

Short-Term Groups with Children: The Yellow Brick Road to Healthy Development

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This article will examine the diagnostic and treatment contributions of short-term groups with children and adolescents. The content will be based on a twelve week model, meeting weekly for one and a half hours. The creation of such groups will be explored, focusing on the importance of careful preparation in order to insure a successful group experience for both the children and the leader. A theory of development for short-term groups with children will be proposed. This theory is derived from the existing literature on long and short-term adult group development, as well as the developmental theory on long-term children's groups. A chart will focus on group dynamics, observable behaviors and the leader's role in the four stages of short-term group development. The Wizard of Oz is used to illustrate the theory supporting these stages of short-term group development.

KEY WORDS: short-term; group; child; *Wizard of Oz*.

In a psychiatric world where individual, long-term, verbal, insight-oriented therapy is seen as the ideal, short-term groups with children are often viewed as an anomaly. Rarely do clinicians assume group as the initial setting for therapeutic input, despite the fact that play or school groups are the natural milieu of daily functioning for children. Nor, without the constraints of managed care or economic limitations, would most clinicians view a short-term intervention as treatment of choice. This is so despite

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the fact that the majority of child clinic contacts in the United States do not exceed ten sessions (Scheidlinger, 1984). Children are often seen as a neglected population. They have little voice in the world. Their similarly voiceless expression in the context of therapy is usually through action. Insight and growth are often more challenging to assess with children because clinicians usually speak the language of words while children communicate primarily through their play.

This paper will examine the theory underlining short-term groups with children. The therapeutic contributions this modality offers will be highlighted. Essential issues in preparing to formulate such a group will be discussed, in order to enhance success. Finally, using the story of *The Wizard of Oz* as an example of a successful short-term group, a four stage model of group development will be formulated.

This model of short-term groups with children was originally created in the child mental health department of a large health maintenance organization. Clinical examples in this paper are from this setting. The choice of twelve sessions is rooted in the theory of James Mann's work on *Time-Limited Psychotherapy* (Mann, 1973) as well as the institutional constraints of a twenty session annual benefit limitation. The remaining eight sessions allow for evaluation, feedback and emergency meetings.

The diagnostic and treatment contributions offered by such a model lend themselves to varied settings. Outpatient clinics are able to use short-term groups for differential diagnosis and triage as well as therapeutic purposes. By using the focus that a short-term group model provides, school settings can capitalize on developmental tasks and behavioral gains. Inpatient settings, with their time limitations, are able to construct a select group within the milieu to accomplish specified goals.

Saul Scheidlinger (1984) has noted that it is erroneous to assume that the reason for the current surge in the growth of short-term psychotherapies is related to societal pressures for more efficient, less costly treatment models. Rather, there is a contemporary philosophical shift toward greater pragmatism, eclecticism and a systems orientation. Short-term groups are health oriented (Budman *et al.*, 1981) and members, therefore, experience increased hope for success with their formulated goals. A time limitation is a motivating factor, serving to accelerate change. Research examining short-term treatment of 5-10 hours duration with children offers numerous illustrations of significant therapeutic changes as reported by the children, teachers, and observers. Changes include reduced acting out, improved academic achievement and increased assertiveness. The children themselves report significant changes in their self esteem from this brief experience (Dies and Riester, 1986).

Theories of personality development tend to focus on parent-child relationships and treat peer relationships as a derivative of this crucial bond. This may be so because parents are “for life” and peers come and go. Children leave their parents because peers are more interesting to growing children in their quest for healthy adult development (Grunebaum and Solomon, 1987). Maturing children exhibit a thrust for mastery, striving for independence and a need to gauge the success of their developing skills. Their still needed support and sense of belonging are now obtained from the peer group rather than the family (Frank and Zilbach, 1968). Therapeutic group exposure enables children to experiment with the completion of age appropriate developmental tasks by redefining themselves in relation to their peers. Since self-esteem may be viewed as a function of the self as it is evaluated by others (Budman, 1987), a therapeutic group setting allows the child an opportunity to constructively alter a prior self-image.

Children have the opportunity to view the short-term group as a safe microcosm of their real world. For the children, this encourages a level of maturity which breeds increased confidence in their social interactions. Patterns of reaction are acquired through adaptation to situations and can be corrected by experimenting with *different*, more adaptive responses to situations (Slavson, 1945). This short-term achievement offers children the opportunity to get back on the track of healthy development. For clinicians, the short-term model permits entry into the natural setting of a child’s relational world. Here the therapist views directly the problems which were previously described by teachers, parents and other concerned adults. Such short-term groups offer a rare diagnostic opportunity where therapists are able to assess object constancy, reality testing and judgment, impulse control, frustration tolerance and characteristic defenses (Liebowitz and Kernberg, 1986).

