Teen Dating Violence: Increasing Self-Efficacy through Group Cognitive Behavioural Counselling and Psychoeducation

by

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DEDICATION

This thesis is dedicated to my family and friends who have supported me during my placement and thesis, and over my last four years in the BPSYC program. Thank you!
ABSTRACT

The current study was conducted in an attempt to discern whether group CBT and psychoeducation could be used together to increase levels of self-efficacy in the participants. The participants included teenaged girls (n=2) ages 16 and 18 years who had been abused by previous dating partners. It was hypothesized that through increasing self-efficacy levels, the risk of the participants re-engaging in unhealthy relationships in the future would be reduced. Self-efficacy was taught through teaching skills associated with self-efficacious behaviours. These skills included reducing negative self-talk, reducing learned helplessness, increasing assertiveness, and self-advocacy strategies. To measure the increase of self-efficacy, the Life-Effectiveness Questionnaire or LEQ-H (Richards, Marsh, & Neill, 1995) was used. Self-efficacy levels were measured using the LEQ-H scale pre-group, mid-group, and post-group. A one-tailed t-test was used to determine whether there were statistically significant differences across administrations of the test. The results of this analysis revealed that the participants did not demonstrate significant differences between the test administrations. The hypothesis was not supported due to a lack of time and the fact that the LEQ-H measured constructs that had not been taught directly in the group, making it difficult to attribute any treatment gains to the group’s content. However, the participants were able to consistently demonstrate the skills taught during the group and verbally reported feeling more confident in their ability to make healthy relationship choices after receiving the CBT and psychoeducational group material. In the future, it is recommended that the group content be changed to focus strictly on the eight factors associated with the LEQ-H, which would increase the likelihood of seeing improvements in the participant’s self-efficacy levels throughout the group. Further, it is recommended that the group be run for no less than eight weeks and should include a larger sample size.
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Chapter I: Introduction

Overview

Dating abuse is a social problem that has long existed; however, until the 1960s and 1970s abuse of any kind was rarely discussed (Bala, 2008). Since an understanding of violence against women has emerged, those in the helping professions have seen a great need to provide adequate services for those who have faced abuse (Weihe, 1998). Providing adequate services includes conducting research to provide information on best practices and therapeutic approaches designed to help the victims of trauma.

Research from the last six decades has yielded much information regarding the efficacy of treatments for the abused. One specific, but common treatment issue for abuse victims is low self-efficacy. Self-efficacy is defined as “the conviction that one can successfully execute a behaviour required to produce a desired outcome” (Bandura, 1977). Self-efficacy plays an important role in how an individual views oneself and, more importantly, in the individual’s willingness to attempt difficult tasks that are required for success. Those with low self-efficacy commonly lack other similar skills such as: self-esteem, assertiveness, self-advocacy, perseverance, self-perception, and the ability to cope with stress (Bandura & Locke, 2003).

Past studies have identified many ways in which self-efficacy can be increased for abuse victims. Several of these treatments have shown encouraging results. Two treatments that have showed the most promise for encouraging self-efficacious behaviours are Cognitive Behavioural Therapy (CBT) and psychoeducation. Although there is still much work to be completed in the researching of self-efficacy, studies from past to present have paved the way to finding treatments that are capable of improving the lives and wellbeing of those who have been victimized by abuse.
Rationale:

Although CBT and psychoeducation have been used in past studies to assist abuse victims, these psychotherapeutic approaches have not been tested on teen girls specifically. Further, CBT and psychoeducation have never been used in conjunction with one another as a preventative measure for dating abuse. An outreach program at a local women’s shelter is designed to counsel children and youth in the community who have faced abused. However, most of the counselling approaches used by the outreach team have not been empirically tested and, as a result, the efficacy of these approaches is unknown. Therefore, providing the agency with knowledge of therapeutic techniques that have been proven effective could be advantageous for the agency and for their clients. Furthermore, starting a self-efficacy group provided an invaluable learning opportunity for all of those involved in the creation and implementation of this unique treatment approach.

Purpose of the study:

The purpose of the present study was to test the efficacy of using cognitive behavioural techniques paired with psychoeducation to raise self-efficacy levels in teenage participants who have been in abusive relationships. This study was also done in an effort to assist the participants to avoid unhealthy or abusive dating relationships, and alternatively, encourage the participants to engage in healthy and fulfilling relationships for the future.

Hypothesis:

It was hypothesised that the use of CBT techniques and psychoeducation together would increase levels of self-efficacy in the participants. The group provided the participants with the ability to identify a healthy relationship from an unhealthy one. Those who were in unhealthy
relationships would ideally contemplate leaving the relationship while those who were at risk of becoming involved in an abusive relationship would learn ways in which to avoid them. It was further hypothesised that the group would assist the participants by teaching them effective strategies for coping with past traumas. This in turn would improve the participants’ quality of life and future success.
Chapter II: Literature Review

The present literature review will focus on past research on abuse and its lasting effects on the abused individual. The construct of self-efficacy will be examined in depth and the link between self-efficacy and those who have faced abuse will be inspected. In addition, research on the use of CBT techniques and psychoeducation will be reviewed to determine whether these two psychotherapeutic approaches are effective in helping those who have faced dating violence/abuse.

Victimization and abuse research

One major question relating to abuse that researchers have asked is whether there are ways in which women can avoid victimization. Kearns and Calhoun (2010) attempted to answer this question by examining the differences between women who have been victimized repeatedly and women who have never faced victimization during their lifespan. According to Kearns and Calhoun, women who had been victimized repeatedly throughout their lives appeared to possess low levels of interpersonal effectiveness. Interpersonal effectiveness is a construct that includes the three sub-constructs of self-efficacy, assertiveness, and self-perception. The conclusion that the women had low levels of interpersonal effectiveness was based on the fact that these women demonstrated significantly lower than average skills in the two sub-constructs of self-efficacy and assertiveness. Oddly, self-perception and victimization do not appear to be linked, for reasons that are unknown. From these results, the study demonstrates that some personality traits exist that can increase the likelihood of one being victimized. Therefore, it is a possibility that if these maladaptive traits were decreased through therapy, then the likelihood of victimization for women would decrease as well.
Although the findings from this study have many important applications, it should be noted that there are some limitations. One limitation is that it is not clear whether the re-victimized women were victimized because of their lack of interpersonal skills, or whether the lack of interpersonal skills resulted from being victimized. A second limitation in the study was that no explanation was provided about why self-perception and re-victimization were not linked. A third limitation is that claiming that victimization is caused by a victim’s skill deficit is somewhat controversial. In fact, Iverson et al. (2011) warns against this type of thinking as they point out that many believe that focusing on deficits in an abused woman is blaming the victim for the things that have happened to them. This only further victimizes them, and could lead to the victims feeling that being assaulted or abused was their fault.

If focusing on the characteristics of victims who have faced abuse should be avoided as the previous article states, then this means that the focus of treatment should instead be shifted to alternate interventions. One such alternate intervention involves focusing on the treatment of male perpetrators as opposed to their victims. However, the success of treatments for male abusers has not yet been proven and there is a large debate in the psychological and psychiatric communities on whether an abuser can ever be “cured” of their abusive behaviour. Iverson et al. (2011) discussed this idea and stated that interventions for male abusers have for the most part had limited success in reducing intimate partner abuse; therefore interventions of this type may not be the most effective method for reducing abuse. However, Claes and Rosenthal (as cited in Wiehe, 1998) discusses many programs that have existed in the past that attempted to assist male abusers, some of which were marginally effective. One example of the efficacy of treatment for male abusers highlighted by Claes et al. is a study that evaluated three different treatment programs for male abusers that was conducted over a four year period. At the end of the four
years the perpetrators from all three treatments and their partners reported that 59% to 67% of the male abusers had become non-violent by the end of their treatment. Although these numbers may seem small, it is possible for one to state that any decrease in abusive behaviour is a positive result, and that a 59% to 67% reduction in violent behaviour is a noteworthy improvement considering that perpetrators of abuse are an extremely treatment resistant population. However, the numbers are not high enough to warrant treating male perpetrators of abuse in hopes of eradicating this social problem. Furthermore, it could be considered highly unethical to allow a woman to stay with an abusive partner, as this study did, while the partner is undergoing treatment for violent behaviour as the researches do not know what effects the treatment has on the battering behaviour. This analysis of past studies demonstrates that utilizing treatments that assist women in preventing victimization is vital as the treatment of abusers is, for the most part, ineffective.

