MY group : middle years group for Jacob's Heart Children's Cancer Support Services

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Recommended Citation
Keywords: childhood cancer, art therapy, pre-adolescents, friendship skills, coping, Jacob’s Heart

Abstract: MY Group is an art therapy group for pre-adolescents with cancer. This curriculum was facilitated to help pre-adolescents living with cancer make peer connections, strengthen self-confidence, develop friendship-building skills, increase self-worth, and learn coping strategies for stressful situations, while restoring joy in their lives and overcoming obstacles they faced.
Executive Summary

Jacob’s Heart Children’s Cancer Support Services is an agency that provides emotional and financial support services to children with cancer and their families as they struggle to overcome the obstacles they face. Services are open to all families with children who have been diagnosed with cancer before becoming an adult. Jacob’s Heart provides many opportunities for children of all ages to become involved; however, there has been a history of little involvement from clients who are between the ages of 9 to 13. There were programs for young children, adolescents, and young adults, but there were no programs directly focused on serving pre-adolescents and their specific needs.

Because of their developmental stage, pre-adolescents have very different needs than younger or older children. Most of these needs are related to the healthy development of identity, self-esteem, and peer support. When a pre-adolescent is also struggling with the challenges faced with cancer, a healthy self-perspective and safety net of supportive peers is indispensable. Many pre-adolescents with cancer become isolated and are unable to maintain healthy relationships with peers and family. This isolation is due to the extensive amount of time in hospitals for treatments and appointments, and at time a result of over-protection from their families. Although isolation is rarely intended, it has many negative effects on pre-adolescents fighting cancer and their survival rates.

Physical, social, and environmental isolation handicaps these pre-adolescents from expressing healthy emotions, identifying how to build friendships and support, and identifying a healthy self-image. MY Group was designed and implemented to address these unmet needs and
concerns. The creative activities facilitated were designed as a reflection of my literature review and the participants’ input. These activities aided the children in building self-confidence, friendship-making skills, and identifying healthy coping skills while understanding the many emotions and challenges related to being a pre-adolescent with cancer.

MY Group was designed to aid the participants of the group to build certain skills related to self-perception, coping, and friendship-making. In order to understand the success of the group, daily observations and conversations were conducted, in addition to the post program evaluation. The findings of these evaluations were that the children identified having more positive feelings about themselves, were able to build personal and friendship-making skills, and felt a sense of safety, trust, and comfort with the facilitators and group members. In addition to what the children were able to identify, I, along with my co-facilitator, was able to identify the children becoming more vocal about their feelings, empowered to be who they were, and willing to socialize with the facilitators and other participants.

**Description of Agency**

“Our mission is to improve the quality of life for children with cancer and to support their families in the challenges they face” (Jacob’s Heart Children’s Cancer Support Services, 2006)

Jacob’s Heart Children’s Cancer Support Services, founded in 1998, is a non-profit agency serving children, teens, and young adults with cancer and their families in the Santa Cruz, San Benito, and Monterey Counties. The agency provides free support services for individuals and families actively in cancer treatment, in remission of cancer, and families who have lost a child to cancer (Houston, 2008).
The goal of this agency is to provide emotional and financial healing and support during the time of the child’s illness, as well as during the time of recovery, survival, and/or death. This healing and support is done on a personal level as well as on a family and community based level. Services are given through oral communication techniques, such as counseling and therapy, both in English and Spanish, and through other therapeutic forms, such as art therapy and peer group support (Garcia, 2008).

The strategies Jacob’s Heart uses to achieve the goal of healing and support is through many programs and dynamic family based opportunities. The agency provides kid friendly art therapy classes, such as “Art from the Heart,” and many sibling and family groups, such as “Family Art Night,” to help build healing and support within families that may have been lost during the stressful times associated with cancer. In addition to these, and many more programs, the agency provides counseling, financial assistance, and many resources to the individual with the cancer, and the family as a whole. This kind of support does not heal their illness in any way, but it makes the struggle a little more joyful and less stressful (Houston, 2008).

