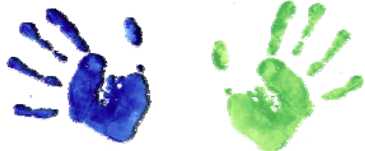




Group Therapy for Latency

Age Children

(6-12 years)



Why group therapy?

Generally...

- Humans are social beings
- Child's world is a range of groupings (family, sibling, neighbourhood/school play groups, sports groups, etc)
- Developmental tasks of social functioning (Erikson 1959)
- Growing importance of peer networks, (Clinkscale, 2000; Poulin, 1999)



Specific Advantages

- Promote change
- Parallel the wider social environment
- Provide a sense of belonging
- Address common needs
- Enlist both therapist and peers as helpers



Limitations

May be unsuitable for children who...

- Significantly lack self control of impulse, exuberance, aggressiveness
- Behave on a continuum between detachment and defiance
- Are of incompatible developmental ages
- Have psychotic disorders & likely to decompensate to stress
- Have expressive or mixed receptive-expressive language disorders
- Have high levels of individual needs

NB Sometimes possible to include one or two such children



Types of Groups

- **Diagnostic groups** (Gupta, Hariton & Kernberg (1995); Redl (1944) Summer camps
- **Psychotherapeutic groups**
 1. Psychoanalytic based (play, activity, process-oriented)
 2. Behavioural (verbal & behaviour modification)
 3. Cognitive-Behavioural
 4. Short-term (structured combination of above)



Psychotherapeutic Groups

Psychoanalytic Models

- Slavson (1943) The first to develop a systematic group technique: Activity Group Therapy (AGT), non-verbal, non-participatory
- Anna Freud, Axline (1947's) non-directive play

...to active structuring ...

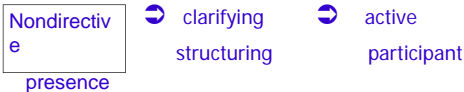
- Scheidlinger (1960) "experiential" group therapy for severely disturbed & deprived latency-age children, active structuring
- Ginnott (1961) & Schiffer (1969) play therapy for younger children – therapeutic alliance and therapist actively participates
- Speers, Lansing (1965) & Lifton, Smolen (1966) group work for children with 'psychotic disorders' and autistic behaviours
- Gratton & Rizzo (1973) younger children with schizophrenia



....to verbal exploration & participation

- Slavson & Schiffer (1975) Activity-Interview Group Therapy (AIGT) for more severely disturbed children, verbal exploration and intervention
- Sugar (1974) Charach (1983) "talking" time-limited groups for anxious, depressed children
- Soo (1985) group as transference object (Object Relations Theory)
- Kernberg & Chazan (1991) AIGT for children with mild to moderate conduct disorders; included parents in treatment process
- McCormack et al (1993) groups for mentally-retarded children

N.B. The therapist's changing role



Behavioural Model

- Bandura's social learning theory, behaviour modification rather than understanding motivations or ameliorating personality dysfunction
- Rose (1972) goals, reinforcement and shifting responsibility to group members
- Clement et al, (1970) controlled studies show good outcomes in behavioural social skills groups
- Kazdin, (1997) group treatment of delinquents



Cognitive-Behavioural Model

- Braswell & Bloomquist, (1991) a multi-method approach, encompassing operant conditioning, modelling, cognitive restructuring as well as relaxation training, for children with ADHD. Overall aim was to "help the ADHD child increase his/her capacity for thoughtful patience and consideration"
- Goldstein (1995) short-term, combining behavioural & cognitive principles
- Research evaluation using special rating scales and checklists which are addressed to noting changes in specific behaviours

Short-Term Model

- Structured, time-limited, usually 6-12 sessions
- Child's active participation
- Exclusions
- Careful attention to patient selection, group composition and to contracting
- goal-centred programme, focussing on adaptation, competency, strengths and growth
- parallel groups for parents, family education and intervention
- demonstrable improvement in behaviours



