4.7.- GROUP THERAPY FOR ADOLESCENTS

4.7.1.- REQUIREMENTS

We recommended group therapy (as part of the family interview process) to those adolescents who met certain criteria:

- The problems they were experiencing could be addressed through the group method that we were proposing.
- They were between 15 and 17 years of age.
- The student didn't deny, from the outset, the possibilty that this option might help.

After that determination was made, the candidate was invited to an individual interview with the group therapist. The purpose of this interview was to determine if putting the individual in the group was a good idea. This decision was based on issues such as the appropriateness of the intervention given the type of problem involved, the intellectual and emotional capacity of the individual and his or her ability to take advantage of this type of intervention, motivation, and so on. The individual goals to be met through this group therapy were also set in this meeting.

Eight of the Hippokrates students were interviewed. After the interviews, a decision was made to exclude three of them. In two of the cases, this decision was based on the students not meeting the basic requirements for participation in group therapy. In the third case, the motive was that the interview was done very late and the group had already evolved and was quite cohesive, and the young person involved had some personal characteristics that could set him apart from the group. The therapist thought that entry of a new group member at that point in time would be counterproductive for the group as a whole and for the student as well. Nevertheless, we hope he will be able to participate in a new group or in this group when circumstances and space allow.

4.7.2.- MAIN PROBLEMS DETECTED

- Disruptive behavior (especially as regards respect for the rules established by adults) in school or family contexts, even though these behaviors could not really be classifed as behavioral or dyssocial disorders.

- Poor school performance and absenteeism.

In general, participants did not have low self-esteem and did not admit to having serious behavioral problems. The majority of them (4) admitted to having trouble controlling their aggressive impulses in certain situations. However, they were not entirely critical of this type of loss of control. All of them said that this was one of the ways that they could "get some respect."

Of the six cases involved, two were considered to have some type of psychopathy:

- One of the girls showed clear signs of depression (and a history of autolithic behavior) which was in remission at the time and was being followed by the Children's Mental Health Service. This girl had low self-esteem, except as regards intellectual capacity. She had always been a brilliant student at school and had never had any behavioral problems prior to this time. These problems first became evident in the family

environment. (She is the only member of the group who was not referred through the Hippokrates Project.)

-       Another participant had severe emotional symptoms (anxiety, somatization, possible diassociative symptoms, outbursts of anger and so on) that were understood to be part of an adaptation disorder after a traumatic event in her family. She had not received any individual therapy and we decided to postpone that type of therapy until we could evaluate how she was evolving in a group therapy situation. This student had also been a good student until this traumatic event occurred.

4.7.3.- OBJECTIVES

Our general goals and objectives included: promoting social and emotional maturity in those adolescent who were having difficulties in this area.

The individual objectives that participants set for themselves were:

-       "Understanding why I lose control and learning to control my aggressiveness."
-       "Controlling my temper and my pride. Getting rid of the label of "cut-throat" that I have been tagged with."
-       "Learning not to explode when someone is rude to me."
-       "Being less insecure. Learning to worry less about what others think of me."
-       "Not keeping everything inside and then exploding later on."
-       "Opening up more. Being less negative."

4.7.4.- GROUP EVOLUTION

The group began its work with six participants. Of these six, one left after four sessions. At the same time, she left her mother´s home and went to live with her father and she also stopped going to school.

So far nineteen sessions have been held. The methods we used are explained below from both a thematic and individual objectives point of view as well as a developmental point of view in systemic terms (the use of group therapy resources).

In the first two session, topics came up that had to do with why these young people were participating. There was also discussion of topics such as fear of being left out, fear of being seen as weak if they revealed their innermost thoughts or because they were perceived of as different, and so on. The participants begin to look for their place in the group.

Group work focused on:

-       Thinking about the consequence of judging someone on first impressions.
-       Looking for similarities among the group members (cohesion) and also differences (in order to value differentiation).

In the third to the sixth sessoins, the group explored different topics such as couples (two sessions), drugs (one session) and school (one session).

In the beginning, the participantes focused more on the content and then little by little their attention moved towards relational topics such as:

- Trust in and responsiblity towards the group.
- Relationships with authority figures (teachers).

Group work: assertiveness, controlling your impulses, reflecting on your place in a hierarchy.

From the seventh session on, and as group cohesion increased, the members began to talk about more personal issues and to delve into them more deeply.

Some of the topics which came up were the family (conflicts of power, feeling unaccepted, feeling loved, feeling as if you were "in the middle"). Participants began to question their own reactions: fear of losing control of their impulses. They also began to think about their place among their peers: fear of being left out, the importance of what others think of you, and so on.

In session number 13, the topic was silence. The therapist began to decrease the frequency of his interventions given that the group was producing its own therapeutic resources and they were also questioning the concept of depending on somewhat else to manage situations.

In session 14, right before summer vacations, the participants carried out a self-evaluation exercise related to their individual goals and objectives. The therapist reinforced individual achievement and also evaluated the group's evolution.

After summer vacation, the group once again addressed the issue of motivation. There were more absences. They spontaneously decided to review their objectives. The group proposed some changes in the time meetings were to be held so that they would not have to miss too many classes. The topics they wanted to discuss included ability/motivation in school, whether or not they needed to continue to participate in group therapy, how to say goodbye to any of the members who might decide not to come any more.

The therapist felt that the group's objectives had almost completely been met and that the group might be able to stop meeting. Furthermore, the fact that the group members themselves were trying to find a time to meet that would interfere less with their class schedule showed that they were less dependent on this resource on the one hand, and more aware of their personal responsibility on the other.

After the 19th session, the therapist suggested meeting once every two weeks. The group would continue to work on their individual objectives and will be reevaluated in December.

4.7.5.- EVALUATION:

The group is using therapeutic resources (thus meeting the general objective of the sessions) to work towards meeting their individual goals and objectives. All of the participants feel they have made progress, both from an individual and a group perspective. The therapist agrees with their assessment.