Unmet Need:

According to the Debra Houston, the Family Services Director at Jacob’s Heart, there are many services for the children and families; however, there seems to be a forgotten age group. Young children and older adolescents have many family and peer groups they attend varying in activities from art projects to outings in the tri-county area. Nonetheless, pre-adolescents, about ages 9-13, have been the least active within the agency. This lack of activity, noticed by parents of children in this age group and agency staff, could be a result of the age group and their lack of interest, or the result of not having a group or program that fits their needs (Houston, 2008).
In the recent history of pediatric oncology, the medical field of childhood cancer, “advances” have “resulted in significant increases in the survival rate of these youths” (Madan-Swain, 2000). These heightened survival rates attribute to adolescents having a much higher respect and awareness of their quality of life. Because these children have gone through extraordinary physical and emotional trauma, as a result of their cancer, the state of survival contributes to the child’s positive outlook on their survival and “well-being” (De Clercq et al, 2004). Nonetheless, the trauma of “enduring invasive cancer treatments” (Melissa et al, 2003), and the physical and emotional toll ascribed to cancer and its treatments, has produced a need for “late effects” awareness and long term family and child support, which would bring an understanding of the side effects of the illness and treatments used (Meyer et al, 2005).

Coping with cancer, as a pre-adolescent and adolescent, is a life of many adjustments. Between the hospital visits, side effects of medications, and illness imposed family stress; many of these youthful individuals find little time and physical and emotional energy to maintain healthy family, school, and peer relationships (Manne et al, 1998). In order to adjust to the “difficulties associated with the cancer experience,” many children adopt unhealthy skills such as “depressive attributes and avoidance coping,” as well has having difficulties with social competence (Frank et al, 1996). Children cancer survivors have a higher rate of being “socially withdrawn” (Kazak et al, 2005) and “socially isolated” (Vannatta et al, 1998). During the ages of pre-adolescents and adolescents, peer relationships are not just a “luxury,” but are fundamental for the development of adequate social skills and for the emergence of a healthy self-concept,” and personal identity within society (Vannatta et al, 1998).
Children who exhibit socially withdrawn and isolated behaviors may be presenting signs of posttraumatic medical stress (PTMS), “a set of psychological and physiological responses of children and their families to pain, injury, serious illness, medical procedures, and invasive or frightening treatment experiences.” PTMS can lead to identity confusion, while leaving a child feeling “helpless” and filling them with “feelings of fear and horror” (Kazak et al, 2006).

Considering the circumstances the child is faced with, it is natural that these feelings and effects are present in the lives of many children with cancer; however, being able to address these issues as a child is less natural for their developmental stage. Providing peer and social support “is seen as protective against the development of distress…and in adjustment to cancer” (Kazak et al, 2005). In addition, for survivors who begin to re-attend school and who have had common changes in appearance during the cancer treatment process, having a supportive peer group makes the readjustment process much easier (Kazak et al, 2005). Because peers are such an important part of child and identity development, having supportive peers, family members, and community members establishes high self-esteem in children with, or surviving, cancer, especially those with concerns related to emotions and “body image” (Kopel, 1998).

**Project Description:**

Because children with, or surviving from, cancer have many identity issues, some of which are associated with posttraumatic medical stress (PTMS), how they and others perceive their body image, and social isolation, this group of children need an outlet of peer and community support, in addition to the family support they may, or may not, be receiving.

As a capstone project I, in collaboration with Jacob’s Heart, created a peer group that recognized the struggles of identity that children may be facing, while helping them build self-
esteem and self-worth. The program is called Middle Years Group (MY Group) and served clients of the agency who are in pre-adolescence.

The projects and activities developed proactively addressed the many dynamics and challenges these pre-adolescents face. The facilitation of the group and activities used were the foundation for providing a safe environment for the children to discover skills, feelings, friendships, challenges, and personal identity. This discovery process came through in words, art, physical expression, and body language.

This group began the third week of August and ended the third week in November. It was held once a week for ten weeks in order to build a strong and supportive bond. With help from Debra Houston, my agency mentor, and Bridget Goin, the co-facilitator for MY Group, we contacted families with children in this age range to find the interested participants. This contact began in the summer and was continued up until the week before the group began.