PREPARATION

Thoughtful preparation enhances the opportunity for success in all therapeutic group settings. Creating a working group composition and establishing group goals are essential. The formulation of goals for individual members, appropriate for the short-term context, may be accomplished in the pre-group interviewing process. It is in this interview that expectations regarding the short-term group experience may be clarified.

Creating the Composition

Group composition is an important aspect in the working process of the short-term modality. The careful selection of children in creating such a group is the crux of its success. Child candidates for a short-term group often present with social isolation, conduct disorders, sibling rivalry or depression (Parmenter *et al.*, 1987). Referrals may have experienced rejection by both groups and individuals, frequently resulting in cyclical patterns of failure and frustration. Many children have not attained learning and socialization appropriate to their developmental stage (Kraft and Riester, 1986).

Balance in both long and short-term children's groups implies varying degrees of developmental functioning, emotional needs, and adaptive and defensive systems. These variations offer a broad continuum of interaction and behavior, from reticent to aggressive. Interpersonal conflicts created by contrasting behavioral styles promote therapeutic interchanges among members. A balanced group serves as an ego boundary for the members where anxieties, hostile aggression and destructive behavior can be tolerated and contained (Soo, 1986).

The most effective groups gather children with similar developmental expectations, usually determined by age. Latency age range should be limited to two years. Preschoolers are dealing with issues of separation and individuation, while children of five to eight years old have very rigid superegos. Eight to ten year olds have less rigid superegos and are ready to be influenced by children around them and by adults other than their parents (Lavatelli and Stendler, 1972). Pre-adolescents (eleven to thirteen year olds) are newly aware of their changing selves and blossoming sexuality. The adolescent age range (fourteen to seventeen) can tolerate a greater span as the developmental task is usually related to the stimulation of high school issues and struggles with individuation.

For short-term groups, a homogeneous presenting problem enhances the working process. A universal experience such as "children of divorce" or "entering junior high school" helps build rapid bonds of commonality, reduces ambivalence, and facilitates the therapeutic work. Homogeneity decreases a sense of isolation and provides a universal context in which empathic support may be offered and self validated.

This is illustrated in a 12 week group run with boys 9-11 years old. Eight boys attended, presenting a range of aggressive to withdrawn behavior. The group was racially mixed and represented varied cultural and socio-economic backgrounds. The boys were homogeneous in that they all were from separated families. This shared experience served as an umbrella for the group process. With the weekly reminder by the leader of this universal presenting issue, differences were tolerated and an unspoken empathy was

apparent. The boys related in a very physical manner, poking and jostling in their attempt to connect with each other. The group's version of wrestling evolved as the most popular activity. With clear rules, such as one dyad at a time and the need for "stop" to be respected immediately, knees and elbows were carefully placed with only a rare need for "time-outs." Attempts to speak directly to issues, with the help of provocative film material, were spurned. At times, some group members "separated" themselves from others to play board games. These sub-groupings created an opportunity to talk, particularly about the longing that their family situation would be different. In general, many of the sessions seemed chaotic and members resisted the process of interpretation. However, reports from home and school were of improvement. The aggressive boys were able to better control their impulses and the withdrawn boys became more assertive. It seems clear that the universal experience of interacting with other boys of the same age from similar family situations reduced members' sense of isolation and allowed them to move on with their appropriate developmental tasks.

Establishing Goals

It is important for the leader to help formulate appropriate goals for each individual member as well as the group as a whole. In a twelve week model, cohesion is a universal, early goal for the group. Children are asked by the leader to commit to the group for four weeks, at which time they may announce if they want to continue or stop. This creates, in the remaining eight weeks, a cohesive therapeutic setting in which short-term groups are able to flourish. Additional group goals are established as unique to the specific setting.

Individual goals are created with the child in a pre-group interview. The major contribution of short-term groups is the push toward maturation they offer to children experiencing a developmental impasse. In contrast to long-term groups which focus on the resolution of characterological conflict, these groups focus on progression. The determining criteria for treatment is not the pathology but whether the child is moving toward developmental responsibilities (Sands and Golub, 1974). Rather than emphasizing extensive personality change, the primary goal of short-term groups is to further each child's social development, particularly with respect to impulse control, cooperation and observing ego capacity (Scheidlinger, 1984). Therefore, goals in a short-term group must be focused and limited in order to avoid an experience in frustration and failure. It is important for the leader to correlate the goals of therapy with the level of ego-functioning and motivation members have available for working toward goal attainment (Klein, 1985).

