functioned in the group to ascertain individual attainment of goals and objectives.

#### 16. Suggestions for New Facilitators

Facilitators reflected greatly on this question. They seemed clearly interested in sharing the wisdom of their experience with facilitators just starting out. Several themes emerged as most important, which can be divided into content and methods. Due to the vague nature of the question and the generalized responses, these themes are not presented in quantifiable terms, but rather the most commonly reported are listed, as described by facilitators.

Content. 1. Know your subject completely. As one facilitator stated, be very "grounded in the subject", so that participants will trust your knowledge and judgement, and you will feel you have something solid to offer people. Feel comfortable with the material, with the form as well as the content. Do your homework. Be very prepared. And, believe in and be committed to the content and the form of the presentation. One facilitator stated it this way: "You have to believe that your group works, that's the bottom line".

2. Know your participants. Recognize their needs and interests. Understand how your participants learn, and what teaching methods assist

their learning. According to one facilitator, understanding the unique learning styles of each participant helps them learn how to untangle and relearn information that is relevant to them.

Methods. 1. Let the group take responsibility. Give participants room to work and let them emerge. Have clarity of purpose, but be flexible in order to allow the group's vested interest to emerge. Facilitators used statements like "Let the participants emerge" and "Let the group take it". Another facilitator told participants that they were their own "ultimate experts".

2. Have expertise in group facilitation skills. Know how to facilitate groups, how to teach effectively. Have a sense of group dynamics. One facilitator said that to deal with problems effectively in a group, facilitators need to have enough security in their own skills to "let go" of the group enough to let participants work things out.

3. You have to like to do education-discussion groups. If you don't, don't do them. Preparing for PLE groups can be time consuming. They are often conducted at a tiring time of the day. It can be difficult to go out to an evening session after a long day at work. However, the uplifting feeling after the group makes it all worthwhile.

#### Summary

Chapter Four has described the "state of the art" of PLE groups through an analysis of groups as they are actually conducted by facilitators. The more abstract discussions in the preceding chapters are therefore grounded through a detailed discussion of these groups. The

analysis and in-depth interviews produced a great deal of interrelated data. This data is combined with the theoretical and structural frameworks in Chapters Two and Three for the development of twelve inclusive guidelines for the facilitation of PLE groups.

In general, the in-depth interviews with the facilitators and the analysis of all twenty-six groups were useful ways to illustrate the practice of Personal Life Education. Working with specific detailed information such as meeting places, number of sessions, and identifying sponsoring organizations helped make the groups seem more real: it was easier to picture the groups taking place. Interviewing facilitators was especially useful because it brought to life the theory and practice presented in the first three chapters. When interviewing facilitators it seemed that they had extensive expertise in conducting their groups. They were aware of subtle nuances in group teaching and discussion. They had command of the material, and they had a nice feel for the timing and process of adult learning. Perhaps the most intriguing result of the interviews is that even though facilitators knew and felt confident with their abilities, they were not able to state how they learned what they did. Certainly they utilized concepts reflected in the eight principles: the goals of the group were attainable and task-oriented, participants took responsibility for accomplishing learning goals, and participants worked collaboratively in many learning activities. Facilitators definitely combined personal characteristics of "realness" and "caring" with genuine teaching abilities. They, without doubt, believed in the ability of the group participants to change and to grow, and the



usefulness of the group education-discussion format to help them to do so. They understood the need for motivation and appreciated the work that participants did in the groups.

Facilitators were also generally aware of staff development concepts, although they never identified them as such. They knew the importance of curriculum planning, organizing and presenting materials, and the need for evaluation.

Where did they learn these concepts? How did they become proficient in group teaching and facilitation? The facilitators did not credit any one book, course, or experience for their development of these skills. Instead, they reported learning by "trial and error" and "by doing it". Other methods included observing others, reading manuals, or exposure to in-service training or an occasional course. A significant finding of the study is the fact that the facilitators were able to develop teaching methods and skills that were strikingly similar to one another, and also reflect genuine learning theory. This finding tends to corroborate the need for a systematic presentation of theory and practice that can be replicated and used in future studies and designs for Personal Life Education. It is illustrated by the fact that without exception facilitators welcomed the development of a set of generic guidelines reflected in this study. Every facilitator requested a copy of these methods for theory and practice after the study had been completed.

The groups also represented a variety of health and social service organizations that serve community people. Two groups, "Freedom

from Smoking" and "Stress Management" were conducted at specific work-sites for employees. These were not management training sessions, but were open to employees working for the company. Two other groups, "Working Women's Group" and "Assertiveness Training" dealt specifically with work performance issues. "Assertiveness Training" emphasized assertive communication skills with supervisors and co-workers as well as other relationships, while the "Working Women's Group" focused on conflicts between work and personal life and the issue of discrimination that women face in the workplace. Several other groups dealt with illnesses or personal concerns that affect people's lives at work and which can contribute to deteriorating work performance. These groups, "Living with Cancer", "Managing Your Diabetes" and the "Questioners' Group" in part helped participants learn self-care methods and answered specific concerns which included life on the job as well as life at home. These types of groups are beginning to be offered in the workplace as employee assistance programs widen their scope to include an early secondary prevention focus (Longpre, 1984, p. 5).

The PLE groups, therefore, cover a broad range of concerns that affect people in many spheres of their lives: at home, at work, with friends, and pursuing personal interests. Personal Life Education as practiced in these groups begins to take on a holistic dimension as health and mental health issues are related to broad aspects of peoples' lives.

C H A P T E R   V  
GUIDELINES FOR PRACTICE

Introduction

The following is a series of guidelines developed from the combined knowledge of the eight adult learning and counseling principles in Chapter Two, the staff development concepts in Chapter Three, and the results of interviews with facilitators in Chapter Four. These guidelines are applications of the information generated in the preceding chapters as a way to translate theory into practice. They focus on the basic tasks of facilitators as they develop and lead Personal Life Education groups. Each guideline is presented in concrete, specific terms. The guidelines synthesize the interrelated knowledge of the study, and distill that knowledge for the reader. The discussion of each guideline is concluded with an identification of the information from earlier chapters on which the guideline is based. Each principle, staff development concept, and interview sequence is listed, with a corresponding reference to how the information related to the guideline presented. A table summarizing the eight principles and staff development concepts is provided as a reference for the reader on pages 119-120.

A suggested outline of the phases of a typical PLE group is presented in the latter part of Chapter Five. Each phase includes the guidelines that would be most useful for that phase. This presents a summary or framework in which to consider the utility of the guideline.

## TABLE VI

## CORRESPONDING REFERENCES

The Theoretical Foundation: Eight Underlying Principles

- Principle One: The goals of Personal Life Education are attainable, task-oriented, and centered in the here and now.
- Principle Two: The individual takes responsibility for his or her own learning.
- Principle Three: The facilitator of Personal Life Education must combine the qualities of teacher and therapist to achieve a balance of self-awareness and caring with the technical skills and knowledge relevant to the purpose of learning.
- Principle Four: The facilitator-learner relationship is collaborative, learner-oriented, and one of mutual trust and respect.
- Principle Five: Participants in Personal Life Education learn best when they interact with one another in a group context.
- Principle Six: The learner must be motivated and ready to change.
- Principle Seven: Personal Life Education focuses on learning by doing.
- Principle Eight: Individuals have the potential and capacity to bring about their own change.

## TABLE VI (continued)

## CORRESPONDING REFERNECES

The Structural Base: Staff Development Concepts

Needs Assessment: Determining what participants want and need to learn.

Defining Goals and Objectives: Deciding what participants want to achieve through the group.

Identifying Resources and Constraints: Working with forces that may help or hinder the functioning of participants and the group as a whole.

Planning and Implementing Learning Activities: Methods and experiences by which participants learn.

Conducting Evaluation: Measuring the effectiveness of the group for participants.

## 1. Know the Participants

One of the most basic guidelines for facilitators to follow is to have a clear sense of who the people are in the group. Nothing will "turn off" participants more than the perception that the facilitator does not understand who they are. They may feel that the facilitator does not really care about them or their concerns. Knowledge of the participants - their work and living situations, past learning experiences, and why they decided to enroll in the group - will greatly aid facilitators in the group. Collaborative planning will be easier since the facilitator will know the orientation of the participants. Group and individual discussion can be richer if the facilitator can encourage examples from participants' lives, or be able to support the division into dyads or sub groups. An understanding of participants shows that the facilitator has taken the time and trouble to get to know them, and so conveys an attitude of respect. It will encourage trust because assumptions have not been made that cannot be borne out. Choices of learning activities will also be more accurate because they will be appropriately aimed and will be neither too simple nor too complex in either form or content. Since learning activities are value-laden, the activities can reflect the values of the participants and so be more acceptable to them.

Several methods are useful for learning about participants. A needs assessment, as discussed in Chapter Three, reflects the general needs of the population from which the participants come. It is important to identify "real needs" - to ascertain what participants really

want to learn rather than what the facilitator assumes they want to learn. PLE groups generally are short in length and it is difficult to complete all the learning activities and goals by the end of the course. Therefore, careful planning can insure that what is most important to participants will be primarily addressed. If participants are able to concentrate on their real concerns they are more likely to sustain their interest and motivation throughout the course.