The activities included: Kniffty Knitters Beanies, Power Shields, Be a Creator, Share the Canvas, Tasty Art, Body Painting, Piñata and the Heart, and Pizza Party. Kniffty Knitters Beanies was an activity where the kids were able to learn a new skill, how to make a beanie, for themselves and for their fellow peers, all children with cancer. This activity helped the kids to recognize their ability to create while helping them to identify different ways to use their skills to help others they meet in and outside of the hospital.

The Power Shields activity involved recognition of the people, things, and symbols that represented and supported them. Like the Native Americans warriors and European soldiers who had shields that identified who they were, what they believed in, and what gave them support, the kids were able to create their own shield that told a story of who they were, where they have
come from, and what they feel supports them. This activity was a visual reminder of the different ways each of us recognizes and needs support in our lives.

Like Power Shields, Be a Creator gave the kids a chance to create something that supported them. This activity allowed the kids to invent something, giving it a name and purpose, which would give them support during the difficult times in their lives. This allowed the kids to identify an area in their life where they felt they needed support. It also encouraged them to think of creative ways to support themselves and their unmet needs.

In addition to helping the kids recognize how to support themselves, we also wanted to establish a sense of peer support. Share the Canvas was a pumpkin painting activity. This activity allowed the kids to paint a section of many pumpkins. There were enough pumpkins for each person in the group, and each person was given an equal amount of time to paint on each pumpkin. The last pumpkin the participants painted on became their own pumpkin they were able to take home with them. These pumpkins became a reminder of the gifts and support that they are able to share with each other, in and outside of the group.

Building a sense of support and community was very significant for this group. Tasty Art, a friendship-building activity, was a fun activity where the kids decorated a cookie for themselves and all the other participants of the group. Because the kids of the group identified not knowing how to build friendships, this activity was very important to their social development. The participants of MY Group, like many children with cancer, spend most of their time in hospitals and at home with their families, leaving little time for socializing with peers. This activity allowed for a comfortable environment where the kids could partake of a needed part of their development, peer support and socialization.
Building a healthy level of safety and comfort is crucial to providing a safe place for the kids to share their feelings and experiences. Body Painting was a project that enabled the kids to identify their feelings. After the kids identified many feelings vocally, they were able to paint the feelings they have experienced onto a life-size canvas shaped like the human body. The kids were able to give each of their feelings a color and location on their body, what the feeling looked like and where they felt it. This helped them to identify where they felt feelings of confusion, anger, happiness, joy, anxiousness, and excitement.

After discovering how successful Body Painting was, we decided to implement another project that helped the children identify their feelings and where they come from. *Piñata* and the Heart was an activity where the kids were able to identify the situations, words, and experiences where their hearts were happy, hurt, confused, angry, and every other feeling the heart expresses and recognizes. The *piñatas* were made out of gift bags that had collaged hearts on the front. The discussion was around what our hearts tells us and what our hearts would say if they could talk. On the outside of the *piñatas* the kids glued strips of paper with words, phrases, situations, and experiences that made their hearts angry, unheard, afraid, or hurt. Then the kids were asked to write things that gave their hearts joy, strength, or a “voice” and to put those strips in their own bag, as well as one positive thing that they wanted to share with their peers.

When the kids were finished decorating and filling their *piñatas* we went outside and gave each one of the kids an opportunity to destroy their *piñata* and all the bad things that their heart has felt in their lives. While one of the kids was hitting their *piñata*, the rest of the kids stood back and cheered on their peer with the words or phrases their peer appreciated hearing. When each person had gotten out all they needed to get out in hitting their “bag of pain” an
explosion of gifts, words of encouragement, and healthy coping books and tools came pouring out. The kids quickly realized that this activity was a great way for them to release some of those uncomfortable feelings our heart feels. We then talked about other safe and healthy ways to release feelings of anger, fear, frustration, sadness, anxiety, joy, happiness, and love. This activity helped the children to identify feelings and situations that have been painful or encouraging, and gave each participant an opportunity to be encouraged by their peers.