. **Self-efficacy**

Self-efficacy is a construct created by Albert Bandura as part of his theory on social learning. According to Bandura (1977) self-efficacy is the conviction that one can successfully execute a behaviour required to produce a desired outcome. Self-efficacy differs from similar constructs such as self-concept or self-esteem in that it is both operative and prospective in nature as well as action oriented and competence based (Luszczynska, Gutiérrez-Doña, & Schwarzer, 2005). In alternative words, self-efficacy is a more tangible construct compared to similar ones, which makes it easier to measure or manipulate changes in the construct over time. Also, self-efficacy is a construct that all individuals possess at some level, and one that has a large impact on both the present and future of the individual.
In discussing self-efficacy it is important to differentiate between the two types of self-efficacy that exist: one is situation specific and the other is general self-efficacy (Luszcynska et al.). Situation specific self-efficacy focuses on coping with only one setting or problem in an individual’s life. General self-efficacy refers to an individual’s coping ability across a broad range of demanding or novel situations. In other words, general self-efficacy would have an impact on an individual’s life in its entirety, whereas situation specific self-efficacy would impact a much smaller and specific part of the individual’s life. In assisting someone with low self-efficacy it is important to focus first and foremost on raising general self-efficacy levels before attempting to raise an individual’s level of situation specific self-efficacy.

General self-efficacy is believed to be an innate and universal construct that all individuals possess at differing levels. This idea was explored through a study that was conducted by Luszcynska, Gutiérrez-Doña, and Schwarzer (2005) in which self-efficacy was explored across different cultures to determine whether self-efficacy could be observed in the targeted countries that had different economic, social, cultural, and developmental backgrounds. The countries studied were Germany, the United States, Poland, Costa Rica, and Turkey. What Luszcynska et al. found was that self-efficacy did appear to exist across all of the cultures. Participants in all five countries exhibited self-efficacious behaviours. It was also found that general self-efficacy was positively related to an individual’s quality of life and satisfaction in various settings, such as school or work. This demonstrates the importance of self-efficacy to an individual. One finding that was especially significant was that self-efficacy was not affected by social comparison, meaning that this construct is an individualized and innate one. Support for this hypothesis lies in the observation that those participants who showed extremely high self-efficacy did not always perceive themselves as performing better than others. This demonstrates
that the participants were not using social comparison to differentiate between their performance and that of others, but rather, they were using themselves as a guide to determine their level of success. The above results lead to a question about whether self-efficacy is a trait that can be altered through group behavioural intervention, and if so, whether this trait is static or innate and therefore unchangeable.

It should be noted that Luszcynska’s study did not mention one factor that could potentially affect its results. The unmentioned factor is that the study was completed in a time when technology has made the world a “global village” in which people of different countries can interact and learn from one other. Therefore it is a possibility that the participants could have picked up certain traits, such as self-efficacy, from interactions with other countries and cultures. If self-efficacy is transmitted from one culture to another, as suggested, then it seems reasonable to hypothesize that it can be increased or decreased in a therapy group.

If self-efficacy was a universal trait as the above study suggests it is, then it makes one wonder how a sense of self-efficacy is acquired, or if self-efficacy can be acquired at all. According to Bandura (1977) it is believed that self-efficacy is mainly derived from past experiences and that effective performance raises self-efficacy levels. However, successful performance is not the only way in which one can raise self-efficacy. It is possible that self-efficacious behaviour can also be learned through modeling. The significance of this is that if an individual has a pro-social model that the individual sees as successful, then it is more likely that the individual will work towards succeeding at similar tasks to those accomplished by the model. This is useful in a group setting as the counsellor or other group members can act as a pro-social archetype in which the person can fashion themselves after. Another way of raising self-efficacy mentioned by Bandura (1977) is through the use of social persuasion. With social persuasion, if
an individual is provided with the proper emotional support and are pushed by others to succeed, then the individual is more likely to persevere and complete tasks that they might not have initiated on their own. Therefore, influence from others plays a large part in building self-efficacy. A last noteworthy point is that Bandura believes that self-efficacy is a trait that is generalizable across settings. This is significant because it means that should self-efficacy levels be raised in one setting, such as in a group therapy session, then it is possible that the individual will immediately begin to show an increase in self-efficacy skills outside of group.

According to Bandura and Locke (2003), having a sense of self-efficacy is vital. A large part of self-efficacy is rooted in the belief that one has the ability to achieve what one desires. This gives people the incentive to act or persevere in the face of difficulty. Evidence has consistently shown that a belief in one’s personal efficacy impacts the level of motivation and performance that an individual has. Therefore, those with low self-efficacy tend to be impacted by a lack of motivation and performance, which greatly hinders their ability to become successful in various life domains. Self-efficacy also affects the way in which individuals think, and whether they think in self-debilitating ways or self-enhancing ways. It further affects: an individual’s level of motivation and perseverance, quality of life and emotional wellbeing, their ability to handle stress and depression, and their choice making ability at important decisional points. These are all traits that are essential for an individual who has faced past difficulties to learn and utilize in an effort to increase quality of life and success.

**Self-efficacy and abuse**

How self-efficacy pertains to abuse is discussed by Froeschle (2009). According to Froeschle, self-efficacy is a skill that all women possess. However, women who are in an abusive relationship often lose self-efficacy skills due to the fact that self-efficacy is a trait that may not
be adaptive in an abusive setting. By not using self-efficacy skills, a woman in an abusive situation is able to avoid conflict, which assists in protecting her from abuse. Consequently, because of this learned passivity, many abused women lose self-efficacy skills in all domains of their lives, which has a negative impact on the woman once the abusive relationship is over. Finding a career is one particular problem that many abused women face after leaving an abusive relationship. The lack of self-efficacy skills often makes it difficult for them to seek out and gain employment opportunities that enable them to become independent. This is problematic as gaining independence is extremely important for those who have been abused as independence reduces the risk that the individual will return to an abusive relationship, or remain in one if they have not already left. Independence also enables an individual to start a new life free of abuse.

Sachs-Ericsson, Medley, Kendall-Tackett, and Taylor (2011) focused not on the emotional or motivational consequences of low self-efficacy, but rather on the physical health problems it can create. Sachs-Ericsson et al. attempted to determine whether a lack of self-efficacy could have a negative impact on the health of those who have been abused in the past. Some of the medical problems that have been found to result from abuse are: bladder problems, obesity, diabetes, headaches, and eating disorders. The study focused only on adults that were 50 years or older, who had faced abuse in their childhood or adolescence. It was found that those adults who had been abused as children had a much lower sense of self-efficacy. This lowered sense of self-efficacy in turn had a significant negative effect on the health of the participants. That study demonstrates that the effects of abuse and the effects of low self-efficacy that result from abuse are long lasting, and could even affect an abused individual decades after the abuse has stopped. The study also demonstrates that low self-efficacy can have a major negative impact on the health of an individual. A main point that the study highlights is the importance of
assisting those who have been abused as soon as possible after the abuse has occurred. As with many mental health problems and skill deficits, if a lack of self-efficacy is caught early, then it is possible that the negative long-term effects on the individual can be greatly reduced and will decrease the impact it has on an individual’s life.

**Is self-efficacy dangerous?**

When discussing self-efficacy it should be made clear that not everyone believes that self-efficacy is a healthy construct. According to Franzblau and Moore (2001) self-efficacy is a socially constructed trait that teaches individuals that they are powerless because they lack self-efficacy skills. Franzblau and Moore (2001) suggest that many individuals are powerless in society for reasons other than low self-efficacy. Some of these reasons are: race, gender, sexual orientation, economic situation, class or culture. Franzblau and Moore further notes that the construct of self-efficacy is often used by those in power to blame others who are considered less successful without taking into account the impact that power, resources and social support have on an individual’s potential for success. According to Franzblau and Moore those who have power and resources often achieve much more because they possess the means in which to succeed. Therefore self-efficacy is “owned” only by those who have power. That is not to say that the construct of self-efficacy does not exist, or that working towards certain goals is not important, but it must be taken into account that not everyone in society has an equal opportunity to succeed, and that those who fail should not be blamed for this. Consequently, one must be careful when discussing self-efficacy and must always be aware of the social and societal influences that may impact this construct, as labeling people as inefficacious can be harmful to the individual and put them at a disadvantage.
The effect that the construct of self-efficacy has on an individual is explored further in a work by Bandura (1982). Unlike Franzblau and Moore (2001) Bandura believes that self-efficacy is a positive trait, and that it is a lack of self-efficacy that can be harmful for an individual. In his work, Bandura discusses possible negative effects that self-infefficacy can have on an individual’s emotional state. Some of the effects discussed include feelings of futility, despondency, and anxiety. Bandura asserts that most people intrinsically have a drive to succeed and that those who fail tend to suffer emotionally as a result. Therefore, Bandura gave some suggestions on how to assist those struggling with low-self-efficacy and feelings of failure. One way that he suggested to avoid the emotional suffering of failure is to raise an individual’s self-efficacy through creating environments in which the individual is likely to succeed. It is important that the individual who engages in a task is reinforced initially by having some success, otherwise the individual will refuse to continue engaging in behaviour that shows them no results. The individual who completes a task successfully must also be made to feel a sense of accomplishment for their successes. This is because reinforcement plays a large part in encouraging the individual to repeat the behaviour in the future. Reinforcement can also be achieved through providing encouragement for any successes that an individual has, even if the encouragement is only for the partial completion of a task. Over time the individual will become more proficient at the task at which point the reinforcement can be faded and the behaviour should continue to occur on its own.