Screening of participants before the first session also provides the facilitator with an opportunity to get to know participants, and for participants to know the facilitator as well. If the facilitator views the screening as a "two-way street" it may foster a collaborative mode from the very beginning of the group. Screening does not have to be extensive: a telephone interview or short in-person interview may suffice. The first session may serve as an orientation during which participants and facilitator decide if they are appropriate for each other. Screening provides an opportunity to establish expectations about the group and also for the facilitator to determine specific needs on which to base curriculum planning. The screening process is also a time to screen out participants who for a variety of reasons would hinder other participant learning. For example, some potential participants may be too disorganized psychologically to benefit from or add to a PLE group, and may reflect a very different level of difficulty than the other participants. A person totally overwhelmed by anxiety may not be able to benefit from a stress management program that requires group discussion, journal keeping, and problem-solving. Other participants may be

unmotivated to change and so would discourage other group members. A person who is unsure whether he or she really wants to stop smoking or lose weight would counteract the movement toward group identification and support that helps foster behavior change.

Evaluation can also provide continual input from participants which adds to the facilitator's understanding of the people in the group. Methods of evaluation may vary but some form of continual evaluation enables the facilitator and participants to share reflections on how the group is affecting them. A regular, accepted form of evaluation that is easily done may be most useful. Short written notes or verbal observations at the end of each session can help the facilitator know if she is meeting the "real needs" of the group. The facilitator can also more readily learn about the learning styles of participants, and their preferences for form and content.

### Corresponding References

#### Principles

Principle One: Understanding participants is critical for designing attainable goals.

Principle Three: A knowledge of participants helps them believe that the facilitator truly cares about them.

Principle Four: Understanding the needs and interests of participants helps foster meaningful collaborative planning.

Principle Six: An understanding of the limitations and intrinsic interests of participants may help the facilitator know how to sustain participant motivation.



### Staff Development Concepts

**Needs Assessment:** Gathering information is necessary for an adequate understanding of participants' learning needs.

**Learning Activities:** Knowing participants helps the facilitator to specifically tailor learning activities to the interests of participants.

**Goals and Objectives:** Appropriate goals and objectives can be designed based on knowledge of the participants.

**Evaluation:** Evaluation can provide continual information and therefore add to an increased understanding of participants.

### Interviews with Facilitators

**Screening:** Some screening, however informal, aids in increased understanding of participants.

**Collaborative Work:** Knowledge of participants may help the facilitator to know how much collaborative work the participants are willing to do.

**Encouraging Group Discussion and Support:** Knowledge of participants helps facilitators conduct more meaningful discussions.

**Suggestions: Know Your Participants:** Recognizing participant learning styles aids in the development of relevant learning activities.

**Evaluation:** Evaluation contributes to understanding participant needs throughout the course of the group.

## 2. Know the Subject

Participants in PLE groups have enrolled to gain specific skills and learn information they feel they need to know. In general, they are motivated and ready to do some work. They, therefore, expect the facilitator to "know her stuff": to thoroughly know the subject. They may not expect the facilitator to be an expert, but certainly expect the facilitator to be invested in the subject. In some ways, the credibility of the facilitator is at stake here. Participants may question why the facilitator has chosen to do their PLE group and wonder about her level of expertise in the subject. The subject is important to them, so they may feel it should be important to the facilitator, too. A facilitator may receive comments like "I didn't know you were interested in fat people" or "Have you had cancer (or diabetes, or alcoholism)?" Facilitators need to be able to respond to these questions honestly and with credibility.

Facilitators act as a resource and guide for participants. They should, therefore, be able to answer questions, explain concepts, and be able to provide information from outside sources when needed. They also need to be able to handle the emotional side of the subject and be experienced enough to help participants with difficult and even painful feelings about the material.

Participants may be ambivalent about how much they want the facilitator to know. If they have been involved in the medical or court system they may be sick of "experts" telling them what to do. They may want more empathy from a facilitator, who also can be a powerful role-model with which participants can identify. Knowing the participants

can help facilitators decide how to meet participant expectations within the confines of their own personal expertise, and also how to clarify their roles in order to reduce conflicting expectations.

In general facilitators need to be well versed in the subject and have the self-knowledge to explain why they have chosen to facilitate their particular group. They should be able to answer, or not answer, questions intelligently, and know when and where to bring in outside resources such as a guest speaker or a film. They have to be able to anticipate questions to a large degree, to prepare thoroughly researched handouts, chose informative articles, and understand thoroughly the content in the handouts and articles. Nothing can turn participants off faster than a facilitator's inability to explain or answer questions about an article or handout that she provided. In general facilitators will insure their credibility if they are prepared, thoroughly invested in the subject, and know when to call in outside help or ask participants to provide relevant information.

### Corresponding References

#### Principles

Principle One: Knowledge of the subject helps the facilitator design goals that are attainable and central to the tasks of the group.

Principle Three: Participants expect the facilitator to "know her stuff", to be able to honestly answer questions and handle the affective and didactic material well.

Principle Four: A collaborative relationship helps the facilitator have realistic expectations about mastery of the subject.

#### Staff Development Concepts

Resources and Constraints: The subject itself may contain forces that help or hinder learning, such as stigma attached to the issues.

#### Interviews with Facilitators

Use of Self as a Role Model: Role modelling may demonstrate an in-depth emotional and cognitive understanding of the subject.

Learning Activities: Knowing the subject is essential to adequate cognitive, affective and behavioral learning.

### 3. Define Group Goals and Objectives

PLE groups deal with complex, often emotionally laden subjects. Potential participants may be drawn to these groups for a number of reasons. They may believe that an educational format will truly meet their needs, or they may want a "quick fix" and not put much thought into joining a group. Other participants may have unrealistic expectations, thinking that the group will solve all their problems. By clearly defining the goals and objectives of the group beforehand facilitators can establish the parameters of the group. If these goals are practical, task-oriented and reasonably attainable, participants will be able to clarify their own expectations because they will understand the direction the group will take. Defining specific, concrete goals that parti-

Participants can take responsibility for also helps them realize the amount and type of work they will be doing throughout the group. This may help participants prepare themselves and shore up their motivation before they arrive. They will realize that they will not be passive participants but rather, will take an active role in all phases of the group. They understand that they will be treated with respect and will be expected to share in the responsibility for the group. The screening period is an optimal time to discuss goals and objectives, so that participants are able to decide if the group is what they want, and also prepare themselves for the upcoming sessions.

Clearly defining goals and objectives can communicate immediately the underlying assumptions that participants are responsible for their own learning, and that they will be learning through experience. It may also strengthen their belief in themselves that they do have the potential to change, and that they can bring about their own change through the group. By participating in the group they have made the decision to work toward the concrete goals and objectives of the group.

As described in Chapter Three, goals reflect the long-range direction of the group while objectives describe specific outcomes. Goals then can clearly define what the group is about and set general expectations for participants. This will tend to challenge participants and lessen their ambivalence as they select or deselect themselves from the group: "we will stop smoking, not just talk about it", "we will make specific decisions about living arrangements for our elderly parents". These goals are so concrete and describable that they closely resemble

objectives, but they nevertheless determine the longer range, value-orientation of the group. Objectives state smaller, yet complete steps: learning to talk assertively with one's doctor, improving communications with one's children, reducing salt in one's diet, practicing relaxation and meditation techniques every day. Describing goals and objectives demystifies the content of the group and challenges participants to move toward their "idealized self-image" that each adult holds.

### Corresponding References

#### Principles

Principle One: Defining goals and objectives is essential for participants to work with attainable, task-oriented and present-centered goals.

Principle Two: Defining goals helps participants decide whether or not to enroll in the group.

Principle Four: An understanding of goals and objectives gives participants enough information about the group to plan collaboratively.

Principle Six: Fixed and concrete goals may help participants sustain their motivation.

Principle Eight: Goals and objectives imply that participants are able to grow and change.

#### Staff Development Concepts

Needs Assessment: A method that allows the facilitator to gather information leading to the design of goals and objectives.

Goals and Objectives: A method that establishes the parameters

of the group and sets expectations for participants.

**Learning Activities:** Defining goals and objectives provides information that aids in the design of learning activities.

#### Interviews with Facilitators

**Screening:** An appropriate way to discuss goals and objectives.

**Goals and Objectives:** Defining goals and objectives reflects a strong commitment to work toward solutions.

**Learning Activities:** Goals and objectives provide information that aids in the design of cognitive, affective and behavioral learning activities.

#### 4. Make the Group Accessible

The best group design and most prepared facilitator will not be enough if participants are unable to attend the group. A serious mistake that many inexperienced facilitators make is they do not widely market their programs, or plan thoughtfully on such "details" as time and place. Once again, knowing the participants is paramount. Anticipating problems they may have learning about the program initially, getting there, and staying there will help overcome barriers toward attending.

A convenient time and place is critical. The probable daily schedules of potential participants need to be considered in planning relatively convenient times. For example, if most people work all day, an evening time is often best. The dinner hour, bedtime, and the hours that public transportation is in operation are all considerations. Per-

haps 7:00 P.M. is too close to dinner, or 7:30 P.M. makes the group run too late in the evening. All these factors must be considered and show that the facilitator is respecting people's schedules by being as considerate as possible.

Location is another critical factor. Is it easy to get to, is parking and/or public transportation available, do people know where it is? A mental health setting like a community mental health center or a family services agency is often stigmatized and may discourage people who are self-conscious about entering such places. More neutral settings like a community hospital, library, recreation center, or community college can be viable alternatives. Adults often seem to associate schools with negative learning experiences, and feel they have outgrown them, which makes them a less desirable location (E. Ward, personal communication, February 1, 1983).

