



INTRODUCTION

USING THE MANUAL



FEAST OR FAMINE

Some therapists say that doing group therapy with adolescents is no picnic, but others claim it is the icing on the cake. Most acknowledge it is an essential part of a balanced therapeutic diet.

This manual is more a menu planner than a cookbook, offering an array of selections that create an attractive, as well as a nourishing, menu for teens, both troubled and not. Although the basic meals are planned, there is ample room for the signature of the therapist who prepares them. The individuality of the therapist's own seasoning and presentation makes each experience unique. Similarly, alterations in the manual (such as the order of exercises you use) may be made to fit the needs of the school, agency, or other institution.

Group leaders should feel free to cater to the appetites of their groups or to their own tastes when planning each session. The activities do not need to be followed in the order of their appearance in the manual; for example, one week an exercise from the section "Living With Family" may be chosen, whereas the next week's selection might come from the section "Living With Discovery."

The 52-week curriculum presupposes a once-a-week therapy experience. If your group meets once a week, you have a complete curriculum for an entire year. However, if you need a daily group session for 3 weeks (or 2 or even 1), the manual has it; just choose which exercise you want each day. This manual is your go-to resource whenever you need a structured exercise for your group.

The materials required for each session usually are provided with the exercise. For several exercises, however, you will need to acquire some materials before the session. Those materials are listed in the "Materials" section of each exercise. The materials involve minimal expenditure and should not threaten the budget of any institution, agency, or individual.

Advance preparation by leader or member is seldom required. When it is, look to the “Method” section of the exercise. It is best to read through all of the exercises before you use the curriculum for the first time. You then can determine the order in which you want to proceed, the materials you need to gather or purchase, and the exercises that require some advance preparation. Of course, when you are actually working with a group, it is important to be sensitive to topics generated in one session that might point the way to selection of the next exercise. Another option is to use an exercise periodically. I led one group in a school setting this way. The participants in the group often needed to talk about classroom and school issues, so we used a structured exercise during every other group session. You may have a direction in mind, or you may choose to follow the order of exercises in the manual, but being ready to make changes according to the needs and interests of the group is essential.

SINK OR SWIM

Whether by choice or by chance, and at some point in their careers, most mental health professionals who work with teens experience the “call” to lead group therapy sessions. A plunge into the waters of group therapy with adolescents can make for an exhilarating swim or a frustrating, exhausting struggle. This manual is intended to provide support for therapists in meeting the challenge.

The curriculum for group experiences offered here may be used exactly as presented or be altered to meet the needs of the particular institution, school, agency, or therapist. The purpose of the manual is to provide the mental health professional with a strategy for working with adolescents in the group setting.

This is a how-to, hands-on manual for the busy therapist. It is assumed that the therapist using this manual understands basic techniques for leading groups and has knowledge and experience specific to adolescents. I hope the manual will be useful to veteran clinicians, while offering a foundation for those newer to the field.

BEGGED, BORROWED, OR STOLEN

The curriculum of exercises in this manual was developed during many years of trial and error. The exercises chosen are more the result of evolution than of selection. Many were borrowed from the work of colleagues, some were taken from workshops and seminars with slight alterations, and most were created by me. This manual is the result of collecting, trying, critiquing, and cataloging each exercise. To my knowledge, not one has been lifted from material or texts under copyright.

Good group activities circulate among professionals like good jokes on the Internet. One struggles to remember just how a particular group activity was constructed or what successful group exercise was shared by a colleague at that conference last fall. This manual describes and organizes such material.

A study of the initial curriculum also was conducted. At a hospital-based psychiatric unit for adolescents, 305 patients were asked to fill out questionnaires after participating in groups in which the curriculum was used. The adolescents were of both sexes, aged 11 to 18 years. The groups were open; that is, patients came into and left the curriculum as they were admitted to and discharged from the institution.

Participants answered questionnaires at the end of each group exercise. Anonymity of respondents was ensured each week in an attempt to encourage honest responses. The survey form (Carrell, 1991, p. 4) used a Likert scale, and a mean analysis was performed on the data collected.

Results reflected the developmental concerns of adolescence. The favorite exercises were those in which peer interaction was the prevalent theme. The less a leader was involved, the higher an exercise was rated by the teens. Favored exercises cast the leader in the role of benevolent coach, encouraging and supporting participation in the group activity. Less enthusiastically received exercises put the leader in a more formal teaching role.

A number of exercises were such abysmal failures that they were eliminated before the data were analyzed. Those that failed did not capture the teens' interest; either the subject was not pertinent or the format for the exercise lacked appeal.

Exercises that were not described as fun but that seemed necessary were left in the curriculum because they provide information needed by most teens. For example, the "Loss Cycle" exercise is not exciting or fun, but an understanding of the phases of grieving has been valuable for healthy teens experiencing loss and has been a turning point in the course of recovery for many troubled teens; thus the exercise remains in the curriculum.

The survey form included a space for respondents to suggest topics, but no topic was mentioned that was not already included in the curriculum. The topic most frequently requested was sex.

Additions made to the text in subsequent editions were not subjected to research and were added at the author's discretion.