Building on this peer support, we wanted to provide the kids with a day of, somewhat unstructured, peer socializing. On the last day of MY Group, we had a Pizza Party. This was a social event where the kids were able to engage in and feel comfortable with the friendships and peer connections they had made throughout the group. Each one of the kids ordered their own personal pizza that they were able to eat while playing and engaging with their peers. During this session we talked about transitions, changes, and what they would take with them from the group. We ended with an award giving and celebration of completion of the group. Each certificate identified the individual gifts, talents, and characteristics of participants.

In addition to conducting daily verbal and observational evaluations with the kids and their comfort and social levels with their feelings and peers, I also conducted a post program evaluation. With the combination of the two evaluation processes, I had hoped to gain a better understanding of the ways the MY Group was, or was not, successful in addressing the unmet needs my literature review, my agency mentor, and the kids had addressed.

This evaluation process provided me with the information that the group had accomplished its goals. The goals MY Group was developed to accomplish were to give the participants a healthy and safe environment where they could develop peer trust, self-esteem,
personal identity and skills, and friendship-making skills. The kids had identified that participating in MY Group had helped them to have more positive feelings about themselves and to develop personal and friendship-making skills. The kids had also identified that they felt a sense of safety, trust, and comfort with the facilitators and group members. With an analysis of their survey answers and observations of their interactions with their peers and the MY Group discussions, throughout the ten week program, these kids made huge improvement in their ability to feel comfortable enough to be themselves and to share their feelings and experiences in a healthy and healing environment, vocally and artistically.

**University Vision Statement’s Impact on Project:**

As a California State University, Monterey Bay (CSUMB) student, I have been well versed on the values of the university. The MY Group is in direct correlation with the campus vision statement, to build a culturally aware environment where students are serving, teaching and learning in the classroom as well in the community (California State University, Monterey Bay, 1994).

The Collaborative Health and Human Services (CHHS) major has assisted my learning and skill development, thus enabling me to embrace and “cultivate creative and productive talents” (California State University, Monterey Bay, 1994). As a soon to be graduate, the internship I am engaged in and the group I have created has directed me towards “abilities to contribute to California’s high quality work force, the critical thinking abilities to be a productive citizen, and the social responsibility and skills to be a community builder” (California State University, Monterey Bay, 1994). By taking creative leadership, I have been encouraged to think critically, creatively, and responsibly in order to become culturally sensitive to the children
and their backgrounds and cultures, primarily focused on issues related to childhood cancer.
This project opportunity allowed me to work with children, with diverse backgrounds, and
establish a sense of self-esteem and identity. I also worked at creating an environment where the
children became more aware of their peers and their struggles. This multi-dimensional program
nurtured gave the children a foundation for becoming future socially responsible community
leaders.

**Major Learning Outcomes Related to Project:**

The Major Learning Outcomes (MLO) most relevant to this capstone project are:
Knowledge of Health and Human Services, Professional Ethics, Leadership, Cross Cultural
Competency, Financial Management, and Information Management (Collaborative Health and
Human Services, 2007). These MLOs address the social work, ethical, and cross cultural
awareness skills needed in order to serve the children at Jacob’s Heart.

The Knowledge of Health and Human Services MLO addresses the knowledge, skills,
and attitudes needed in order to become a problem solving, critically thinking, and effective
professional in diverse communities (Collaborative Health and Human Services, 2007).

Establishing, implementing, and evaluating the program that has been implemented at Jacob’s
Heart has encourage my growth in all these areas.

As the creator and implementer of the MY Group program, I had identify health related
issues and areas of problem-solving during the planning process in order to have a successful
program. Nonetheless, the major problem-solving skills and attitudes were developed and used
while working with the children while addressing their illness related concerns, fears, and
struggles and aiding them to address and overcome such issues in a healthy and healing environment.

As I problem-solved through the barriers that arose, I had to be able to critically think of new solutions, better ways of approaching situations, and the most productive and appropriate way to address the concerns of childhood cancer identity issues. Critically thinking enabled me to address problems before they could arise, as well as address solutions for unpredictable problems and concerns that become apparent while developing and implementing the program.

