

CHAPTER 1

Adolescent Development, Risk, and Opportunity

ADOLESCENT VOICES

I am pleased to open the third edition of *Group Work with Adolescents* with the voices of teens who responded to a survey on how young people view the future, with hope or despair.¹ To whatever extent my writing is informative, interesting, or elegant, it is only because it is inspired by the young people represented on these pages.

In the best groups, group workers and members are co-creators working from the same palette. Although we adults have strong opinions about the young people in our lives, they also have opinions about us, about people like me who administer surveys and who work with them in groups.

It is instructive, even jarring, to hear the unabridged voices of young people who boldly state what they think about us. If you listen closely you can hear the humanity, intelligence, and humor in their reflections about the “grown-up” world. This includes their thoughts on whether there is any adult who takes them seriously, really listens to what they have to say, or has any idea about how they are feeling.

And, so, as the third edition begins, we hear from four young people, ages 15–17, who tell it like it is when asked how they feel about being asked to respond to a survey about young people’s concerns about the future.

¹This was the latest in a series of action research projects that I directed over three decades (Calderon, Giffords, & Malekoff, 2012; Malekoff, 1990, 1994b; Malekoff, Johnson, & Klappersack, 1991; Malekoff & Schwartzberg, 2008; Peters, 2003).

“It’s all just part of the conundrum of life.”

“To be honest, there are many things that ‘concern’ me. To me, I interpret the word ‘concern’ as somewhat a light word to use . . . my future is something I worry about . . . I’m concerned about my family, their health and safety, but I’m not afraid of the future. Whatever happens, happens for a reason, so although I may be concerned about our nation, my friends, my family, myself, my school, and other things, I know that it all happens for a reason and it is all just a part of the conundrum of life. Life is a big puzzle. . . .”

“It’s the way the world works.”

“To be brutally honest, [adults surveying kids] concern[s] me. I mean, what the hell are you trying to understand? We’re teenagers—we’re angst ridden, confused, worried, and most importantly: curious. It’s the way the world works. It’s been this way in the past, and it will be this way in the future.”

“What can we expect you to do about it?”

“Murder, drugs, rape—yeah, it *concerns* us, but what can we expect *you* to do about it? Are you some amazing secret society hell bent on fixing the world each of its faults? News flash: you can’t. You can ‘understand’ the world, and you can try to understand and fix the concerns of teenagers. But can’t you please try to understand more quietly and without wasting our time? I doubt anyone will read this anyway.”

“Me importa mucho no meterme in problemas porque no medonodo bueno.”

“[Translation] I don’t want to get into problems because there are no good solutions.”

THE DEVELOPMENTAL CONTEXT

The composite picture of the behavior of this age is contradictory and confused.

—HARRY STACK SULLIVAN (1953, p. 93)

Adolescence—roughly the second decade of life—is well known as a period of accelerated physical, psychological, and social growth. Individual variation in the rate of maturation makes it impossible to assign a

specific chronological age to the onset of adolescence (Bloch, 1995; Ogden & Hagen, 2014). In my view, elasticity and overlap are invaluable allies in observing human development through the lens of theory. Evolving stages of psychosocial development can be viewed as having permeable boundaries through which the growing individual moves almost imperceptibly from one phase to the next and, during periods of regression, slips back from time to time for self-protection and refueling. The age range of the young people who populate the pages of *Group Work with Adolescents* includes individuals from 9 to 22 years, a span covering what will be referred to throughout this book as young/early (9–14), middle (14–16), and older/later (16–22) adolescence.

The Journey Begins

The upper and lower age limits of adolescence have expanded over the years, with, according to some estimates, physical/pubertal growth occurring up to 4 years earlier than it did a century ago. The dramatic change in the onset of puberty, which is principally determined by genetic predisposition and environmental factors (e.g., climate), has been attributed to industrialization and improvements in health, sanitation, and nutrition (Bloch, 1995; Germain, 1991; Hill & Coulson-Brown, 2007; Steinberg, 1986). Pubertal growth is most easily observable by change in the physical size of the child and the transformation from a generally undifferentiated body shape to a gender-distinctive shape. Boys get taller, are able to produce sperm, have deeper voices, and develop pubic hair. Along with a slightly earlier growth spurt, changes in girls include breast development, menstruation, and pubic hair. In females, changes in height, weight, and general body characteristics begin anywhere between 9 and 14 years of age. In males, these changes occur, on average, about a year later (Newton, 1995).

