International Journal of Offender Therapy and Comparative Criminology

Perception of Juvenile Delinquents of Group Therapy Approaches

Pavel Rezác, Katerina Klecková and Martin Vaculík

The online version of this article can be found at:

Published by:

⑤SAGE

Additional services and information for *International Journal of Offender Therapy and Comparative Criminology* can be found at:

Email Alerts: http://ijo.sagepub.com/cgi/alerts

Subscriptions: http://ijo.sagepub.com/subscriptions

Reprints: http://www.sagepub.com/journalsReprints.nav

Permissions: http://www.sagepub.com/journalsPermissions.nav

>> OnlineFirst Version of Record - Apr 2, 2012

What is This?

Perception of Juvenile Delinquents of Group Therapy Approaches

Pavel Řezáč[1], Kateřina Klečková[1], and Martin Vaculík[1]

Abstract

The present study focuses on juvenile delinquents' perception of two procedures used in group therapy. Eleven juvenile delinquents, participants of a probation program, were asked to share their experience with group therapy. Using Interpretative Phenomenological Analysis of the interviews with the participants, the specifics of verbal and action procedures were examined. Verbal procedures offer clients a greater opportunity for emotional experience and subsequent cognitive processing of the experience leading to personal growth. The action procedures are, in contrast, a way of deepening the client's contact with other group members. They enable subjects to relax by helping them distance themselves from everyday problems.

How do juvenile delinquents perceive procedures used in group therapy? This question is relevant because of the necessity of cooperation within this target group. In the authors' experience with these young delinquents, we often notice a lack of motivation for therapy. A better understanding of the experience of the procedures can help when considering the needs of target groups and when seeking ways to increase their motivation to participate. For this reason, we were interested in understanding what procedures are the most effective when working with this particular group.

The traditional approach to risk-taking behavior stems from the concept of problem behavior. Problem behavior is defined as behavior in defiance of social and lawful norms, and therefore, this behavior requires societal control. According to Zuckerman

[1]Masaryk University, Brno, Czech Republic

Corresponding Author:
Pavel Řezáč, Department of Psychology, Masaryk University, NGO Ratolest Brno, Czech Republic
Email: pavel.rezac@ratolest.cz

(1979), among the characteristics of those who exhibit problem behavior is often found a need for individuality, as well as novel experiences and the simultaneous presence of risk. Macek (2003) defines risk-taking and problem behavior among adolescents as a behavior harming their health (physical or mental) or threatening society (negative influence and detriment to others). Miovský and Zapletalová (2006) talk about similar impacts, where risk-taking behavior affects not only the individual but also society.

Risk-taking behavior is most frequently connected to adolescence and one's own group (Arnett, 1992; Johnson, McCaul, & Klein, 2002; Kloep et al., 2009) and also to gender (Michael & Ben-Zur, 2007). It can be expressed in various ways, such as substance use and abuse, risky sexual behavior, risky sport activities, and delinquency. According to Bell and Bell (1993), the behaviors are connected to a need to exhibit dangerous behavior to others. There are several reasons why adolescents engage in risky activities. Wilde and Murdock (1982) hypothesized that some risk-taking adolescents are well aware of the risk and regardless of this awareness they undertake it, either without concern about the ramifications of their behavior or consciously thinking that they will manage the activity. Similarly, Reyna and Farley (2006) claimed that adolescents are more willing to engage in risk-taking activities than they think or expect themselves to do. The need to experience novel, exciting, and frequently dangerous activities often correlates with risk-taking behavior (Donovan & Jessor, 1985; Ingersoll & Orr, 1989; Lipsitt & Mitnick, 1991). Such behavior is linked with three aspects—an individual's personality characteristics, relationship characteristics, and sociocultural characteristics. Among some concrete individual characteristics associated with risk-taking behaviors are locus of control (Ewert & Hollenhorst, 1989; Schrader & Wann, 1999), self-esteem (Field et al., 1995; Koocher, 1971; Lasko et al., 1996), gender (Michael & Ben-Zur, 2007), need for agency, and need for communion. Hoyle (2000) demonstrated that specific types of risk-taking behavior are connected with specific needs. For example, substance abuse is linked to a need for communion, to fit in with the group. According to the research of Řezáč (2009), juvenile delinquents tend to have their risk-taking behavior connected with pleasant experiences and the uncertain result of the activity. One of the motives of risk-taking behavior is how it contrasts to the boredom of everyday life. Adolescents expect that the experience of these powerful emotions can only be achieved by engaging in risk-taking behavior. Therefore, physical activity seems to be a crucial factor when achieving the experience. From the above, one can deduce that juvenile delinquents are attracted to activities with a greater level of risk.

