

**ACTIVITIES FOR
ADOLESCENTS IN THERAPY**

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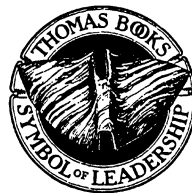
*A Handbook of Facilitating Guidelines and Planning
Ideas for Group Therapy with Troubled Adolescents*

By

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CIP

*This book is dedicated to my mother, Margaret Bednar Terlesky,
who has always been there to support my creative ideas.*

FOREWORD

What I continue to appreciate about this book is the clearness with which the material is presented. Susan Dennison has again done an excellent job focusing on the “how to’s” of setting up and facilitating adolescent groups. Each time I read a new edition of this book I am reminded of my earlier work with young adolescents in a residential treatment center for emotionally disturbed young men and women. The most challenging issue was always how can we set up a therapy group for this population that would both attract them to the experience and maintain their participation. This new edition provides the reader with the specifics on establishing an effective group program while, at the same time, outlining therapeutic activities that can be used in each phase of a therapy group.

The *Dennison Group Practice Model* clearly is based on the lessons that can only be learned from practice experience with adolescent clients. The model clarifies the primary goals for each phase of a group and, then, demonstrates the implications of those goals through actual sequenced intervention plans. Helping professionals will find that this type of guidance will be invaluable as they set up and facilitate groups with this very challenging population.

Regardless of group therapists' theoretical persuasions, I am confident that they will welcome the many therapeutic interventions provided in this one text. In clear and direct language, Professor Dennison leads the reader through the essentials of structuring adolescent groups and planning age-appropriate activities through a well-developed therapeutic curriculum. This book will easily become a daily resource manual for those helping professionals who work with these at-risk youths in groups.

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INTRODUCTION

Purpose of the Book

Activities for Adolescents in Therapy provides the group clinician with more than 100 therapeutic activities for adolescent age groups. These interventions are presented in a specific curriculum sequence such that group planning is significantly easier and more engaging. Readers will be delighted to find this book is a very practical guide for designing more effective groups with this very challenging population.

This text is intended to address a void in the current literature on adolescent groups. A number of publications have been written with a theoretical focus. However, clinicians today are in critical need of the more "intervention" material contained in this current book.

Activities for Adolescents in Therapy is a "how to do it" manual that therapists will use as a daily resource. Step-by-step instructions have been provided for setting up, planning and facilitating adolescent groups. The latter material addresses the most common problems and issues that face clinicians who are attempting to establish effective group therapy programs for teenagers.

One of the basic premises underlying the contents of this book is the need for an attractive group structure when treating the twelve to eighteen-year-old population. Although adolescents are typically more verbal than children, they still require some planned activities as part of their therapy sessions. This author and many other experienced clinicians know that the more free flowing type of group is often very anxiety provoking for teenagers. These clients usually respond more positively to structure, particularly in the initial sessions. As a group develops then, a less structured approach can be introduced. Professionals will find that the format and activity suggestions in this book allow them to spend more of their energy processing group meetings with members rather than eliciting disclosure from them.

Activities for Adolescents in Therapy has been written primarily for the

experienced group clinician. Such individuals could include social workers, psychologists, psychiatrists, or school counselors. The material, however, could also be adapted for use by other professionals who work with adolescents in group settings. These professionals would include art therapists, special education teachers, recreation therapists or speech/language pathologists. The activities are intended for groups but, with some modification, could be used for individual therapy. Professionals should feel free to adapt these planning suggestions to their specific situation.

Adolescents with social and emotional problems have been the targeted group to benefit from this material. These clients could also be experiencing other difficulties that are secondary to this social/emotional factor, such as being learning disabled, physically handicapped, neurologically impaired, mentally retarded, drug and/or alcohol dependent, or multiproblemated. Obviously, this description covers a wide range of teenage populations. The best rule of thumb is the activities can be used for any adolescent assessed appropriate for a group therapy program. Readers will then have to use their expertise in screening and composing members for a group (see Chapter Two for more specifics on this procedure).

Although the primary purpose of the book is to provide mental health professionals with structured group activities (Chapters Four, Five and Six), there are several secondary purposes. A group practice model is outlined in Chapter One as a new framework for conducting group therapy with adolescents. Then, guidelines for screening potential group members and conducting an assessment phase are provided in Chapter Two. Finally, a planning method is described for the timing and utilization of the activities both in this text and those originated by the reader in Chapter Three.

Supplemental and related materials on adolescent groups are contained in the Appendices. Appendix A provides a bibliography on group treatment of adolescents. Then, specific resources for problem focused adolescent groups are listed in Appendix B. In Appendix C, the reader is provided with visual samples of forty-five activities from this book. Appendix D contains instrument selection guidelines and a listing of scales to use for assessing and screening potential group members. Readers will find that these additional references are also practice based in nature.

Activities

For purposes of clarity, the activities in this book have been specifically developed for each of the three phases of group (i.e., initial, middle and termination). In Chapter Four, specific activities for the initial phase are provided whereby the therapist will be able to establish an attractive setting, elicit appropriate participation from members and begin building a cohesive group unit.