The accelerated physical growth during adolescence has profound social and psychological implications for the individual, transcending the mere fact that one's appearance and physique have changed. Sensitivity about one's appearance and its relationship to peer-group affiliation are potential sources of emotional stress for adolescents. This may be especially so for individuals who experience either precocious or delayed physical growth and who experience social estrangement as a result.

Aside from and/or alongside the physical changes of puberty, there is an observable trend in which many 9-, 10-, and 11-year-olds are assuming the bearing of older teenagers. Their clothing, hairstyles, jewelry, makeup, swagger, posturing, language, and overall relational style create the illusion of individuals more than slightly beyond their years. Beyond style, increasing numbers of preteenagers are exhibiting behaviors traditionally associated with teenagers, including: opposition to adult authority and

influence; disrespect for others' rights and property (e.g., stealing, vandalism); and experimentation with drugs, alcohol, smoking, and sex (Acoca, 1999; Bloch, 1995).

Some of this behavior can be explained by the normative process of children emulating behaviors of their parents or members of a social group or gang that has assumed certain family-like functions (Bloch, 1995). Another influence is the increased access to media and various forms of information technology (e.g., personal computers, online services, and social media) (David-Ferdon & Hertz, 2007). As a consequence, younger children are gaining an uncanny familiarity with the intricacies and accoutrements of the older world without the accompanying emotional and cognitive equipment necessary to manage this information.

Television seems to exist primarily "to deliver an audience with just the right demographic composition to a corresponding advertiser" (Strasburger, 1995, p. 17). This marketing strategy has a heavy impact on children and adolescents in the critical health-related areas affecting their lives (e.g., violence, sexuality, drugs, and nutrition; Garbarino, 1995, 2000). For example, various clothing advertisers (e.g., for blue jeans and underwear) leave the consumer with photographically rendered illusions of sensuality and physical maturity that, in all likelihood, extend beyond the maturity of the individual who is used to project the image. Young people view more than 40,000 commercials per year on TV alone, not to mention exposure to advertising on magazines and on the internet (American Academy of Pediatrics, 2006).

Fifteen-year-old Nikki Reed, who cowrote the screenplay for the harrowing independent movie *Thirteen*, was asked why the teen years are so difficult. Her answer: "Perfection is crammed down our throats. We're surrounded by models . . . who can wear shirts shorter than my bra and have perfect abs. Everyone is trying to be perfect, and without Photoshop it's not possible" (in Setoodeh, 2003, p. 10).

How is this kaleidoscope of ideas and images metabolized by young people who lack the psychic tools to sort it out and put it into some perspective? Without external support to fill the gap and make some sense of this whirlwind of information and values (Bernstein, 1973b), what the young person does with it is either left to chance or the misfortunes of ill-informed choice. *Group work is one avenue for promoting the reflection and critical thinking necessary to clarify values and make healthy decisions.*

The Developmental Tasks of Adolescence

Regardless of any argument concerning the chronological onset of adolescence or social influences that affect developing children, there is universal agreement that "developmental tasks" necessary for adolescents in our

culture to become healthy, functioning adults require great effort and time to achieve. They can be summed up as follows:

- *Separating from family*: Testing and experimentation in relationships with peers and authority figures, leading to the achievement of emotional independence from parents and other adults; increasing autonomous functioning; developing a capacity for greater intimacy with peers.
- *Forging a healthy sexual identity*: Accepting one's body and physique and learning to use it effectively; achieving a masculine or feminine social role.
- *Preparing for the future*: Skill development and selection of a career; preparing for relational aspirations, for example, marriage and family life.
- *Developing a moral value system*: Developing a set of values and an ethical system to guide one's behavior; desiring and achieving socially responsible behavior.

Adolescence today is an age of particular vulnerability, a time in which young people are experiencing the sexual awakenings of puberty, facing increasing social and educational demands, and experimenting with more freedom, autonomy, and choice than ever before. *Group work is an indispensable method for helping children to meet the developmental tasks and navigate the changing currents of adolescence.*

Quantum Leap

In the cartoon *Calvin and Hobbes*, Calvin is a precocious child, and his friend Hobbes is a stuffed toy tiger brought to life by Calvin's vivid imagination. Their "conversations" often belie Calvin's years. For example:

CALVIN: We all want meaningful lives. We look for meaning in everything we do. But suppose there is no meaning! Suppose life is fundamentally absurd! Suppose there's no reason, or truth, or rightness in anything! What if nothing means anything? What if nothing really matters?

