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Leadership in Adolescent Psychotherapy Groups: Strategies for Effectiveness

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Leadership in adolescent groups often requires an open, honest, directive therapeutic approach. These qualities structure the supportive environment within which the youthful members are able to address the difficulties that interfere with their successful progress during the perplexing period of adolescence. This article describes the developmental tasks leaders face at each stage of the group's life cycle and offers strategies for interventions.

KEY WORDS: leadership; developmental stages; adolescent group therapy.

In the reality of a mental health field that emphasizes briefer, less costly forms of treatment, outpatient psychotherapy groups for adolescents have grown significantly in recent years. Treating adolescents in groups, particularly short-term, enables therapists to deliver mental health services to more youngsters than possible in one-to-one individual psychotherapy. In addition, group therapy capitalizes on the central phenomenon of adolescence, i.e., greater willingness to seek support and feedback from peers, and as such, this treatment modality has frequently been described as the "treatment of choice" for teens on theoretical grounds as well as the aforementioned cost effective motivations (MacLennan and Dies, 1992).

With the rationale of a theoretical fit and financial expediency, the strategies of leadership in adolescent groups that follow are interpersonally focused, concentrated on the here-and-now, applicable in a range of outpatient settings, e.g., clinics, private practice, or schools, and intended to enhance short-term treatment. The leadership interventions are cast in a developmental model that encompasses five phases: Initial Relatedness, Testing the Limits, Resolving Authority Issues, Working on Self, and Mov-

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ing On (Dies, 1991). These phases are preceded by a contracting period that sets the stage and facilitates future within-group work in order to make the most effective use of the brief nature of treatment. Another way to conceptualize these elements of adolescent group psychotherapy is in terms of the negotiation, retention, enhancement and evaluation processes that comprise leadership goals (Dies, R. and Dies, K., in press).

During the pre-group contracting or negotiation phase of the outpatient group, the therapist seeks to establish a working understanding with each group member concerning individual and system-related dynamics. This is of particular importance in outpatient groups where there is not likely to be an external force that can effectively mandate attendance, and the contracting is done in either a pre-group interview or during the first session of the group. Obviously, in the "ideal" world, the capacity to select members for group based on the complimentarily of their goals and personality styles is desired. When such opportunity exists, the leader meets with prospective members to educate them of the parameters of adolescent therapy groups and to establish workable individual goals. However, there are many settings within which the group leaders have little freedom in selecting the composition of their groups. In those instances, the educational and goal setting processes occur during the first meeting of the group.

The purpose of the negotiation phase of the adolescent group is to help members understand what is expected of them and what they can expect from their co-members and the leaders. It is also a time of conveying to the youngsters the procedural and process guidelines that will be most beneficial in deriving the greatest benefit from the treatment. Procedural guidelines include the establishment of boundaries within which the members will function, e.g., attendance, punctuality, confidentiality. These limits must be adhered to in order for the group to be viable. If adolescent groups are to be effective, the attendance of each member is central in establishing cohesion and building on the interactions from one session to the next. Time boundaries emphasize the significance of beginning the group on time in order to both convey the importance of the members' time together. Thus, the guideline of "arriving on time" goes hand-in-hand with consistent attendance.

Contracting for confidentiality is also critical for creating an environment within which group members can develop trust in one another and the leaders. Without clear guidelines to limit members' discussion of group issues outside the boundary of the therapy setting, there would be relatively little safety for self disclosure. Consequently, discussions of confidentiality occur during the negotiation phase of the group as well as being placed before the group members at the ending of individual sessions, i.e., "We

have talked about a number of personal issues today, and it is important to remember the importance of keeping group material confidential."

Process guidelines, e.g., turntaking, "I" statements, avoidance of a question and answer or advice-giving format, and openness to risk taking, are the ingredients of group work that enhance the process. Both procedural and process guidelines are presented in the educative segment of the contract negotiations, however, it is most likely that the latter process skills will be acquired as the adolescents come to work together in group. As such, while the procedural guidelines are presented verbally, the process guidelines, in large part, are modeled by the group leaders.

