Psychotherapy Guidebook

Office Network Therapy

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e-Book 2016 International Psychotherapy Institute

From *The Psychotherapy Guidebook* edited by Richie Herink and Paul R. Herink

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DEFINITION

Office Network Therapy, which may also be called self-selected adolescent peer group therapy, is used with adolescents who are in a crisis or have massive resistances in ongoing therapy. Network Therapy counters the usual withdrawal of peer support and isolation that often are factors in adolescent psychopathology. The patient selects his own peers as members of his therapy group to come in with him when, and as often as, he wishes their presence. These sessions are continued for as long as the adolescent needs them but usually six to ten sessions suffice. The number of peers assembled at each session is up to the adolescent, and sessions take place in the usual office setting (Sugar, 1975).

HISTORY

I first used this technique around 1967, after learning of Speck's innovative work with network intervention with adults (1965). His therapy used the patient's social network, or arranged one, to learn of the hidden puppeteers and other significant relationships contributing to the patient's

dynamics. His arrangement consisted of: multiple generations, or adolescents, in large numbers meeting in a large space such as the patient's home, a gym, or church in the evening; an attendance of forty or more; sessions of about four hours; the therapist and several auxiliary therapists. The application of the concept to the office setting involved consideration of his experiences and narrowing the focus to the adolescent and one generation in a regular office setting during regular hours for a forty-five-minute appointment with only one therapist.

TECHNIQUE

The technique is applied when there is a sufficient amount of control and cooperation available from those in the patient's environment (parents or guardians) as well as a minimum of cooperation and self-control from the adolescent himself. The adolescent is asked to consider having a therapeutic club or a therapy group of his own. If interested, it is explained to him and his family, and if they agree, it is initiated. The therapist explains that many of the friends the patient has brought into the waiting room with him or whom he has discussed in sessions, as well as others so far unmentioned, may have data about him that might be helpful in furthering his therapy. These individuals are viewed as part of the patient's network of involvements with people who have some particular meaning to him. From a dynamic standpoint, they may bring some revelations and contributions to the

therapy. The therapist may then tap into this field of potential information that may expand his understanding of, and be helpful to, the elucidation of the patient's dynamics and his progress in his therapy. The sessions are arranged so that the patient and his peers may manage as conveniently as possible to attend. The patient's other therapy sessions may be continued or decreased as the therapist deems necessary. One particular session is maintained for the peer network sessions on a weekly basis, but if the youngster wishes to have more than one network session during the week, that may also be arranged. The fee for the sessions is that charged for the individual sessions to the patient and no fee is charged to the peers.

The patient selects which, and how many, peers he wants to accompany him to each session by explaining to each of them his need for their presence, and their importance to him. He also explains that this is not therapy for them, that there is no confidentiality about what they say to each other but that confidentiality about what is said will be kept by the therapist. During the sessions he and his peers may speak about anything they wish. It is up to the patient to inform each of his peers about the time and place of the sessions and for which session he wants them.

When a peer first attends a session he is asked to identify himself and briefly discuss his relationship and attitudes to the patient. The basis for procedure is group process with the patient as the focal point. This allows the

patient and his peers to interact, exchange information, bring up historical data or current problems, which the therapist notes, as well as the dynamics and transference aspects. The therapist then may comment or ask questions according to the needs of the situation during each session. The number of peer group sessions usually is not more than ten and has varied from one to ten, but it is left up to the patient to determine when to discontinue them. He may show up without any peers to have an individual session and subsequently have network sessions interspersed, instead of on a weekly basis.

APPLICATIONS

The presence of peers in the waiting room with an adolescent may be used as an indication that this patient may have some unconscious wish to have a protector, helper, or benefactor in the sessions with him. If alert to this, the therapist may utilize it as a springboard to invite the companions into the sessions for a particular need of the patient, if the patient wishes to do this. In family therapy there is often, especially by youngsters, a fear of reprisal by some member of the family. This may cause some inhibition or deliberate withholding of material, as does fear of exposure or shifts in power or status which may develop in family therapy (Ackerman, 1958). The approach to a crisis in an adolescent's life has varied, from the consideration by Langsley and Kaplan (1968) using the twenty-four-hour-a-day team

approach to avoid hospitalization to the use of partial hospitalization or hospitalization while continuing ongoing therapy.

I have found Office Network Therapy for the adolescent to be useful particularly in dealing with three types of conditions: 1) when a youngster is in a crisis that seems to be indicative of a developing disorganization, 2) when he is a suicide risk, and 3) when a youngster has massive resistances in therapy that are not responding to the usual efforts to deal with them. In assessing whether a youngster might be able to respond to Office Network Therapy, a risk is quite evident in all three categories. In the first here is a possibility of the youngster developing further disorganization and dysfunction, while in the second the threat to survival is obvious. In the third application there is the threat that the youngster may discontinue therapy prematurely or act out in other ways.

The office network arrangement utilizes the natural tendency for groups of the same sex to form in adolescence. It allows the youngster to deal with his difficulties in the presence of peer support in a friendly "living room" away from home.

Parental cooperation is necessary and has to be quite evident throughout the time the adolescent is in Office Network Therapy. The parents may see the therapist as a threat when he has a symbiotic relationship with

the youngster. The goal is to not threaten the tie to the parent but to loosen that bind and strengthen the bonds to the peer group. If the parents are cooperative, the venture has a much greater chance of being successful.

Office Network Therapy seems to be most easily accepted by adolescents who have a strong need to conform to their own subculture; many adolescents have a great need for conformity and clinging at this point in their lives.