HOBBS: I guess there's no harm in a little wishful thinking.

CALVIN: Or suppose *everything matters*. Which would be worse?

—BILL WATTERSON (July 30, 1995)

As the child moves from the "earthbound" quality of concrete thinking to more "intergalactic," formal operational thinking, the young adolescent becomes capable of constructing contrary-to-fact hypotheses, of leaping

“with the mind into untracked cognitive terrain, cognitive terra incognita, to travel in inner space, and out, to everywhere and anywhere, flying with the mind” (Dulit, 1972, p. 28). Herein lies the source of the adolescent’s growing ability and fervor for challenging others’ ideas, beliefs, and values and for engaging in furious debate, often to the dismay of parents, teachers, and other adults.

Accompanying the transition from concrete thinking to the more abstract world of formal operations is the growing capacity for cognitive flexibility. Reasoned arguments gradually replace simple reliance on authoritative pronouncements by grown-ups. Opposites such as good and bad, or black and white, or yes and no can be held in one’s mind simultaneously, enabling the individual to examine the subtle shadings of disparate ideas and to tolerate the ambiguities that are generated by thoughtful debate. This “quantum leap” in thinking enables the child to consider many viewpoints at once, use inductive and deductive thinking to reason, and test reality by challenging contradictions and inconsistencies. Young adolescents can begin to argue for argument’s sake—for the fun of it. And all of this enables youth to become future oriented by expanding their grasp of what is real and what is possible—“what ‘could be’ and not merely what ‘is’ or ‘was’” (Dulit, 1972, p. 284).

Piaget (1950) believed that formal operations are initiated through cooperation with others. It is not enough to accept the imposed truths of others, no matter how rational in content. To learn to reason logically, one needs to engage in relationships that allow for an exchange and coordination of viewpoints. *Group work and the dialectical processes it promotes to advance mutual aid provide an ideal context for accommodating and fostering this quantum leap in cognitive and brain development during adolescence.*

The Adolescent Brain

Once upon a time there was widespread belief that the human brain was fully developed by the time a child reached 5 or 6 years old (Giedd et al., 1999; Giedd & Rapoport, 2010). We know, for example, that the amygdala, the part of the brain responsible for instinctual reactions such as fear and aggressive behavior, does fully develop early. However, thanks to new technologies such as magnetic resonance imaging (MRI), neuroscience researchers have discovered that, although 95% of the brain’s architecture is formed by the time a child is 6 years old, significant changes occur around the time of the onset of puberty, between 10 and 13 years of age, in the prefrontal cortex of the brain (Shaw et al., 2008) and, a few years later, in the cerebellum (Tiemeier, Lenroot, Tran, Pierson, & Giedd, 2010). (See Figure 1.1.)

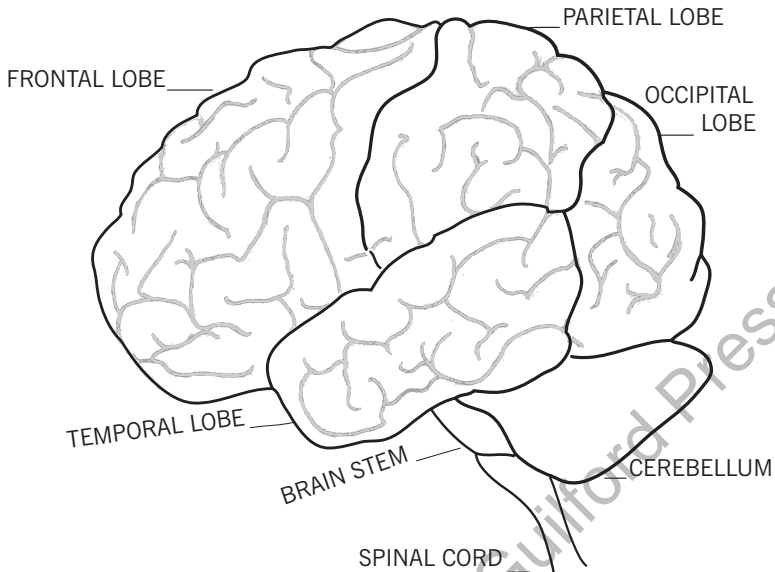


FIGURE 1.1. Regions of the brain.

