A Counseling Group for Children of Cancer Patients

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Abstract:

Cancer affects not just the patient but also the entire family system. The effect of a parent's cancer on young children in the family may lead to emotional distress and school problems. This article describes guidelines for a counseling group for elementary school children of cancer patients to be led by the school counselor and meet in the school. The purpose of this article is to provide the information necessary to implement such a group.

Article:

Cancer is the second leading cause of death in the United States. Half of all men and one third of all women in the United States will develop cancer during their lives (American Cancer Society, 2000). Cancer not only affects the patient but also the family system. According to Veach (1999), mental health professionals are being asked more frequently to help families to cope with cancer. Among the issues that counselors are helping patients and their families address are anticipatory grief (Rando, 1988, 1995); managing the stresses on the family (Doka, 1995b); coping with anger, anxiety, fear, and depression (American Cancer Society, 2000); and loss of control.

Young children in the family are affected by cancer in several unique ways. They are often expected to take on adult roles and responsibilities (Doka, 1995b; Rait & Lederburg, 1989). Young children may fear abandonment or fear getting cancer as well (Compas, Worsham, Ey, & Howell, 1996). Children may feel that they are to blame for the changes in the family that are happening around them (Doka, 1995b). They may respond with several emotions to the illness in their family, including anger, fear, sadness, anxiety, and guilt as well as a desire for their lives to return to normal (Call, 1990). Children may also report having higher levels of depression, lower self-esteem, increased anxiety, more behavior problems, and lower social competence than children whose parents do not have cancer (Siegel et al., 1992). Christ (2000) noted that problems are more likely to be seen when it is the mother who has cancer. The child also may respond by acting out at school (Wellisch, 1979). Acting out may be caused by role changes (as mentioned earlier) and increased chores or duties. Young children's school performance may suffer, their grades may drop, and they might exhibit school phobia (Christ, 2000). Thus, counseling or other interventions may be warranted to maintain self-esteem and social competence as well as assessing anxiety and depression.

Altshuler and Ruble (1989) studied the strategies that children use to cope with uncontrollable stress. The authors found several developmental implications, especially for young children. Some of these implications included young children may not perceive the stressful nature of a situation and thus not implement the correct strategy, young children have trouble problem solving, and avoidance is a popular strategy for young children to use. Thus, a group would be useful to help children learn effective coping strategies, learn more about cancer, identify their feelings, and help the families as well.

There is limited information in the literature addressing groups for children of cancer patients. The focus in the literature is mainly on support groups for cancer patients or information on cancer. Group programs have been designed specifically for children of cancer patients such as Kids Can Cope (Taylor-Brown, Acheson, & Farber, 1993), a psychoeducational group that focuses on helping children learn about cancer and its treatment, creating a

safe environment where they can share their feelings and helping them to find coping strategies. For Kids Only is a similar psychoeducational program that helps children with their experiences and provides them age-appropriate information defined by a program committee. This program committee is made up of a multidisciplinary team of nurses, doctors, psychologist, occupational therapists, social workers, and cancer-survivor volunteers (Bedway & Smith, 1996). Another psychoeducational group program for children of cancer patients is Bear Essentials. This program was developed at Missouri Baptist Cancer Center in St. Louis. The focus is on helping families to understand how children explain illness, separation, and loss; to allow spouses, patients, and children to discuss concerns in a supportive environment; and to help the child develop coping strategies to deal with his or her parent's illness (Greening, 1992). Cancer Family Care, Inc. is a community-based agency in Cincinnati that has reached out to the children of cancer patients by providing psychoeducational and counseling groups in schools (Call, 1990). Groups are offered for children with an ill family member as well as for bereaved children. These groups are co-led by an agency social worker and a school counselor for children in Grades 6 through 12. They are run for 10 weeks during school time for 50 to 55 minutes.

There are a number of reasons why a group for children of cancer patients is needed in schools. Few such group counseling programs are available to children in any setting. Even in communities where a program might be available, families in which one parent has cancer may already feel their resources of time and energy stretched too far to include additional outside activities. Young children already spend a significant portion of their week in school, making it a convenient and familiar setting in which to deliver counseling services. Children may be reluctant or fearful to attend a hospital-based group. Finally, because the stresses created by having a family member with cancer can directly affect students' school performance (Siegel et al., 1992; Wellisch, 1979), school is an appropriate place to address these issues.