Adolescence features a personality reorientation from dependence on parental authority to the development of significant relationships with peers. Therefore, group therapy might play an important role for this age group (Labáth et al., 2001). MacGowan and Wagner (2005) mention that in addition to the importance of the developmental aspect, adolescents enjoy working within groups. Teeter et al. (2000) offers the hypothesis that group therapy can often serve as a "lifeline" for some

"problematic" youths in cases where individual therapy is not effective enough and can prevent serious consequences (e.g., school expulsion).

Group therapy offers a variety of practices and procedures (Corey et al., 2006; Hickson, 2000; Labáth et al., 2001). The authors are working with practices focused on self-experience in groups. These practices enable the use of a great variety of therapeutic techniques. So far, varied reactions to the way the group therapy was conducted as well as to the techniques implemented in it have been noted. Similarly, other authors describe a wide spectrum of therapeutic techniques and procedures that can be used in groups. A procedure can be defined as "everything that the therapist uses when working with the group" (Corey et al., 2006, p. 17), from the therapist's silence to a sophisticated procedure. Corey et al. emphasize working with cognitive processes that affect individual behavior. At the same time, they believe in the ability of a procedure to enhance already existing feelings. Often one can encounter a division of the procedures into the categories of verbal procedures and action procedures. Under the category of verbal procedures, one can imagine in particular talking and listening. Verbal procedures can involve a wide range of alternatives and specific applications, such as procedures utilizing anecdotes, metaphors, and stories (Wilkinson & Bubolts, 2001). Action methods are used to identify problems of group members or to engage groups in various activities. They have a dynamizing effect on the group. "Action methods are important because they use: active body, active voice, active senses, and an amusing and exciting way of discovering" (Hickson, 2000, p. 15). Action procedures (through increased physical activity) enhance involvement in the group and bring the participants greater awareness of what is occurring in group events, as well as expanding space for learning, growth, and fun (Hickson, 2000; Tomasulo, 1998). According to Matoušek and Kroftová (2003), youth at risk are more motivated to work through actions than through verbal analysis of their internal conflicts. Therefore, we can presume that using action procedures in group therapy is bound to be more attractive for this particular target group. Mere talking may remind them of the school environment, and the therapist may remind them of the teacher, which is rather counterproductive in terms of their participation in group work.

Action and verbal procedures are defined as follows. An action procedure is an assignment or an invitation from the therapist addressed to the group members to perform a certain task. The task has a clearly defined beginning and end—often determined by a solution to a problem. Mostly, it involves a fulfillment of tasks in a short time frame featuring an action sequence that could potentially be repeated (e.g., until the task is solved or until all group members participate). The goal is to induce behavior associated with an increased intensity of emotional experience. Implementation of the procedure also requires greater physical involvement. It also includes a final reflection focused on how the task progressed. Its goal is the designating and processing of emotional experience and, ideally, mediating insight. The following is one example of an action technique.

One of the group members is asked to move a small ball from one side of the room to the opposite one using any possible way of moving the ball. The rest of the group is

instructed to hinder any movement of the ball, again in any way imaginable. This task results in a confrontation that prompts the participants to choose their own way of approaching and handling the situation. The outcome of the situation very often reflects the behavioral patterns the participants use in daily life. This becomes the topic of discussion that follows immediately afterwards.

Verbal procedure entails a gradual sequence of assignments or invitations of the therapist addressed to the group members that lead the members through a particular set of successive operations. These procedures are based on a dialogue about the task to be solved. Compared with action procedures, there is significantly less opportunity for physical activity. However, there is a greater opportunity for discussion of the specific topic. The verbal procedures also include a final discussion, which focuses on the progress of each stage of the procedure and has the same goals as the final discussion in action procedures. "Abbigail" is a fine example of a verbal technique. In this practice, the group members are told a short story. Afterwards, they are instructed to sort the characters in the story listing the most moral person at the top of the list and the most immoral person at the bottom. Next, they need to agree on the order in small groups, and eventually, the whole group should agree on one single possible solution. If the participants are fully engaged in the activity, there follows a confrontation where everyone tries to assert their own solution. In the discussion which follows, it is possible to focus on different ways of asserting one's own opinion or on expressing respect toward opinions of the others group members.

The competence of juvenile delinquents to express their emotions is low in respect to their developmental period (Hessler & Katz, 2010). Hence, the selection of the procedures used must be adjusted to the specific target group. For example, Yalom (1999) recommends following three fundamental steps in preparation for group therapy: (a) to evaluate the clinical situation and its limitations, (b) to determine achievable and adequate goals, and (c) to adjust the traditional procedures accordingly. The aim of this preparation is to fulfill the purpose of the group, that is, to enable each person in the group to achieve personal growth by fully utilizing the potential of the group (Whitaker, 2001).