According to group worker Craig Haen (2013), who wrote a blog on how adolescent brain research can inform parents and therapists:

In the teen years, young people are going through a software upgrade, neurologically, in which circuitry is being consolidated, networks are being reorganized, connections are being made stronger and more expedient, and unused pathways are wearing away. This upgrade happens in stages during which the reward centers of the brain are surging forward, while the executive center is developing more slowly. This difference in timing means that teens can be most attracted to activities that yield easy pleasures and social connection while not necessarily fully considering the ramifications. It is not that they *can't* think it through, but that doing so is a much slower, less streamlined process. They are fumbling along . . . not yet skilled in the ways of maximizing its potential.

Scientists have discovered that during adolescence there is “a rapid increase in the connections between the brain cells and pruning (refinement) of brain pathways. Nerve cells develop myelin, an insulating layer which helps cells communicate. All of these changes are essential for the development of coordinated thought, action, and behavior” (American Academy of Child and Adolescent Psychiatry, 2011; Sturman & Moghadam, 2011; Sercombe & Paus, 2009).

The prefrontal cortex, located just behind the forehead, controls planning, working memory, organization, and regulating mood, all of which influence a teen's ability to reason, control impulses, and exercise judgment. These processes enable young people to be reflective and give a second thought to things, as opposed to making snap judgments and acting impulsively (Casey, Jones, & Somerville, 2011).

The cerebellum, situated in the back of the head just above the neck, plays a key role in motor control; and, although it is not essential for any particular activity, it improves activities such as decision making and social skills (Spinks, 2002). What teens do during their adolescent years, individually and in groups, whether it's participating in drama, dance, or debate; or playing music, sports, or video games can shape how their brains develop.

According to Haen (2013),

Because adolescence is a time of great changes in the brain, it is also a time of great potential. The brain is what scientists refer to as "plastic" (i.e., moldable, shapeable), particularly during the teen years, which means it is susceptible to all kinds of influence. The result is that adolescents can learn more quickly, and experiences can have a strong impact. (Just think of how much the music you listened to in your teen years still sticks with you today.) It also means that the teen years are ones in which young people are particularly vulnerable, to both mental illness and the formation of unhelpful thought patterns and behaviors.

Ongoing Research on Brain Development

Changes in the brain take place in the context of many other factors, including genes, early childhood experiences, and environment. Scientists are continuing to look into the development of the brain and the relationship between the changes taking place, behavior, and health (Giedd & Rapoport, 2010). The following are some of the questions being addressed in ongoing research on adolescent brain development: "To what extent does what a teen does and learns shape his or her brain over the rest of a lifetime? Does the adolescent capacity for learning make this a stage of particular vulnerability to addiction? Why is it so often the case that, for many mental disorders, symptoms first emerge during adolescence and young adulthood?" (National Institute of Mental Health, 2011).

Increasingly, scientists see mental illnesses as developmental disorders rooted in processes connected to how the brain matures. By investigating how the circuitry of the brain evolves, scientists hope to discover "how experiences during infancy, childhood, and adolescence [e.g. positive or negative group affiliation] can increase the risk of mental illness or protect against it" (National Institute of Mental Health, 2011). In the case of

addressing exposure to traumatic events, for example, it essential to understand how trauma survivors' brains are rewired in the aftermath of traumatic events and how trauma influences perceptions of self, others, and the world (Perry, 2000; Ziegler, 2002).

Connections Count in Brain Development

The stakes are great during the teenage years. There is a perplexing contradiction between adolescents reaching the peak of physical health, strength, and mental capability and, at the same time, facing greater risks and hazards than ever before. Parents walk a fine line between supporting their children's independence and protecting them from harm. Group workers must be prepared to provide parents with the support necessary to manage this delicate dance (American Academy of Child and Adolescent Psychiatry, 2011).

Child and adolescent brain studies affirm that the brain is hardwired for social interaction and for attaching and bonding with caregivers. Despite all the scientific advances, according to leading brain researcher Jay Giedd, people reading this might be disappointed to know that the "best advice we can give is things that our grandmother could have told us generations ago: to spend loving, quality time with our children" (in Spinks, 2002).

Teenagers hunger for significant relationships with adults who care about them. This belief has been validated by social scientist Ellen Galinsky, who interviewed more than a thousand children and found that teens longed for more time with their parents, even when they seemed to be pushing them away. Galinsky said, "Even though the public perception is about building bigger and better brains, what the research shows is that it's the relationships, it's the connections, it's the people in children's lives who make the biggest difference" (Spinks, 2002).