The group should be structured as both a psychoeducational group and a counseling group. The leader teaches the group members basic facts about cancer (psychoeducation) and provides a safe environment in which the children can share their feelings (counseling). Bergin (1999) called this type of group a "topic-specific group:"

> In topic-specific groups, members all share similar concerns about a given situation or condition....The group setting gives members the opportunity to understand the issue in more depth, to explore and express feelings, and to identify copying strategies. Group members learn that their feelings are normal, that their peers often feel the same way, and that they have options to help them deal more effectively with the problems and thus reestablish personal autonomy and happiness. They also receive feedback and support from others who understand what they are experiencing because they have similar problems. (p. 322)

The remainder of this article provides guidelines for developing a school-based group for young children of cancer patients.

A MODEL OF GROUP WORK

Group Goals

Cognitive Goals

Increase group participants' knowledge and understanding about cancer. Bedway and Smith (1996), Greening (1992), and Taylor-Brown et al. (1993) all suggested that children lack accurate information about cancer. Le Vieux (1993) noted that children have a limited understanding of anatomy and physiology. Rando (1995) stressed the importance of providing information about the illness in reducing the child's level of anxiety; she emphasized that both medical and psychoeducational information about the illness and its effects on the family be provided. Christ (2000) recommended that the following three types of information be provided: (a) "the name of the disease, its progress, symptoms, treatments, and causes" (p. 75); (b) changes in the patient's appearance and behavior due to the disease and its treatment; and (c) the disease prognosis.

Increase group participants' awareness of services available through the school counselor. Elementary school children may not be aware of what the school counselor does (Corey & Corey, 1997; Myrick, 1993; Peterson, 1999).

Affective Goals

Help group participants identify their feelings and use appropriate coping skills. Young children of cancer patients may have difficulties with their feelings (Siegel et al., 1992; Taylor-Brown et al., 1993; Wellisch, 1979). Children may need help in developing an emotional vocabulary and labeling their feelings (Le Vieux, 1993).

Behavioral Goals

Help group participants use appropriate coping skills. Young children of cancer patients may lack appropriate coping strategies (Altshuler & Ruble, 1989; Band & Weisz, 1988; Greening, 1992). Stresses in the family caused by the parent's illness may cause acting out at school (Wellisch, 1979).

Procedural Issues

This section of the article will describe procedural issues including the size of the group, setting, timing, length of group, and group leadership.

Group size. A group of this type should be small (Schmidt, 1999). According to Corey and Corey (1997), "the younger the children, the smaller the group and the shorter the duration of the sessions" (p. 298). Similarly, for example, Smead (1995) recommended groups of six to eight for elementary school children; Gazda (1989) recommended groups of no more than five young elementary school children. Four to six young children is a good size for this group, allowing each child plenty of opportunity to speak and be heard and also allowing for sufficient group interaction even if a group member is absent from school.

Timing of the group. When conducting groups in schools, timing can be a difficult issue (Schmidt, 1999). Work with teachers to arrange a time for the group that will be most convenient for the teachers and children. Although Le Vieux (1993) stressed the benefits of consistent meeting day and time, Smead (1995) suggested that a way of minimizing the effect on students' academics is to vary the time of the group each week so that the members do not always miss the same instructional period (i.e., math or reading). This may be helpful in building support from teachers for the group program. Balance these considerations based on the situation in your school.

Length and number of sessions. Weekly or twice-weekly half-hour sessions are appropriate for this kind of small counseling group (Smead, 1995). With young children, duration of sessions should be kept short (Corey & Corey, 1997). Furthermore, half-hour sessions minimize the effect on the classrooms.

> I try to be sensitive to the reactions of both students and teachers to interrupting the learning process. Too much time out of class for extended periods can cause additional stress, and we are all concerned with supporting and enhancing the learning process, not disrupting it. (Corey & Corey, 1997, p. 314)

Smead (1995) recommended that groups for children be relatively short term, between 8 and 12 sessions. The model presented in this article outlines a 10-session group.