In planning time and place, it is helpful to anticipate any major problems that people may have and turn them into advantages. For example, providing child care, if that is a concern. If the program is conducted at the worksite, employees may be more likely to attend on work-released time rather than during a lunch hour or after work.

The best planned group also will not take place if people do not know about it. Groups need to be advertised as widely and aggressively as possible - it is almost impossible to over-advertise, especially the first time. Accurate marketing is essential. Lower income people are most effectively reached through word-of-mouth involving direct personal



involvement. In-person contact works better than phone contact. Direct recruitment by family agencies and community organizations can often encourage enrollment (Beck, Tileston, and Kesten, 1977, pp. 10-14). Soliciting registration from people already involved with community programs or agencies is also effective (Beck, et al, 1977, p. 14). If recruiters have a long-standing relationship with potential participants they may be able to discuss and allay possible concerns, such as feeling self-conscious, not having the "right clothes" to wear, or inability to pay for babysitters (E. Ward, personal communication, February 1, 1983). Lower-income people may not view themselves as the types to attend mental health functions, so information about PLE groups may be more effectively communicated informally through a variety of community agencies like the Visiting Nurses Association, churches, and town groups (E.D. Hutchison, personal communication, March 9, 1983).

In general middle-class people seem to view education as more helpful to them than lower-income people do (W.F. Schumacher, personal communication, March 14, 1983). They have probably benefited more from educational institutions than their poorer counterparts. Therefore, a wider variety of advertising mechanisms may be useful: ads in newspapers, fliers, posters, radio ads, and talk shows. Basically any mechanism, including word-of-mouth, should be used, if they may increase understanding of the program. Caregivers could also be encouraged to refer people, especially people who are involved with agencies as patients (hospitals), clients (court system, human services agencies), or more recently, as employees in workplace settings.

Once the group has taken place and has produced "satisfied customers", their recommendations to friends and acquaintances will be the most effective advertising. Until then, and even then, aggressive marketing is usually a fact of life for insuring adequate enrollment.

### Corresponding References

#### Principles

Principle Four: If the group is located in a convenient place and time, facilitators convey respect for participants' schedules and life-styles.

#### Staff Development Concepts

Resources and Constraints: Facilitators can anticipate problems with location, time and accessibility and take steps to overcome them.

#### Interviews with Facilitators

Getting Organizational Support: Support from the sponsoring organization can aid in the acquisition of accessible settings for the group.

Marketing Mechanisms: All available mechanisms should be used to insure adequate publicity.

Encouraging Group Discussion and Support: A "safe" and relaxed setting will minimize distractions and foster an atmosphere more conducive for discussion.

### 5. Establish a Climate Conducive to Learning

Participating in a PLE group can involve significant learning about difficult personal issues. This learning may involve taking risks to begin to do some things differently, learning information about oneself that can be painful to hear, and disclosing oneself to other people inside and outside the group. As participants move toward their learning goals they may have to make some hard decisions, face difficult problems, and experience failure as well as success. The atmosphere, or climate of the group must be comfortable enough for participants to be able to experiment with these tasks.

The attitude of the facilitator is a principal force in determining the learning atmosphere because he will set the norms of behavior and foster participant identification with him. The facilitator can demonstrate a nonjudgemental but caring and supportive attitude. He should be "genuine" with participants in his own reactions to them and display his own positive self-regard as a role model. The facilitator needs to be able to balance personal interactive qualities like empathy and caring with solid technical and teaching skills. In general a relaxed atmosphere will encourage risk-taking and open discussion more than a strained or competitive atmosphere.

Participants need to feel the group is "safe". The facilitator can establish this by setting protective norms such as limiting inappropriate self-disclosure and problem behaviors. Especially in the early stages of the group the participants will look to the facilitator to deal with problem behaviors like monopolization, one-up-manship, or side conversations. The facilitator can collaboratively establish

norms with the group so that participants will feel they have input into the way the group runs. This will increase participants' sense of responsibility for the group process. Norms such as to smoke or not to smoke during the sessions, and when to take breaks are concrete and fairly easily established. Interactive norms such as not interrupting and active listening may be subtly role-modeled, explicitly discussed, and even taught in the form of communications skills, depending on the sophistication of group members. Collaborative decisions can take place throughout the course of the group, especially as shyer members feel more comfortable voicing their opinions. If all decisions about norms are made during the first sessions, the more vocal members may dominate and decisions may not reflect the collective feelings of the group. In general, norms can be made and enforced collaboratively, but the facilitator needs to take responsibility when the participants are unable to enforce the norms. In this way the facilitator demonstrates that he is a competent group leader and is able to handle and/or prevent needlessly difficult situations from taking place.

Another important element in establishing a learning climate is keeping group expectations positive and strong. This will be discussed more later and cannot be emphasized enough. Participants have to believe that they will be able to make the changes necessary to meet their learning goals. Keeping the group upbeat through positive reinforcement, and a realistically optimistic view and belief in participants' potential may go a long way toward helping them facilitate change.

#### Corresponding References

### Principles

Principle Three: A caring yet competent manner on the part of the facilitator helps the participants feel that the facilitator is able to handle the dynamics of the group.

Principle Four: Norms that are established collaboratively may set a tone for active participant involvement.

Principle Five: A group context is essential, but brings with it potential problems in group behavior.

Principle Six: A comfortable group atmosphere may contribute to participant motivation by allowing room for experimentation.

### Staff Development Concepts

Resources and Constraints: Facilitators may be able to minimize problems and enhance positive elements that contribute to a comfortable and accepting group atmosphere.

### Interviews with Facilitators

Role of the Facilitator: The facilitator acts as a guide or resource for participants which contributes to a non-judgemental atmosphere.

Use of Self as a Role Model: Role modeling demonstrates a caring and supportive attitude.

Encouraging Group Discussion and Support: A relaxed atmosphere encourages risk-taking and open discussion.

## 6. Mobilize Group Resources of Support,

### Sharing and Problem-Solving

Through group interaction participants are able to digest and assimilate information, learn and practice new behaviors, and experiment with feelings associated with their learning. Group discussion is in many ways the catalyst for learning, the connective tissue which helps participants integrate their own personal reactions to the cognitive, affective and behavioral material. The realization that other group members are experiencing the same problems is often tremendously relieving to participants, who may have felt isolated or that they are the only people who have their type of problem. The introduction of didactic information about their commonly held concerns presents an effective vehicle for group discussion and support. The move from sharing and discussing common concerns, to supporting each other's changes, to helping solve each other's problems is often natural and fairly fluid.

The facilitator has the task of helping this dynamic to happen through supportive work like encouraging positive reinforcement and continually pointing out commonalities of group members. She can facilitate this through group discussion by explicitly asking people to respond: "Jane, that happened to you, what did you do?" or more generally "who has some suggestions for how Peter can handle this?" or "Did anybody else experience this?" As participants become more familiar with each other the facilitator may try to restrain her comments and give more and more responsibility for discussion to the group.

Facilitators can foster participant support and problem solving by allowing members to divide down into dyads or subgroups of their choice with explicit problem-solving tasks. She can also suggest tele-

phone calling or a "buddy system" through the week and let the group take responsibility for doing it.

At times participants may not be able to capitalize on their group support and sharing capabilities. The group as a whole may become bogged down or depressed. The continual evaluation process should reveal to some degree why this is happening and the facilitator may be able to take active steps to correct it. This could be an appropriate time to discuss with the group what is going on. Perhaps the design or sequence of the learning activities needs to be challenged. Or perhaps a member or members have turned off the others, or incidents of "one-down-manship" or "I'm worse off than you are" have seriously affected group morale. It is the facilitator's responsibility to identify and call people on these behaviors, and participants' responsibility to change these behaviors. Once this crisis is weathered it will provide valuable information for people as they plan follow-through activities on what to do if they become depressed or discouraged. An understanding of the stages of group development may also help the facilitator know how to perceive the difficulty, and make appropriate choices for intervention.

As mentioned earlier, the facilitator can encourage and emphasize the positive side of the learning, and positively reinforce and support progress. This does not mean that the painful, difficult side should not be acknowledged, but rather that successes rather than failures are emphasized. "What did you do well, even if you did not totally succeed? How can you improve upon this small success?" In this way parti-

Participants are encouraged to continue to take the responsibility for their learning that is necessary for successful completion of their learning goals.

### Corresponding References

#### Principles

Principle Two: Through group discussion and positive support participants can learn to take active responsibility for their learning. Participants also need to take responsibility for their behavior during the group.

Principle Five: Group discussion helps participants overcome a sense of isolation; of struggling alone with problems.

Principle Seven: Discussion and sharing provide participants with the opportunity to report on activities related to their learning.

#### Staff Development Concepts

Evaluation: Continual evaluation helps identify problems in group discussion and sharing.

#### Interviews with Facilitators

Encouraging Group Discussion and Support: Group discussion and support help overcome isolation and encourage group problem-solving. Facilitators may use direct methods of positive reinforcement to convey support.

Learning Activities: Identifying commonly held concerns, the use of a "buddy system" or telephone calling can add to group support.

Evaluation: Continual evaluation, especially after each session,



helps facilitators learn how to unblock a group that has become bogged down or depressed.

