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**STRUCTURED**

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**ADOLESCENT**

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**PSYCHOTHERAPY**

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**GROUPS**

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**Professional Resource Press  
Sarasota, FL**

Published by Professional Resource Press  
(An Imprint of Professional Resource Exchange, Inc.)  
Post Office Box 15560  
Sarasota, FL 34277-1560

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Printed in the United States of America

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The copy editor for this book was Patricia Hammond, the managing editor was Debbie Fink, the production coordinator was Laurie Girsch, and Jami's Graphic Design created the cover.

**Library of Congress Cataloging-in-Publication Data**

Corder, Billie Farmer, date.

Structured adolescent psychotherapy groups / Billie Farmer Corder.  
p. cm.

Includes bibliographical references and index.

ISBN 0-943158-74-5

1. Group psychotherapy for teenagers--Handbooks, manuals, etc.

I. Title

RJ505.G7C67 1994

616.89'152--dc20

93-44822  
CIP

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## **INTRODUCTION**

This book is a distillation of research and clinical work with adolescent psychotherapy groups which spans 28 years. During these years, I have held groups in state mental hospitals, juvenile court centers, mental health centers, group homes, outpatient clinics, and in private practice. This book concentrates on methods that I have developed with co-workers for structuring the group process, and which have been effective with a large range of youths in varied settings. These methods are based on some of the research described in this book, including our study on curative factors in adolescent psychotherapy groups.

Planning and attention to administrative details and aspects of the co-therapy relationship are critical to the functioning of any psychotherapy group. In addition to these issues, therapy contracts, general legal concerns, and liaison work with parents and agencies are addressed. Chapter 12 describes techniques and procedures for a time-limited, structured psychotherapy group with sexually abused young adolescents. This has been included as an example of a highly structured group approach, and because of the special problems these young victims may present.





# 1

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## **THEORETICAL APPROACHES TO ADOLESCENT GROUPS**

The special advantages of group therapy for adolescents, either alone or as part of a multimodal approach, appear rooted in the relationship of group functions to the typically described tasks of adolescence. For example, groups offer opportunities for development of peer attachments and empathy with others. Groups also offer some perceived protection by the group from a therapist's adult domination as the adolescent struggles toward independence from parental authority. In addition, the group provides a safe environment for adolescents to give and receive peer feedback concerning identity issues, life goals, and relationships with others.

Although the primary purpose of this book is to describe practical strategies for planning and leading adolescent psychotherapy groups, the novice reader may find it useful to review some basic assumptions of different theoretical approaches to adolescent groups. This chapter summarizes several relevant theoretical perspectives.

### **PSYCHOANALYTICALLY ORIENTED IDENTITY GROUP THERAPY WITH ADOLESCENTS**

Rachman (1975) views some dysfunctional adolescents as struggling unsuccessfully with intense identity confusion.

These adolescents lack the necessary skills for effectively developing their capacities for intimacy, inner continuity, and a sense of self. Identity group psychotherapy provides opportunities for positive peer identification. The group members can learn to explore, interpret, and develop insight into their identity conflicts. The transference process (attributing to therapists or group members some aspects of relationships with significant others from their past) may result in rejection of the authority of an adult therapist in individual therapy. However, in the group this process is diluted by positive identification with group members.

By modeling therapists' functioning, group members learn to explore underlying feelings and to develop interpretations of the group behavior and verbal material. This presumably leads to insights into unconscious motivations and conflicts. The analyst or therapist helps the group accept interpretations, attempts to create a positive transference between therapist and group, and allows the group to "try out" a range of psychosocial behaviors and reactions focused on sharing and working through problems of their identity.

In their description of the general process of most therapeutic approaches, Chess and Hassibi (1978) list the following elements: (a) delineating problems, (b) examining maladaptive patterns through observations and verbal interaction, (c) confronting, clarifying, and interpreting, (d) gaining insight in a situationally relevant manner, and (e) presenting alternative strategies of interaction. Various therapeutic approaches differ as to the degree of emphasis on each element. Identity group psychotherapy focuses on clarification, interpretation, and insight. Other group approaches tend to focus on examination of maladaptive patterns and alternative strategies of interaction.