**Treatment approaches for abuse and low self-efficacy**

Since it is possible that a lack of self-efficacy is harmful to an individual, it is important to review effective therapeutic approaches that will assist those who have faced, or who may
face, dating abuse. CBT and psychoeducation are both treatments that have been used with abused women and that have shown promising results in helping this population.

In one study Kubany et al. (2004) used a cognitive behavioural approach to help reduce post-traumatic stress disorder (PTSD) and depression symptoms in women who had been abused by a partner. To measure the effectiveness of the cognitive approach the participants were divided into two groups. One group received treatment for six weeks immediately following the pre-group assessments, and the other group had a delayed treatment that did not begin until six weeks after the pre-group assessments. After six weeks, another assessment was conducted to measure the PTSD symptoms in the participants. It was discovered that those who had been receiving a CBT oriented treatment showed a marked improvement in PTSD symptoms and depression. Those women who had not yet started treatment showed no improvement in PTSD symptoms or depression, and some had deteriorated over the six week period. Therefore, Kubany et al. concluded that the cognitive behavioural treatment used in the study was effective in reducing PTSD in the participants.

A second study on the efficacy of CBT was conducted by Iverson et al. (2011) to determine whether CBT was effective in reducing the risk of future victimization in those who had been abused in the past. The major focus was on treating the depression and PTSD symptoms that the women had developed from their past abuse in the hopes that helping the mental health of the women would reduce the risk that they would return to an abusive relationship. After conducting several trials on the abused women, the study determined that CBT was effective in reducing symptoms associated with PTSD and depression. Furthermore, those who saw a reduction in PTSD symptoms as a result of CBT were less likely to be involved in a violent relationship at the six month follow-up. Those who did not find the CBT effective
had a much higher rate of returning to abusive relationships. This shows that it is important that individuals who have been abused find treatments that are as effective as CBT has been shown to be.

The study by Iverson et al. (2011) also included psychoeducation as a part of the treatment; however, they noted that in the literature psychoeducation alone has not been shown effective in helping those who have been abused. Psychoeducation does however seem to have a positive effect on those who have not yet faced abuse, or for those who have faced only mild abuse, meaning that psychoeducation is mainly effective as a preventative strategy. The study greatly stressed the importance of dating abuse prevention in the form of psychoeducation on abuse, because it is known that if psychoeducation occurs before an individual is abused in a relationship, then it reduces the chance that they will later be victimized. Considering the high rate of those who face childhood abuse who later become involved in an abusive relationship, it is especially important to target these individuals when trying to reduce risk of future dating violence victimization.

According to Wessely et al. (2008) psychoeducation is being used with increasing frequency following trauma. This is considered to be problematic by Wessely et al. (2008) as the efficacy of psychoeducation has never proven. As well, past studies on psychoeducation have raised questions on whether self-efficacy can actually be harmful for those who have been through traumatic events. Wessely et al. believes people assume education is always a good thing. However, it is noted by Wessely et al. that imparting information to an individual is not a neutral act but rather one that could have severe consequences. A good example of this is that during WWII doctors began to notice that soldiers who had been educated on war neurosis after returning from battle seemed to exhibit more symptoms of the condition than those who had not
been educated about it. Doctors warned the military against educating the soldiers on war neurosis because the doctors believed that it was the power of suggestion that caused the illness.

Similarly, in another study volunteer participants were recruited for a drug trial. However, the participants were in actuality given sugar pills while being told that it was a real drug. After taking the medication, the participants were given psychoeducation through being informed of common side effects that the drug might have. According to Wessely et al. the doctors discovered that a large number of the participants began to note that they were feeling the side effects of the drug, even though the research team knew that they were not. When the participants were told that they had only ingested a sugar pill, the symptoms abruptly stopped.

These two studies discussed by Wessely et al. (2008) underline the extent to which the power of suggestion can have on an individual. As Wessely et al. points out, part of the reason that the participants in both studies were affected negatively by psychoeducation was that they had been told that there was a high likelihood that they would experience certain symptoms. To avoid this, when using psychoeducation it is important not to label participants, otherwise, it can cause negative effects for them that are not helpful.

The hypothesis presented by Wessely el al. (2008) regarding psychoeducation and suggestibility were rebutted in an article by Kilpatrick, Cougle, and Resnick (2008). According to Kilpatrick et al. the aforementioned article did not provide enough evidence against psychoeducation to form any conclusions about its efficacy. Kilpatrick et al. noted that the effectiveness of psychoeducation varies according to the content of the information and the qualifications of the individual teaching it. Kilpatrick et al. agrees with some statements made by Wessely et al. in that simply giving lists of PTSD or depression symptoms to trauma victims
is not helpful as it does nothing to assist them in actually dealing with the symptoms. However, through educating traumatized individuals in ways to cope with trauma, and through reinforcing a sense of resiliency in the individuals, Kilpatrick et al. notes that studies have found that improvements were made in the participants’ mental health after trauma when psychoeducation was used. Kilpatrick et al. states that studies also seem to consistently agree that although psychoeducation has at times been shown ineffective for trauma survivors, when psychoeducation focuses on resiliency rather than on just symptoms, it has shown promising results. Both Wessely et al. (2008) and Kilpatrick et al. (2008) agree that psychoeducation that promotes resiliency is at the very least not harmful for the victims of trauma, and therefore could be used to deal with symptoms of trauma effectively.

To conclude, as has been shown in the literature, both CBT and psychoeducation can be utilized effectively for assisting those who have faced abuse, and for those who have low levels of self-efficacy. However, the ways in which CBT are used is very significant. When using CBT it is important to be flexible and supportive while helping clients to build skills. Although it is not possible to recover from abuse in a short period of time, CBT can assist in teaching skills that will reduce the time it takes the client to recover, as well as reduce symptoms that resulted from the trauma. CBT further teaches the client ways that they can help themselves, so that even after therapy is completed they will be able to cope in healthy ways. When utilizing psychoeducation in conjunction with CBT it is essential to focus on resiliency and improving coping skills. This will advance the treatment outcome by helping the victim to see that they are stronger than they previously believed they were and through providing positive reinforcement. Self-efficacy plays a large part in resiliency and also in positively reinforcing behaviours. Therefore in the current study, teaching self-efficacy skills will hopefully increase resiliency in the participants and make
their overall mental health and wellbeing improve.
Chapter III: Methodology

Participants:

Inclusion criteria. Participants in the present study were all current clients of the child and youth outreach counsellor at the local women’s shelter, and they all met the following criteria to be allowed entrance into the group: (1) they had been in one or more abusive relationships in the past, (2) they had been undergoing individual counseling and were deemed psychologically fit to join the group, (3) they were believed to be involved in an abusive dating relationship in the present, and (4) they were between 14 to 19 years of age.

Exclusion criteria. Participants were excluded from the group if they met any of the following criteria: (1) they had a developmental disability or serious mental illness that would impact their understanding of group material, (2) they were not psychologically stable, (3) they were not able to accept that abuse had happened, and (4) they missed two or more group sessions.

Characteristics of participants. Prior to treatment six participants agreed to take part in the self-efficacy group. However, one potential participant dropped services with the agency, and two others dropped out for unknown reasons, which left only three remaining participants. One participant was excluded from the group as she failed to attend the first two sessions.

The two remaining participants were Caucasian females ages 16 and 18 who had been in abusive dating relationships in the past, and were suspected of being in an abusive dating relationship at the present. Both participants were seeking individual counselling with the child and youth outreach counsellor at the women’s shelter at the time of the group. During pre-group all participants disclosed that they felt they possessed low levels of self-efficacy and that they felt they needed help in improving this skill. One participant had previously engaged in CBT,
while the other participant had never received CBT but had seen psychotherapists. At the pre-group assessment the participants identified feelings of nervousness, anxiety, and fear regarding the group.

Recruitment procedure. All participants were selected and asked to attend group by the supervising child and youth outreach counsellor from the women’s shelter. Prior to inviting clients into the group, the supervising counsellor discussed the client’s history with the student co-facilitator to ensure that both parties were in agreement about the clients meeting the group criteria.