The following illustration serves to highlight the importance of focusing on developmentally appropriate goals in order to accomplish significant growth in short-term therapeutic groups with children. Linda and Gwen were among seven girls that participated in a twelve week group of 12-13 year olds. All of the girls in the context of the pre-group interview spoke of wanting more or better quality friendships, a universal goal. They were balanced in their presentations. They represented a mix of social class and background. Some were withdrawn, while others initiated issues and had an assertive manner. Linda and Gwen represented the poles of these presentations. As all the girls began to connect, cohesion became quickly apparent. At the fourth session (the point established in the pre-group interviews for the decision to commit or drop out), all seven girls agreed to continue. At this point in short-term group development, with a renewed sense of bonding and security, the quality of interaction often changes. Gwen, the most outspoken member, confronted Linda. She accused Linda of being a snob. Pretty and well dressed, Gwen thought Linda was sitting in judgment as the rest of the group shared their vulnerabilities. Linda was shocked. She began to share with the group her envy at the others' ability to be outspoken and her perception of herself as painfully shy. Members pointed out that maybe her classmates avoided her because they perceived her as exclusionary rather than as timid. This was a revelation to Linda. As the group progressed, Linda reported that she imitated some of the more assertive behaviors her group-mates had modeled. Over time, her social life, as well as her self-confidence, improved. For Gwen (who had an older sister who spoke louder and demanded the family's unending attention), being heard and responded to was a corrective recapitulation of an unhealthy dynamic.

THE YELLOW BRICK ROAD

L. Frank Baum's classic tale, *The Wonderful Wizard of Oz*, is an illustration of a short-term group experience. As a metaphor, the story highlights the potential for accomplishing individual goals through the use of time-limited group process with children. It is the clear understanding of each member's longings, the interaction of peers, and the role of the perceived leader that make this a successful group experience. This tale illustrates group composition and the stages of short-term group development. Each of Baum's characters (Dorothy, the Scarecrow, the Tinman and the Lion) had needs which were expressed in and resolved through negotiations with each other.

In *The Wizard of Oz*, characters present homogeneously as depressed and longing to alter some aspect of their self-concept. Dorothy is an orphaned girl, living with her over-worked aunt and uncle in an unavailable family system. She presents with an engaging, empathic style and is social in her nature. The Scarecrow has very poor self-esteem. He feels little control in his life (stuck up on a pole) and has obsessional fears (fire). The Scarecrow feels incompetent and inadequate. The Tinman is depicted as suffering from a spurned love, literally, a broken heart. He, like Dorothy, was orphaned at a young age. The Tinman has protected himself by withdrawing and numbing his feelings. His presentation is obsequious and anxious. The Lion presents as an aggressive, threatening character. He is quick to intimidate in an attempt to provoke others and assert his control. He is able to own that this is a defensive posture designed to cover-up his great insecurity and terror of failure. He, like the Scarecrow, has a very poor self image and sees himself as a coward. They are a well balanced group in that their styles of relating vary from aggressive to withdrawn. They are homogeneous in their presenting problem: the wish to alter something in their lives.

The goals for each group member on the yellow brick road are clear. Dorothy seems to be struggling with unresolved grief. She sets as her goal the wish to return to Kansas, embracing it as her home and appreciating its gifts. Describing himself as a "fool", the Scarecrow sets as his goal the wish for a brain. The Tinman expresses that his goal is to feel again; he wants a heart. The Lion's goal, to gain courage, speaks to his wish for greater self confidence. The united experience of "longing" and the shared goal of reaching Oz, create a cohesive context in which these individual goals can be achieved.

The Wizard of Oz will serve as a reference point in the remainder of this paper. The unfolding tale of this group illustrates the developing stages of group process.

A DEVELOPMENTAL MODEL

The clinical and research literature reflects the evolution of a developmental model for long-term adult groups (Bennis and Shepard, 1956; Yalom, 1985), for short-term adult groups (Budman *et al.*, 1981; Poey, 1985), and for long-term children's groups (Garland and Kolodny, 1981). The developmental model for short-term groups with children gleans aspects from each of the above. There are particular issues which need to be emphasized in order to enhance a successful short-term group experience with children. This can be conceptualized in four stages in a twelve

week group structure. These stages do not progress in a linear fashion since groups surge and regress in their development. Rather, the stages serve as markers for movement in a short-term group therapy model. The components which define particular stages of development include general group dynamics, observable behavior of the members and the leader's response (see Table I). The work of Garland, Jones, and Kolodny, published originally by Boston University in 1965, serves as the counterpoint for a model of the developmental stages in long-term groups with children.