Recruitment, Screening, and Selection

Recruitment. To recruit students for the group, inform teachers, the principal, and parents about the formation of the group and its purpose. These key members of the school community can then refer students to the counselor for screening and selection.

Screening and selection. Describe the group to those children who are referred. It is important to put the description of the group in terms that young children can understand. For example, tell them that a group of children are going to meet once a week for several weeks to talk about their parents who have cancer. Tell them that you are going to do several activities such as play games, read stories, and draw pictures. Assess them for their appropriateness for group and for their compatibility with other group members (Bergin, 1999). Among other things, it is important to screen for verbal ability, the ability to understand confidentiality, and willingness to participate and self-disclose (Bergin, 1999). "Individuals who are initiators, cognitive, expressive, other-oriented, and willing to risk self-disclosure should be included in the group to balance those who are primarily followers, reflective, quiet, self-oriented, and low risk-takers" (Bergin, 1999, p. 307). It also is probably wise to screen out

children whose parents are in the end stages of their illness and expected to die during the weeks of the group. A death is likely to have a strong negative influence, impacting the group process. If the student is appropriate for group, ask the child if he or she is interested in participating. Then, seek parental permission through a permission slip to be signed and returned. Corey and Corey (1997) provided an excellent example of such a parental permission letter; Smead (1995) provided another excellent example.

Anticipate parents' concerns. The permission letter should contain information about the group that answers common questions and anticipates parental concerns. It is likely that parents may feel that the illness is a family matter in which the school should not be involved (Stevenson, 1995). In addition, sometimes parents in families affected by serious illness wish to maintain at least a semblance of normal life for the children (Doka, 1995b) or to avoid the subject of the illness (Bluebond-Langner, 1995).

Preparation

Leader preparation. Review the psychoeducational materials recommended for use in this group and basic information about children and grief (e.g., see Corr & Corr, 1996; Doka, 1995a; Rando, 1995; Wolfelt, 1983). Morganett (1990) also recommended that leaders carefully examine their own experiences with and feelings about loss, grief, and death. Groups for young children are more activity oriented (Smead, 1995); therefore, more materials will need to be organized than for a group for older adolescents or adults. To prepare for each session, outline the group's activities for that session and have the necessary materials ready, including games, books, and puppets. This includes making copies if needed and gathering art materials such as drawing paper, markers, and crayons. Smead (1995) also stressed the importance of letting school personnel know that the group is not to be disturbed or interrupted except in cases of emergency.

Member preparation. Explain to the group members your expectations of group members and what they can expect from you (Corey & Corey, 1997). Involve the children in setting the rules for the group (Corey & Corey, 1997; Smead, 1995). Confidentiality needs to be stressed (Corey & Corey, 1997; Smead, 1995). One could explain confidentiality to children as "Whatever is said in group stays in group" (Smead, 1995, p. 94).

Organization and Content of Sessions

Structure. A group of this kind for young children needs more structure than a group for older adolescents or adults, largely because young children have shorter attention spans (Corey & Corey, 1997). Furthermore, Smead (1995) encouraged the counselor's deliberate use of structure to help children express their feelings and be creative. In addition, because time for groups in schools is usually limited, it is important to make the most of the time available by having a clear structure (Fields & Smead, 1998). Therefore, activities and time for discussion for each session need to be carefully planned.

Group bonding activities (ice breakers) are particularly important in the first few sessions to help members become acquainted and to begin setting norms (Smead, 1995). The getting-acquainted activity may take up the majority of the first session because it is so important to establishing group cohesion and group norms. Later sessions are more content focused, with about half of the group time devoted to working through activities. After processing the session's activity, you may wish to have a simple closing ritual that you use each week (i.e., a group hand-shake, where the children form a circle and squeeze each other's hands). Peterson (1995) recommended having a closing activity at each session:

> It is always a good idea to end a session with some kind of summary or tying-up activity, whether you provide it yourself or offer your students the opportunity. Inherent in closure is the reminder that their discussion is purposeful, that they share common concerns, and that they have been heard. Making a habit of systematic closure sends a message that time will be provided and protected for pulling strands together and reflecting. (p. 5)

Ending. Particularly in a group such as this one, which deals with loss issues, it is important to handle the ending of the group very carefully. Start talking about the ending of the group two to three sessions in advance (Smead, 1995).