Design:

Name of design and independent variables. Treatment was administered in a group format, however, due to a small number of participants (n=2), an AB study design was used for evaluating treatment effectiveness. The independent variable of the study was the treatment, which included the use of CBT and psychoeducation. To measure changes in self-efficacy, a questionnaire called the Life Effectiveness Questionnaire or LEQ-H (Richards, Marsh, & Neill, 1995) was used. The LEQ-H (Richards et al.) was administered to the participants at baseline (first session), mid-point (third session), and post-intervention (sixth session), to measure improvements in self-efficacy levels throughout the treatment condition. The intervention was implemented by two co-facilitators. One facilitator was a student from the BPSYC program at St. Lawrence College and the other was the student’s on-site supervisor. The student co-facilitator presented the majority of the group’s content and all of the CBT and psychoeducational material. No training was required for the co-facilitators, with the exception of the student co-facilitator very briefly explaining components of the method to the supervising co-facilitator before the intervention began. The student co-facilitator was observed at all times by the supervising co-
facilitator who was a trained youth counsellor.

**Dependent variables.** The main dependent variable in the study was the level of self-efficacy that the participants believed they possessed. Self-efficacy was defined as the feeling that one can successfully execute behaviours required to produce a desired outcome. Specific behaviours that were focused on were self-confidence, learned helplessness, assertiveness, self-advocacy, and negative self-talk.

**Setting and apparatus:**

The study was conducted in a meeting room located in the basement of a residential apartment building owned by the agency. The room where the group met had comfortable couches that were arranged so that all the participants and the facilitators could see each other. The room contained a small kitchenette where participants could make coffee or hot chocolate and a television that was occasionally used to watch session related movies.

**Measures and intervention measures:**

**Functional assessment (Appendix A).** A functional behavioural assessment took place prior to the first session in the form of a semi-structured group behavioural interview conducted by the student co-facilitator. The functional assessment interview was comprised of five questions and took approximately ten minutes to complete for each participant. The interview form was created for the group by the student co-facilitator. There is currently no psychometric data for the form. Participants were asked to share background information on past abuse if they had not already shared the information with staff, and also share their perceived levels of self-efficacy during the functional assessment. Questions were asked regarding the participants’ belief regarding their perceived ability to be successful, self-sufficient, and capable of mastering challenging tasks. If participants disclosed that they did not feel like they had sufficient skills to
be self-efficacious, then they were asked for possible explanations about why they felt this way. They were also asked to discuss certain people, situations, feelings, and thoughts that contributed to the feeling that they lacked self-efficacy.

**Measure of dependent variables (Appendix B).** The Life-Effectiveness Questionnaire or LEQ-H (Richards, Marsh, & Neill, 1995) was used to assess levels of self-efficacy in the participants. The LEQ-H was administered during the first session, third session, and sixth session by the student co-facilitator. The LEQ-H had 24 questions that were divided into eight factors with three questions per factor. These factors were: time management (TM), social competence (SO), achievement motivation (AM), intellectual flexibility (IF), task leadership (TL), emotional control (EC), active initiative (AC), and self-confidence (SC). The questionnaire used a Likert scale from one to eight to measure the degree to which participants agreed with the statements listed. The highest score possible on the test was 192 and the lowest score possible was 24.

The LEQ-H is 15 years old and has been tested on approximately 5000 individuals and has undergone seven revisions (Neill, Marsh, and Richards, 2001). The average test-retest reliability of the scale is .72 and the overall alpha coefficient is .84, which indicates high reliability (Neill et al., 2001). The test has good predictive validity; however, concurrent validity, criterion validity, convergent validity, and content validity have not been analysed yet (Neill et al., 2001).

**Permanent product recording (Appendix C).** Permanent product recording was used in the group to assess homework completion by the participants. Recording was conducted during the third session to check the second session’s homework, and in the sixth session to assess the fifth week’s homework completion. The forms used were made by the student co-facilitator;
therefore, there is no psychometric data available for this measure.

**Negative self-talk monitoring form (Appendix D).** Thought records were given for homework in the second session to track negative self-talk. There is no current psychometric data on this measurement tool.

**Procedure:**

**Informed consent procedures.** All participants were informed of their rights before they signed the consent forms to ensure that they understood the rules of informed consent, and that they were aware of their right to withdraw from the group at any time without penalty or judgment. The participants were informed that the creator and co-facilitator of the group was a student from St. Lawrence College, and that information from the group would be used to write an applied thesis. The members were also informed that the student was being supervised by the senior co-facilitator of the group and by a supervisor from St. Lawrence College. Those who were 16 years of age and over could sign consent forms for themselves (Appendix E). A parental consent form was created to anticipate the possibility that a client under 16 years of age would join the group; however, this form was not used as all of the members were above the age of consent.

**Assessment and intervention procedures.** The group intervention took place over the course of six sessions, with one session per week. During each session, excluding the first and last session, one skill per week was taught that would assist the participants to increase self-efficacy levels. The skills were: reducing negative self-talk, decreasing learned helplessness, raising assertiveness, and increasing self-advocacy.

The group began each week with the co-facilitators providing psychoeducation about the skill that was taught. Information on each skill was presented to the participants as well as
examples of how the skill could be used or not used (depending on the skill). Case studies regarding the skill were presented to give real life examples of the skill to assist in the participants understanding of it. To see an exact session-by-session protocol, refer to Appendix F.

When the psychoeducational portion had finished, participants were encouraged to discuss what they had learned and identify ways in which they could utilize the newly learned skill for the future. CBT techniques such as roleplaying, thought recording, scenarios, and practicing of the skills were used to ensure that the participants understood and could demonstrate the skills that they had learned. Active participation was encouraged throughout the group, with participants giving one another constructive feedback or sharing stories. Socratic questioning was used to assist the participants in making parallels between what was taught in group and past experiences. Homework was assigned on two occasions, and permanent product recording was used to track homework completion. Thought recording sheets were assigned for homework during session two in an attempt to track negative self-talk, and also in session five to practice assertiveness skills taught in group. Thought stopping techniques were taught and practiced during session two. Role-plays and scenarios were used during sessions four and five.

Data analysis. Data was analyzed through using a one-tailed t-test as well as descriptive statistics in the form of mean, median, mode and standard deviation. The main objective in the study was to obtain a significant increase on the eight factors of the LEQ-H. Graphs comparing the eight factors were utilized to provide a visual representation of increases or decreases in the eight factors throughout the group. Homework completion was tracked using a permanent product homework recording form.
Chapter IV: Results

To determine the effectiveness of the six-week self-efficacy group, both participants completed the Life-Effectiveness Questionnaire (LEQ-H) pre-group, mid-group, and post-group. Eight constructs of the LEQ-H were examined: time management, social competence, achievement motivation, intellectual flexibility, task leadership, emotional control, active initiative, and self-confidence. Descriptive statistics in the form of mean, median, mode and standard deviation were calculated to examine increases and decreases associated with the eight LEQ-H constructs throughout the course of the treatment condition. Additionally, each of the eight LEQ-H constructs was compiled into a visual analysis to determine observable trends from pre- to-mid-to-post-group.

Participant One

One-tailed t-test results

A one-tailed t-test indicated that there were no statistically significant differences between the test administrations for this participant.

Descriptive statistics (Table 1)

Relative to Participant One’s baseline, emotional control levels demonstrated a marked increase by the end of the treatment condition (post-test). This was indicated by a 1.00 increase from pre-test to mid-test for the construct, which remained stable from mid-test to post-test. Emotional control was also rated by the participant as being possessed in low levels in comparison to the other seven constructs. Alternatively, intellectual flexibility was rated by the participant as being present in the high quantities in comparison to the other constructs; however, this construct showed no changes throughout the course of the treatment. For the construct of social competence, a relatively small decrease of 0.34 was observed from pre-test to mid-test;
yet this construct remained stable from mid-test to post-test with mean scores of 5.33. In regards to variability, standard deviation appeared to indicate that no changes had occurred for the constructs of intellectual flexibility or achievement motivation from baseline to the treatment condition with a standard deviation of 0.00 for both. The constructs of time management, emotional control and self-confidence showed the most variability over the course of treatment with scores of 0.58, 0.57, and 0.96 respectively.