A critical element of pre-or early-group contracting is the establishment of goals for each member. In short-term group work, goals that are very concrete and anchored in recognizable behaviors are most appropriate. For example, the goal of "being a better person" is not an adequate description of the desired change. However, "becoming a better listener" or "being willing to take risks and share my concerns with others" are more accurate descriptions of the work that the adolescents can do together in therapy groups. These concrete behavioral changes represent mediating goals in the larger picture of the overall growth, change, maturation process of adolescence.

Once a contract is developed and the group begins, the leader's task shifts from one of negotiation to one of retention by helping members connect with one another and by demonstrating the healing qualities of group therapy. The initial stage in this process is for members to become acquainted, the developmental task being *Initial Relatedness.* In a very directive manner, the leader provides, through "go round" introductions, activities, or games, a framework for the sharing of names and some superficial, non-threatening information by each youngster in the group. For example, the leader may provide the teens with magic markers, lunch bags and 3 × 5 cards. On the outside of their bags, members are asked to write things about themselves that they believe others are aware, representing the public self of each individual. The index cards are for members to write down things about themselves that they consider "secret" and yet that they may be willing to share at some point in the group's life cycle. These secrets may well relate to the goals that members have selected to work on in group. This exercise grows out of the concept of Johari's Window that diagrams the public, hidden, blind and unconscious parts of each individual. As members go around and share with one another the material on the outside of their bags, the leader has facilitated not only the introduction of members but has also begun to establish process norms such as turntaking, openness to sharing, the use of "I" statements, and a nascent foundation for self understanding. This activity also provides material to later

group sessions when members can be given the opportunity to choose to share some issue from the cards in their bags.

An additional leadership task during this phase of the group's life is the instillation of a positive climate within which the adolescents can grow. It is this structuring of a safe environment that enhances the likelihood of members continuing in treatment. Meyer and Zegan (1975) report that adolescents desire clinicians who "manage that charmed balance between supportive care and objective discernment, between a willingness to interact emotionally with a young person and a respect for his need for separateness and autonomy. Adolescents prefer an "intuitive therapist who can engage them as real people, reveal appropriate feelings with spontaneity, and yet remain objective and insightful. (p. 22)" Modeling, positive reinforcement, and an anticipatory leadership style are key factors in this early phase. The leader can demonstrate a variety of desired behaviors by initially taking part in the group activities and sharing personal reactions that normalize members' concerns while modeling appropriate sharing. For example, the leader may early in the first session comment on some feelings of nervousness as a new group begins by a statement such as, "No matter how many groups I have worked with, there is always a certain sense of excitement and nervousness when a new one begins." A clinician willing to take such a risk is likely to be verbalizing members' unspoken concerns about being in group and opening the door for a discussion. As the leader discloses in the here-and-now, it is possible to monitor the level of sharing and circumvent the premature disclosure of potent historical material that could prove detrimental to a beginning group (Dies, R. and Teleska, 1985).

Not all group members approach the initiation of the process in anxious silence. At the other end of the continuum is the member who deals with issues of control, anxiety, and/or resistance by monopolizing the group time. In this instance, the leader seeks to circumvent this maladaptive role while maintaining a positive group climate. A frequent intervention with a monopolizer is: "I wonder why the group is allowing John to do this?" While that is most likely to work with higher functioning, insightful groups, it has the potential to be perceived in adolescent groups as a wrist slap, albeit mild. The impression is that the group is doing something wrong, which it is, by allowing John to "do that," which is talk. There will be ample time to deal with group level resistance at later developmental stages, and better to avoid such confrontation before there is a sense of commitment and cohesion among the members. An alternative intervention with the monopolizer might be to state: "John, may I interrupt you for just a minute. You have been saying quite a bit, and I don't want us to miss the chance to talk about some of these things." The leader can then turn to the group as a whole and refocus on a concern conveyed in John's discourse, or by

reframing some of what John has said into an issue of greater relevance for the larger group. This also serves to encourage members to talk with one another rather than to be passive listeners.