### 7. Facilitate Cognitive Learning

Cognitive learning in Personal Life Education is the acquisition and integration of didactic information. Myths, stereotypes, societal attitudes, signs and symptoms, and courses of illness are all examples of didactic information. In order to be useful and readily integrated such information needs to be immediately relevant to the problems confronting the participants, and provide them with something they can use. Didactic information can influence participant assumptions, perceptions, beliefs and attitudes about themselves and their conditions. Participants may have internalized societal attitudes which are destructive to their own well-being. Myths about illnesses like alcoholism and cancer, or about people such as institutionalized elderly or foster children may have influenced their perceptions of themselves and others. Cognitive learning can therefore be very powerful and generate affective and behavioral responses that participants may need to work on throughout the group.

A key to presenting didactic information that will profoundly affect participants is to give them what they want to know. Again knowing the participants and the subject is critical. What the participants want to know and what the facilitator thinks they want to know may be quite different. In order to capture people's interest and treat them with respect, facilitators should first meet the initial concerns of

participants, and go with them from there. People dealing with hypertension or diabetes may want to first learn about diets; widows may want to talk about life insurance first. Facilitators need to be familiar enough with their subjects to weave relevant information into the course as need for it arises, and to anticipate the sequence of information in order to develop a flexible but planned curriculum.

Straightforward didactic information can be presented in a lecturette form, backed up by relevant handouts, articles, and books. Participants may appreciate a folder in which to place the information they receive. The written information needs to be tailored to the literacy level of the participants. Summaries of lecturettes could be provided so that people do not have to take copious notes. Films and speakers, if they directly reflect the experience of the participants, can be powerful learning tools. However, both can have an adverse effect on the group if they are inappropriate in form or content, or are presented during a session when participants would rather be doing other activities. If a group has developed a strong emphasis on problem-solving and group discussion, and a film or speaker replaces the discussion time, the participants may regard it as intrusive and resent the interruption.

Personal quizzes and inventories can encourage participants to generate knowledge from their own experiences, which they can share in the group. Such tools can encourage their thinking and so make them more receptive to didactic information presented in lecture form. However, many people may regard these as "gimmicky" if they provide no

solid information. They may be more effectively used to generate affective and behavioral learning, which will be discussed later.

Group discussion is a powerful mechanism through which participants can acquire as well as integrate cognitive learning. Discussion gives participants the opportunity to reflect upon the material presented: to ask questions, give answers, raise doubts, concerns and convictions. Through discussion they may decide whether to accept or reject the information as well as to clarify its usefulness for themselves and others. Summarizing and clarifying ideas, pointing out commonalities, and commenting on differences are useful ways to facilitate meaningful discussion. Appropriately timed questions and nonverbal listening is also useful.

### Corresponding References

#### Principles

Principle One: Didactic information should be directly relevant to the goals of the group.

Principle Three: Facilitators need to have enough mastery of the didactic material to be able to correctly organize the information relevant to participant needs.

Principle Six: Cognitive learning has the capacity to support participant motivation if it is directly usable.

#### Staff Development Concepts

Needs Assessment: Cognitive learning should be based on the needs of participants.

Learning Activities: Many tools are available for learning didactic information, but these tools should not be perceived as "gimmicky" by participants.

#### Interviews with Facilitators

Screening: Didactic information needs to meet the initial concerns of participants.

Learning Activities: Cognitive learning can be presented through a variety of methods tailored to the needs of the learners.

They include lecturettes, quizzes and inventories.

### 8. Facilitate Affective Learning

Affective learning is a key component in Personal Life Education because it joins together cognitive and behavioral learning. Affective learning deals with feelings about oneself, one's relationships with other people, and one's responses to the cognitive and the behavioral learning. Affective learning enables participants to continually move toward their learning goals by reacting to the learning activities in the group. It is difficult, even painful, to change, to face issues that involve one's own well-being and the welfare of significant others. Embarking on learning activities that lead to true behavioral change may therefore be quite anxiety-provoking.

Affective learning enables participants to identify their feelings, to learn ways to express feelings, and to understand how their feelings affect themselves and other people. Participants may learn, for example, to connect certain feelings with self-destructive beha-

vivors ("I eat when I am depressed", or "I beat my wife when I feel frustrated and powerless"). Participants may identify what feelings are preventing them from doing what they know they need to do ("I feel too guilty to move Mom out of her apartment, even though I'm afraid she'll burn the building down some day"). Learning about their feelings and exploring ways to change them may help people overcome some of their resistances toward change.

Affective learning overlaps with cognitive and behavioral learning as participants react to learning activities during group discussion. Vehicles for affective information can be, like cognitive information, in the form of lecturettes, handouts, and articles. In one sense this is cognitive learning about feelings. Inventories and logs or diaries can help participants recognize their feelings by recording their responses to specific events. In this way participants may identify some cause and effect relationships of which they had been previously unaware. They can use this additional information to begin to change their behavior. At times a guest speaker or film may convincingly portray affective responses to certain problems and events. This universalization of typical feelings may reduce feelings of self-doubt and isolation, and make them more readily acceptable and identifiable. However, the same precautions need to be taken with these two tools as in cognitive learning. Relevant form and content, and appropriate timing of these activities, is essential.

Group discussion may remain the most effective modality for affective learning. As trust and group cohesion develop, participants may

share more feelings about commonly held problems. If done in a supportive context this can encourage participants to take more risks and build their self-confidence as they identify with the positive attributes of each other.

Group norms of self-disclosure and keeping to the task of the group, together with facilitator guidance can encourage participants to share feelings without turning the group into a psychotherapy group. This can be done in part by establishing a norm that participants discuss feelings about the shared learning goals. Facilitators can establish this norm through role-modeling and also through shaping the discussion, for example: "We'd like to hear how you're doing with stopping smoking; our group is not designed to help you with your marriage problems." or "I'm sure other people here are also having problems at work, but this is a group about diabetes. Perhaps we can relate it to how the diabetes may affect our lives at work."

The major problem of affective learning confronting facilitators is how to "close up" by the end of the session any feelings "opened up" during the group. An education-discussion group, as described in Chapter Two, differs markedly from a psychotherapy group. Facilitators can insure a "safe" climate by helping participants to work on affective learning that can lead to the attainment of the concrete goals specified by the group.

Combining affective and didactic information may help make this kind of learning less intensely personal. One example is anger. Participants can discuss what anger is, learn about cultural expressions of

anger and how they learned to express anger. Through logs or inventories they may be able to determine what they do with angry feelings, and what angry feelings do to them. They could learn and practice some assertive communication skills to help them deal more constructively with feelings of anger.

### Corresponding References

#### Principles

Principle Five: Group interaction can facilitate affective learning.

Principle Six: Affective learning may be anxiety-producing, therefore requiring motivation on the part of participants.

#### Staff Development Concerns

Learning Activities: Affective learning can take place through learning activities.

#### Interviews with Facilitators

Use of Self as a Role Model: Facilitators can use role-modeling to establish a norm of appropriate sharing of affective material.

Encouraging Group Discussion and Support: Structured discussion and support can help people build self-confidence and take risks while at the same time keeping the group from becoming a psychotherapy group.

Learning Activities: Affective learning is a key component in Personal Life Education. An example is the issue of anger. Tools like lecturettes, handouts, articles, inventories and diaries are used.

## 9. Facilitate Behavioral Learning

Behavioral learning constitutes the change in activities that participants are able to perform. Behavioral learning relates directly to group goals and objectives because it reflects describable, even measurable outcomes. Affective and cognitive learning are necessary for behavioral learning to take place. The themes of the groups reflect behavioral learning goals like changing a destructive behavior, improving communications skills, changing aspects of one's life style, and altering one's activities. In order for participants to work toward behavioral change in a systematic and intentional way they need to develop personal learning objectives. Once again these objectives must be realistic and attainable, yet also challenge each person to use her potential. Participants need to be able to arrive at their own objectives, or personal plans, in order to take personal responsibility for achieving this learning. These objectives, if done out of personal needs and interests, will help sustain individual motivation as each person works toward his or her learning goals.

Behavioral objectives are usually developed by each person during the course of the group. This can often take the form of some sort of personal contract that can be shared with the group. A written contract or letter to oneself may be most useful when reflecting back on the group, but some facilitators may prefer a verbal contract, such as a "line", that becomes identified with each participant. The disclosure by each participant to the group of his or her contract may deepen per-



sonal responsibility by making the public commitment to the learning goals. Participants are also able to receive responses from other participants about the contract, which is a source of personal confirmation as well as a way for people to identify other participants who are developing similar objectives. A personal contract cannot usually be developed at the first session because affective and cognitive information may be needed before realistic objectives can be formed. In fact, contracts will probably contain elements of all three forms of learning since they may reflect attitudes and acquired information on how and what activities to perform.

Contracts should describe objectives that can be attained by the end of the group. A clear plan that lists small achievable steps may result in a series of successes that can sustain and encourage participant activity. Each plan should also be flexible enough for revision, and have room for continuation after the group is over.

The contract may include how the behavioral learning is to take place. Participants might want to identify other group members to work with who have similar contracts, or enlist the aid of people outside the group. For example, a spouse or roommate could be asked to read a progressive relaxation sequence to the participant each morning, or a supervisor may help a participant set limits for herself at work.

Group reporting on a regular basis of progress toward these objectives is a powerful reinforcing factor. The completion of concrete homework activities can be discussed at each session as a way to confirm and measure progress. Practicing of behavioral activities, often in

some form of role-playing, can be done in any combination of large group or sub-groups.

The development and specific identification of behavioral learning through a contract enables participants to be truly task-oriented and responsible for their own learning. As adult learners, most will expect this of themselves as they take an active role in their own learning.

### Corresponding References

#### Principles

Principle One: Behavioral learning reflects attainable and concrete goals.