Table 1

*Comparison of Pre-, Mid-, and Post-test Scores of the LEQ-H for Participant One*

<table>
<thead>
<tr>
<th></th>
<th>Mean LEQ-H Scores</th>
<th>Descriptive Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre</td>
<td>Mid</td>
</tr>
<tr>
<td>Time Management</td>
<td>3.67</td>
<td>4.67</td>
</tr>
<tr>
<td>Social Competence</td>
<td>5.67</td>
<td>5.33</td>
</tr>
<tr>
<td>Achievement Motivation</td>
<td>5.00</td>
<td>5.00</td>
</tr>
<tr>
<td>Intellectual Flexibility</td>
<td>6.33</td>
<td>6.33</td>
</tr>
<tr>
<td>Task Leadership</td>
<td>4.00</td>
<td>4.67</td>
</tr>
<tr>
<td>Emotional Control</td>
<td>2.00</td>
<td>3.00</td>
</tr>
<tr>
<td>Active Initiative</td>
<td>5.00</td>
<td>5.67</td>
</tr>
<tr>
<td>Self Confidence</td>
<td>3.33</td>
<td>5.00</td>
</tr>
</tbody>
</table>

*Visual analysis of the LEQ-H Constructs (Figure 1).*

As Figure 1 indicates, there were some constructs such as intellectual flexibility and achievement motivation that remained stagnant throughout the six-week group. No decreases were observed in any of the constructs over the course of the treatment condition, with the exception of social competence, which decreased from mid-test and did not change from mid-test to post-test. Constructs that were focused on specifically in the group, such as emotional control...
and self-confidence showed the biggest increases from session one to session six. Time management, task leadership, and active initiative showed increases from pre-test to mid-test and did not change from mid-test to post-test. Interestingly, none of the eight constructs appear to indicate any changes from mid-test to post-test for this participant.

Figure 1.

*Participant One’s LEQ-H Results*

**Homework completion.**

Participant One did not complete the two homework assignments given during the group. Homework completion was 0% for this participant

**Participant Two**

**One-tailed t-test results**

A one-tailed t-test indicated that there were no statistically significant differences between the test administrations for this participant.

**Descriptive statistics (Table 2)**

For Participant Two, the constructs of social competence, self-confidence, and task
leadership displayed fairly large gains from pre-test to mid-test with gains of 1.00, 1.66, and 1.66 respectively; however, no change in scores occurred from mid-test to post-test for these three constructs. The construct of achievement motivation showed a decrease from pre-test to mid-test of 0.34 and then remained stable from mid-test to post-test. The construct of emotional control demonstrated an even larger decrease of 1.00 from pre-test to mid-test. The scores for emotional control then remained stable from mid-test to post-test. In regards to standard deviation, the most variability occurred in the constructs of self-confidence, social competence, and task leadership with standard deviations of 0.96, 1.15, and 0.96 respectively. Intellectual flexibility and emotional control also indicated moderate variability with standard deviations of 0.77 and 0.58. The constructs of time management and active initiative did not appear to indicate any change across test administrations with standard deviations of 0.00 for both constructs.

Table 2

*Comparison of Pre-, Mid-, and Post-test Scores of the LEQ-H for Participant Two*

<table>
<thead>
<tr>
<th></th>
<th>Mean LEQ-H scores</th>
<th>Descriptive Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre</td>
<td>Mid</td>
</tr>
<tr>
<td>Time Management</td>
<td>4.67</td>
<td>4.67</td>
</tr>
<tr>
<td>Social Competence</td>
<td>2.33</td>
<td>4.33</td>
</tr>
<tr>
<td>Achievement Motivation</td>
<td>4.67</td>
<td>4.33</td>
</tr>
<tr>
<td>Intellectual Flexibility</td>
<td>4.00</td>
<td>5.33</td>
</tr>
<tr>
<td>Task Leadership</td>
<td>2.67</td>
<td>4.33</td>
</tr>
<tr>
<td>Emotional Control</td>
<td>6.33</td>
<td>5.33</td>
</tr>
<tr>
<td>Active Initiative</td>
<td>4.33</td>
<td>4.33</td>
</tr>
<tr>
<td>Self Confidence</td>
<td>3.67</td>
<td>5.33</td>
</tr>
</tbody>
</table>
Visual analysis of the LEQ-H Constructs (Figure 2).

As figure 2 indicates, some constructs such as time management and active initiative did not change throughout the six-week group. Decreases from pre-test to mid-test were observed in the constructs of achievement motivation and emotional control. All other constructs appeared to increase from pre-test to mid-test and then remained completely stable from mid-test to post-test. No changes occurred from mid-test to post-test for any of the constructs. The largest improvements from pre-test to post-test were in the areas of social competence, task leadership, and self-confidence.

Figure 2.

*Participant Two’s LEQ-H Results*

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**Homework completion.**

Participant Two did not complete the two homework assignments given during the group. Homework completion for this participant was 0%.

**Participant Three:** No data was collected from Participant Three as she did not attend the first
two sessions, and therefore was not able to continue the group.
Chapter V: Discussion

Summary:

The participants’ self-efficacy levels were assessed through examining the results of a one-tailed t-test and through reviewing mean, median, mode, and standard deviation for the eight LEQ-H constructs. A visual analysis of the data was also completed. Overall, the results from a one-tailed t-test indicated that there were no significant differences between the test administrations for either participant. This indicates that the hypothesis that CBT and psychoeducation could be used to increase self-efficacy was not supported. The most likely reason that no significant differences were observed was the small sample size. Therefore, if the study were to be conducted again, it is recommended that a larger sample size be used.

For the descriptive analysis, while viewing the scores of Participant One in comparison to those of Participant Two, it was noted that Participant Two rated herself as possessing higher levels in all eight constructs of the LEQ-H in comparison to Participant One who rated herself as possessing lower levels of the eight constructs. This demonstrates that there is a large difference between the two participants in regards to how they view themselves, with Participant Two showing more feelings of self-efficacy relating to her skills in the constructs of the LEQ-H than Participant One.

For Participant One specifically, descriptive statistics and a visual analysis indicated that increases occurred in many of the LEQ-H constructs from pre-test to mid-test and then appeared to remain stable from mid-test to post-test; however, this trend did not occur in the constructs of intellectual flexibility, achievement motivation, and social competence. Intellectual flexibility and achievement motivation remained completely stable throughout the group, while social competence showed a decrease from pre-test to mid-test and then remained stable through to
post-test. A possible reason that no changes were observed in intellectual flexability or achievement motivation is that these constructs were not closely related to the group content, and therefore did not create direct gains in the constructs. The fact that Participant One saw a decrease in social competence, even a small one, is perplexing as social skills were taught during the group, which should have ideally increased the participant’s levels of social competence from pre-test to post-test. Possible reasons for the decrease in social competence includes the fact that the construct may not have been focused on enough in group due to time restraints, or that events outside of the group led to lowered feelings of social competence for the participant. A more positive finding was that an increase for Participant One occurred in the area of self-confidence from pre-test to mid-test and then remained stable from mid-test to post-test. Increases in self-confidence were to be expected because the construct is closely related to self-efficacy. The lack of further improvement from mid-test to post-test for self-efficacy was most likely the result of distraction from outside events in the participants life that occurred between mid-test and post-test.

In regards to Participant Two, she appeared to have increased in the construct of self-confidence, a construct closely related to self-efficacy. As with Participant One, Participant Two did not display any changes from mid-test to post-test for any of the eight LEQ-H constructs. This was most likely due to outside events that caused the group members to become distracted from the psychoeducational content. Gains from pre-test to mid-test were also observed in the constructs of social competence, intellectual flexability, and task leadership. Although intellectual flexability and task leadership were not directly taught in the group, it is possible that these constructs increased indirectly from the psychoeducational material. It is also a possibility that increases in self-confidence caused an indirect increase in the participants’ confidence in
their abilities regarding the other constructs associated with the LEQ-H. Decreases from pre-test to mid-test were observed in the constructs of achievement motivation and emotional control. Achievement motivation was not addressed directly in the group material, however emotional control was a construct that was surprising to see decreases in as it had been a topic that was addressed in group. A possible reason for the decrease in emotional control may have been due to heightened emotions related to the sensitive nature of the group.

As mentioned earlier, the group content emphasized fostering self-efficacy; therefore, time constraints did not allow the co-facilitators to go in depth when teaching the other skills. Should the group occur again, using eight weeks instead of six could have strengthened the results for the participants and solved some of the more confusing or unclear results, such as the decrease in social competence for Participant One and the decrease in achievement motivation and emotional control for Participant Two. Additionally, a tool other than the LEQ-H should have been used to measure self-efficacy as the LEQ-H measured constructs that were not addressed directly in group.