In addition to critically addressing the problems and situations that arise, I also had to be able to evaluate my program, its success, and the impact made on the children. This evaluation was essential in the understanding of the program, children, and outcomes. Without effective evaluation skills, there is no way to measure the success of the program and the children in identifying their personal identity and self-worth.

In order to accurately become a responsible social worker intern, I exhibited a high level of professional ethics and leadership. These two skills, as addressed by their MLO’s, were the foundation of respect for confidentiality, adhering to agency policies, identifying and successfully working through any and all ethical dilemmas that arose throughout the course of the project, and maintaining the role of facilitator of the group allowing for reciprocal learning for all stakeholders (Collaborative Health and Human Services, 2007). Effectively addressing these ethical dilemmas, leadership roles, and adopting them in a professional and responsible manner allowed for a healthier and safer environment and example for the stakeholders involved, such as the agency, participants, participants’ families, myself, and CSUMB.
As an ethically professional social worker and leader, I have the awareness and attitude to work with cross cultural individuals. During the process of interning at Jacob’s Heart I was able to work with many non-native English speakers, many individuals of different nationalities, and youth survivors and fighters of cancer. These are all cultures I am currently not a part of, however; I was able to become engaged and further aware of these cultures as I interacted with clients of the agency and continued my research on such topics. By understanding the clients further, I was able to further provide resources and services that accurately addressed their specific needs and desires (Collaborative Health and Human Services, 2007).

In order to provide necessary resources and services to the participants of the group, I had to find the financial resources to financially support MY Group. Because I did not want to take resources away from other Jacob’s Heart programs, I drafted and submitted donation letters to companies to get materials donated. I also approached individual and private donors to support this project and the kids who participated in the group. These efforts were a huge success. Many of the materials, snacks, and gifts to the children were donated, saving the agency from taking resources away from other services. This success has given me the confidence to use these skills in my future professional positions.

In addition to all of these MLOs, I was also able to develop my knowledge, skills, and attitudes in the area of information management. This aspect quickly became an area of use when I conducted my literature review and began to develop my program activities. Knowing where to find reliable resources and how to use them was an invaluable skill to have during this process. Understanding information management also gave me the knowledge and skills to
develop flyers, create powerpoint presentations, provide resources to the kids, and develop surveys using many of the Microsoft programs.

The collaboration of these MLOs became the foundation of a professional, ethical, and successful program. Using the knowledge, skills, and attitudes identified by these MLOs expanded my learning and ability to creatively develop and implement a group focused on meeting the unmet needs of an underserved population.

**Conclusion:**

MY Group, a ten week art therapy group for pre-adolescents with cancer, was a huge success. The group incorporated professional and kid friendly group counseling skills, that proactively addressed the needs of these pre-adolescents surviving and fighting cancer. The kids were able to participate in an environment where peer connections were built, friendships were made, feelings, identity, and self-worth were addressed and better understood, and empowerment for each person was achieved. Each of the kids acknowledged their individual growth during the group and the benefits the program brought the participants as a peer group. The participants gained knowledge, skills, and attitudes to address and cope with hurtful, joyful, and confusing situations.

In addition to serving the specific needs of the MY Group participants, this group also benefited the agency greatly. The kids vocalized their desire to have the group continue and the value they saw in such a group. The agency recognized the innovative foundation and development of this program, and will be continuing this program for pre-adolescents and other children of the agency.
This program not only addressed the concerns and unmet needs for children with cancer, but also provided an environment where the kids could receive personalized attention for the development of their identity and personal growth. Most importantly, this group re-connected these kids with their peers, giving them an opportunity to not feel so physically and emotionally isolated.

Identifying and meeting the needs of these kids was a huge accomplishment; however, the learning aspect of this experience was an even greater accomplishment. The most profound learning experience I gained through this program was the awareness of being present with people where they are at in live, allowing them to be who they are as long as no one is harmed, and that I have the ability to be a professional social worker, who can be a leader for great change. This growth has taught me that when I want to make a difference, I can. This difference can be accomplished through collaborating the passion I have always had with the knowledge, skills, and attitudes I have developed and will continue to develop as a future professional.

