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The CLAP Group: A group for children with cleft lip and palate

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***Abstract**: This paper highlights the rationale and implementation of a child centred group within a medical setting. This potentially closed group is made up of pre-adolescent children with a cleft lip and palate facial disfigurement (CLAP). The proposed group formation is two fold as it tackles the emotional aspect of having a CLAP while also educating the group on how to handle issues of self esteem and bullying. The importance of competent planning and co-facilitation is portrayed within the paper. The potential limitations of the group are also discussed in detail. This paper also marries groupwork theory with other social work perspectives to help create a more balanced approach to the planning, formation, implementation and analysis of the group's dynamics.*

***Keywords**: professional awareness and control; self esteem; planning; skill; creativity; child centred; limitations; empowerment; groupwork*

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Introduction and background of the group

The initial idea of forming a potential group for CLAP (*Cleft Lip and Palate,* referred to as CLAP for the remainder of the paper) children occurred when the opportunity to engage in direct work with a male child occurred within my placement in a medical setting. The realisation of the potentially positive impact of this child meeting other children with CLAP could be phenomenal. To date this child lived in a rural community setting and was the only child in his school with a facial disfigurement. The simple notion of creating a private and closed forum for children with CLAP had not been previously devised. Sometimes in practice certain challenges presented are not difficult to remedy and solutions can be easy to find.

The concept of creating a group for these children is a relatively straight forward and pragmatic response. During the research stage I became very overwhelmed with ideas and images of how to create a fun group with an undertone of support and learning. The notion of groupwork became very tangible and appropriate. For the first time in my practice the realisation that groupwork is a a transferable tool regardless of age or needs became starkly obvious. Direct work is time consuming and rewarding, but a group of CLAP children would be much more beneficial for the children as it could instil peer supports which could outlive the group in the future. I actually became excited with the prospect of presenting my findings to the relevant team leader and the feedback from the agency. Overall the team leader conveyed that the rationale for the group was indeed very child centred and practical, as running the group demanded less time from the social worker than conducting weekly one to one sessions with the children. Also the structure and planning of the group was within the exact guidelines and policy of the official procedures of the hospital. In essence the team leader was impressed and satisfied that the proposed implementation of close group met all the hospital requirements and standards.

> goal-directed activity with small treatment and task groups aimed at meeting socio-emotional needs and accomplishing tasks. This activity is directed to individual members of a group and to the group as a whole within a system of service delivery'(Toseland et al., 2001, p .12)

Rationale for the group

The group which I planned to facilitate is a group of children aged between 10 and 12 years of age with cleft lip and palate facial disfigurement. The rationale for this is not to change social attitudes towards group members but to empower the group regarding their low self esteem.

These clients have been identified through the medical psychosocial assessment on an individual basis. The need was identified to create a forum where the children could discuss their experiences around primarily the facial disfigurement and also the speech impediments- (which is a side effect of the cleft condition) and also to discuss how they have addressed bullying to date. It is an opportunity to demonstrate relevant responses and techniques to deal with any further bullying. The group formation is two fold as it tackles the emotional aspect of having a CLAP, also it educates the children on how to handle future instances of harassment as they soon enter adolescence. As adolescence is a period of rapid change and growth, it is also a period of self awareness of one's own body. Children with CLAP are already self conscious regarding their facial disfigurement and generally possess low levels of self esteem. The justification for a group was not due to limited resources, it was to expose the clients to other children in the same situation with similar facial disfigurement and to create a forum of understanding and self help.

> groupwork can provide an environment in which the individual members have an experience of inclusion, with others 'in the same boat' (Doel et al. 1999, p. 56)

The reasoning for this was to create a more positive impression for the children of the hospital, as to date, any visit to a hospital was for medical intervention which can be intimidating and invasive.

This is an opportunity to demonstrate the social work role within a medical model of care. Also the majority of paediatric hospitals have private consultation rooms available which are child centred and not the clinical consultancy rooms in which children would have normally been assessed. It was designated from the earliest conception that this group would automatically be a closed group due to the age and sensitivity of the children involved.

Planning the group

The planning process of the group is by far the most time consuming, yet a highly necessary integral part of the group process which if planned correctly will hopefully lead to a successful outcome. Doel et al (1999) provide very clear and concise guidelines to assist the early planning of the group.