Naturally, making good connections with caring adults, as well as with peers, is essential for adolescents. *If a child's job is to explore and a parent's job is to protect, understanding changes in adolescent brain development offers an opportunity for early intervention, particularly in creating environments that promote positive peer experiences, where teens can safely explore and experiment and avoid behavior that can harm themselves or others.*

Building Bridges across the Generations

It is no surprise that there are grown-ups who hesitate to become involved with adolescents. However, if adults can avoid becoming defensive or intimidated and can adopt a selective "devil's-advocate-may-care" attitude,

they might be pleased to discover that from the same source of cognitive combativeness and intellectual intransigence spring seeds of inspiration and idealism. Adolescents enjoy a good “fight” with adults who don’t feel a need to dominate or win and who are willing to really listen.

Anna Freud (1985) provided the quintessential description of the puzzling contradictions and paradoxes inherent in adolescence:

Adolescents are excessively egoistic, regarding themselves as the center of the universe and the sole object of interest, and yet at no time in later life are they capable of so much self-sacrifice and devotion. . . . On the one hand, they throw themselves enthusiastically into the life of the community, and on the other, they have an overpowering longing for solitude. They oscillate between blind submission to some self-chosen leader and defiant rebellion against any and every authority. They are selfish and materially minded and at the same time full of lofty idealism. . . . At times their behavior to other people is rough and inconsiderate, yet they themselves are extremely touchy. Their moods veer between light-hearted optimism and the blackest pessimism. Sometimes they will work with indefatigable enthusiasm and at other times they are sluggish and apathetic. (p. 138)

Blos (1979) emphasizes that “the formation of a conflict between generations and its subsequent resolution is a normative task of adolescence” (p. 11). Coupled with access to an endless flow of technologically generated information and images, the cognitive leap of adolescence leads many a young person to believe that he or she can know more than his or her parents and to realize that some adults are not very bright (Schave & Schave, 1989). Taken to the extreme, such “cognitive conceit” can be very unsettling to the adults in their lives, particularly when expressed with a more sophisticated arsenal of thoughts and ideas. As Aristotle (1927) pointed out, in a reflection on adolescence, “They think they know everything, and are always quite sure about it. . . . They are fond of fun and therefore witty, wit being well-bred insolence” (pp. 323–325).

An interesting brew of revolt and conformity during this phase paints many unsuspecting parents with a broad brush, as if they represent some monolithic adult value system. During the protest-laden 1960s, “Don’t trust anyone over 30” was a familiar refrain among young people. Ironically, today it is many of the free-spirited parents of adolescents who are struggling to convince their own adolescent children that they should “Do as we say, not as we did,” in a world of ever-increasing risk.

In her diary, 13-year-old Anne Frank (1995), under unimaginable stress in hiding from the Nazis, expressed many of the normal developmental experiences of a young adolescent girl attempting, in close quarters, to separate from her family. One recurrent theme in her entries reflects her

emerging differentiation from her mother, which she expressed with a not-so-subtle edge: “I understand my girlfriends better than my own mother, isn’t that a shame?” She then takes the argument a step further, indicting the whole family: “I don’t fit in with them. . . . They’re so sentimental together, but I’d rather be sentimental on my own. They’re always saying how . . . we get along so well, without giving a moment’s thought to the fact that I don’t feel that way” (p. 42).

Still another former teenager (and group work pioneer in the making) shares a page from her diary, illustrating the danger of adults’ dismissing all adolescent angst as a sign of self-absorption. Confusion about physical development, sexuality, and a lack of access to information led to her growing disillusionment with the adults in her life and her growing commitment to change the world for future adolescents:

I had started to menstruate. . . . I was very happy about that, because now I was a woman! . . . Now, in East Prussia, especially around the wedding time, I saw young men and women in tight embrace in the bushes. . . . I really didn’t know how a child was conceived. I suddenly thought that I might be pregnant. It was a terrifying experience. . . . How had I become pregnant? I thought it may have happened because I was swimming with boys, and possibly one could be impregnated in the water. There simply was no other explanation. I did know that menstruation would cease when one became pregnant, and I did not menstruate at the time that I expected it, so I assumed I was pregnant. I became very unhappy and anxious. There was nobody to whom to turn. . . . Mother sensed that there was something very wrong with me, and she asked gently, “What is it child?” But I could not tell her. You cannot tell your mother! I asked mother how children were born, and she told me; but she could not tell me how they were conceived, that was impossible to her. So I suffered until the period returned. I kept a diary at that time, which I do not have anymore. But I know that I wrote into the diary that never, ever would I allow young people to grow up without knowledge of their own sexuality and or sexual functions. (Konopka, 1988, pp. 36–37)

More recently in a co-ed group, 16-year-old Marisa tried to downplay the risks involved in her method of birth control and protection from sexually transmitted diseases—“pulling out.” Another member, Alex, supported the myth by instructing, “As long as you pull out in time, there is no risk—the worst that could happen is that a drop [of semen] is left behind.” Finally, another typically shy and quiet member, Krista, revealed that she had become pregnant using the same method.