Principle Two: Developing behavioral objectives implies that participants are actively pursuing their own learning.

Principle Five: Group reporting is a powerful reinforcement.

Principle Six: Behavioral learning requires motivation and encourages a readiness to change.

#### Staff Development Concepts

Needs Assessment: Behavioral learning based on participant needs helps sustain learning.

Goals and Objectives: Behavioral contracts need to reflect stated goals and objectives.

#### Interviews with Facilitators

Screening: Behavioral learning based on participant needs and interests helps sustain motivation.

Establishing Goals and Objectives: Verbal disclosure of behavioral contracts may help deepen commitment and aid in interpersonal learning.

Learning Activities: Behavioral learning requires affective and cognitive learning as well. Personal contracts may be a plan for behavioral learning. Participants may ask other people to assist them with the behavioral learning.

#### 10. Keep It Fun and Interesting

Adults are demanding consumers. They have chosen to participate in the group because they have real needs, but they are also bombarded with many other demands. Making the group fun and interesting can sustain personal involvement and motivation, as well as lighten the load. Collaborative planning can sustain interest. Evaluations once again should provide input on what participants want more of, and less of, from the group. Learning activities that are challenging and fun without being cute can heighten involvement. If learning activities share something of the participants and allow enough time for discussion, they will probably be directly relevant, and therefore interesting, to participants.

Humor can also "grease" learning activities and make them more appealing, especially the more tedious activities like logs and diaries. If participants are able to share problems with a little humor this may encourage self-disclosure and reduce feelings of isolation. A little humor can help participants get through the tough part of learn-

ing when they feel stymied and stuck, and want to make more progress. Humor may free them up to look at their situations a little differently, which may foster an added insight to help them along. Facilitators can sometimes encourage humor through role-modeling, or presenting material and discussing tasks in a humorous way.

Informal socializing at breaks with coffee and tea and other treats can also make the group more fun. A party at the last session, after the work of the session has been completed, may underscore the enhancement that participants have felt from the group.

Finally, the facilitator has to like doing the group. She has to like the participants (at least most of the time), the subject matter, the education-discussion format, and the learning activities. If the facilitator does not like doing the group, her attitude will come through loud and clear to the participants. They will pick up on, and resent, her attitude. If she feels it is boring, the participants will feel it is boring too. On the other hand, a facilitator who truly likes the PLE group can overcome many rough spots as she works with participants to make the group a rewarding experience.

### Corresponding References

#### Principles

Principle Four: Collaborative planning can sustain interest.

#### Staff Development Concepts

Learning Activities: Learning activities that are fun and reflect participant interests may help sustain participant involvement.

Evaluation: Evaluations help gauge what participants want from the group.

### Interviews with Facilitators

Use of Self as a Role Model: Role modeling appropriate use of humor shows participants how to use humor in the group.

Encouraging Group Discussion and Support: Sharing problems with a little humor may make the discussions a little easire.

Learning Activities: The more tedious activities can be made more palatable through the use of humor. Didactic information may be conveyed through use of humorous materials.

Suggestions for New Facilitators: You Have to Like to do PLE

Groups: Conveying an attitude of interest is often contagious for participants.

## 11. Plan for Follow-Through

As the end of the group nears participants need to evaluate their progress and make plans for future learning. This is an opportunity to assess personal contracts and to decide what learning goals have been reached and what others need more work. Learning goals should include how and what participants will be learning after the group is over. Follow-through planning will help participants seriously consider their continued learning. Through group discussion, dyads and/or small groups, participants can plan ways they can continue to learn, anticipate any possible future problem situations, and make contingency plans to avoid possible crises. They also can reflect on course materials and learn-

ing activities to assess which were most effective for them, so that they might continue to use them when necessary. They may want to prepare specifically for future learning by developing strategies that will aid them, such as identifying a support network, planning for holidays or vacations, or registering for a course. Participants can also think together what they would do if they began to backslide. They may identify community resources such as local agencies or programs, support groups, or individual caregivers that may help them through difficult situations and encourage their continued growth.

The facilitator may decide to make herself available to meet with participants individually once or twice as needed. Such a proposal can be useful to participants as long as it fosters independence rather than dependency. The facilitator may want to encourage participants to continue meeting. For example, time could be set aside during the last one or two sessions so that participants have an opportunity to specifically plan the time and place of their next meeting. Although they may try to flatter the facilitator into attending, the facilitator should seriously consider the message that she may be giving the participants if she does attend. Is the group really over? When will it be over - or will it slowly dissipate? The facilitator has an opportunity to reinforce her view that the participants are self motivated and are able to take responsibility for their own learning by meeting on their own.

The facilitator may also encourage participants to take social action relevant to their learning goals. Participants may want to help

others or work on relevant social issues by joining programs or political groups that are concerned with problems like theirs. Community organizations that deal with education and prevention are often looking for volunteers, and political figures who espouse participant values always need support. Possibilities for follow-through are abundant and only limited by participant imagination.

### Corresponding References

#### Principles

Principle Two: Participants take responsibility for their own learning by continuing to learn after the group is over.

Principle Six: Participants have an opportunity to demonstrate their motivation by performing follow-through activities.

Principle Eight: Follow-through planning is based on the assumption that the participants will continue to change and grow.

#### Staff Development Concepts

Goals and Objectives: Follow-through activities are based on the goals and objectives of the group.

Learning Activities: Follow-through planning may take place in small groups, dyads, or group discussions.

Evaluation: Follow-through planning incorporates data from the evaluation process.

#### Interviews with Facilitators

Establishing Goals and Objectives: Follow-through activities are based on the goals and objectives of the group.

Follow-through: Follow-through activities may help participants plan for future difficulties, consider future options for learning, and decide whether to engage in broader social action activities relevant to their learning goals.

## 12. Facilitate Termination

The PLE group can become very important to participants. The positive reinforcement, group support and sharing may sustain people through some difficult changes. Participants may be afraid that they will backslide after the group is over, or more generally be concerned that they will miss the meetings. Group members may have become quite close to one another as they identify other participants as people who understand and share their problems ("You can't understand if you haven't been through it"). The group may have become uniquely supportive, an experience which is hard to leave. This may be especially true for individuals who have had little previous experience with groups or with sharing personal information with other people. The end of the group may mean a real loss for people. How can facilitators deal effectively with these termination issues? How can facilitators help participants prepare for the end of the group, and come to a resolution of the ending so the group will remain a positive, "propelling" experience?

Facilitators should make sure the group has allowed enough time for participants to meet their learning goals. In this way the group will come to a natural end, and participants will not feel like they



have been "left hanging" or cut short. More than likely in most successful groups participants always have some of these feelings, even if the group has been long enough. These feelings can be discussed at the last session so that participants can view their progress realistically and realize how much they have accomplished.

The parameters of the group, such as number of sessions and dates, should be made clear at the beginning of the group. Participants should be reminded at various times how many sessions are left and what they have yet to accomplish. This will continue to set expectations about the number of sessions. Toward the end of the group participants and facilitator should be able to reflect upon and evaluate their progress, and make plans for the future. The facilitator may want to comment on the mixed feelings that participants may have about leaving the group, and encourage members to discuss these feelings.

The last session can be used for consolidating personal goals or objectives, reviewing course materials, and planning follow-through activities. This may also be an appropriate time for participants to reminisce about the group; to recall certain shared events that constitute the group history, and to evaluate the course of the group. Such reminiscing can serve to "finish up" the group experience and leave it as a completed entity.

### Corresponding References

#### Principles

Principle One: Termination is a time to reflect on which goals

were attained, and to assess remaining tasks.

Principle Three: The facilitator needs to be sensitive to the emotional as well as the concrete issues confronting participants as the group ends.

Principle Four: Facilitator and participants may be able, as part of the termination process, to reflect together on the life of the group.

#### Staff Development Concepts

Goals and Objectives: Termination is a time for reviewing whether participants have achieved their goals and objectives.

Evaluation: Termination can allow participants the opportunity to evaluate their progress and the effectiveness of the group in meeting their needs.

#### Interviews with Facilitators

Establishing Goals and Objectives: Termination is an opportunity to reflect on goals and objectives.

Encouraging Group Discussion and Support: Leaving may be difficult if the group has been very supportive for people.

Termination: Even if enough time is allowed for finishing the group, participants may still have mixed feelings about leaving the group. Acknowledging the end of the group in some form is helpful for participants as they prepare to finish up the group activities.

### Phases of the Personal Life Education Group

This section presents a chronological framework of the suggested guidelines for facilitators by sequencing group tasks. The three phases of a typical PLE group are based on tentative conclusions drawn from impressions gained from the in-depth interviews with facilitators, which revealed a tentative yet commonly held sequencing of events in the group. The phases also reflect staff development theory of sequencing of adult training programs, and are influenced by the author's experience conducting twenty-two such groups. The phases are identified only as possible ways to sequence tasks in PLE groups. They are presented as suggested ways for facilitators to use the guidelines and are not based on extensive empirical evidence. However, they do provide a place to start for new facilitators, and present an overview of the evolution of the Personal Life Education group.