Chapter Five lists activities that are appropriate for the middle phase where therapy focuses on the members' problems. Then, Chapter Six gives the reader activities for the termination phase where the facilitator concentrates on the ending of treatment, acknowledgment among members of their progress and the exploration of other sources of support. More specifics on the goals of each phase can be found in Chapter One.

Therapists will find that many of the activities in these three chapters can be modified and used in different phases. As a result, over 100 planning ideas with related themes are provided for the group facilitator. Readers should be able to easily conduct a long-term group therapy program (i.e., one year or more) with the planning ideas and modifications from this text alone.

The sample group workbook in Appendix C provides paper and pencil activities that can be used with groups. Readers should feel free to duplicate that book when using it for *treatment* purposes only. Clinicians can also refer to the pages of this workbook as visual samples of how other therapeutic activities can be developed for their adolescent groups.

Format of Activities

All the activities in Chapters Four, Five and Six are designed according to the following format.

1. Specific instructions have been provided for the preparation, set-up, and facilitation of each activity.
2. All materials required for the activities have been noted.
3. Variations of the activities have been listed so readers will have more choices to select.
4. Cautions and comments about each activity have been indicated so therapists will keep certain points in mind when using the intervention.

5. A special notation has been made at the end of each activity where a visual sample can be found in Appendix C.

Readers should remember that the activities in each of these chapters have been written to address the themes appropriate for the three phases of group respectively. Thus, therapists will need to modify the set-up and facilitation of any activity that is taken from one chapter and used in another phase of the group. For example, a reader may want to adapt an intervention from Chapter Five (i.e., middle phase activities) and use it instead in the initial phase of a group. Readers are referred to Chapter One (A Group Practice Model) for guidelines when modifying an activity for another phase.

The timing of activities has been left fairly open-ended in most of the instructions. Clinicians will find that groups vary in how long they require for certain tasks and how much processing time is required. Readers will have to determine the timing of these activities based on their observations of each group. In particular, therapists need to remember that the goal should not necessarily be the completion of an activity, but rather processing all the significant occurrences that resulted from its implementation.

Cautionary Notes

The activities and related materials in this book are intended for use only by experienced helping professionals. These individuals should have credentials in their field of practice and have received special training for working with adolescents in groups. This can be a tough population to treat. Therapists, therefore, need to understand adolescent development and be familiar with some of the problems and issues unique to these clients. The less experienced clinician is advised to first work as a co-facilitator with a more seasoned therapist. It is also advisable to have ongoing processing and planning sessions regarding a group with either one's co-facilitator or supervisor.

Readers are referred to Chapter Two for more specifics on this subject.

Summary

Activities for Adolescents in Therapy is a workbook for the experienced clinician who needs some new and effective planning ideas for adolescent group. The interventions provided have been designed specif-

ically for each of the three phases of group: initial, middle and termination. A new practice model is outlined (Chapter One) along with screening and assessment guidelines (Chapter Two). Finally, a planning method (Chapter Three) is described to help professionals be more goal focused and effective.

This is a "how to do it" book for the already trained clinician who is wanting some creative interventions for working with the teenage population. It is hoped that the material in this text will serve as a stimulus for therapists to develop other avenues for working effectively with adolescents, the young adults of our times.

ACKNOWLEDGMENTS

MANY PEOPLE have contributed to the preparation of this book. Special thanks to Joyce Wirch for her excellent preparation of the final manuscript. Particular recognition is given to all the youth this clinician has worked with in group who have helped the ideas come to life.

And last, but not least, personal thanks to my husband, Joe, who is always there to support me in my efforts. A special appreciation is given to my son, Matthew, who has greatly expanded my understanding of life and human beings.

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CHAPTER ONE

A GROUP PRACTICE MODEL

THE DENNISON Group Practice Model is introduced and described in the present chapter. This model serves two major purposes for the reader. First, it provides a goal focus approach to group therapy with the adolescent population. Second, it is a planning guide for the timing and use of the activities in Chapters Four, Five and Six.

Originally, this model was developed for K.I.D.S. Group Therapy¹ but now has been adapted for adolescent group treatment. This approach combines several theoretical perspectives but is based primarily on a behavioral methodology. The model attempts to define therapy goals in such specific behavioral terms that the focus of treatment is clear throughout the counseling experience. Subsequently, therapists who follow the model will find that the planning and facilitating of group sessions will be easier and more effective.

The four major components of the Dennison Group Therapy Practice Model are outlined on Table I. First, therapy is divided into three phases, initial, middle, and termination. Second, two types of goals, process and content, have been defined for each of those phases. Third, a primary and secondary goal emphasis guide has been provided to identify for the therapist which goals, process or content, are most important in each phase of therapy. Fourth, an activity guide has been presented in which the activity chapters of this book have been correlated with the three phases of the model.

¹The K.I.D.S. program is a structured approach to group therapy with elementary age children. One of its major premises is the value of planned therapeutic play activities. At the same time, treatment is individualized through the modification of the program's components.