Overview of 5 Decades of Children's Group Treatment (Lomonaco et al, 2000)

Fairly good empirical support for particular child populations

- Mild conduct disorders (Rhodes (1971, Webster-Stratton, Reid & Hammond, 2001)
- Aggressive & disruptive behaviours (Braucher, 1998; Sukhodolsky, Solomon & Perine, 2000, Sukhodolsky et al, (2000)
- ADHD (Braswell & Bloomquist, 1991; Hansen, Meissler & Ovens, 2000)
- Asperger Syndrome with concurrent learning disabilities (Mishna & Muskat, 1998)
- Sexual abuse victims & perpetrators (Cavanagh-Johnson, NZ Stop Programme)
- Anxiety & depression (Sugar, 1974; Charach, 1983; Lomonaco, Scheidlinger & Aronson, 2000)
- Domestic Violence, NZ Justice Dept. (1998 & 2002)



Characteristics of Effective S/T Groups

(Weisz & Weiss, 1993; Kazdin, 1997)

- An entry procedure
- Patient selection, exclusions, group composition, developmental stage
- Alliance with parents, often concurrent family education and intervention
- Alliance with each child
- Contracting, goal identification, task motivation and reinforcement
- Programme and session structure/frame
- Orientation to basic social principles
- Bonding and Bridging
- Refreshments are shared at each session
- Outcome measures
- Leadership and supervision



Therapeutic Factors

- Group process
- Social learning theory
- Affective education & regulation
- Development of cognitive-behavioural skills
- Specialised Techniques



Group Leadership

- High level of clinical skill
- A good authority – boundaries, limits
- Non-judgmental & trustworthy
- Developmental knowledge
- Facility in verbal and non-verbal communication
- Sense of humour
- Flexible, versatile, & spontaneous
- Passionate and open in working with children
- Autonomy over superego and id
- Supervisory support



Dunedin CAFS Group

- **History:** Begun 2006 – 3 staff: 6 groups, 34 children
- **Models:** Psychodynamic & cognitive-behavioural principles
- **Size:** 6-8 children per group
- **Characteristics:** short-term, semi-structured, time-limited, closed group
- **Aims:** to help referred children enhance social coping skills and decision making, reduce impulsivity, prevent self harming behaviours & create a caring community climate
- **Screening** sessions for parents



Diagnosis and issues

- ADHD
- Reactive Attachment Disorder
- Mild to Moderate Conduct Disorder
- Separation Anxiety
- Depression
- Generalised Anxiety Disorder
- Selective Mutism
- Social Phobia
- PDD & Aspergers Syndrome
- anger & aggression
- social deficits & isolation,
- bullies/bullied,
- oppositionality & defiance
- anxiety & low mood
- communication problems
- emotional illiteracy & dysregulation
- poor self-belief



Group gains

- Positive experiences with peers
- Being able to assert themselves
- Self-confidence & self-esteem
- School performance improvement
- Heightened level of functioning
- Increased ability to engage in socially acceptable behaviour
- Children least likely to show and sustain improvement are those with parenting risk factors (harsh, authoritarian parenting)
- Also children who are severely depressed, are in acute crisis, grossly deviant children, and severe intellectual disability



Benefits for Therapists

- Enrichment in clinical skills, observation, techniques
- Increased self-awareness
- Gratification!?!?!?!?

(Kernberg, 1978; Tellerman, 2001)



General Outcomes

- **Lambert (1992)** and **Hubble, Duncan & Miller (1999)** meta-analyses of 40 years of clinical outcomes across all therapy modalities found that there were some common factors of positive results
 - Client factors
 - Client-therapist relationship
 - Client's expectation of a positive outcome



Ongoing Issues

- Implementation fidelity
- Comparison difficulties
- Ethics of control groups
- Need for systematic research with attention to models of delivery