#### Phase One: Gathering Information, Assessment, and Planning

##### Tasks for Participants and Facilitator

- Clarify participant expectations
- Further specify parameters of the group
- Develop mutual trust and respect
- Build group cohesion
- Establish norms for the group
- Concentrate on cognitive learning
- Begin group discussion
- Begin affective learning

Gather information about selves: thoughts, feelings,  
activities, cause and effect events

Suggested Guidelines for Facilitator

Know the participants

Know the subject

Define group goals and objectives

Make the group accessible

Establish a climate conducive to learning

Mobilize group resources of support, sharing and problem-  
solving

Facilitate cognitive learning

Facilitate affective learning

Keep it fun and interesting

Facilitate termination

End of Phase One: Develop personal learning contract

Phase Two: Learn and Practice Skills

Tasks for Participants and Facilitator

Work toward learning goals and objectives in personal  
contract

Concentrate on affective and behavioral learning

Emphasize group discussion, reporting and problem-solving

Practice learning between sessions

Practice learning during sessions

Assess individual and group progress

Revise group curriculum as needed

Refine personal contract

### Suggested Guidelines for Facilitator

Mobilize group resources of support, sharing and problem-solving

Facilitate cognitive learning

Facilitate affective learning

Facilitate behavioral learning

Keep it fun and interesting

Facilitate termination

End of Phase Two: Identify completed and uncompleted elements of personal contract

### Phase Three: Consolidation and Future Planning

#### Tasks for Participants and Facilitator

Final assessment of individual group progress

Plan for future learning activities

Integrate learning goals

Terminate from the group

#### Suggested Guidelines for Facilitators

Mobilize group resources of support, sharing and problem-solving

Keep it fun and interesting

Plan for follow-through

Facilitate termination

End of Phase Three: Establish a personal plan that reflects the application of learning goals toward future activities

### Summary

Chapter Five has presented a practical synthesis and application of the theoretical and structural frameworks of Personal Life Education groups described in Chapters Two and Three. The twelve guidelines are based on information from the in-depth interviews with group facilitators as well as the eight principles and staff development concepts. Chapter Five presents concrete methods for practice for dealing with the design and delivery of Personal Life Education groups.

The next and last chapter, Chapter Six, describes the major finding of the study as well as some less significant findings that were nevertheless interesting to the author. The in-depth interview approach as a data-gathering method is assessed in relation to this particular study, and several ideas for further research are suggested. Finally, several implications for practice are presented, with the hope that people working in the areas of mental health and health delivery will take advantage of the powerfully enhancing forces of adult education, and see themselves as the educators that they truly are.

## C H A P T E R VI

### CONCLUSION

This study has sought to identify a theoretical and structural base for the development of Personal Life Education groups. In addition, the "state of the art" of such groups was described and analyzed. The result of this work was the presentation of twelve guidelines that may be used as methods for practice for facilitators of PLE groups. The study has therefore attempted to bring together methods as they were carried out from several different health and human services arenas, and to distill and synthesize learning concepts from the fields of staff development, adult education, rogerian and behavioral therapy, ego psychology, family life education, and health promotion.

#### Major Findings

The study resulted in several major findings. The first was a better understanding of the relationship of the theory of PLE groups to the actual practice of such groups. It was found that facilitators used many concepts reflected in the eight principles and the staff development concepts. Perhaps some of the most striking were facilitators' commitment to designing achievable, task-oriented goals and their belief in the attainment of these goals. Another was that facilitators respected participants as people who could solve problems and share solutions with others. They attempted whenever possible to work colla-

boratively with participants mostly during group discussions, and respected and acted on their comments and suggestions whenever possible. Facilitators also assumed that participants were ready to work, and to learn from the group. It was striking to the author that even though facilitators were able to describe specific skills relating to the theory and practice presented in the study, they could not explain where and how they had learned these methods, except, for the most part, through personal experience. Many of the facilitators interviewed welcomed the attempts to collect this information so that other facilitators would not have to go through what they went through: the "trial and error" experiences of the facilitator.

A second major finding of the study explored how mental health and adult education theorists view how people learn and change. Through a review of the literature such theories were organized into eight theoretical principles which contribute to the discussions began by Malcolm Knowles and Carl Rogers: how adults learn the skills necessary to deal with mental health and psychosocial issues. This combined with information presented in Chapters Three and Four indicate that learners participate in a teaching-learning dynamic that fosters problem-solving and mutual support along with a sense of pragmatic responsibility for the acquisition of useful cognitive, affective and behavioral information. Participants are goal-oriented and utilize information that they believe will be directly useful.

A third major finding of the study is a clearer, more detailed profile of the "state of the art" of PLE groups. The analysis of the



twenty-six groups, each with a different content area, gives the reader some basic facts that were heretofore unreported in the literature. Time, length, and settings of sessions, educational backgrounds of facilitators, and some typical sponsoring organizations give the clear impression that PLE groups must be arranged for the convenience of the participants. This finding reflects the form rather than the theory or content of Personal Life Education.

A fourth finding has to do more directly with the activity of facilitators. This finding, at least in part, answers the question of how facilitators actually conduct PLE groups. The study suggests that facilitators not only engaged in direct teaching skills, like lectur-ettes, and in group facilitation skills, like conducting group discussions, but also were keenly aware of the role that they played in the group. Facilitators realized that they themselves, in the way they acted, had significant impact on the life of the group. They tended to use methods like role modeling and self-disclosure in very deliberate ways, and realized the necessity for a deep personal interest in the subject and the participants.

A fifth finding also deals with facilitator techniques. This has to do with the way in which facilitators handled the interplay of cognitive, affective, and behavioral learning. They did not totally separate each type of learning but rather reinforced the combination of these modalities. One major way that facilitators did this was to help participants respond affectively to the didactic information presented in the group. They used this method as a way to universalize the problem,

pull the group together, and also to help facilitators learn about their own reactions and feelings to the cognitive material. Facilitators appreciated the need of participants to respond affectively to the behavioral tasks. Many saw this as a necessary step toward the attainment of the learning goals and objectives.

#### Findings Striking to the Author

Perhaps one of the findings most striking to the author was the energy and enthusiasm of the facilitators. Without exception they were interested in their groups and seemed to genuinely like the participants. All the facilitators believed that doing the groups was one of the most rewarding aspects of their work. They often expressed disappointment that their job descriptions did not allow them to conduct additional groups. They seemed to genuinely like the teaching aspects of the groups and felt that the roles they played in the groups were both enjoyable and meaningful to them.

A negative finding was the small amount of evaluative work that went into the design and implementation of the groups. Although several of the facilitators did do careful and meaningful evaluations, most did very little. Moreover, they seemed somewhat unconcerned about the evaluation process, even though they felt that they probably "should" do some evaluation in case they had to prove the efficacy of the groups. Instead, facilitators for the most part seemed to rely on their own personal impressions to determine whether their groups had failed or succeeded. They seemed convinced that the problems that did occur in the

groups were readily apparent to facilitator and participants without the aid of evaluative methods.

A third finding was that facilitators, without exception, believed that the groups worked. They held a genuine commitment to the modality of the education-discussion group, feeling like the people who participated in them were definitely able to help themselves if they so desired. However, the belief in the extent of the amount of change able to take place varied. Some facilitators thought that such groups could replace other forms of health and mental health practice, while others viewed the groups as useful adjuncts to more traditional methods. However, all the facilitators believed that people could benefit from learning and utilizing information, and that this learning would help them overcome health, social, or mental health problems.

#### The Interview Approach

The in-depth interview seemed to be an effective method for gathering the information that facilitators were able to provide. First of all, facilitators needed to be questioned since the major focus of the study is on facilitation skills. The responses generated from a pool of experienced facilitators lent a reality and a certain wisdom to the study which could not have been attained elsewhere.

The in-depth interview method seemed to be appropriate for the task of the study. The use of the method uncovered rather complex material like the use of self-disclosure, role modeling, and the relationship of cognitive, affective and behavioral learning activities. The

focused interview, a type of in-depth interview, was used. This method was effective because it kept the task of the interview clear - facilitation skills - while at the same time allowing for and actually supporting the reporting of sentiments, opinions, and other affective material. In this way the focused interview contributed to knowledge about the facilitator's belief in and commitment to Personal Life Education as a concept and method for practice. This kind of information may have been difficult to obtain through the use of other methods such as questionnaires or highly structured interviews.

#### Suggestions for Further Research

Further research could examine the utility of various organizational roles of the facilitator. The guidelines reflect the combination of structural and theoretical frameworks because they suggest that facilitators are concerned with more than the inner workings of their individual groups. Facilitators not only facilitate, or teach, but also market the group, locate the setting, set up chairs, and even make the coffee. This fact was corroborated by the facilitators who were interviewed: they seemed to do most if not all of the work. Facilitators, therefore, may also at times take on the roles of coordinator and organizer of the groups. The organizer may develop the idea of the group, sell it to the sponsoring organization, and make sure that a facilitator (perhaps him or herself) is available to conduct the group. The organizer might also make decisions about recruitment, enrollment, and any possible fees and expenses. The coordinator may register partici-

pants, make sure learning materials are ready, and order films and videotapes. Further research may clarify these roles and deal with the question of who should be performing what tasks. Is it more effective for the facilitator, with or without the help of a co-leader, to perform all these roles? Or perhaps would groups run more smoothly and efficiently with several people involved in the design and production of such groups. This question involves cost effectiveness as well as program effectiveness. Is it more cost effective for several people, within the purview of their roles and expertise, to be involved, or should each person be totally responsible for his or her program? This question has implications for the staffing patterns of community education and health education programs: is each staff person totally responsible for his or her one area, from marketing to follow-through, or do support and administrative staff take on support functions?