Content. Following is a sample outline of a 10-session group. Times provided are estimates.

Session 1: Getting Started in Group

Session goals:

1. Group members become acquainted.
2. Learn about confidentiality.
3. Group rules are established.

Introduction (3 minutes)

1. Explain why group members are here; one of their parents has cancer.
2. Explain what we will do and when we will meet; we will talk, play games, draw, and read books. We will meet once a week for 10 weeks.

Opening activity—Temperature Check: On a scale of 1 to 10, how do you feel today? (4 minutes)

Talk about confidentiality. (10 minutes)

1. What is confidentiality?
2. Say that group motto is: "Whatever is said in group, stays in group" (Smead, 1995, p. 94).
3. Make sure they understand this concept and have them sign a piece of drawing paper with their name that they agree to follow this motto. They can just write their first name and draw a little picture like a smiley face.

Talk about group rules. (5 minutes)

1. What kind of rules would you like to have for our group?
2. Let them make up the rules; write them on drawing paper.

Activity: Dice game (7 minutes)

1. Write on small squares of construction paper a number and favorite things, such as food, game, TV show, day-of-the-week, color, and pet.
2. Number of dice roll corresponds to answer given; for example, if you roll a 1, tell us your favorite food.
3. This is a good way for the leader to learn more about the children.

End with a group closing ritual (group handshake and stickers). (1 minute)

Session 2: Thinking, Feeling, and Behaving

Session goals:

1. Learn distinctions between thoughts, feelings, and actions.
2. Learn about process questions.

Opening activity—Feelings check, pointing to how you feel today on a feelings poster. (4 minutes)

Check in: Ask them how their parent is doing. (5 minutes)

Processing from last session: Go over rules. (3 minutes)

Talk about thinking, feeling, and behaving (Smead, 1995). (17 minutes)

1. Go over worksheet and examples (Smead, 1995).
2. Their task is to make a group poster showing thinking, feeling, and behaving or doing. This poster has to have a common theme.
3. The children must agree about this theme. Everyone must participate in drawing.

Introduce the concept of process questions (Smead, 1995) (see Appendix). Each child should be given a chance to answer questions. Have them take turns weekly reading the questions to the group. These questions can be written on construction paper and laminated for longer use. (5 minutes)

1. Read Process Questions 3, 5, and 6.

Group closing ritual (same as Session 1). (1 minute)

Session 3: Connecting With Others

Session goals:

1. To practice linking (Smead, 1995).
2. To begin to identify commonalities with other group members.

Opening activity—Feelings check. (4 minutes)

Check in: Update on parent's condition. (3 minutes)

Process last session: Work on poster. (7 minutes)
Spider web activity (10 minutes)

1. The children stand in a circle and pass yarn around while telling some-thing about themselves, such as I felt angry when, and so on. Then the child passes it to another person who connects with them while holding on to his or her piece of yarn. This activity shows linking by asking children to say "I connected with you, [child's name], when you said . . ." (Smead, 1995, p. 129).
2. Eventually, a spider web design is made, and the child can see that the group members are connected emotionally and physically.

Process Questions 2, 3, and 5. (5 minutes)
Group closing ritual (same as Session 1). (1 minute)

Session 4: Feelings
Session goals:

1. To identify feelings.
2. To develop a "feelings vocabulary."
3. To learn skills for coping with feelings.

Opening activity—Feelings check. (4 minutes)
Check in and processing of last session. (3 minutes)
Play Go Fish by Fisher Price. (15 minutes)

1. Modify Go Fish game by writing basic feeling words on sides of boats, such as angry, happy, sad, and afraid (S. McNeany, personal communication, August 31, 1999).
2. Use a chart of feelings (Smead, 1995) to write feeling words corresponding to the basic feelings on matching fishes.
3. Children take turns "going fishing."When a fish is picked, the child says "I feel _____ when ____."For example, if the fish they picked said nervous, the child might say "I feel nervous when my mom goes to the hospital."
4. This game is a good way to learn new feeling words, practice sharing, taking turns, listening, and expressing feelings. Also, coping skills for these feelings can be discussed. For example, when you feel angry, what do you do?