What concrete procedures are adequate for juvenile delinquents? How do they perceive those procedures? Those are questions this article attempts to answer. The urgency of this question can be found in the results of previous studies regarding the effectiveness of various therapeutic interventions among adolescents with greater impulsivity. The results demonstrate variable and inconsistent results of the effectiveness of the interventions. Whereas some clients reported an improvement, others clients did not (Teeter et al., 2000). Some studies, therefore, strive to find a relationship between the application of certain procedures and personality traits (Hains, 1992). The way adolescents experience a procedure and the meaning adolescents ascribe to this experience are crucial for answering the research questions. The goal of the study is to determine what adolescents consider important when involved in a procedure so the experience will be meaningful and to understand the reasons why they prefer some procedures above others.

Method

Based on the subject matter, we chose the qualitative approach to the research—phenomenological research in particular.

Research Sample

The research sample was chosen from a population of youths aged between 15 and 18 years. All of them had committed a crime and were recommended to participate in or sentenced to take part in a probation programme by a state institution, such as the court, probation, or mediation service. The choice of participants was based on the fulfillment all of the criteria cited above (age, commission of a crime, or recommended to participate in a probation programme). An important characteristic of this particular sample was a strong motivation of the group members to improve their situation. In comparison with those who refused to attend the probation programme, the attendees wanted to actively participate in solving their situation. This fact was reflected in their involvement in the activities. The sample also fairly represents the number of boys and girls in proportion to the crimes committed by the population as a whole.

The research sample consisted of 11 Czech adolescents 15 to 18 years old (2 girls and 9 boys), who had committed an offense[1] in the previous 2 years for which they were under the purview of a probation officer. The offenses included thefts, criminal damage to property, and grievous bodily harm. The adolescents were in either preliminary, ongoing, or had just completed judicial proceedings. Some of the participants ($n = 9$) were recommended to take part in a probation program, the rest were ordered by a court. After the termination of the probation program, the adolescents were asked to participate in our research study. They signed an informed consent form for participation in the research and presentation of the results.

Data Gathering

All participants took part in eight group sessions and in the final session. The probation programme serves as a support programme for youthful offenders. The programme aims to help the participants to decrease the negative impact of their conflict with the law, to stabilize their self-perception, and to improve their functioning in the social environment. The authors try to fulfill these aims by developing the clients' social skills, strengthening their ability to accept social norms and rules, solving problems in an appropriate manner, by supporting their self-knowledge and accepting the responsibility for their own behavior.

We used a qualitative phenomenological semistructured interview. Each interview lasted approximately 30 to 45 min. The participants were asked to reflect on their experience with group therapy and with the procedures that were used. We asked specifically about how they perceived the experience and what it meant to them. When
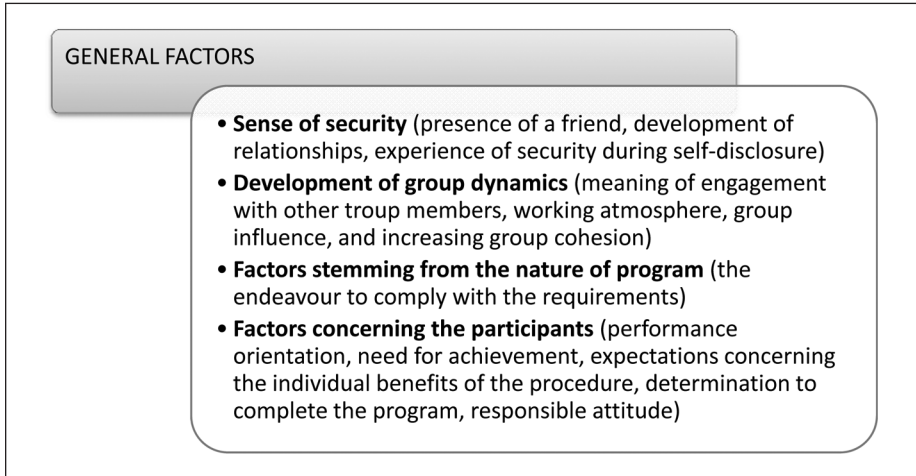
they could not recall any information regarding the procedures used without guidance, we tried to gradually remind them of the content of individual meetings, including the main topic and the procedures that were used. The interviews were conducted with each participant after the termination of group therapy. Due to the fact that the researchers were also the therapists, inevitably a relationship developed between them and the participants, and this was utilized during the interviews. Two researchers carried out the data analysis. Emphasis was put on continuous reflection of the process while taking into account the double hermeneutic cycle, that is, the researcher contributed to the meaning that an individual ascribed to his own experience (Smith, Flowers, & Larkin, 2009). While gathering the research data, we also implemented data saturation. The new data did not contribute any new information to the research. To be particular, any further interviews did not add new topics to the previous findings.