**Relationship to the Literature:**

Froeschle (2009) stated that individuals who have faced abuse often lose self-efficacy skills as a result. The current study attempted to counter this trend through using cognitive behavioural therapy (CBT) alongside psychoeducation to educate the participants about healthy relationships, and to teach them skills that would increase their self-efficacy levels. According to the literature, CBT and psychoeducation can and have been effective for reducing the risk of re-victimization in those who have faced abuse in the past (Iverson et al., 2011). In fact, Iverson et al. found that abused women who received CBT for PTSD symptoms were less likely to be involved in a violent relationship at a six month follow-up. Although time constraints restricted
the current study’s ability to complete a follow-up, the results of the current study correlate quite well with the findings of Iverson et al. In both studies, the participants verbally reported feeling less likely to engage in unhealthy relationships after receiving the CBT and psychoeducational material. During the course of treatment, Participant One began to question whether her current relationship was healthy, and as a result, she decided to take a break from the relationship to give her time to assess the situation. She stated that she had done this because she had identified that many risk factors taught in the group were occurring in her relationship, and she needed time to assess whether the relationship was healthy. This indicates that she was able to display self-efficacy in an area that she had previously struggled in, such as advocating for her needs and wants in a relationship.

To date, using psychoeducation on victims of trauma had been considered to be problematic by Wessely et al. (2008) as the efficacy of psychoeducation has never proven. However, the current study has shown that psychoeducation may be effective for helping those who have faced abuse, as long as it is paired with CBT and focuses mainly on how to overcome trauma as opposed to the symptoms of the trauma. Wessely et al. believes that teaching trauma victims about the symptoms of the trauma can trigger the symptoms in some individuals, so this was avoided in the current study.

**Strengths:**

One of the current study’s greatest strengths was that the factors that had been focused on the most during the group such as self-efficacy had shown the greatest improvements from pre-group to post-group. The group was able to produce qualitative data in the form of feedback from the supervising co-facilitator as well as quantitative data from the questionnaire. Feedback from the supervising co-facilitator was positive and indicated that she had observed changes in
the participants over the course of the group. At the end of group, the participants were able to verbalize what they had learned in the group, and were able to consistently demonstrate the skills that they had been taught when asked. A last strength in the study was that the LEQ-H measurement tool had previously been shown to have good predictive validity as well as having clearly identifiable factors, good internal consistency, and a stable factorial structure (Neill et al., 2001). The average test-retest reliability of the scale is .72 and the overall alpha coefficient is .84, which indicates high reliability (Neill et al., 2001).

**Limitations:**

The study had several limitations worth noting; primary among them was the fact that the LEQ-H was not designed specifically to measure self-efficacy. Another related issue pertains to the data collection and the fact that the LEQ-H measured constructs that had not been taught directly in the group, making it difficult to attribute any treatment gains to the group’s content. This makes the accuracy of the LEQ-H results unclear. The study had a small sample size which reduced the reliability of the study, and the group was run only once a week for six weeks, which was not enough time to see significant treatment gains. Both participants missed one session from mid-test to post-test, and disruptions in the lives of the individuals also occurred during this period, which caused the participants to become distracted from the group content. This resulted in low levels of improvement during this interval. Another limitation was that Participant Two had a possible brain injury from a prior car accident, which could have potentially affected her understanding of the group material. There was no way to test whether an injury had occurred because she was unsure about whether damage had occurred, and there were no professionals available to provide her with a cognitive assessment. To ensure that Participant Two understood the group material, she was often asked during the end of sessions to identify what she had
learned in group that day. She was consistently able to identify and paraphrase what had been taught in group, and because of this, it was believed that her cognitions were not affecting her understanding of the group material. Due to the fact that follow-up was not possible, it is worth noting that it is unclear whether the skills taught in group are generalizable to other domains in the client’s lives. A last weakness in the study is that the LEQ-H had not been tested for concurrent validity, criterion validity, convergent validity, or content validity.

**Recommendations for Future Research:**

If the group were to run again, it is recommended that the group be run for a longer period with a minimum of eight sessions. The group should be conducted at least twice a week as this could have intensified treatment gains. The focus for the future should be mainly on finding a more appropriate measure for self-efficacy that does not measure unrelated constructs as the LEQ-H did. The group should contain a larger sample size than two if conducted in the future, with a minimum of six members and a maximum of eight members. A more diverse sample might also identify whether the treatment was generalizable across cultures. Following the group, it is recommended that participants be seen on an individual basis to monitor treatment gains and collect follow-up data. Further research should be done to determine the efficacy of psychoeducation for victims of trauma, as this area has received little attention to date. More importantly, research should be conducted to determine whether psychoeducation can be harmful for those who have dealt with trauma, because some professionals, including Wessely et al. (2008) believe that teaching symptoms of trauma through psychoeducation can lead to higher occurrences of PTSD due to the power of suggestion. Addressing constructs other than self-efficacy that relate to abuse would be worthwhile topics for future research, as well as addressing attribution styles and how they affect the efficacy of treatments for the abused.
Application to the Field of Behavioural Psychology:

The present study is an extension of current research on dating abuse and was tailored to a young demographic that had not previously received a great deal of attention in the literature. The study has shown that CBT and psychoeducation together has the potential to be effective in raising self-efficacy in those who have faced abuse, which is something that had not been previously examined. This is the first group of its kind that a BPSYC student has completed. In the future, it is hoped that other BPSYC students can benefit from the present study and continue the self-efficacy group while making the improvements listed in the limitations section. The study has also demonstrated that CBT and psychoeducation overall may be effective tools in the treatment of those who have faced abuse.

Multilevel Challenges to Service Implementation:

Societal Level.

One of the biggest challenges at the societal level is stigma towards those who have faced abuse. Social stigma and judgement towards abused women often make them reluctant to seek out treatment or stay in treatment over a fear of being judged by others. Another challenge was that many of the clients were impacted by inadequate financial and practical support from the government, which often made it difficult for them to get to and from treatment, or to find childcare while they were attending treatment. Stresses in the clients’ lives over finances and a lack of resources also made it difficult for them to focus on the issues that were important to their treatment, such as completing homework assignments. Lack of resources also led to a large amount of the client’s time focused on practical matters but not on their emotional needs or self-care.
Organizational Level.

At the organizational level, the strong philosophy of the organization was often a challenge. The organization had a strong feminist perspective, which at times impacted the clients when staff portrayed men in a less than flattering light. For women who have faced abuse and who are in a fragile state, this may greatly influence the way that they view men and this in turn impacts their future relationships. This feminist perspective also caused problems with other organizations, such as the police force and mental health services because in the past males were not allowed in the building, even in crisis situations. This rule was eventually abolished; however, it did create some animosity that still exists between the organizations. The organization also has a strong focus on supporting the gay, lesbian, bisexual, and transgendered community, which made some of the older clients very uncomfortable. Due to the fact that the organization’s strong ideals did not always coincide with the ideals of the clients, it could at times create animosity between staff and clients.

Program Level.

Group counselling for abused teens displayed many challenges at the program level. One issue was that the outreach program did not focus on the use of empirical methods. This made it difficult to assess the efficacy of the methods that the program was using for their clients. This meant that when creating the group for teens, it was not possible to use as much material and resources as would have been liked from the child and youth outreach program. Another problem at the program level was a lack of funding. The outreach team often has their funding cut or reduced, which takes away from the materials that were available to use in the group. Also, some programs within the organization often overspent their allotted money, meaning that money from another program (like child and youth outreach) had to be reduced to balance the budget. A third
issue at the program level was that all of the outreach counsellors had a different educational background and a different counselling approach. It was often difficult to combine the differences to create something that was the most advantageous for the clients and that would run smoothly despite the different approaches, especially when the teams worked together to run a group.

**Client Level.**

At the client level, dropout rate was one of the biggest challenges. Had the group had the number of participants that it began with, it is possible that the increase in the amount of data could have made the effect size stronger. Another issue relates towards working with those who have been abused. Many of the participants would not admit to being abused directly and information on the clients was often hard to gather. Inferences had to be made at times, which leaves room for error if the inference was incorrect. Gaining trust of the participants was also challenging as abused persons are often not trusting of others, which provided a major barrier to treatment. Another issue relating to group therapy was that many of the participants came from very different backgrounds and at times found it difficult to relate to one another.
References


Appendix A: Functional Assessment Interview Form*

*Appendices are not in proper APA format to avoid copyleft infringement
Self-Efficacy Functional Assessment Interview Form

*To be completed by the interviewer

Name: ____________________
Age: ____________________

1. Do you think you have high or low self-efficacy skills?

2. Do you ever feel that you can’t or won’t be successful in specific areas of your life? (Home life, school life, work life, in relationships?)