Dennison, Susan T: *A Handbook for K.I.D.S. Group Therapy*. Miami, self-published, 1980.

TABLE I
DENNISON GROUP THERAPY MODEL

INITIAL PHASE	MIDDLE PHASE	TERMINATION PHASE
<p><u>*Process Goals</u></p> <ol style="list-style-type: none"> 1. To initiate members' attraction to the group. 2. To initiate member to member participation and participation on task. 3. To initiate group cohesiveness. <p><u>Content Goals</u></p> <ol style="list-style-type: none"> 1. To assess members' appropriateness for group. 2. To begin establishing group treatment goals <p><u>Attainment of Goals</u> Chapter Four Activities</p>	<p><u>Process Goals</u></p> <ol style="list-style-type: none"> 1. To increase members' attraction to the group. 2. To increase member to member participation and participation on task. 3. To increase group cohesiveness. <p><u>*Content Goals</u> Individually determined for each group.</p> <p><u>Attainment of Goals</u> Chapter Five Activities</p>	<p><u>*Process Goals</u></p> <ol style="list-style-type: none"> 1. To increase members' attraction to other groups/supports. 2. To have members acknowledge progress made in the group. 3. To have members grieve the ending of group. <p><u>Content Goals</u> Same as those established in the middle phase for a group.</p> <p><u>Attainment of Goals</u> Chapter Six Activities</p>

* These goals are of primary emphasis in the phases.

Phasing

Although this model's phasing of group therapy into three time periods (i.e., initial, middle and termination phases) is not a new concept, it is an important one. Therapists need to remember that the focus of group treatment changes significantly between each of these phases. For example, on Table I, the reader will see that in the initial phase the thrust of the group should be the attraction of members, the initiation of member to member participation, the establishment of group cohesiveness, the assessment of members and the determination of treatment goals. By the middle phase, this focus changes to the therapist concentrating on those treatment goals established in the first phase. Then, in the termination phase, the group comes to a close. Members have an opportunity to grieve the ending of group, acknowledge progress they have made and explore other sources of support.

An understanding of the thrust of group therapy in each of these three phases is essential for treatment effectiveness. This simple breakdown of treatment will help clinicians plan sessions more easily and understand the rationale behind the timing of activities in Chapters Four, Five and Six. Readers are encouraged to review Table I each time their group is entering a new phase of treatment.

Process and Content Goals

One of the most unique features of this model is the simultaneous addressing of two sets of parallel goals. This differentiation of treatment goals has been done to show the dual focus of group therapy throughout the treatment experience. Clinicians know that when providing therapy to adolescents they must not only deal with the presenting problems (i.e., content goals), but also those variables that motivate the teenagers to come to group, disclose and trust the therapist and other members (i.e., process goals).

On Table I, the reader will note that there are three process goals in each phase of treatment. Three key ingredients of group therapy are encompassed by the process goals, group attraction, participation and cohesiveness. Following the Dennison Group Practice Model, the level of attainment of these three variables will determine the effectiveness a group treatment program will have on its adolescent members. Thus, the process goals are aimed at the attainment of those three key ingredients of group.

An easy way to understand the rationale behind the process goals can be found on Table II, Behavioral Definition of a Therapeutic Group Response via Dennison Group Practice Model. Readers can see that group attraction, participation and cohesiveness, have been sequenced according to the behavioral definition of how a behavior occurs. Following this pattern (i.e., cue → response → consequence) these three variables then become the major aspects of group that make it therapeutic. Subsequently, the process goals are aimed at attaining group attraction, participation, and cohesiveness since they are concerned with the “process” of this treatment modality. By addressing these three variables, clinicians will find that trust, disclosure, change and termination flow easily in a group.

On Table I, the reader will note that the process goals have been individually specified for each phase. The reason for this delineation is the therapist will be able to understand more clearly the thrust of these goals in each of the phases of group. Readers need to remember that the process goals remain constant for all groups. The means for attaining them may vary because every adolescent group responds to different interventions. However, their purpose, which is to ensure attention to the essential aspects of group therapy, necessitate their presence for all groups.

The content goals, on the other hand, focus on the issues and problems that resulted in members’ referral to treatment. They are established in the initial phase after a period of assessment (see Table I). These goals are different for every group since they reflect the members’ particular problem areas. Content goals should be specific and measurable with examples of expected behavioral changes. It is also important to establish these goals such that they can be attained within a short period of time (i.e., three months). Clients and therapists alike need to experience a sense of accomplishment on a regular basis during the group treatment experience.

Following is an example of how such a group goal would be stated.

Members will increase their social skills as shown by more sincere compliments to the session leader, more spontaneous positive interaction between members, and less conflictual or inappropriate interactions. This goal will be reassessed after three months of group treatment.

The reader will note that this goal has been stated as a group goal rather than an individual one. Facilitators sometimes make the mistake of determining individual goals for members rather than goals that are shared by all members. Due to the nature of the group modality, goals need to be thought of in terms of group-wide ones as opposed to individual ones.