Specific facilitative roles could also be examined in more depth. One problematic occurrence in many PLE groups is when the group becomes bogged down or participants become depressed. Or perhaps participants stop doing the homework, become quiet and withdrawn, or attend group sessions sporadically. Now that a basic framework has been established, the more specific problems and situations confronting facilitators could be addressed. An investigation of facilitator approaches would further heighten and clarify the methods of facilitation discussed in this study.

Further research exploring the experience of participants in PLE groups would also help to enhance a discussion of facilitative skills.

Facilitator and participant perceptions of the group could be compared to determine the accuracy of personal observation of facilitators. Interviewing participants may also contribute to an exploration of how adults learn in education-discussion groups. An interesting question is how participants use the combination of cognitive, affective and behavioral learning activities to achieve their goals and objectives.

A final suggestion for further research is to apply the framework developed in this study to real life situations. The framework could be used for the design and delivery of a first-run group. In this way the guidelines could be tested according to the development of a new group. Inexperienced facilitators could also use the guidelines as they learn to facilitate groups. The guidelines could therefore be applied to two different approaches: the teaching of facilitators, and the facilitation of new groups. This research may be especially useful as human services providers attempt to meet the needs of emerging health and social conditions. For example, a Personal Life Education approach may be helpful to family and friends of AIDS victims, to help them learn how to handle the disease for themselves and how to assist the AIDS victim.

#### Implications for Practice

A major implication for practice is based on the generic nature of the framework, which makes it very versatile. As discussed in Chapter One, manuals do exist for the facilitation of specific groups. This study, however, has drawn on a variety of groups in order to determine

useful and commonly-held methods of design and delivery. Therefore, the results of the study can be applied to groups targeted for a variety of problems, populations, and settings. This versatility is particularly important as education-discussion groups are introduced into settings not traditionally utilized by human services providers. A prime example of these nontraditional settings is the worksite. In some ways the worksite is still uncharted territory, therefore, the use of the information-gathering pieces of the framework, such as needs assessment, screening of participants, and evaluation, are very useful. The role of the facilitator also takes on an added dimension if the facilitator is a co-worker and member of either management or labor. How the facilitator is perceived is an additional complication which could detract from the basic tasks of the facilitator if it had not been described in the study. Through the use of the framework the various roles and functions of the group facilitator can be viewed as a "place to start" for groups in new or more complicated settings.

Workplace settings differ markedly. For example, support for the development of a PLE group may vary depending on whether the group is taking place in a public or private sector organization. A public sector organization may be more oriented toward fringe benefits, which may encourage the growth of Personal Life Education as an adjunct to occupational health programming. On the other hand, the preoccupation with cost effectiveness by most private sector organizations may demand a cost-benefit analysis of worker participation in PLE groups on company time. Therefore, depending on the norms of the sponsoring organization,

different aspects of the framework may be utilized. One setting may require thorough evaluation, another aggressive marketing, a third strict screening of potential participants. Facilitators should be able to draw on the staff development component of the framework to work as coordinators and organizers when necessary.

Through the development of the framework, it is the hope of the author that facilitators in workplace settings will establish PLE groups. These facilitators may be mental health or health providers, such as occupational health nurses or industrial psychologists, or community caregivers like union stewards, safety officers, or personnel people. The possibilities for topics are many. Traditional subjects like hypertension education and stress management are readily applicable to people in the workforce, but so are issues more directly relevant to the workplace, such as problematic retirement issues and occupational health concerns.

A second implication for practice is that people working in more traditional health and human services settings may be encouraged to do more Personal Life Education work. As discussed in Chapter One, the needs of many of the consumers of these services are not being met through traditional means. The development of the framework may help more traditional providers feel comfortable enough to facilitate a group for their clients. Settings especially conducive to PLE groups may be inpatient and outpatient programs of hospitals. A major task of social workers in these settings is to help family members of people experiencing illness. As described in Chapter Four, Personal Life Edu-



cation has been and could be used effectively for these people. The educational aspects of Personal Life Education combined with participant discussion and support could greatly enhance these medical services. For example, groups could be established for women experiencing pregnancy complications, parents of asthmatic children, and family members of people with Alzheimer's Disease.

The study may also aid in the training of community caregivers to facilitate PLE groups. People working in churches, schools, and jails, for example, often work with people experiencing personal problems. The framework presented in this study may help these potential facilitators learn how to conduct PLE groups for people who could benefit from them. The guidelines presented will help people prevent potential problems in Personal Life Education through adequate preparation, and also help them acquire a sense of what group facilitation skills are important to learn.

Finally, it is the hope of the author that more community caregivers and health and human services workers will consider the great potential for adult education in their work. The use of Personal Life Education as an aspect of adult education may encourage providers to start viewing themselves as the educators that they truly are. Perhaps these providers may be able to think more creatively about how to conduct PLE groups. In this way they could offer more opportunities for the people they serve, and so provide them with a way of learning that can lead to change.

## SELECTED BIBLIOGRAPHY

- Aguilero, D. and Messick, J. (1981). Crisis Intervention: Theory and Methodology. St. Louis: C. V. Mosby.
- Allport, G. (1961). Pattern and Growth in Personality. New York: Holt, Rinehart & Winston. 1961.
- Apgar, K., Riley, D. P., Eaton, J. T., and Diskin, S. (1982). Life Education in the Workplace. New York: Family Service Association of America.
- Aslanian, C. B., and Brickell, H. M. (1980). Americans in Transition: Life Changes as Reasons for Adult Learning. New York: College Entrance Examination Board.
- Bandura, A. (1977). Social Learning Theory. Englewood Cliffs, NJ: Prentice-Hall.
- Beck, D. F., Tileston, C., and Kesten, S. (1977). Educational Programs of Family Life Agencies: Who is Reached? New York: Family Service Association of America.
- Bishop, L. J. (1976). Staff Development and Instructional Improvement: Plans and Procedures. Boston: Allyn & Bacon.
- Bloom, B. L. (1976). Evaluating Achievable Objectives for Primary Prevention. In D. C. Klein & S. E. Goldston (Eds.), Primary Prevention: An Idea Whose Time Has Come (pp. 49-59). Rockville, MD: U.S. Department of Health, Education, and Welfare.
- Botkin, J. W., Elmandjra, M. and Malitza, M. (1979). No Limits to Learning: Bridging the Human Gap: Oxford: Pergamon Press.

- Boyd, R. D., Apps, J. W. and Associates. (1980). Redefining the Discipline of Adult Education. San Francisco: Jossey-Bass.
- Brennan, A. J. (1982, Fall). Health Promotion, Health Education and Prevention at Metropolitan Insurance Companies. Health Education Quarterly: Worksite Health Promotion, 9, 41-52.
- Brundage, D. H. and Mackeracher, D. (1980). Adult Learning Principles and Their Application to Program Planning. Ontario: The Minister of Education.
- Campbell, D. D. (1977). Adult Education as a Field of Study and Practice: Strategies for Development. British Columbia: The University of British Columbia and The International Council for Adult Education.
- Caplan, G. (1964). Principles of Preventive Psychiatry. New York: Basic Books.
- Caplan, G. (1970). The Theory and Practice of Mental Health Consultation. New York: Basic Books.
- Cooper, C. L. (1979). Learning from Others in Groups. Westport, CT: Greenwood Press.
- Cooper, S. and Heenan, C. (1980). Preparing, Designing, and Leading Workshops: A Humanistic Approach. Boston: CBI.
- Coombs, P. (1973). New Paths to Learning. New York: International Council for Educational Development.
- Craig, R. L. and Bittel, L. R. (Eds.) (1976). Training and Development Handbook. (2nd ed.). New York: McGraw-Hill.

- Davis, L. N. and McCallon, E. (1974). Planning, Conducting and Evaluating Workshops. Austin, Texas: Learning Concepts.
- Dewey, J. (1938). Experience and Education. New York: Macmillan.
- Drum, D. J. and Knott, J. E. (1977). Structured Groups for Facilitating Improvement: Acquiring Life Skills, Resolving Life Themes, and Making Life Transitions. New York: Human Science Press.
- Dustin, R. and Rickey, G. (1973). Action Counseling for Behavior Change. Cranston, RI: The Carroll Press.
- Fallon, B. C. (Ed.) (1982). Training Leaders for Family Life Education. New York: Family Service Association of America.
- Fleming, B. M. and Thornton, D. W. (1980). Coping Skills Training as a Component in the Short-Term Treatment of Depression. Journal of Consulting and Clinical Psychology, 48, 652-654.
- Frank, J. D. (1963). Persuasion and Healing. New York: Schocken Books.
- Freud, S. (1963). A General Introduction to Psychoanalysis. New York: Liveright. (Original work published in 1920).
- Gagne, R. M. (1970). The Conditions of Learning. (2nd ed.) New York: Holt, Rinehart & Winston.
- Gagne, R. M. and Briggs, L. J. (1979). Principles of Instructional Design. New York: Holt, Rinehart & Winston.
- Gentile, J. R., Frazier, T. W., and Morris, M. C. (1973). Instructional Applications of Behavior Principles. Monterey, CA: Brooks/Cole.