3. Are there people you tend not to show self-efficacy around? Why?

4. Are there places or settings where you tend not to be self-efficacious?

5. Can you think of a reason why you would not use self-efficacy skills in your everyday life? What do you think causes a low sense of self-efficacy?
Appendix B: Life Effectiveness Questionnaire (LEQ-H)
READ THESE INSTRUCTIONS

This is a chance for you to consider how you think and feel about yourself in some ways. This is not a test - there is no right or wrong answers, and everyone will have different responses. It is important that you give your own views and that you be honest in your answers and do not talk to others while you think about your answers. They will be used only for research purposes and will in no way be used to refer to you as an individual at any time.

Over the page are a number of statements that are more or less true (that is like you) or more or less false (that is unlike you). Please use the eight point scale to indicate how true (like you) or how false (unlike you), each statement is as a description of you. Answer the statements as you feel now, even if you have felt differently at some other time in your life. Please do not leave any statements blank.

FALSE
NOT LIKE ME

TRUE
LIKE ME

1 2 3 4 5 6 7 8
This statement doesn’t describe me at all; it isn’t like me.
More false than true
More true than false
This statement describes me very well; it is very much like me

SOME EXAMPLES

A. I am a fast thinker.

(The 6 has been circled because the person answering believes the statement “I am a fast thinker” is sometimes true. That is, the statement is sometimes like him/her.)

B. I am a good storyteller.

(The 2 has been circled because the person answering believes that the statement is mostly false as far as he/she is concerned. That is, he/she feels he/she does not tell good stories.)

C I enjoy working on puzzles.

(The 8 has been circled because the person really enjoys working on puzzles a great deal, therefore the statement is definitely true about him/her.)

** ARE YOU SURE WHAT TO DO? **

If yes, then please turn the page over, write your name, today’s date, and circle your answers for all the statements.
<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>FALSE Not like me</th>
<th>FALSE like me</th>
</tr>
</thead>
<tbody>
<tr>
<td>01. I plan and use my time efficiently.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>02. I am successful in social situations.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>03. When working on a project, I do my best to get the details right.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>04. I change my thinking or opinions easily if there is a better idea.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>05. I can get people to work for me.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>06. I can stay calm in stressful situations.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>07. I like to be busy and actively involved in things.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>08. I know I have the ability to do anything I want to do.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>09. I do not waste time.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>10. I am competent in social situations.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>11. I try to get the best results when I do things.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>12. I am open to new ideas.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>13. I am a good leader when a task needs to be done.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>14. I stay calm and overcome anxiety in new or changing situations.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>15. I like to be active and energetic.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>16. When I apply myself to something I am confident I will succeed.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>17. I manage the way I use my time well.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>18. I communicate well with people.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>19. I try to do the best that I possibly can.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>20. I am adaptable and flexible in my thinking and ideas.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>21. As a leader I motivate other people well when tasks need to be done.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>22. I stay calm when things go wrong.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>23. I like to be an active, ‘get into it’ person.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
<tr>
<td>24. I believe I can do it.</td>
<td>1 2 3 4 5 6 7 8</td>
<td></td>
</tr>
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Appendix C: Permanent Product Homework Recording Form
### Week Two: Homework Completion

<table>
<thead>
<tr>
<th>Participant</th>
<th>Homework</th>
<th>Completed</th>
<th>Percentage completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant 1</td>
<td>Thought record</td>
<td>No</td>
<td>0%</td>
</tr>
<tr>
<td>Participant 2</td>
<td>Thought record</td>
<td>No</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Week Five: Homework Completion

<table>
<thead>
<tr>
<th>Participant</th>
<th>Homework</th>
<th>Completed</th>
<th>Percentage completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant 1</td>
<td>Practicing assertiveness</td>
<td>No</td>
<td>0%</td>
</tr>
<tr>
<td>Participant 2</td>
<td>Practicing assertiveness</td>
<td>No</td>
<td>0%</td>
</tr>
</tbody>
</table>
Appendix D: Negative Self-Talk Monitoring Form
Handout 2.1: Negative Self-Talk Monitoring Form

Client Initials ___________________________ Date __________________

Phrases of Concern:

**Category 1** = “should,” “should have,” “could have,” “Why?”

**Category 2** = put-downs of your entire personality or character (I’m stupid [inadequate, a wimp, a loser, and so on])

**Category 3** = “I feel...” in statements ending with conclusions that aren’t emotions (I feel obligated [overwhelmed, responsible, and so on])

**Category 4** = Apologies (“I’m sorry”)

When writing down phrases, score your tension level on a scale of 0 to 100, where 0 is no tension and 100 is the most tension possible.

<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>8 am – 12 pm</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12 pm – 4 pm</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 pm – 8 pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8 pm – 12 am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12 am – 8 am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>

| Monday Phrases: | | | | | | |
|-----------------|------------------|------------------|------------------|------------------|------------------|
| 1: __________________________________________________________________________Tension score:____ | |
| 2: __________________________________________________________________________Tension score:____ | |
| : __________________________________________________________________________Tension score:____ | |
| 3 | |

| Tuesday Phrases: | | | | | | |
|-----------------|------------------|------------------|------------------|------------------|------------------|
| 1: __________________________________________________________________________Tension score:____ | |
| 2: __________________________________________________________________________Tension score:____ | |
| : __________________________________________________________________________Tension score:____ | |
| 3 | |

| Wednesday Phrases: | | | | | | |
|-------------------|------------------|------------------|------------------|------------------|------------------|
| 1: __________________________________________________________________________Tension score:____ | |
| 2: __________________________________________________________________________Tension score:____ | |
| : __________________________________________________________________________Tension score:____ | |
| 3 | |

| Thursday Phrases: | | | | | | |
|-------------------|------------------|------------------|------------------|------------------|------------------|
| 1: __________________________________________________________________________Tension score:____ | |
| 2: __________________________________________________________________________Tension score:____ | |
| : __________________________________________________________________________Tension score:____ | |
| 3 | |

| Friday Phrases: | | | | | | |
|-----------------|------------------|------------------|------------------|------------------|------------------|
| 1: __________________________________________________________________________Tension score:____ | |
| 2: __________________________________________________________________________Tension score:____ | |
| : __________________________________________________________________________Tension score:____ | |
| 3 | |

| Saturday Phrases: | | | | | | |
|-------------------|------------------|------------------|------------------|------------------|------------------|
| 1: __________________________________________________________________________Tension score:____ | |
| 2: __________________________________________________________________________Tension score:____ | |
| : __________________________________________________________________________Tension score:____ | |

<p>| 50 | | | | | | |</p>
<table>
<thead>
<tr>
<th>Sunday Phrases:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1: ___________________________________________ Tension score: ___</td>
<td></td>
</tr>
<tr>
<td>2: ___________________________________________ Tension score: ___</td>
<td></td>
</tr>
<tr>
<td>3: ___________________________________________ Tension score: ___</td>
<td></td>
</tr>
</tbody>
</table>

*This tool was used with permission from its author, Edward Kubany*
Generic Consent Form

Title: Teen Dating Violence: Increasing Self-Efficacy through Group Cognitive Behavioural Counselling

Student: Emily Britt

College Supervisor: Lana Di Fazio

Invitation

I am a student in my 4th year in the Behavioural Psychology program at St. Lawrence College and I am currently on placement at [Redacted]. As a part of this placement, I am completing a special project called an applied thesis and am asking for your assistance to complete this project. The information in this form is intended to help you understand my project so that you can decide whether or not you want to participate. Please read the information below carefully and ask all the questions you might have before deciding whether or not to participate.

What is the purpose of the Project?

My project is on teen dating violence and I will be using a questionnaire on life effectiveness to see if my group is helpful for you. The group will incorporate techniques from Cognitive-Behavioural Therapy, which is a therapy that examines the connection between behaviours, feelings, and thoughts. I believe that a group discussion on the subject of teen dating violence could be beneficial, and your completion of the questionnaire would assist by telling me whether it was. It is hoped that through the group we can collaboratively come up with ways of coping with problems related to violence to ensure your safety and happiness.

What will you need to do if you take part?

If you take part in the group you will be asked to attend six, hour and a half sessions each Wednesday from 3:30 pm to 5 pm. You will also complete a 10 minute questionnaire during the first session, third session, and sixth session. Attendance at the group is very important as failure to attend group will mean you miss out on important information and discussion. Participation is also important as your input during the discussions is needed for the success of the group. Some days might include assignments for you to complete at home for the next session. These assignments should take no longer than thirty minutes to complete.

What are the potential benefits to me of taking part?

It is important to note that results are not guaranteed when you participate in the group. The group will however provide you with a safe place to talk about teen violence where you will not be judged or told what to do. You will be able to listen to other group member’s stories and gain insight from them. You will also have assistance from the group, the group leaders, and most importantly yourself in solving your problems in a way that makes you comfortable. How much information you share with the group is completely up to you, and based on your personal comfort level you may share a lot with the group or only a little. You will not be pressured to share if you choose not to.
What are the potential benefits to others of taking part?