An upsurge of high-risk behaviors among young people led one author to reflect on the lifelong consequences of a lack of information, misinformation, and poorly informed decisions:

I've often wondered what it would be like if we taught young people swimming in the same way we teach sexuality. If we told them that swimming was an important adult activity, one they will all have to be skilled at when they grow up, but we never talked to them about it. . . . Suddenly, when they would turn 18, we would fling open the doors to the swimming pool, and they would jump in. Miraculously, some might learn to tread water, but many would drown. (Roberts, 1983, p. 10)

Without adequate information and support, an adolescent's belief in her personal uniqueness can become a conviction that belies reality and invites risk. "This complex of beliefs in the uniqueness of her/his feelings and of her/his immortality and or indestructibility might be called a *personal fable*, a story which she/he tells herself and which is not true" (Elkind, 1974, p. 93). Risky behavior (e.g., drug use, carrying weapons, engaging in unprotected sex) can be carried out without any expectation of serious consequence.

Despite the common belief to the contrary, adolescents have not cornered the market on a sense of invincibility. According to Scales (1996) researchers have shown that adults also feel invincible, only in different circumstances relative to their life experiences. Scales (1996) dispels the myth that all risk is bad by pointing out that trying new experiences, pushing boundaries, and testing limits are part of normal adolescent development. "If risk = developmental exploration + environmental danger, then our job as caring adults is to reduce the environmental danger part of the equation. This can be accomplished by ensuring that youth have the external and internal assets they need to navigate normal risky development with a high degree of safety" (p. 7). *Group work can provide young people, in collaboration with adults, with a range of experiences to stretch their physical, emotional, intellectual, and social limits in many challenging and healthy ways.*

One Path May Lead to Divergent Routes

The rites of passage to adult status are not as clear as they once were. "In nonindustrial societies, after a childhood of practicing increasing adult-like tasks, formal ceremonies and rituals mark the smooth transition of the pubescent child into the rights and responsibilities of adulthood. But in Western societies, the invention of adolescence segregates youth from the world of adults for a decade or more" (Germain, 1991, p. 353). At the older end of adolescence, the changing job market and economy are forcing many young people in their early 20s to remain or return home, prolonging the period of time in which they move on to adulthood. The term "slackers"

has been used to describe some of these young people in their early 20s who have yet to find a traditional niche and who are facing a world of shrinking prospects with fewer opportunities. High school graduation, college and/or military service, and marriage once constituted a relatively certain, if not uncomplicated, path from preparation for to achievement of adulthood. The path appears considerably more ambiguous and obstacle laden in the 21st century.

In the later adolescent years, roughly ages 17–22, more serious decision making regarding one’s future begins as career choice and life trajectory move into consciousness.² Robert Frost’s poem “The Road Not Taken” (1971) helps to illustrate the theme of choice at this stage of development. The poem emphasizes the interrelated themes of choice and commitment to life-guiding values that will chart the course for one’s future work and relational life. It is with the emancipation of later adolescence that choices of vocation, career, politics, spiritual affiliation, intimate relationships, and friendships start to take hold. This is a time for making “ultimate commitments,” publicly and privately, and with increasing discrimination (Blos, 1979; Erikson, 1968).

In a qualitative study of Latino youth from different regions of Puerto Rico, the narrative voices of several adolescents revealed that many of them discovered their “genius” at a very early age, somewhere between 3 and 12 years old. This contradicts the traditional belief that serious consideration and planning for the future—college, vocation, work—begins during the high school years. The narratives underscored that children’s notions of “What you want to be when you grow up” is a “deeply rooted vision that they grasp tightly, albeit with small hands” (Munoz, 1995, p. 176).