These are a few examples of how to work with a beginning adolescent group to foster some initial relatedness that is healthy, safe, and positively focused. To the extent that leaders structure a minimally threatening environment, the adolescents will more likely be encouraged to become involved and thus the first stage of retention is accomplished. It is true, however, that regardless of the leader's efforts, a natural phenomenon of groups in general is a stage of discontent, or in the case of adolescent groups, of *Testing the Limits.*

As the youngsters gain familiarity with one another, there arise new concerns related to membership in the group. These can be described as the "5 Cs" of Stage 2: Commonality, Commitment, Cohesion, Confidentiality, and Conflict (Dies, R. and Dies, K. 1987). In helping the group members join with each other, leaders seek to identify common elements among them, leading in Stage 2 to the questions such as "If we are so much alike, can I still be an individual in here?" The second area of possible concern is commitment, and members question their own and other member's ability to make the necessary commitment to the group. There is also the question of the leader's commitment that frequently is challenged with statements such as: "You only do this because you get paid to." Hand-in-hand with commitment are concerns about the cohesiveness of the members. They may be troubled by the reality that so far very little personal material has been shared, so how can there be trust that there is a solid connectedness among the members of the group. The concept of sharing, as described by the leader as "sharing more deeply than you ordinarily do with friends," often gives rise to concerns of confidentiality. Both leaders and co-members become suspect in their capacity to keep "group material in group." The final question of concern is often centered on conflict. In other words. "Can I say it if I don't like something, or do we always have to be so nice." The phase of discontent can encompass any or all of these group member concerns, and these must be dealt with in order for the group to move to the tasks of the next phase.

Having a developmental framework for adolescent groups avoids yet another C of Stage 2, that of countertransference. If one expects and accepts that dissatisfaction with leadership or process is a naturally occurring element of all groups, the need to defend is reduced and the leaders are better able to avoid personalizing the members' confrontations and as such they can be less defensive in their interventions. This is of particular importance in adolescent groups. Most generally in teens' routine existence, their expression of negative emotions is met by responses such as: "Don't

talk to me that way" or "You have no right to feel that way." As leaders of adolescent groups, it is necessary to be more tolerant of the negative emotions, allowing their expression before there is any hope of working through the underlying dynamics. Research has shown that adolescents place a high value on the therapeutic group factor of catharsis (Corder, Whiteside & Haizlip, 1981). This capacity for the leader to be a container of adolescent frustration is a critical aspect of member retention in the group process and likely sets it apart from other parts of the adolescents' lives.

The focus of Stage 2 then is to allow for adolescents to express their concerns about the group on a variety of levels, and to move into Stage 3 with efforts to *Resolve Authority Issues.* Resolution is facilitated by open discussion among members. For example, once the members have exposed their fears of being lost in the collective "group," the leader can choose a directive stance to structure a sharing of individual differences or initiate an activity that emphasized both convergence and divergence of member characteristics. To illustrate this, members may be asked to identify with a range of characteristics and/or behaviors, e.g. preferred activities, music, family size, personality style of quiet or talkative, emotions experienced, or plans for the future. Members can actually move about the room, forming new groups with each characteristic or behavior suggested by the leader or proposing their own way to individualize. The discussion that follows this activity highlights similarities and differences among members depending on the area of focus, thus addressing and resolving the Stage 2 concern of commonality and oneness.

An integral part of resolving the issues of Stage 3 is the group members experimentation with challenging the leader to establish who is "in control" of the group. There may be a renegotiation of some boundary issues, e.g. a guideline of "no eating in group" may be renegotiated to allow for some snack period, while other guidelines may be discussed but remain unchanged, e.g. the importance of keeping the discussion of group material within the group not outside socializing. Throughout this period, the leader shows a willingness to hear member concerns but, as a microcosm of real life, the fact that one listens and empathizes does not automatically translate into a change in rules.

The successful development of belongingness and the navigation of the choppy waters of discontent will serve to solidify the members commitment to the group and allow movement into the fourth phase, that of *Working on Self.* During this stage, the goals of leaders and members center on deepening the therapeutic experience and outcome. This time in the group's life is enhanced by a directive leadership style that draws heavily on the here-and-now, interpersonal focus (Vinogradov and Yalom, 1989).

Treatment goals identified by the adolescents in the pre-group contracting are reviewed and refined during this phase. Presenting problems as stated by patients at the time treatment is initiated are generally not the major crux of their issues, and the processes adolescents undergo during the early phases of treatment often bring to the surface some of the problematic underlying dynamics. As a means of keeping the teens actively involved in the therapeutic process and encouraging them to take responsibility for what they derive from the group, the leader can initiate an open discussion of member goals or may choose to suggest an activity designed to create opportunities for greater self awareness.