- Gilbert, M. (July 1982). Policy Issues in Primary Prevention. Social Work, 27, 293-302.
- Glass, S. D. (1969). The Practical Handbook of Group Counseling. Baltimore, MD: BCS.
- Grayson, E. S. (1978). The Elements of Short-Term Group Counseling. College Park, MD: American Correctional Association.
- Green, L. W., Kreuter, M. W., Deeds, S. G. and Partridge, K. B. (1980). Health Education Planning: A Diagnostic Approach. Palo Alto, CA: Mayfield.
- Gross, M. L. (1978). The Psychological Society. New York: Random House.
- Hampson, R. B. and Tavorama, J. B. (1980). Relative Effectiveness of Behavioral and Reflective Group Training with Foster Mothers. Journal of Consulting and Clinical Psychology, 48, 294-295.
- Harman, D. (1976). Recurrent and Nonformal Education: A Definitional Prelude. In D. Harman (Ed.), New Directions for Higher Education: Expanding Recurrent and Nonformal Education (pp. 1-6). San Francisco: Jossey-Bass.
- Harnack, R. V., Fest, T. B., and Jones, B. S. (1977). Group Discussion: Theory and Technique. Englewood Cliffs, NJ: Prentice-Hall.
- Hollis, F. (1972). Casework: A Psychosocial Therapy. New York: Random House.
- Hunt, M. M. and Corman, R., with Ormont, L. R. (1964). The Talking Cure: A Concise and Practical Guide to Psychoanalysis Today. New York: Harper and Row.

- Kaplan, H. I. and Sadock, B. J. (Eds.). (1972). New Models for Group Therapy. New York: Jason Aronson.
- Kegan, R. (1980). Can There Be a Meaning to Being a Behavior Therapist?: A Reply. In C. E. Thoresen (Ed.), The Behavior Therapist. (pp. 62-66). Monterey, CA: Brooks/Cole.
- Kidd, J. R. (1973). How Adults Learn. New York: Associated Press.
- Kirkpatrick, D. L. (1967). Evaluation of Training. In Craig and Bittell (Eds.), Training and Development Handbook (pp. 87-112). New York: McGraw-Hill.
- Klein, D. C. and Goldstein, S. F. (1977). Primary Prevention: An Idea Whose Time Has Come. Rockville, MD: U.S. Department of Health, Education, and Welfare.
- Knowles, M. (1973). The Adult Learner: A Neglected Species. Houston: Gulf.
- Knox, A. B. (1977). Adult Development and Learning. San Francisco: Jossey-Bass.
- Knox, A. B. (1980). Helping Teachers Help Adults Learn. In A. B. Knox (Ed.), New Directions for Continuing Education: Teaching Adults Effectively. (pp. 73-100). San Francisco: Jossey-Bass.
- Kruger, L., Moor, D., Schmidt, P. and Wiens, R. (1978). Group Work with Abusive Parents. Social Work, 24, 337-338.
- Laird, D. (1978). Approaches to Training and Development. Reading, MA: Addison-Wesley.
- Langerman, P. D. and Smith, D. H. (1979). Managing Adult and Continuing Education Program and Staff. Washington, DC: National Association for Public and Continuing Adult Education.

- Lewin, D. (1951). Field Theory in Social Services. New York: Harper & Row.
- Loewenberg, F. M. (1977). Fundamentals of Social Intervention. New York: Columbia University Press.
- Longpre, J. G. (January, 1984). Scope of An Employee Assistance Program. The Alamacan, 14, 5.
- Lopez, M. (1980). Social Skills Training With Institutionalized Elderly: Effects of Precounseling, Structuring and Overlearning on Skill Acquisition and Transfer. Journal of Counseling Psychology, 27, 286-293.
- Lovell, R. B. (1980). Adult Learning. New York: John Wiley & Sons.
- McLagan, P. A. (1978). Helping Others Learn: Designing Programs for Adults. Reading, MA: Addison-Wesley.
- Mager, R. F. (1962). Preparing Instructional Objectives. Belmont, CA: Fearon.
- Miles, M. B. (1981). Learning to Work in Groups: A Practical Guide for Members and Trainers. (2nd ed.). New York: Teachers College Press.
- Moreales, A. and Sheafor, B. W. (1983). Social Work: A Profession of Many Faces. Boston: Allyn & Bacon.
- Merton, R. K., Fiske, M. and Kendall, P. L. (1965). The Focused Interview. Illinois: The Free Press.
- Merwin, D. J. and Northrop, B. (1982, Fall). Health Action in the Workplace: Complex Issues - No Simple Answers. Health Education Quarterly: Worksite Health Promotion, 9, 73-82.

- Morrison, J. (1979, Fall). A Reappraisal of Mental Health Education: A Humanistic Approach. Journal of Humanistic Psychology, 19, 43-51.
- Ormiston, L. (1980). Self-Management Strategies. In W. Squyers (Ed.), Patient Education: An Inquiry into the State of the Art (pp. 217-246). New York: Springer.
- Otto, C. P., and Glaser, R. O. (1970). The Management of Training. Reading, MA: Addison-Wesley.
- Overly, N. V., McQuigg, R. B., Silvernail, D. L. and Coppedge, L. (1980). A Model for Lifelong Learning. Bloomington, IN: Phi Delta Kappa.
- Parad, H. J. (Ed.). (1958). Ego Psychology and Dynamic Casework, New York: Family Service Association of America.
- Pfeiffer, J. W., Heslin, R., and Jones, J. E. (1976). Instrumentation in Human Relations Training (2nd ed.). LaJolla, CA: University Associates.
- Pollak, G. K. (1975). Leadership of Discussion Groups: Case Materials and Theory. New York: Spectrum.
- Prevention. (1977). In Encyclopedia of Social Work (Vol. 2, pp. 1050-1052). Washington, D.C.: The National Association of Social Workers.
- Rogers, C. R. (1951). Client-Centered Therapy. Boston: Houghton Mifflin.
- Rogers, C. R. (1961). On Becoming a Person. Boston: Houghton Mifflin.
- Rogers, C. R. (1969). Freedom to Learn. Columbus, OH: Charles E. Merrill.



- Rogers, C. R. (1975). Carl Rogers on Encounter Groups. New York: Harper & Row.
- Ross, R. G. (1980). Self-Help Groups as Education. Unpublished manuscript, University of Massachusetts, Center for Community Education, Amherst.
- Schmuck, R. A. (1977). Handbook of Organization Development in Schools. Palo Alto: National Press Books.
- Sellitz, C., Jahoda, M., Deutsch, M. and Cook, S. W. (1959). Research Methods in Social Relations. New York: Holt, Rinehart & Winston.
- Silver, S. N. (1976). Outpatient Treatment for Sexual Offenders. Social Work, 21, 134-140.
- Squyers, W. (Ed.). (1980). Patient Education: An Inquiry into the State of the Art. New York: Springer.
- Stake, J. E. and Pearlman, J. (1980). Assertiveness Training as an Intervention Technique for Low Performance Self-Esteem Women. Journal of Counseling Psychology, 27, 276-281.
- Stuart, R. B. (1970). Trick or Treatment: How and When Psychotherapy Fails. Champaign, IL: Research Press.
- Stuart, R. B. (Eds.). (1977). Behavioral Self-Management. New York: Brunner/Mazel.
- Stunkard, A. J. (1976). The Pain of Obesity. Palo Alto, CA: Bull.
- Thompson, S. and Kahn, J. H. (1970). The Group Process as a Helping Technique. Oxford: Pergammon Press.
- Thoresen, C. E. (1980). The Behavior Therapist. Monterey, CA: Brooks/Cole.

- Thoresen, C. E. and Coates, T. J. (1980). What Does It Mean to Be a Behavior Therapist? In C. E. Thoresen (Ed.). The Behavior Therapist (pp. 1-35). Monterey, CA: Brooks/Cole.
- Torrance, E. P. and White, W. F. (Eds.). (1969). Issues and Advances in Educational Psychology. Itasca, IL: F. E. Peacock.
- Tough, A. (1961). The Adults Learning Projects. Toronto: The Ontario Institute for Studies in Education.
- Turner, F. J. (1978). Psychosocial Therapy. New York: The Free Press.
- Tyler, R. W. (1949). Basic Principles of Curriculum and Instruction. Chicago: The University of Chicago Press.
- Verduin, J. R., Jr. (1980). Curriculum Building for Adult Learning. Carbondale and Edwardsville, IL: Southern Illinois University Press.
- Verduin, J. R., Jr., Miller, H. G., and Greer, C. E. (1977). Adults Teaching Adults. Austin: Learning Concepts.
- Watson, E. R. (1980). Small Group Instruction. In A. B. Knox (Ed.), New Directions for Conducting Education: Teaching Adults Effectively (pp 55-64). San Francisco: Jossey-Bass.
- Wheelis, A. (1973). How People Change. New York: Harper & Row.
- Wodarski, J. and Bagarozzi, D. A. (1979). Behavioral Social Work. New York: Human Sciences Press.
- Yalom, I. D. (1970). The Theory and Practice of Group Psychotherapy. New York: Basic Books.
- Yates, A. J. (1970). Behavior Therapy. New York: John Wiley & Sons.

APPENDIX

date \_\_\_\_\_

Name of facilitator \_\_\_\_\_

Title \_\_\_\_\_

Place of Work \_\_\_\_\_ Address:

Background \_\_\_\_\_ Phone:

Education \_\_\_\_\_

Work experience \_\_\_\_\_

\_\_\_\_\_

Life experience (pertaining to group) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How came to teach this group?

\_\_\_\_\_

\_\_\_\_\_

How learn to do these kinds of groups? \_\_\_\_\_

\_\_\_\_\_

Experience teaching other groups and workshops

\_\_\_\_\_

\_\_\_\_\_

Name of group \_\_\_\_\_

Composition of participants \_\_\_\_\_

Stated goals of the group \_\_\_\_\_

\_\_\_\_\_

Location, time, date \_\_\_\_\_

Number and length of sessions \_\_\_\_\_