The narratives of these young people cry out for a recognition, validation, and nurturance of the “genius” in all children. In this paradigm, adolescence is not the beginning of career development; rather, it is one point on a continuum. The challenge for all those involved with young people is how to tap into the genius of children at an early age and to then nurture it in adolescence, encouraging and supporting the attainment of long-held goals and dreams. *Group work, with its traditional emphasis on the use of activity, is an ideal place to nourish childhood genius in youth—to help adolescents to reach back and then move forward with their genius well in tow.*

²See Guada, Conrad, and Mares (2012) for an example of a strengths-based aftercare support group program to address the needs of transition-age youth. The focus is on older adolescents who exit the foster care and child welfare systems and who are at risk for homelessness, drug abuse, sexually transmitted infections, and unplanned pregnancies.

Despite the drive and effort to become emotionally, morally, physically, and spiritually emancipated, adolescents continue to need the committed involvement in their lives of healthy, caring, and competent adults—family members, friends, or relevant others from schools, health systems, and/or community-based agencies. Paradoxically, the path to independence and selfhood, although traveled alone, cannot be an empty path. Rather than abandoning the path in frustration, parents and others must simply reposition themselves in order to help the uneasy traveler on his or her way. Group work is one path for joining the generations and enabling them to reach out to one another and discover common ground.

What risks and opportunities do adolescents face in the 21st century? What must group workers know and do in order to contribute to a protective environment to help mitigate the multiple risks faced by youth in today's world? Much work has begun in assessing the need. The next step is action. And any action must involve how young people's needs are addressed through the group experience.

RISK AND OPPORTUNITY IN THE EARLY 21ST CENTURY

The first comprehensive study of community organizations serving adolescents found that millions of young people spend at least 5 hours daily unsupervised and exposed to significant risks. These organizations are failing to reach these teens who “need safe places to go, a sense of belonging to a valued group, and activities that enable them to develop personal and work skills and a sense of social responsibility” (Hamburg, 1986). Not much has changed in more than 25 years since that study. In fact, “more than 15 million school aged children are on their own after school (3–6 P.M.), the peak hours for juvenile crime and experimentation with drugs, alcohol, cigarettes and sex” (Afterschool Alliance, 2009).

It is ironic that the bulk of early group work attention was on children with normal developmental needs, whereas today “the ‘market’ for group work appears to have shifted from an emphasis on normal children and activities to adults with problems and talk” (Middleman & Wood, 1990a). Perhaps this explains, to some extent, the ever-widening legion of unsupervised and understimulated youngsters (Kurland & Malekoff, 1993a).

Risk Factors in Adolescence

What differentiates people with negative outcomes from those who grow up in similar circumstances and bounce back from great adversity? This question has stimulated much speculation and a dramatic growth of literature

on risk, vulnerability, and resiliency.³ What differentiates youth who are troubled, in trouble, or causing trouble from their contemporaries with similar backgrounds who are not? These questions illustrate the special interest of those who are committed to understanding the relationship between risk reduction strategies and the promotion of positive mental health.

Understanding risk is unlikely to lead to reliable predictions about individual outcomes, but it does help to make accurate assessments of probabilities. The relationship between nature (constitution) and nurture (environment) guides us in assessing risk. It is believed that the double hazard of deficits in both of these realms accounts for the increased risk of a poor outcome.

In considering risk, one should keep in mind the landmark study that found that adverse childhood experiences (ACEs) were associated with every major chronic illness and social problem in the United States. ACEs, for example, refer to child abuse and neglect, living with parents with mental illness or addiction, domestic violence in the family, and loss of a parent through separation, divorce, abandonment, or death (Anda, Butchart, Felitti, & Brown, 2010; Felitti et al., 1998).

“Children who experience ACEs often mask their feelings of fear, shame, and anxiety by turning to drugs, alcohol, violence or other seemingly self-destructive behaviors for solace. Understood in the context of their trauma, these behaviors can often be explained and seen as strengths, and the individual recognized as a survivor rather than a victim. . . . With support, individuals can break the continuum of emotional distress” (Woodlock, 2013, p. 4).

Extensive studies (Rutter, 1979; Sameroff, 1988; Werner, 2000) found that stimulating and supportive environments are a significant counterforce to constitutional vulnerabilities in children and that risk factors potentiate one another. Single vulnerabilities alone are less likely than “multiple and interacting risk factors to produce damaging outcomes” (Schorr, 1989, p. 28). Risk factors include deficiencies in individual constitution (i.e., physiological, neurological) and life context (i.e., the impact of the physical, cultural, social, political, and economic environment).