At the earliest planning stage the notion of purpose was considered. According to Kurland et al (1998) '*purpose is the why*' - hence the rationale for creating a group. The purpose needs to be honest and specific to meet the client's needs. In this context the facilitator has already identified that the purpose of the group is to create a peer support socially interactive forum, but also to address issues that may arise or have already arisen for the group; pertaining to their CLAP. The facilitator acknowledges that the purpose of the group is not static but may change according to the issues and topics that the clients bring forward. A positive outcome for the duration of the group is the awareness that '*a group's purpose is defined as the ends which the group collectively will pursue*' (ibid, p.3),remembering the need for honesty and clarity with clients from the earliest conception of the group.

Need

The need for this group was identified from having completed psychosocial assessment of each child on an individual basis while they attended the CLAP clinic. The common theme that existed in each client was the negative body image derived from the facial and orthodontic disfigurement. Also the clients' lack of social interaction with other children with facial disfigurement.

Purpose

This group shall be formed on the premise that the initial body image of the clients is negative which has exasperated their low self esteem. The associated feelings and emotions of poor body image at a crucial age of pre-adolescence is a concerning factor. The secondary purpose of the group which was acknowledged from the individual assessments was the issue of bullying from classmates and children in the community,

and the need for the children to socially engage with children that have CLAP. The purpose of the group may even evolve further once the group begins and the clients may voice their own issues and concerns.

Composition

As mentioned it shall be a closed group of approximately 6 children ranging from 10 to 12 years old. There are many commonalities within this group, the main one are the facial disfigurement and speech impediment. In addition these children have all experienced medical intervention and have undergone certain reconstructive procedures that are age appropriate. These children have also previously disclosed that they have experienced bullying while in school or out playing.

Structure

The weekly sessions shall be held in the child-centred consultancy rooms based in the hospital. This facility is adequately insured and has private toilets adjacent to the room and the principal medial social worker is also aware of the weekly sessions and has flagged any concerns.

Context

The context of the weekly sessions shall be led by two facilitators and shall incorporate games, art, role playing and drama. The rationale for such fun activities is age related and it was felt that participation and interaction from the clients was a primary aim.

Pre group contact

Both facilitators have previously met with the parents while they attended clinic with their child. The concept of a group formation was well received. A protocol telephone call and follow up letter shall be sent to the parents outlining the proposed schedule of dates and the venue. Upon permission and acceptance of the parents of their interest in the group it was proposed that a colourful, child orientated invitation could be sent to the proposed client. This concept is two

fold, it creates intrigue for the child and it also creates ownership and the beginnings of empowerment for the child to return its' own letter of acceptance to the facilitator.

In essence this is the beginning of the group in the planning stage, and it highlights the practicalities of forming a group. It also creates the forum of discussion around the selection process of the group members and it raises the query of single or co-facilitation.

The norm has currently moved towards co-facilitation for many reasons and in this case co-facilitation was felt to be the correct route due to the composition of the group.

Facilitator and co-facilitator

The need to identify the benefit of co-facilitation in the context of this group was acknowledged very early in the planning and conceptualisation of the group. The co–facilitator is experienced with dealing with children.

In particular her social work speciality is working with children with cleft palates and disfigurements in a counselling role. Brown (1992) noted that 'co-workers as a pair, also offer a model of interpersonal relationship' (p. 59).

In this case it is a male and female combination that will facilitate the group and it is worth noting that a female figure may place the children at ease and may signify a maternal role. A male facilitator may also be considered as an opportunity to role model in a positive fashion and may place young boys at ease. Prior to initiating the concept of the group both myself and the co-facilitator discussed in detail what skills, knowledge and personality traits we both shall bring to this assemblage to enhance the group outcome. According to Brown (1992) the main skill for facilitators is to be reactive to events that occur sporadically in the group setting.

The issue was noted that as a facilitator how different or similar the clients' experiences are compared with our own. Our rationale was that even though our face may not be disfigured, the feelings of isolation and bullying that the group are experiencing are significant and relatable. Doel (1999) encourages the facilitator to embody their position of the central person within the group composition as the

group leader. In this context the children would be familiar with the role of adults in the hospital environment of being in control. It is a valid observation to be aware of regarding the expressions of power that the facilitator may use. As a facilitator my potential role is to engage the group in exchanging viewpoints and stories. An awareness of the role of the leadership needs to be addressed in the planning stage.