TURF AND TERRITORY

Turf and territory issues between disciplines are all too familiar in the mental health professions. Basically, we all own the same land. Some of us fence it, some cultivate it, some mow it, some analyze its composition, and some recreate on it. Our different perspectives ensure that the land is used to the fullest. School counselors, psychiatrists, juvenile officers, nurses, professional counselors, recreation therapists, social workers, psychologists, mental health technicians, occupational therapists, and music and art therapists all do group work with adolescents. There is room for all of us.

I once worked in a psychiatric hospital where only social workers were allowed to do group therapy—ridiculous! I worked in another where only psychiatrists did group work—equally ridiculous!

Hospitalized and institutionalized teens need as much therapy as possible. Third-party payment vendors are beginning to demand it. One therapy group a day for hospitalized adolescents is not enough. This curriculum can stand alone as the group therapy experience for teens in outpatient settings such as private practice clinics or schools, but it serves equally well as one of several group modalities in inpatient settings. Objectives identified at the beginning of each exercise should be helpful to those clinicians developing treatment plans for their clients or patients.

There is really no room for the fear that spawns territorial conflict among mental health professionals; troubled teens need us all.

THE BIG PICTURE

The curriculum was designed to address six goals:

1. Develop a sense of belonging to a group
2. Decrease feelings of uniqueness
3. Increase self-confidence
4. Enhance insight
5. Increase self-awareness
6. Support developmental tasks of adolescence

Each exercise identifies specific objectives that move group members toward attainment of these more global goals.

THE BASIC PATTERN: ONE SIZE FITS ALL

Whether your group is in a hospital or a classroom, this pattern will fit:

- A. Seating arrangement should be in a circle. Sitting around a table is not recommended: The table can serve as a barrier that inhibits openness and intimacy. The group circle, whether on the floor or in chairs or on couches or on beanbags, is a signature of group therapy and sets the experience apart from other activities. If the use of a table is required by the exercise (e.g., when group members write or draw on a worksheet), move the group to the table or tables to do the work and then bring group members back together in the circle to share and process.
- B. The round-robin method of sharing is effective in adolescent groups. Teens are not skilled in social intercourse, and unstructured interaction can be threatening. In round-robin, each member knows when it is his or her turn to speak; this method also ensures the leader's control of the length of time allotted to each member. The leader can change this format at any time, with any exercise, to encourage practice of spontaneous interaction in the group setting.
- C. The Group Statement (p. 36) should be read at the beginning of each group session. The therapist may choose a member to read it each time, the group may elect a member each time, or the leader may ask for a volunteer. Ownership of the group experience is reiterated in the Group Statement, and the rules are defined. It is an effective way to bring the focus of the group to the task at hand.

NAMING THE GROUP

Between Teens Group is the name suggested in the manual. This name was chosen because it emphasizes teen-to-teen relationships. What you call your group, however, is up to you. You may come up with a name that is more descriptive of your group's membership—*Discovery Group* or *Self-Esteem Group*, for example. Or you may want to have your group members decide on a name themselves. That in itself is an interesting group exercise (see

“Naming the Group and Creating a Logo” in the Living With Peers section). I have used the name *Between Teens Group* in inpatient treatment facilities, faith-based facilities, and schools. It seems to work well, and most people like it.

USING THE TEEN GROUP JOURNALS

Journaling is a valuable tool for enhancing emotional health and has been used as a technique in psychotherapy for many years. Introducing journaling to your group members may be the beginning of a practice that will serve them well for the rest of their lives. Most adolescents know what a diary is but may not understand journaling, which is not the same as keeping a diary. Diaries are written accounts of daily life, while journals are written accounts of emotional life. Often, keeping a diary comes with the unpleasant pressure to make daily entries. There is no schedule required in journaling; one only makes entries when there are emotions that need to be expressed.

Journaling is effective for several reasons:

- Journaling is cathartic. It allows for expression and release of thoughts and feelings that are uncomfortable.
- Journaling helps the writer make sense of the thoughts and feelings that tend to float in and out of consciousness. In the process of writing, those thoughts and feelings must be organized into logical syntax, which clarifies their meaning. The writer gains an understanding of his or her own emotions.
- Journaling can help the writer prepare for talking about his or her feelings with another person. Many people report that they feel more comfortable talking about emotional material after it has been committed to the written word.
- Journaling can tap into subconscious, intuitive material that might not otherwise be unearthed by writers. Thus, writers may learn something about themselves that they were not aware of.
- Journal owners learn to protect their privacy, which is good practice for becoming responsible.
- Reviewing journal entries can be helpful in identifying feelings because, when they read them again, writers often deepen the conviction of their feelings or find they've changed the way they feel since writing the entry.

The journals that accompany the text are designed especially for adolescents. They are sized to fit in a purse or backpack and are spiral-bound to facilitate writing on a flat surface. Contemporary artwork and timely drawings that appeal to teens are included. “My Doodle Pages” interspersed among the blank, lined pages encourage the journal owners to express themselves with art and symbols as well as words. Most important, the teen journals not only offer self-generated composition but also provide guided journaling. The journals are structured with questions and comments that inspire and encourage contemplation of and response to important issues of adolescence.

Journaling is a private affair. Tell your group members that no one will read their journals without permission—and that includes you. Suggest they stow their journals in a safe, private place that unwelcome readers will not be apt to find. Invite them to write in their journals after each exercise and whenever they find themselves mulling over situations and feelings that are painful, distressing, joyful, or unclear. Sometimes, journaling will be a part of their group experience, so they should bring their journals to every group session.