The emphasis on the interpersonal, of encouraging group members to grow through taking risks and learning through trying new behaviors is appropriate to the adolescent developmental process in which peer interaction, support and guidance are the norm. However, it is acknowledged that many of the teenagers referred for group therapy are struggling to fit the norms of comfortable exchange with peers. The leader, then, must be prepared to assist the youngsters in the group to develop their interpersonal skills. Role plays that provide structured exercises in the group, and the use of an alter ego are mechanisms that encourage the adolescent to learn by doing (McIntire, R. and McIntire, C. 1991).

Working in here-and-now is often a frustrating experience for youthful group members. This is generally due to a marked difference between the members' and the leaders' theory of change. From the members prospective, one shares a difficult situation, generally an event outside group, there is a process of psychologizing and the therapist is viewed as the healer who will produce a solution to the problem or help the member "see the light," somewhat akin to an "aha" experience, and with this revelation comes a cure. This can be a very heady experience for novice leaders to feel so powerful, but to accept this chain of events will surely lead to a quagmire. When one works in the then-and-there, the basic premise is the accuracy of the member's story telling ability, a tremendous leap of faith in many adolescent groups. Thus, the leader's alternative theory of change is offered. First, it is the microcosm of what occurs in group that is of primary importance over external material. Secondly, it is the group process that facilitates change not the leader's magic wand. Then, through a process of self-disclosure and feedback, members can take an external event and bring it to life within the context of the group. For example, a youngster may talk of a conflict with a particular teacher who is perceived as unfair and overly punitive. With the leader's assistance, the member can begin to explore the feelings behind the encounter, such as frustration, inadequacy, embarrassment. Other members can be included at this feeling level seek-

ing mutual support and validation of feelings with their consequent impact on self perception, not engaging in a condemnation of the teacher.

Incorporating a similar process of translating to the here-and-now can be employed when there is a group resistance to engaging at a therapeutic level. In a recent group session, the opening topic was the Superbowl game, and there was a brief discussion devoted to predictions of outcome. It is often necessary to join with adolescent group members at their level and ease them into more meaningful work. The discussion of outcome progressed to one of fantasizing what it must mean to compete at that level, then to members individual experiences of competition, i.e., in sports, in class, in the family. Eventually, it was possible to pose the question: "Are there times that it feels competitive here in group?" Thus bringing the superficial discussion of outside material to a truly meaningful focus on a here-and-now group process.

In order to work in the here-and-now, there are two concepts that play major roles: The Common Core and Shifting Subgroups (Dies, R. and Dies, K., 1987). Since it is often difficult for members to connect with one another around a certain event—someone who has never had a serious relationship may not be able to relate to a break up—it is helpful to get at the feeling behind the event and have members connect at this more central level—"I've never had a relationship, but I failed two classes last year and I know how it is to feel inadequate." Thus taking the members from the event, to the feelings behind the event, to the self perception the feelings create is to help them connect and support at the common core with one another.

The concept of shifting subgroups is built upon the idea that it is not feasible to connect every member of the group at the same level of intensity on every topic introduced. When a leader accepts this premise, it is inherently more comfortable to allow a subsection of the group to engage around a given topic and/or feeling without interrupting the flow of the process to ensure that all members are included. As the discussion winds down, the leader can then address the remaining inactive members (don't assume silence means uninvolved) to solicit their perspectives. For example, the leader may turn to the silent member saying, "Sally, I notice you have been quiet while the rest of the group has been talking about feeling lonely. Could you share your reaction to what was said?" When several members have taken a silent role, the leader instead might say," "How about the rest of you, are there times you have felt lonely." The leader may also choose to merely observe the process through subsequent discussions, making certain that no one member of the group is selecting him or herself out of every topic, but otherwise allowing members to take responsibility for their participation in group. In this instance, the leader may well make

a statement at the conclusion of the group, summarizing the issues discussed, indicating a recognition that it is not always easy to talk about difficult topics, and inviting members who have been silent to look for opportunities in future sessions to take risks. These risks would include a more active involvement in group discussions even when the topic evokes discomfort.