A societal response is necessary to address the needs of children and adolescents bearing the following risks, as identified by Schorr (1989):

³Excellent references on risk and resiliency include: Anthony, Koupernik, and Chiland (1978); Butler (1997); Dryfoos (1990); Garbarino and Bedard (2001); Garmezy (1991, 1998); Garmezy and Rutter (1983); Glantz (1995); Jensen and Fraser (2011); Landy and Tam (1998); Nash and Fraser (1998); Richman and Fraser (2001); Rutter (1979, 2001); Sameroff (1988); Schorr (1989); Werner and Smith (1992, 2001); Werner, Smith, and Garmezy, (1998); Werner (1989, 2000).

- Children growing up with parents who are not only poor but isolated, impaired, undermined by their surroundings, and stressed beyond their ability to endure.
- Children who have been accumulating burdens both from before birth, when their mothers' health was not well cared for, and neither was their own health as infants and small children cared for.
- Children growing up in families whose lives are out of control, with parents too drained to provide the consistent nurturance, structure, and stimulation that prepares other children for school and for life.
- Children whose experience of failure is compounded and reinforced by not learning the skills that schools are meant to teach, who soon become aware that the future holds little promise for them, and who enter adolescence with no reason to believe that anything worthwhile will be lost by dropping out of school, committing crimes, or having babies as unmarried teenagers.
- Children, such as those indicated above, who lack the hope, dreams, and stake in the future that is the basis for coping successfully with adversity and the ability to sacrifice immediate rewards for long-term gains. (p. 31)

These risks have also been referred to more graphically as *social toxicities* (Garbarino & Bedard, 2001) that “contain widespread threats to the development of identity, competence, moral reasoning, trust, hope” (p. 41).

Protective Factors and Assets

There are young people who, despite their exposure to multiple risk factors, do not succumb to serious health and behavior problems (e.g., substance abuse, violence, teen pregnancy, school dropout, and delinquency). “Protective factors are conditions that buffer young people from the negative consequences of exposure to risk by either reducing the impact of the risk or changing the way a person responds to the risk” (Hawkins, 1995, p. 14). Three general categories of protective factors for adolescents are identified by Hawkins (1995):

1. *Individual characteristics*: A resilient temperament, intelligence, and positive social orientation (all considered innate and difficult to change).
2. *Bonding*: Positive relationships with a parent, caregiver, or other significant adult or attachment to a social group, including the opportunity for an active involvement in these relationships; having

the skills needed to succeed once involvement gets underway; and a consistent system of recognition and reinforcement.

3. *Healthy beliefs and clear standards:* Developing prosocial affiliations and clear values and beliefs regarding what is ethical and healthy behavior; and beliefs in children's competence to succeed in school and avoid drugs and antisocial behavior, coupled with ability to accept clearly established expectations and rules governing their behavior.

Providers working with adolescents in groups must have knowledge of risk factors to know where to begin to reduce health and behavior problems. However, they also must have group work knowledge and skill in order to take the necessary steps to reduce risk through the group experience. This requires extending one's knowledge beyond risk to an understanding of assets, strengths-based building blocks that are markers of positive youth development (Benson, 1997; Brendtro, Mitchell, & McCall, 2009; see Chapter 3, this volume, for more details on assets).

Opportunity: Group Work as a Protective Factor

For adolescents to become healthy and constructive adults, they must find ways to reach the following goals: find a valued place in a constructive group; learn how to form close, durable human relationships; feel a sense of worth as a person; achieve a reliable basis for making informed choices; know how to use support systems available to them; express constructive curiosity and exploratory behavior; find ways of being useful to others; and believe in a promising future with real opportunities (Carnegie Council on Adolescent Development, 1995).

It is imperative that group work be a major influence in supporting and working toward these goals.

CONCLUSION

For more than a century, group work has been a significant protective factor for youth. It has helped to guide many young people through normative life transitions, supporting mastery of the developmental tasks that confront them. Group work has also been instrumental in preparing adolescents for democratic participation in community life. For those young people at risk, group work has always been there to address specific needs and enable members to find ways to better mediate the various systems affecting their lives, thus reducing the probability of poor outcomes. In

order for the goals identified here to be reached, young people need safe places to go to, worthwhile things to do, a sense of belonging, a sense of competence, a feeling of hope, and support from caring adults who understand how to help to make all this happen.

Understanding how to make all this happen means understanding adolescents and how to work with them in groups. Increasing this understanding and the accompanying skills necessary to engage and maintain involvement with adolescents is the purpose of *Group Work with Adolescents*.

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