My recommendations for professionals of Jacob’s Heart, and agencies that wish to incorporate a program like MY Group, are to first and foremost, be present and sincere with the clients. This kind of sincerity should be addressed in the group, but could also be implemented during individual check-ups. Clients, especially children, know when adults are being insincere; this does not build a foundation of trust and safety. Doing personal check-ups with the clients during the group meetings, and on an individual basis outside of the group, will add to the trust and sense of safety the client has with the facilitators.

Sincerity will also allow room for planned structure and planned flexibility during planned and unplanned situations. Because children with cancer experience different levels of
energy, as a result of their traumatic treatments and health conditions, allowing changes and breaks as needed will help the children to feel safe with vocalizing their bodies’ needs and empower them to take healthy care of themselves.

These short breaks, and structured sections at the beginning of the group while facilitators are setting up, can become a great opportunity to incorporate social growth. Because social and peer isolation is so common with children with cancer, allowing for time where social interactions happen can encourage the children to build healthy connections with each other. These opportunities gave the kids the chance to negotiate, compromise, and laugh with each other on a regular basis as they became more comfortable with themselves and each other.

Feeling comfortable with themselves will not only help them to communicate better with their peers, but also with the facilitators. Leaving room for this communication with periods of silence is very important. As a facilitator, silence can feel awkward and uncomfortable, but this silence can become an invitation for the client to share or reflect. This sharing or reflection, if giving a chance, can be extremely profound.

These recommendations are some of the most important learning experiences I have discovered through this capstone process. Although I worked with children with cancer, I believe that these skills can, and should, be used when working with children of all ages. This kind of awareness will be noticed by the clients, and will build for a healthy and successful foundation for most groups.
Resources:

Garcia, S. (2008). [Interview with Susie Garcia, bilingual family service coordinator of Jacob’s Heart Children’s Support Services].

Houston, D. (2008). [Interview with Debra Houston, family services director of Jacob’s Heart Children’s Support Services].


**Appendix A:** (Survey given to participants)

*Jacob’s Heart Children’s Cancer Support Services*

**Client Services Evaluation**

Thank you for taking the time to evaluate your counselors and group sessions. Your feedback helps us improve our services.

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In each category, please circle the number that best describes your experience in the support group based on the rating scale below:

1. **Counselors attempts to make me feel safe and comfortable to be myself**
   - [ ] ☹ 1 2 3 4 5

2. **I feel listened to**
   - [ ] ☹ 1 2 3 4 5

3. **I feel safe with and trust the counselors and other group members**
   - [ ] ☹ 1 2 3 4 5

4. **What we do is important to me**
   - [ ] ☹ 1 2 3 4 5

5. **I feel better or have more positive feelings about myself from the group**
   - [ ] ☹ 1 2 3 4 5

6. **This group helps me build friendship skills**
   - [ ] ☹ 1 2 3 4 5
7. This group is helpful

😊 | | | | | 😞

1 2 3 4 5

8. I want to continue to have this group

😊 | | | | | 😞

1 2 3 4 5

What is something important you have learned about yourself so far?

What is your favorite activity?

What is your least favorite activity?

Are there things we have not talked about or done that are important to you?
Appendix B: (MY Group Flyer that was printed in English and Spanish)

Get excited because the MY Group is coming!!!

A creative and fun group for kids who are in their Middle Years and are 8-13 years old!

MY Group is for Jacob’s Heart kids in or out of treatment who are interested in a fun, exciting, and creative time! The group will build self-confidence, skills, and friendships.

The group will be meeting on Tuesdays from 4:00 – 6:00pm at one of the Jacob’s Heart offices. Rides will be available.

MY Group will start on September 16, 2008 and conclude with a celebration on October 21, 2008.

Facilitated by Bridget Goin, Family Specialist and Nicole Sadd, CSUMB Intern

To register for this group please contact Bridget at 831-724-9100 x108