When members take responsibility for the course of the group, their experiences receive further enhancement, and the process again closely parallels a developmental task of adolescence, that of assuming responsibility for one's self in efforts to become more independent. In so doing, the process leads to the phase of the group's life cycle that is intended to build upon member independence. It is a time to help members deal with the impending loss of the supportive group environment though the consolidation of the cognitive, behavioral, and emotional events, and to evaluate and solidify the achievement of their therapeutic goals.

In assisting adolescents in their *Moving On* process, leaders may again assume a more directive, active leadership style that confronts attempts to engage in denial of the reality, i.e. "We don't have to go through all this good-bye stuff, we can all get together for pizza next week." Adolescents' development includes the task of acknowledging the emotions that come with leaving, the fear and the excitement, for each of them approaches this life cycle as they prepare to move beyond their families of origin. Many group members have experienced this leave talking of the family, generally a dysfunctional family, through very maladaptive means, i.e. drugs, alcohol, pregnancy, deviancy. In the ending of the group treatment, there are opportunities for the adolescents to experience leave taking as more healthy, and as such hopefully healing, manner. Members both address questions of "Where do we go from here?" as well as evaluating the progress they have made during their group experience. The primary goal of leadership at this time is to keep the adolescents focused on the task at hand and perhaps to offer some specific structures within which the members can recognize and express their feelings.

In exploring the "Where do you go from here?" question, group members may again review their therapeutic goals statements to determine the extent to which they have successfully completed their treatment goals and what, if any, work remains to be done. This may also be a time for members to search through the 3 × 5 cards in their "lunch bags" to determine whether there are yet other "secrets" to be worked on in group therapy. For some members, this review process solidifies the knowledge that they indeed have had a productive experience and have accomplished what they set out to do in group work. For other members, the evaluation of their group experience has opened new areas for exploration and they may

choose to become involved in another form of treatment, i.e., a member who has frequently received feedback about needing to be more forthright may look forward to an assertiveness training group in order to give concentrated attention to this one area of interpersonal difficulty.

There are many rituals that groups use to accomplish the process of a second separation and individuation (Levin, 1984). In many settings, leaders have "graduation" ceremonies, giving members "diplomas" as markers of their therapeutic work. Members may write group letters to one another with the adolescents inscribing a line or two to each group member. The "lunch bags" can be presented to members with the reminder that these contain feedback that each member has received during the group, as well as the invitation to work on any remaining "secrets" in some future form of treatment. One particularly moving ending ritual involves a bass of yarn. As the work of the group has been concluded, the leader takes a ball of yarn and begins tossing it among the group members. As each member catches the ball, she or he holds one a portion of it and passes it on to another member. As the ball of yarn passes among members, the result is an intricate pattern of interaction that is a symbolic representation of the sharing that has occurred within the group. The final step in the exercise is to have members cut the connections among themselves by cutting the yarn that joins them to one another, holding onto the yarn that has passed through their individual hands. These retained pieces of yarn represent the learning that each members takes from the group, for as the connections are severed, the meaningful sharing that occurred within group remain for the members to carry with then as they leave the group. These rituals of ending being closure, and allow for the expressions of loss as well as for a hopefulness about the future.

The strategies that have been presented in this five-phase model of adolescent group development are intended to offer examples of leadership that is consistent with the unfolding needs of the group and one that is anticipatory, directive, and interpersonally focused as a means of providing the most complete process possible in a time-limited frame. The here-and-now focus has been demonstrated as an effective means of encouraging group interaction among teenagers. This focus also circumvents the difficulty of relying on the accurate presentation of "facts," for when working in the here-and-now, all members of the group are exposed to the same behavior and cognitive processes.

The openness of the leaders' style serves to create an atmosphere that invites risk taking and exploration of new behaviors. Working with adolescents in therapy groups requires experience in group process as well as an understanding of the intricacies of this stage of development (Corder, Haizlip, and Walker, 1980). The leadership strategies presented are in-

tended to convey the "special knowledge, skill and stamina" required to deal with the "intricate, 'below-the-belt' kind of provocative testing and group level resistances that characterize adolescent groups" (Scheidlinger, 1985, p. 106).

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