Your answers on the questionnaire will help to measure the effectiveness of the group’s approach to coping with dating violence. Your participation in the group may also be beneficial to others if they identify with things you share or find comfort through knowing that you are dealing with similar issues as them.

What are the possible disadvantages and risks of taking part?

The risks for participating in the group are minimal; however, the group will involve some discussions that may be difficult for you, and you may find that it is hard at first to talk in front of others about things you may feel are personal. You may find the group makes you emotional or upset in which case it is important that you speak with either me or Michelle, who is a trained counselor.

What happens if something goes wrong?

If there are any problems that arise in the group, it is important that you discuss them with Michelle or me. We will then work together to solve the problem.

Will my taking part in this project be kept private?

Everything you say in group will stay private and everyone will be asked to not discuss other participants outside of group. Michelle and I will help to maintain your confidentiality with the exception of a situation where you disclose potential harm to yourself or others, in which case it must be reported. If you disclose instances of child abuse it must also be reported. All data and questionnaires will be coded and kept in a locked file cabinet or in a password protected computer file. The only people with access to information that could identify you are Michelle, my college supervisor, or me. When I share the results of our group with others I will assign a set of initials to each of you to protect your confidentiality. After group is finished, all files will be kept in a locked file at [Redacted] for 10 years following the end of group. After 10 years the files will be destroyed.

Do You have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part, you will be asked to sign this consent form. If you do decide to take part, you are still free to withdraw at any time, without giving any reason, and without incurring any penalty. Withdrawing from the group will not affect the services provided to you through [Redacted].

Contact for further information.

This project has been approved by the Research Ethics Board at St. Lawrence College. The project will be developed under the supervision of Lana Di Fazio, my supervisor from St. Lawrence College, and Michelle, my supervisor at [Redacted]. I really appreciate your cooperation. If you have any additional questions or concerns, feel free to email me, Emily Britt at ebritt11@sl.on.ca, or Michelle at [Redacted]. Michelle can also be contacted through phone at [Redacted]. My
supervisor from St. Lawrence College can be contacted at Lana.Difazio@csc-scc.gc.ca or through phone at (613) 536-6215. You may also contact the Research Ethics Board at appliedresearch@sl.on.ca.

Consent

If you agree to participate in the project, please complete the following form and return it to me as soon as possible. A copy of this signed document will be given to you for your own records. An additional copy of your consent will be retained at [redacted].
Consent

By signing this form, I agree that:

- The research project has been explained to me.
- All my questions were answered.
- Possible harm and discomforts and possible benefits (if any) of this project have been explained to me.
- I understand that I have the right not to participate and the right to stop at any time.
- I am free now, and in the future, to ask any questions about the research project.
- I have been told that my personal information will be kept confidential.
- I understand that the results of this project may be published or presented in a professional forum.
- I understand that no information that would identify me will be released or printed without asking me first.
- I understand that I will receive a signed copy of this consent form.

I hereby consent to participate (or for my child to participate).

Participant/Parent/Guardian Printed Name: ____________________________

Age of Participant (If Under 16):______________

Signature: _______________________________ Date: __________

SLC Student Signature: ____________________ Date: __________

Printed Name: ____________________________

Witness: _________________________________ Date: __________

Printed Name: ____________________________
Appendix F: Session Protocol
Session One - Beginning Group:

1. Introductions:
   - Introduce Michelle and Emily and have participants introduce themselves and write their names on nametags.

2. Explanation of group and its purpose:
   - Describe psychoeducation and CBT and how they will be used in group. Discuss what the girls might get out of the group

3. Discuss confidentiality and its limits (sign consent forms)

4. Complete LEQ-H assessment

5. Icebreaker:
   - Pass around a can of random questions. Each person takes one piece of paper and reads the question aloud before answering it.

6. Group Discussion:
   - What brought people to the group/what do people hope to get out of the group? What types of things would participants like to talk about or focus on? Make suggestions if no one answers.

7. Review of what has been learned
   - Ask group to identify 3 things they learned…?
   - Talk about what will be discussed next session. When is next session?

8. Coffee/Food
**Session Two - Negative Self-Talk:**

1. Welcome

2. Re-introductions

3. Intro to negative self-talk
   - Discuss what negative self-talk is and what its consequences are. Why are these thoughts harmful? Discuss automatic thoughts and the importance of identifying them.

4. Ask participants to think of some of their automatic thoughts and share them with the group. How did these thoughts change their behaviour or perceptions of themselves? Were the thoughts helpful?

5. Discuss the link between thoughts, behaviour and emotions. Our thoughts and behaviours affect the way we feel about ourselves and this plays a big part in the way we live our lives and in how others see us.

6. Teach thought stopping techniques such as:
   - The rubber band technique
   - Yelling stop(in head)
   - Deep breathing techniques

7. Hand out negative self-talk monitoring form for homework. Ask everyone to try their best to complete it as accurately and as often as possible. It will be collected in the next session.

8. Coffee/Food
Session Three: Learned Helplessness:

1. Welcome

2. Complete LEQ-H

3. Take up last week’s homework. Discuss what participants found.

4. Introduce topic of learned helplessness.
   ➢ Talk about how it can be good in some situations but not in others.
   ➢ Discuss studies done on animals in regards to learned helplessness
   ➢ Talk about solution oriented vs. emotion focused coping

5. Ask if anyone can identify with the animals in the studies.
   ➢ Has anyone in the group ever shown signs of learned helplessness? Would they like to share with the group? Ask what the final outcome of the situation was. Did learned helplessness help or hurt them?

6. Share stories from Treating PTSD in battered women about learned helplessness

7. Ask for thoughts on the stories

8. Talk about how to overcome learned helplessness such as
   ➢ Utilize solution oriented solutions instead of emotion focused coping
   ➢ Seek help when you need it
*Ask for other strategies participants can think of

9. Coffee/food
**Session Four - Assertiveness Training**

1. Welcomes

2. Introduction to assertiveness:
   - Assertiveness is about empowerment and not tolerating disrespect
   - Being assertive is sometimes tough, but necessary

3. Participants take a conflict resolution quiz.
   - They will find their style and learn about the pros and cons of the style. Knowing how each person deals with conflict will help them to learn how to be more assertive.

4. Ask what can happen if someone does not act assertively in a situation when they need to. Discuss different scenarios

5. Discuss appropriate body language to use when being assertive
   - Always face the person straight on.
   - Maintain eye contact.
   - Avoid using body language that makes you seemed closed off - such as crossing arms or legs, or leaning away from someone.
   - Don’t make sudden movements or invade another person’s personal space.
   - Keep tone even. Don’t yell

6. How to identify when someone is being disrespectful or aggressive. Why it is important to not tolerate disrespect.

7. Assertive escalation
   - When someone backs you into a corner and gives you no choice, use assertive escalation.
   - In assertive escalation you use an ‘if’ statement followed by a “then” statement (e.g. if you do not leave me alone, then I will call the police)

8. Role plays to practice being assertive in different situations

9. Coffee/Food
Session Five-Self-Advocacy Cont’d:

1. Welcomes

2. Discussion of what participants remember from last week

3. Assertiveness versus aggressiveness- What’s the difference?
   - “Assertive behaviour is expressing feelings, wants, or opinions in a way that respects the rights
     and opinions of others”. * Key word is respect
   - “Aggressive behaviour is expressing feelings, wants, or opinions in a way that violates or
     disrespects the rights of others”.

4. Using I statements v. s you statements
   - Have girls conduct mock arguments and use an “I” statement. Then have them try using a “you”
     statement.
   - Get back in the group and ask how both statements felt to hear. Which one upset them more?
     Which one seemed more aggressive?

5. Participants share stories about dealing with aggressive people and how it felt. Also discuss the outcome
   (did being aggressive work?)

6. What to do if a situation turns violent? Safety planning

7. Discussion about guilt and assertiveness. Asking for things does not mean a person is being selfish or
   bad. You need to take care of yourself before you can be able to take care of others (use example of
   oxygen masks on airplanes-mom has to put it on before putting it on her child)

8. Homework: Practice being assertive in one situation this week. Report back next week

9. Coffee/Food
Session Six - Plans for the Future:

1. Welcome
2. Complete the LEQ-H
3. Discuss last week’s homework. Did anyone get to practice being assertive?
4. Talk about the fact that this is the last session.
5. Discuss what the participants have learned. Each person tells one thing that they learned in group
6. Talk about what the girls plans are for the future. What are their next steps?
7. Coffee/Food