According to Brown (1999) the person with the leadership role may forget that they are denying their group members reaching their full potential if they are overly anxious with retaining the leadership task. There is potential danger of that happening when the group is composed of children. The need to model the leadership style of a democratic approach would be best suited to this group. This specialised group actually facilitates the theories of both task and maintenance leadership. Again this would resonate with the rationale for co-facilitation with this group. My personality would lend better to task orientated goals while my colleague and co-facilitators' personality would lend better to relationship – orientated style of practice.

Power: Care and control

The use of power by the facilitators may be a contentious issue. Power is sometimes perceived as a negative entity that many social workers wish to avoid.

According to Brown (1992) social workers' internal conflict regarding the burden of power as the issue of control needs to be addressed prior to commencing the group. He felt that group members cannot be fully helped if the social worker '*denies*' their authority by trying to become part of the group and not maintaining certain boundaries.

By placing these children together with similar issues does not mean that they will automatically function as a group but as a room of individuals. A trusting environment must first be created. A positive feature of this group is that and the co-facilitator have already engaged with each child on an individual basis. It is the responsibility of the facilitator to both lead and ultimately build a relationship with the group members. This dichotomy may be a struggle to create but is necessary in this group capacity. It may offer relief to the children to realise that they are not alone in society.

The undertone of the group is to promote individual change as the group experience such issues on a personal level

> using groupwork to reduce the powerlessness, isolation and stigma attached to members as individuals and as clients' (Preston-Shoot, 2007, p. 19)

With this notion in mind, just because these children are coming together in a group does not automatically mean that they will find the experience liberating. Hence one must acknowledge the group limitations and that certain children may benefit more by retaining individual direct work with the facilitator.

One of the main topics on the agenda for the group is to discuss what the meaning of the word *taboo* resonates for the group. Obviously constantly bearing in mind that this group comprises of children, it will take creative explaining from the facilitator to help the members understand the concept of the word. By naming such taboos for the group, it might be the catalyst for the members to engage in discussions based on their experiences to date

Contributing factors

The foundation of the approach is child centred to make it age appropriate. One huge factor to planning the group is to make it fun and enjoyable or else they will not come back. Such concepts as *guided group fantasy* with the use of a magic box or the magic wardrobes work sheets can be used. This incorporates art and it opens up the opportunity for the clients to identify their innermost thoughts or secrets in a private capacity.

They then can take it home and put it in a special secret place, this act creates control over their thoughts. Even though this task began as group process there is still ample opportunities to develop individual direct work, as this tool or technique of the magic box may be kept until such time as the child may present this artefact to initiate a one to one session; if the group is unable to meet the child's needs. It allows the client to enhance their imagination skills and it will also link in with solution focused therapy.

It is also a derivative of the concept of group maintenance skills

identified by Brown (1980) when he highlighted the need for 'mobilising the therapeutic potential'

Trust is a huge part of any group, so group maintenance skills are about developing group unity and promoting a feeling of security. A trusting relationship in this group forum might instigate disclosures around the children's feelings which can be in the format of either verbal or non verbal communication.

Theoretical perspectives

> most of the resources and strengths to solve their own problems. (Sharry. 2001, pg. 7)

Groupwork is an opportunity for members to exhibit areas of change which may not have been achieved through individual work. It is the '*group think*' mentality that may encourage steps towards change from a client. The goal is to create a positive group identity without diminishing the self esteem of the group. This group is not to highlight the negatives in the clients' lives but to arm them with the self esteem and knowledge to combat feelings of selflessness.

My rationale for including a solution focused approach to this group is twofold. The main reason is its linkage with the person or in this case the child centred approach. Within the medical model of care within the hospital setting the focus is placed on parental decision making and usually does not include the child's preference or feelings around the planned intervention.

Also my first encounter with solution-focused therapy was on placement. With solution focused therapy multiple clients are not a problem, provided that all their different goals are clarified and common goals are identified and are worked towards. The origins of this therapy has its foundation in family therapy. Sharry (2001) describes the concept of solution-focused work as a method for clients to re-establish their empowerment and to locate the resources available to them within their ecological perspective. The need to develop realistic goals with the members may spark the motivation for change.

The mechanism of the group should be looked at as '*integrated solution-focused group*', as it allows for the incorporation of other therapeutic

models of intervention. The concept of brief groupwork is especially beneficial for children to retain their engagement and motivation.

Overall the notion of meeting the client '*where they are at'* is a common term used by social workers in practice. With children that are heavily engaged with the medical model regarding CLAP the hope is to help change their perception of hospitals from primarily negative and painful experiences to a more rounded holistic one. The resilience of children is a reccuring theme that presents itself on regular occasions. Hence the motivation to incorporate child centred perspectives; was in my eyes highly appropriate. The concept of solution focussed theory is the basis of medical social work intervention. It needs to be substantiated with other theories and perspectives, as on its own it is too narrow and does not directly meet the needs of the clients.