Stage I

The initial stage of group development in a short-term setting with children occurs between Sessions 1-3. This is an orientation where the children are testing the waters. There is a general search for connections as common interests are explored. Often members are on their best behavior and their ambivalence is apparent as they vacillate between parallel individual play and exploring grounds for connection.

The leader takes a very active role at this stage, more directive than would be seen in a long-term model. It is important to facilitate connections among members in only a few sessions. Eliciting activity ideas from participants is a way of beginning this process of offering some anticipated structure to the group and of quelling children's anxieties. The leader should state the universal issue that brings the members to this setting and reiterate the general group contract that was established in the pre-group interview. This contract might include the number of sessions, the expectations of a four week attendance agreement followed by a commitment, and general group rules including confidentiality. Facilitating group cohesion is the immediate aim of this initial stage. Although these goals are not unlike those in a longer term model, connections which may be left to evolve over a period of months must be rapidly orchestrated in a short-term setting.

In *The Wizard of Oz*, the presence of the Wizard in the role of leader is apparent in the characters' minds as they initially fantasize about his magically giving them what they feel they lack. The four members are actively making connections with each other as they begin to reveal their personal goals. Cohesion begins immediately when the characters set out together down the yellow brick road.

Stage II

This very active stage of group development takes place between Sessions 4-6. The leader polls the children at the fourth session as to their decision to remain in group for the duration. This process had been discussed with all group members in the pre-group interview. It varies significantly from a long-term model where often, in time, members drop out and new members enter. In a short-term group, no new members are welcome after this point and all existing members have agreed to commit to the remaining eight weeks. With the renewed security of knowing the players, cohesion is better established and the dynamic action increases. The members struggle for power among themselves and with the leader. By the end of this stage, there is less focus on the leader as the group moves from preoccupation with authority relations to preoccupation with peer relationships. Members engage in activities that pit them against the leader. Play and content are often aggressive and competitive. As noted by Garland, Jones and Kolodny (1981), this behavior is similarly apparent in long-term models as the group begins to develop. What may evolve over a period of many months must be facilitated by the leader of a short-term group in a few weeks. At this point it is important for the leader of a short-term group to remember that the goal for each child is either a developmental boost or a clarification of diagnosis, rather than the long-term goal of characterological change.

Members' affective expression is guarded as they evaluate the safety of the setting. The formation of cliques begins and with it the emergence of scapegoating. There is a great deal of testing as the behavior for which the child has been referred becomes apparent.

At this stage, the leader may become less active, offering occasional interpretations and reminding the members of the therapeutic boundaries. Unlike the process in a long-term group, regression is not encouraged in a short-term model. The leader in a short-term group remains vigilant to make sure that major regression does not occur.

At this point in Baum's story, there is much de-idealizing of the Wizard as leader. The group begins to see that he cannot magically grant them their wishes. However, the Wizard ingeniously creates activities for the characters to accomplish (i.e., killing the wicked witch and returning with her broomstick) and the group unites in pursuit of their joint and individual goals. Together, they take risks, engage in struggles and slowly begin to define and reveal their true selves.

Table I. Short-Term Children's Groups: Developmental Stages

Stage	Group Dynamics	Observable Behavior	Leader Strategy
Stage I Session 1-3	Orientation Search for connections	On best behavior "Getting to know you" through sports, music, horses, etc. Sizing up-exploring Parallel individual play Ambivalence	Active involvement Restate group bounds Statement of universality of issue and task Focused on making connections among members Elicit activity ideas from members Goal: Build Cohesion
Stage II Session 4-6	Group forms own identity Less focus on leader Establishing "pecking order" Power struggles among members and with leader Scapegoating Move from preoccupation with authority relations to focus on personal relations Emotional safety is evaluated	Group vs. leader games Aggressive competitive play Cliques in activity Testing each other and the leader Showing true colors Taking more emotional risks Competency building	Poll members as to decision to remain or not at 4 week mark Becoming less active Offer low key interpretations Continue making connections among members where necessary