## **SOCIAL SKILLS DEVELOPMENT AND OTHER SPECIALIZED GROUPS**

### *STRUCTURED SOCIAL SKILLS DEVELOPMENT GROUPS AND ACTIVITIES*

In contrast to psychoanalytically oriented groups, which require a fairly high level of verbal functioning and cognitive organization for development of insight, social skills development groups may be quite concrete and focused on training in specific

behaviors, such as anger control (Feindler & Ecton, 1988). Other social skills programs may address a wider range of behaviors and social functioning, but most typically employ some didactic training, modeling, rehearsal, reinforcement, and feedback (Wilkinson & Canter, 1982).

We have developed a number of structured adolescent group approaches, including a focused social skills development group program (Corder et al., 1979). Our approaches were developed with a population of adolescents who were shown to be fairly unsocialized, lacking in impulse control, and demonstrating chaotic life environments with limited opportunities for appropriate social learning or access to psychotherapeutic intervention (Naylor & Corder, 1976). Utilized in both outpatient and hospital settings, the program goals were to (a) provide reeducative social learning experiences, (b) reinforce acceptable behaviors with a behavior modification "point" system, (c) provide training in verbalization of feelings in an acceptable manner, (d) provide training and opportunities for peer feedback about behavior, and (e) arrange practice opportunities for the development of appropriate peer relationships and interactions.

Many of the activities used in the groups were in the form of therapeutic "games." For example, a "Successful and Unsuccessful Behavior Game" involves drill and didactic discussion of each basic step involved in communicating and in solving daily social interaction problems. Group members take turns pulling cards from a deck. The cards describe a number of simple interaction problems that require good communication, adequate presentation of the parameters of the problem, and the ability to suggest a compromise or offer inducements to others for their help. The group members take turns role-playing in both a successful and an unsuccessful scenario, which is preceded and followed by additional drills in the basic steps for problem solving. After each scenario the group members discuss the ability of the role-players to follow the basic steps of good problem solving.

An "Etiquette Olympics Game" involves videotaped demonstrations of a series of adequate social behaviors in a number of settings (e.g., table manners, introductions, etc.). After the behaviors required by the situation are broken down into manageable steps and discussed, members take turns role-playing these behaviors. The group members "score" their handling of the task by holding up large cards marked 1 through 10 to give their

"Olympic score" for the situation. Scores lower than 5 require repetition and drill.

The "Picking a Partner Game" focuses on helping members to (a) define friendship, (b) identify the factors that constitute a relationship between two people, and (c) practice approaching others using techniques for developing positive interactions which can develop into friendship. This game involves analyzing videotaped scenes using an original board game, and role-playing and discussing basic interaction skills. Topics include such questions as: How can you tell if someone is looking for a friend, or whether a group will let you become part of a conversation or other activity? What kind of eye contact and body language do people show to let you know whether you can approach them? How do you begin a conversation with a stranger? At times the group may use videotapes of their role-playing sessions to guide feedback discussions.

The "Family Script Game" requires each participant to develop a booklet which contains pages to identify the family member who "gets into the most trouble," "has difficulty getting what he or she wants," and so on. Participants also must identify the behaviors that result in these difficulties for family members. The booklet requires members to identify behaviors of their own that follow the "family script" and represent "unsuccessful problem solving." Topics which surface are the subject of further exercises.

The preceding games or exercises illustrate the strategies we use to involve participants in treatment. These techniques appear to offer positive opportunities for interesting and non-threatening peer interactions and development of basic social communication skills. We have found them effective with adolescents with limited verbal and cognitive organizational skills.

### *ECLECTIC STRUCTURED GROUPS WITH LIMITED INSIGHT GOALS*

Chapter 9 reviews in detail our structured adolescent group approach. In time-limited groups which combine both specific skills development training and limited insight goals, we have observed a need for techniques that structure group interaction to insure optimum participation and opportunities for peer feedback. This feedback is aimed at developing insight into behavior patterns. In addition, it provides a focus for teaching and modeling specific "mastery behaviors" for effective problem

solving. The methods used in this type of approach with adolescent groups include (a) random assignment of group "roles" (e.g., rules enforcer, summarizer, positive stroker, protector, etc.) or responsibility for group functions, (b) use of therapeutic games to practice problem solving, and (c) development of individual "goal books" which outline behaviors and life pattern changes the adolescent would like to attempt. Specific exercises and homework are recorded in the goal book, as well as "peer grading" on the progress toward these goals. Other multimodal techniques used in the groups are negotiation and positive assertive exercises, biofeedback and relaxation exercises, self-concept improvement exercises, and group interactions with parents in a "parent hot seat" format.