The notion of transferability was also a factor when devising and researching the literature pertaining to this group.

Even though the concept of a group in a medical setting is the main aim of this paper, there is plenty of scope for this format and implementation of the fundamentals to be transferred into other agencies. For example the format could be used with children that are bullied in primary school and could be used as a weekly focus group in the school environment to combat the victims' feelings of powerlessness and lack of self esteem.

The format is also transferable with minor tweaking to a group of children in a community setting or youth club, as the basic fundamentals still remain constant but the subject matter or the rationale for initiating a group may differ. It is the responsibility of the facilitator in the pre planning stage to not just transfer this concept into a new group but to analysis the needs and purpose and change the format accordingly to suit the potential new groups' needs.

Other perspectives automatically contribute to the holistic approach of child centred groupwork. It would be naïve to consider only one approach as the child centred approach traditionally has its roots in the humanistic perspective. The inevitable systems approach is also applicable as it would view the group as a system and the members as a sub system.

Value base

The awareness that all groupworkers possess some type of value base approach to groupwork must first be acknowledged. A worker's actions in the group will be affected by their innate personal value system. Maintaining a non judgemental attitude to this particular client base is a must. A basic value of the social worker is respect of the group members' opinion and input in whatever capacity. Groupwork should be supportive and inclusive rather than intensifying any existing sense of exclusion

Values are vital for groupwork hence the need for facilitators to have a value clarification exercise during the planning stages. Anti-oppressive practice and anti discriminatory practice is imperative while facilitating this group.

The need for an element of fun as a learning tool should be incorporated. This will encourage the leaders not to be in control constantly, to step back and leave the group progress organically. The nature of person centred value is to engage in the other and to view clients in a positive frame to help form social inclusion. This demonstrates the need for a multi facet approach to dealing with groups from a value perspective.

Pre- planning fundamentals of the first meeting

The notion of an *icebreake*r is to build trust, break tension and get to know the kids as they get to know each other. It is a very worthy task that should be the theme for the beginning of every session.

The importance of naming the group is significant on many levels. It helps create participation from the members and also creates a sense of identity. It conveys the ownership of the group and encourages group interaction and discussion. If the situation occurs whereupon two strong camps emerge on two names then conflict resolution will have to create a forum of working together. It is also liberating for members to name their group. This can be the opening exercise of the group along with firstly designing colourful name tags that has to show one feature of their personality. Such examples could be the name tag in the shape

of a butterfly or coloured pink to signify a meaning behind choosing their theme. These two tasks alone are very enjoyable and create the first opportunity for group interaction and familiarisation.

The next task should be a discussion on group rules; this can be done in a round robin style of interacting, which will enable each client to participate. It is the facilitator's role to define the objective and timeframe of the group and to highlight and acknowledge in child friendly language the concepts of self empowerment, isolation, knowledge, participation, increase self esteem and awareness, realisation of the goal and problem solving. The agenda can be discussed with an input from the clients.

The facilitator and co-facilitator can both outline what each session may entail. This is a perfect opportunity to open the floor and see if there are any questions, always being mindful that certain clients may not like to participate so openly.

Conclusion

> ... groupwork takes time to design successfully and to set up effectively' (Preston-Shoot. 2007. Pg, 63)

The initial planning and facilitation of any group is fraught with many dilemmas. Many of these concerns can be eradicated in the early stages of planning the group. Hence the need for meticulous preparation in the early stages of the group planning.

Regarding the potential formation of this group the primary undertone was the age appropriateness of the work carried out and in the fashion it was executed. The necessity for planning the group is imperative to a successful outcome. Once the facilitators are vividly aware of the perspectives and values that lend themselves to a successful goal orientated group task, then this can be tweaked to convey the same goal to the children in the group. Within the confines of this group the early assumption would be to stereotype all the clients in the group; this itself is a form of oppressive practice. It is a natural presumption to class all the children as having very low self esteem and body image but in reality this is counter productive. Even though all of these children are in the group with an apparent disfigurement, their individual personality and levels of realisation needs to be addressed within the

group format. Another valid and valued perspective is the positive impact good relationships between the facilitators and the children will have on the outcome. In essence good planning and facilitation are the backbone of the successful group.

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