Process Questions 9, 3, 5, and 10. (5 minutes)
Group closing ritual (same as Session 1). (1 minute)

Session 5: Learning About Cancer and About the Hospital
Session goal:

1. To learn facts about cancer and cancer treatment.

Opening activity—Temperature check. (4 minutes)
Check in and processing of last session. (3 minutes)
Read half of *When Eric's Mom Fought Cancer* (Vigna, 1993). (9 minutes)

1. Discuss the pictures and topics presented in the book.
2. The leader can stop after each page and discuss what happened so far. For example, on the cover is a picture of Eric with his mother who is wearing a turban around her head. The children can discuss whether their parents were losing their hair and what kinds of thing they wear on their heads. The book also talks about going to the hospital. The children can talk about going to the hospital and their feelings about being in the hospital.

Start creating a book for the children that you will give them back at the last session. Use the first two pages from *Someone I Love Died* (Deaton, 1994). Have the child write his or her name and a picture on the cover page (Deaton, 1994) and draw a picture of how they feel today (Deaton, 1994). This book is about death, but many of the pages are relevant, especially the ones concerning feelings and changes. Selected pages (pp. 1-4) can be used without discussing death. (8 minutes)
Process Questions 1, 4, and 7. (5 minutes)
Group closing ritual (same as previous sessions). (1 minute)

Session 6: Changes in the Family

Session goals:

1. To discuss changes in the family that have occurred because of the parent's cancer.
2. To discover commonalities with other group members.

Opening activity—Temperature check. (4 minutes)
Check in and processing of last session. (3 minutes)
Read other half of *When Eric's Mom Fought Cancer* (Vigna, 1993). (17 minutes)

1. Discuss pages.
2. Draw a picture of your family.
3. Draw changes in your family, things you used to do.

Process Questions 1, 4, and 7. (5 minutes)
Group closing ritual (same as previous sessions). (1 minute)

Session 7: Changes in the Family

Session goals:

1. To discuss changes in the child's experiences because of the parent's cancer.
2. To discuss feelings about these changes.

Opening activity—Feelings check. (4 minutes)
Discuss termination. (2 minutes)
Check in and processing. (3 minutes)
Read from *Are You Tired Again? I Understand* (Deutsch, 1998). (8 minutes)

1. Talk about the parent being tired.
2. Changes.

Draw a picture of things you wish you could do but cannot since Mom or Dad is sick. (7 minutes)
Process Questions 6, 8, and 5. (5 minutes)
Group closing ritual. (1 minute)

Session 8: Coping

Session goals:

1. To learn ways of coping with sadness.
2. To begin to plan for termination.

Opening activity—Temperature check. (4 minutes)
Mention there are two more sessions left. (2 minutes)
Check in and processing. (3 minutes)
Make a "Moment of Happiness" envelope; this activity is taken from *My Family Is Living With Cancer Workbook* (Hazouri & McLaughlin, 1994). Have them decorate a business-sized envelope with crayons, markers, or stickers. Then, have them think of happy times that they spent with their family member who is ill and write those down on small slips of paper. These slips can be placed in the envelope, and when they are feeling sad, they can take out the envelope, read the thoughts, and remember the happy times. (10 minutes)
Start to plan a puppet show about what they have learned. They can show how they will cope, how they feel, and so on. (5 minutes)
Process Questions 2, 5, and 3. (5 minutes)
Group closing ritual. (1 minute)

Session 9: Reviewing What We've Learned

Session goals:

1. To review and realize what each member has learned.
2. To prepare for termination.

Opening activity—Feelings check. (4 minutes)
Mention that next time is the last session. (2 minutes) Check in and processing. (3 minutes)
Puppet show. (15 minutes)
Process Questions 3, 6, and 5. (5 minutes)
Group closing ritual. (1 minute)

Session 10: Saying Goodbye

Session goals:

1. To help members cope with feelings about the ending of the group.
2. To model the importance of saying goodbye and how to do it.
3. To learn how to get help from the counselor if needed.