<p>Stage III Session 7-9</p>	<p>Feeling ownership of the group Issues expressed through activity and some talk Increased connection among members Increased mutuality Transference high Fewer power problems Identity for the individual and the group</p>	<p>Sense of energy Established group routines Cooperative activity Members vie for attention Some attempts at verbal process Exchanges are self-perpetuating Negotiations as a group Practice alternative, more adaptive interactive styles Negotiations as a group Few absences</p>	<p>Less active Remind group of tasks Encourage group to act as a unit Share leadership role with members Processor and facilitator Limited transference interpretation Encourage exploration of disappointment Encourage exploration of hope fulfillment</p>
<p>Stage IV Session 10-12</p>	<p>Closing stage Regression is apparent Requests to negotiate continued sessions Reminiscing on earlier shared activities Group becomes frame of reference for new social experiences</p>	<p>Increased passivity Resurgence of early symptomatology Dependence on leader Reenact Stage I activities Complaints about boring activities Good byes (i.e., party)</p>	<p>Increased active involvement to focus on task of the here and now and saying good bye Encourage expression of ambivalence Summarizing what has or has not been accomplished Encouraging an affective process Letting go</p>

Stage III

Between Sessions 7 and 9, there is increased interpersonal involvement and the children actively play out their issues. The group has formed its own identity and now the children claim ownership. The transference is high among members and between the group and the leader. As an identity for each member and the group as a whole is formed, there are fewer power problems.

There is a sense of energy and absences are few. Though vying for attention and materials is apparent, there is a sense of increased cooperation in the group. The group begins to use negotiation in its problem solving approach and alternative interactive styles are practiced. These dynamics of a working stage of group development are similar to the later stages of long-term group process.

Though the leader remains less active than in the initial stages, there is much more involvement than would be seen in a longer term group. The leader continues to process and facilitate interactions, keeping the group on track with the reminders of the tasks the members set out for themselves. Members are encouraged to act as a unit and share in the leadership role. Unlike longer term models, the leader offers little transference interpretation. The leader encourages the exploration of disappointments in the here and now. Defenses are interpreted only if they appear maladaptive (Poey, 1985).

At this stage in *The Wizard of Oz*, intimacy among members is high. Transference issues are acted out between each other and with the leader, the Wizard, whose image they carry with them. Members actively work out issues that relate to their initial goals. For example, the "cowardly" lion courageously defends his friends when they are in danger. The "brainless" scarecrow cleverly devises a plan to keep the group safe. There are exchanges among characters as they support each other in their quest for personal and group goals.

Stage IV

The closing phase of a short-term group with children is marked with denial. Garland, Jones and Kolodny (1981) point out that this is also apparent in the terminating phase of long-term children's groups. Regression is apparent in Session 10-12 and a resurgence of the early symptomatology is present. There is a review and evaluation of the experience and the group becomes a frame of reference for new social situations in the child's life.

Increased passivity among members and a renewed dependence on the leader can be observed. There is often a re-enactment of activity choice or discussion topics from Stage I. The activity routine seems to become stale as members distance from the group and protect themselves from the anticipated separation and loss. A successful group usually ends with a special good-bye celebration. The leader resumes an increasingly active role in the group to deal with the termination process. The expression of ambivalence is encouraged and the process of evaluation is facilitated. In saying good-bye, it is important to examine the goals achieved and those yet to accomplish. The leader's primary responsibility at this point is to help members let go. As members move apart, the leader encourages them towards "positive flight" (Garland & Kolodny, 1981) as they attempt to use the skills they have learned in the group in their real world.

The end of *The Wizard of Oz* is an illustration of short-term group development as it prepares for termination. There is some regression as Dorothy reverts to her initial presentation of hopelessness in returning home. All the characters voice some uncertainty about the achievement of their goals. In time, the Wizard presents the characters with a brain, a heart, courage, and a trip back to Kansas. For the Scarecrow, the Tinman, the Lion and Dorothy, these are symbols for what they had achieved over the course of their journey. The true sense of accomplishment comes with the recognition that their growth was the reflection of inner resources each has discovered. The mutuality of the group process provided a vehicle that facilitated their progression along the yellow brick road to self-esteem.

SUMMARY

Short-term groups contribute to the developmental growth of children. These groups deal with styles of functioning in the present, with little encouragement of regression. Children benefit from this setting as it provides a thrust toward overcoming a developmental impasse which may be triggered by inadequate social skills, or impaired self-esteem.

Careful preparation is essential for successful short-term group process. Thoughtful selection is also crucial in choosing the group's composition. Groups that are balanced in presentation and connected by some universal bond, become cohesive in ways that assure a working unit. It is important to establish appropriate goals for each child and for the group as a whole. Early cohesion is a priority in creating a working process in the short-term group.

Movement in short-term groups with children may be viewed in a four stage model. This model offers a frame in which to organize and understand group progress which is not necessarily linear in nature. The setting provides children with an opportunity for growth. To the clinician, short-term groups offer a diagnostic window through which to view children in their natural setting.

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