#### *COMPARISONS: ADVANTAGES AND DISADVANTAGES OF VARIOUS GROUP APPROACHES*

Table 1 (p. 6) describes three types of groups commonly used for work with adolescents. Each type of group may be helpful to a particular type of client, depending on the treatment goals. Also, with each type of group there are advantages and limitations that the therapist must consider.

It appears possible that, given high levels of verbal skills, cognitive functioning, and motivational levels along with resources for long-term treatment, insight-oriented group approaches that emphasize interpretation and personality reorganization may be a treatment of choice. At the other end of the continuum, when fairly short-term treatment is necessary for adolescents with limited verbal, social, and cognitive skills, a highly specific and structured approach to identified problem areas, similar to the social skills groups described previously, should probably be considered. The structured group with limited insight goals described in Chapter 9 falls into the middle range of requirements for participation and functioning. Without the luxury of unlimited time for a "natural" development of group roles and functions, the assignment of group roles and functions usually facilitates the treatment experience and encourages feedback.

#### *CURATIVE FACTORS IN ADOLESCENT GROUPS*

Regardless of the therapist's theoretical approach, some basic concepts seem relevant to any group work with adolescents.

**TABLE 1: ADOLESCENT GROUP STRUCTURE AND GOALS**

STRUCTURE	LOW ←	→ HIGH	
Type	<ul style="list-style-type: none"> <li>● Psychoanalytically Oriented Identity Group Therapy</li> </ul>	<ul style="list-style-type: none"> <li>● Eclectic Structured Groups</li> </ul>	<ul style="list-style-type: none"> <li>● Social Skills Development Groups</li> </ul>
Focus	<ul style="list-style-type: none"> <li>● Insight</li> <li>● Positive Peer Identification</li> </ul>	<ul style="list-style-type: none"> <li>● Limited Insight</li> <li>● Improved Role Functioning</li> <li>● Improved Problem-Solving Skills</li> </ul>	<ul style="list-style-type: none"> <li>● Development of Specific Behavior Skills</li> <li>● Improved Problem-Solving Skills</li> </ul>
Best Client	<ul style="list-style-type: none"> <li>● Motivated</li> <li>● Higher Level Verbal and Cognitive Skills</li> </ul>	<ul style="list-style-type: none"> <li>● Either Type Depending on Treatment Goals</li> </ul>	<ul style="list-style-type: none"> <li>● Identified Problem</li> <li>● Limited Verbal, Cognitive, Social Skills</li> </ul>
Time Frame	<ul style="list-style-type: none"> <li>● Longer Term</li> </ul>	<ul style="list-style-type: none"> <li>● Time-Limited</li> </ul>	<ul style="list-style-type: none"> <li>● Set Number of Sessions</li> </ul>
Sample Tasks	<ul style="list-style-type: none"> <li>● Use of Transference</li> <li>● Interpretation</li> <li>● Therapist Modeling</li> <li>● "Try Out" New Behaviors</li> </ul>	<ul style="list-style-type: none"> <li>● Peer Feedback</li> <li>● Aimed at Limited Insight</li> <li>● Assigning Roles and Responsibilities</li> <li>● Problem-Solving Practice</li> <li>● Goal Setting</li> </ul>	<ul style="list-style-type: none"> <li>● Didactic Training Modeling</li> <li>● Behavior Rehearsal</li> <li>● Reinforcement</li> <li>● Structured Feedback Exercises</li> </ul>

Aside from the therapist's evaluation of the efficacy of group intervention techniques, the adolescent patients themselves must perceive the group process as helpful if they are to make a commitment to the group. Even within many residential settings, group treatment is not forced on resistant patients after initial trials, although they may have to forego certain privileges if they choose to refuse a particular treatment modality.

In previous research with my co-workers (Corder, Whiteside, & Haizlip, 1980), we investigated the group conditions and experiences that adolescents perceive as promoting positive changes. Research by Yalom (1970) has led to the description of a list of mechanisms and conditions in groups, labeled *curative factors*, which are perceived as promoting positive behavior change. These categories of conditions and group processes have been described as altruism, group cohesiveness, universality, guidance, identification, catharsis, insight, interpersonal learning (input and output), family reenactment, and existential awareness. Prior research had concentrated on adult groups, and, because adolescent psychotherapy goals and techniques differ appreciably from some facets of adult psychotherapy (Corder, Whiteside, & Vogel, 1977; Sugar, 1975), our own research examined differences between adolescent and adult perceptions of curative factors in group psychotherapy.