Opening activity—Feelings check. (4 minutes)

Check in and processing. (5 minutes)

Have them give each other compliments. Draw a sun on a piece of paper with rays coming out and write in middle "These are some nice things that people said about me" (K. Coder, personal communication, February 24, 1999). Copy onto brightly colored paper. Ask each child to write a compliment and sign their initials on a ray and pass around for each group member. (10 minutes)

1. Ask them what they thought of what other group members wrote about them.
2. How do you feel?

Discuss what they learned in group. (3 minutes)

Closing remarks—let them know that you are always there to talk to and that you will check up on them. (2 minutes)

Process Questions 4, 9, 5, and 10. (5 minutes)

Group closing ritual and extra treat for last time. (1 minute)

Possible Adaptations

This group could be run with older students. The leader may want to provide less structure in that case and give more time for discussion (Corey & Corey, 1997). The length of the group sessions may be increased if the attention span is longer and the school schedule permits. The techniques and activities used would have to be age appropriate (Corey & Corey, 1997). Morganett (1990) and Peterson (1995) provided useful information on groups for adolescents as well as several age-appropriate activities that could be used in this group.

One could also operate the group in a nonschool setting, such as a church or hospital, or as an after-school activity. In these cases, transportation may be a potential problem given the stresses on the family due to the illness of one of the parents.

Also, a coleader may be warranted if the group is large. Corey and Corey (1997) suggested three to five children for one leader for children ages 6 to 11; Greening (1992) recommended a ratio of four children to each adult for children ages 4 to 8 due to their developmental differences in such areas as language and motor skills. Some leaders of groups for children find that a coleader of the opposite sex is particularly effective (Corey & Corey, 1997).

DISCUSSION AND CONCLUSIONS

The group that inspired this article was developed when the first author, an elementary school counselor, became aware that many of the children in her school had parents who had cancer. Some of these children experienced many changes in their lives due to the parents' illness and the transitions associated with illness, such as moving. For some of these children, their school performance and behavior were affected. It seemed obvious that there was a need for help for these children. Group could provide a place where the child would be able to share his or her feelings and concerns in a safe, supportive environment where there were other children experiencing similar concerns.

Some parents did not wish their children to participate in the group. They expressed their desire for their children to "have a more normal life" and questioned the ability of young children to maintain confidentiality. These kinds of concerns on the part of parents should be anticipated by a school counselor wishing to initiate this kind of group.

The children bonded as a group and served as a source of support for each other. They appreciated learning that they were not the only ones going through this issue. At times, the group leader seemed almost unnecessary as the children began to talk about key issues such as chemotherapy and hair loss. They also seemed to enjoy just being together. Frequently, they would ask, "When is group?" or "Do we have group today?" At times, there was

resistance from group members to discuss their parent with cancer. It was just too much for them. This is a good time to explore these feelings and to discuss what is going on. Also, members may display extreme emotions or act out during group or in the classroom. It is a good idea to check in with their teachers and to ask about their classroom behavior. Acting out can be discussed in group. Smead (1995) provided useful guidelines for dealing with problem behaviors in group.

The experience with this group was very positive. The teaching staff supported having the school counselor to run such a group. Having a safe environment where they can discuss this issue as well as their feelings helped the students tremendously. Given the stresses they experience at home and the reluctance of people in general to discuss cancer, particularly with young children, school may be the only place where they can talk freely about these topics.

Problems with initiating and running such a group include objections from parents who may be reluctant to have their children discuss family matters with other children, concerns about confidentiality, and the feeling that participation in group will make their children feel worse about the situation. Likewise, teachers may be reluctant to refer students to the group. In a large school it also may be difficult to identify potential members if teachers and other school personnel are not informed about the family situation. Practical issues may also pose problems. It may be hard for the children to meet as a group due to scheduling and absence of members. When there is a small group and one member is missing, it makes a big difference. However, when all benefits and problems are considered, this is a much-needed group for these children whose needs may otherwise be overlooked.

APPENDIX

Examples of Process Questions From *Skills and Techniques for Group Work With Children and Adolescents* (Smead, 1995, pp. 163-164)

1. How do you feel now compared to the beginning of the group?
2. What surprised you about group today?
3. What were you thinking while waiting to share?
4. What was it like for you to be a group member?
5. What did you notice other group members doing? What behaviors?
6. What were you feeling while waiting to share?
7. What new ideas or things did you learn from group today?
8. What was it like for you to share about _____ in group today?
9. What upset or pleased you about group today?
10. How can you apply what you learned in group?

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