**AGPA Connect 2023 Presenter Information**

**Course Code:** 10

**Course Title:** Challenges and Successes in Adolescent Therapy Groups- A Consultation Opportunity

**Course Times:** 10:00 AM - 12:30 PM

**Course Dates:** Thursday, March 9

**Instructors:** Seth Aronson

Thomas Hurster

Andrew Pojman

**Course Description:** This workshop will provide clinicians with recent experience conducting therapy groups with adolescents a forum to discuss their successes and challenges in their groups, and to get support around current questions and concerns. Beginning with a brief overview of some best practice principles in adolescent group therapy, the participants will then break into small groups to discuss groups they have recently conducted; the group leaders will also present their own groups as needed. The workshop will reunite to discuss themes raised.

**Learning Objectives**

The attendee will be able to:‎

1. List and summarize the four leadership functions and how they apply to work with adolescent ‎groups.‎
2. Differentiate the different approaches to encouraging adolescent group members to engage in ‎difficult discussions around issues of bias, microaggressions, and divergent viewpoints around gender ‎and race.‎
3. Identify aspects of the groups they are currently conducting that they perceive as going well, and ‎describe those aspects that are problematic.‎
4. Collectively problem solve and create strategies for improving the interactions and sharing within ‎their groups.‎

**Significant Articles:**

1. Brabender, V. (202). Introduction to group therapy. John Wiley & Sons.‎  
   Haen, C., & Aronson, S. (Eds.). (2017). Handbook of child and adolescent group psychotherapy: A ‎practitioner’s reference. Routledge.‎
2. Kaklauskas, F. J., & Greene, L. R. (Eds.). (2020). Core principles of group psychotherapy: An integrated ‎theory, research, and practice training manual. Routledge.‎
3. Pojman, A. (2009). Adolescent group psychotherapy: Method, madness, and the basics. American ‎Group Psychotherapy Association.‎
4. Shechtman, Z. (2007). Group counseling and psychotherapy with children and adolescents: Theory, ‎research, and practice. Lawrence Erlbaum Associates.‎

**Agenda:**

* Brief introductions of participants with an emphasis on the group(s) to be shared. The leaders will provide written introductions of themselves and experience to shorten the introductory period- (15 minutes; Obj. 3; Hurster; Sharing of Experience).
* A brief review of best practices in contemporary adolescent group psychotherapy organized around group therapy leadership functions- (45 minutes; Obj. 1 & 2; Hurster, Pojman & Aronson; lecture/case study)
* Executive functions: conceptualizing, organizing and recruiting for groups; membership selection; group structures and rule; maintaining the contract.
* Caring: exhibiting accurate empathy; being honest with and dependable for members; being open to member’s expressions of a range of feelings towards the therapist and the group.
* Emotional Stimulation: directive activities within the sessions
* structured and spontaneous; modeling, confronting, reflecting, and encouraging members feelings and assumptions about themselves; therapist transparency.

* Meaning Attribution: assist members in finding meaning in, and cognitively framing their reaction; accepting “parent” and “teacher” roles that are inherent in work with adolescents: identifying whole-group motives and feelings, and patterns of group interactions.
* Discrimination, Equity, and Inclusion issues will be raised in relation to each of the leadership functions, with a focus on how these issues are raised and addressed in adolescent therapy groups.
* Some brief reflections on conducting adolescent groups remotely.
* Break up into three consultations groups with an eye towards similar settings. Each small group leader will take a few minutes at the outset of the small group to set an agenda around the material the participants have brought for discussion. A participant will be asked to keep “notes” on the discussions – (70 minutes; Obj. 3 & 4: Pojman, Hurster, and Aronson; case study/discussion/ question $ answer)
* Return to the large group for further discussion. The leaders and the note-takers will present the themes and issues that arose in the discussion for all three groups. A general question and discussion will follow- (25 minutes; Obj. 1, 2 & 4; Aronson, Pojman, & Hurster; question & answer/ case study/sharing of experiences.
* Evaluations. 5 minutes.

**Assessment Questions:**

Question 1 (include possible answers)

List the four leadership functions provided by the experienced group therapist with adolescents:

Correct Answer 1

1) The executive function (organizing and maintaining the structure, rules, and boundaries of the group); 2) establishing and maintaining a caring environment through specific behaviors:; 3) meaning attribution to assist members in cognitively framing their experiences and behaviors; 4) providing emotional stimulation behaviors that intensify member's experiences and expression of affect in the group.

Question 2 (include possible answers)

The ideal number of group members is: A. 10 B. 8 C. 5 D. There is no ideal number

Correct Answer 2

D- there is no ideal number, although there are upper limits to adolescent groups based on the population and goals of the group.

Question 3 (include possible answers)

Same sex groups have a tendency to regress more than coed groups- True or False.

Correct Answer 3

True.

Question 4 (include possible answers)

Breaches in confidentiality: A. should always be addressed in group directly. B. can sometimes be indicative of the group’s struggle to contain anxiety and fear. C. can reflect an episode of relational aggression by a group member. D. all of the above

Correct Answer 4

D- all of the above.

Question 5 (include possible answers)

Shame and the potential for shame is: A.an innate element of any adolescent group, regardless of setting. B. is not an issue in groups in school where the students know each other. C. is always a destructive force in the group. D. all of the above.

Correct Answer 5

A- shame is always present to some degree in therapy groups with adolescents.

Question 6 (include possible answers)

Therapist self-disclosure: A. is rarely appropriate. B. has powerful therapeutic implications. C. is always warranted. D. is more appropriate in individual versus group therapy.

Correct Answer 6

B- therapist self-disclosure has powerful therapeutic implications, and is integrally linked to all four leadership functions.

Question 7 (include possible answers)

Highly sensitive issues (e.g. substance abuse, self-harm, suicidal ideation): (A) A. require the therapist to be alert for social contagion. B. should be deferred for discussion in an individual session. C. should be contained within the group and not revealed to parents. D. rarely happen in adolescent groups.

Correct Answer 7

A.

Question 8 (include possible answers)

Therapists' behaviors the demonstrate and maintain a caring group climate: A. Exhibiting accurate empathy. B. Being honest with members. C. Being dependable by reinforcing the group rules and structure. D. Being open to member's expressions of a range of feelings for the leader, particularly critical reactions. E. A and B. F. All of the above.

Correct Answer 8

F- all of the above. These are all key components of a caring environment.

Question 9 (include possible answers)

List the components of the group leadership function of meaning attribution in adolescent groups:

Correct Answer 9

1) an explanation of a system of meaning inherent in the group; 2) labeling members' affects, impulses, thoughts (expressed and implies), and behaviors; 3) identifying patterns in group events, 4) summarizing units of behavior displayed in the session (e.g. session wrap-up).

Question 10 (include possible answers)

Ethically-informed clinical practice: (D) A. requires on-going therapist vigilance and mindfulness. B. is not usually of importance in most adolescent groups. C. is helped by ongoing consultation with peers D. A and C

Correct Answer 10

D. Ethically informed clinical practice requires vigilance and mindfulness, and demands ongoing education and consultation with peers. This is a fundamental reason for this workshop.