We examined adolescent group participants in four different treatment settings. They were participants in groups that averaged 9 months to 1 year in duration. Goals of the groups generally involved (a) working toward a better integrated locus of control over behavior through development of insight into group members' actions and behaviors and (b) offering opportunities for social learning and interaction with peers.

Using a card-sorting task, the adolescent patients were asked to describe the helpfulness of the curative factors described by Yalom. Subsequent interviews were used to confirm the results. Table 2 (p. 8) describes the factors selected as "most helpful" or "extremely helpful" by at least 25% of the subjects.

Table 3 (p. 9) shows factors ranked as least helpful by adolescents, and includes all items chosen by 25% or more of the subjects in the "less helpful" and "least helpful" categories.

We found that adolescents show patterns of perception that are similar to adults, with a few notable differences. Four of the same items or curative factors listed as most helpful by adolescents were the same as the five items ranked highest by adults (from the catharsis, interpersonal learning, and existential

**TABLE 2: FACTORS SELECTED AS MOST HELPFUL BY ADOLESCENTS**

CATEGORY	PERCENT SELECTING	DESCRIPTION OF FACTOR
Catharsis	44%	Being able to say what was bothering me instead of holding it in.
Catharsis	38%	Learning how to express my feelings.
Existential	38%	Learning that I must take ultimate responsibility for the way I live my life, no matter how much guidance and support I get from others.
Interpersonal Learning (Input)	38%	Other members honestly telling me what they think of me.
Family Reenactment	31%	Being in the group was, in a sense, like being in a big family, only this time, a more accepting and understanding family.
Group Cohesiveness	25%	Belonging to a group of people who understood and accepted me.
Interpersonal Learning (Output)	25%	The group's giving me an opportunity to learn to approach others.
Universality	25%	Seeing I was as well off as others.
Altruism	25%	Helping others and being important in their lives.

factors categories). Differences were noted in the adults' higher ranking of items from the insight category, such as, "Discover-



**TABLE 3: FACTORS SELECTED AS LEAST HELPFUL BY ADOLESCENTS**

CATEGORY	PERCENT SELECTING	DESCRIPTION OF FACTOR
Insight	60%	Learning I react to some people or situations unrealistically with feelings that somehow belong to earlier periods of my life.
Catharsis	40%	Expressing negative and/or positive feelings toward the group leader.
Identification	33%	Finding someone in the group I could pattern myself after.
Interpersonal Learning (Input)	27%	Learning that sometimes I confuse people by not saying what I really think.
Guidance	27%	Group members telling me what to do.
Identification	27%	Trying to be like someone in the group who was better adjusted than I.
Insight	27%	Learning that how I feel and behave today is related to my childhood and development.
Existential Factors	27%	Recognizing that, no matter how close I get to other people, I must still face life alone.

ing and accepting previously unknown and unacceptable parts of myself."

The adolescent groups tended to give the highest rankings to items describing the importance of group cohesiveness and feelings of universality, as well as those emphasizing the importance of interrelationships among group members. This finding appears to support the concepts of R. Shapiro et al. (1975), who

emphasized the relationship between adolescent tasks in identity formation and the opportunities for exploration and development of self-perception which take place in the communication of self-perception among group members.

In using these results as a guide in setting goals and choosing techniques for adolescent groups, it may be helpful to review some typical statements from literature describing objectives for adolescent groups. Berkowitz and Sugar (1975) list the following goals and purposes for adolescent group membership:

1. To support assistance and confrontation from peers.
2. To provide a miniature real life situation.
3. To stimulate new ways of dealing with situations and developing new skills in human relations.
4. To stimulate new concepts of self and new models of identification.
5. To feel less isolated.
6. To provide a feeling of protection from the adult world while undergoing changes.
7. To help maintain continued self-examination as a bind to therapy.
8. To allow the swings of rebellion or submission that encourage independence and identification with the leader.
9. To uncover relationship problems not evident in individual therapy.

Our research shows that adolescents tend to value most highly the experiences described in goals 1, 3, and 5 above. The importance which the subjects placed on opportunities for interpersonal feedback (both input and output) suggests that techniques which insure increased opportunities for peer feedback and expression of feelings may heighten the adolescent's positive perception of the group.

The structured adolescent group approach emphasized in this book is aimed at optimizing the opportunities for the curative factors to develop from and through the group process.

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