Data Analysis

When analyzing data, we used the principles of Interpretative Phenomenological Analysis (IPA) developed by Smith et al. (2009) Each transcript was repeatedly read and coded in turn. We divided the comments into three groups: descriptive (depicting the content and our understanding of the participant's experiences), linguistic (focused on the way the content was presented), and "conceptual" comments (those that included possible suggestions and questions directed toward preliminary explanations). Based on these detailed comments, we tried to achieve greater complexity of notes and to find "emerging" themes. These comments focused on latent relationships within the text and described not only the original words and thoughts of the participants but also the interpretative process of this analysis, that is, understanding (Smith et al., 2009). The next step consisted of an exploration of connections and patterns among the themes. We developed a figure depicting these relationships for every single participant, and we created a structure that represented interesting aspects of each private life (Smith et al., 2009, p. 96). We worked in this way until we reached a point of data saturation. We processed 11 interviews and during the analysis we put emphasis on the so-called "bracketing" of the ideas originating from the analysis of previous interviews (Smith et al., 2009). Finally, we searched for patterns and attributes common to all participants. In the course of the final analysis, we focused on the experiencing of verbal and action procedures. The outcome was a description of experiences that helps in gaining an insider's perspective of the described situation.

Results

We created the descriptions and captured the primary meanings of the experience that participants had with the procedures used in group therapy. We attempted to identify the observed phenomenon—the attitude of the participants toward used procedures. Based on the results of the data analysis, we can determine: (a) the factors that enhanced the engagement of the participant in a specific procedure, (b) the phenomena

GENERAL FACTORS

- **Sense of security** (presence of a friend, development of relationships, experience of security during self-disclosure)
- **Development of group dynamics** (meaning of engagement with other troup members, working atmosphere, group influence, and increasing group cohesion)
- **Factors stemming from the nature of program** (the endeavour to comply with the requirements)
- **Factors concerning the participants** (performance orientation, need for achievement, expectations concerning the individual benefits of the procedure, determination to complete the program, responsible attitude)

Figure 1. General factors of group therapy

that accompanies the respective procedures, and (c) the subsequent impact of a procedure on participants' experience and their cognitive processing of the procedure. During a more thorough examination of the effective factors, we defined the so-called "general factors" that help engage participants in group work regardless of the kind of procedure used. In the process of analysis, we focused also on the differences between verbal and action procedures.

General Factors: Sense of Security

The first of the *general factors* (see Figure 1) is a sense of security during group work. This sense of security is influenced by the presence of an acquaintance or friend in the group.

Participants repeatedly related positive experience within a group with a presence of a friend:

> P6: "I was there with . . . "
> P9: "I have the most pleasant memories from the group where I was with . . . "

The sense of security is also influenced by the gradual development of relationships among the individual group members:

> P5: "We were a smaller circle of people, we knew each other. I used to go there as if I was going to see friends."
> P4: "That procedure was not unpleasant to me. It was quick, and we did not know each other at the time."

P1: "Then you get involved with the group, and I wasn't telling myself that I didn't want to do it. Then I wanted to join to others."

P7: "People in the group often changed, once, when I arrived, there were different people. I had to get used to it."

Simultaneously realizing that self-disclosure is not perceived as threatening has an important role, too:

P3: "It was difficult for me to talk about certain things, but later I started talking more and that was good."

P8: "It was quite relaxed there and we could do whatever we wanted."

General Factors: Development of Group Dynamics

Another general factor is the *development of group dynamics*. It seems important for the participants that other group members are engaged in group work.

P6: "If they did not care about what the guys said at the beginning, I would not care either. But now, if somebody is disturbing the activity, and I am taking it seriously, it really bothers me."

P7: "The only thing that bothered me was that the rest of the group did not talk at the beginning. The two of us were the only people who said anything."

An engagement of a majority of group members constitutes the so-called "working atmosphere." Working atmosphere creates a more intense sense of engagement in the participants and promotes better recollection of the details of individual procedures:

P4: "I remember the story about a ferryman and Abbigail."

In this atmosphere, the participants do not feel threatened by engaging in a procedure, while also not being so relaxed as to be uncaring about it. Simultaneously, engagement in the group is mediated via peer pressure:

P2: "I had an agreement with the guys, and even though I was bored, I was participating."

The influence of a group on an individual also enhances the bonds among the group members.

General Factors: Factors Stemming From the Nature of Program

Another category among general factors is that of the *factors stemming from the nature of program itself and characteristics of group instructors*. The program is

mandatory for all participants and it consists of individual therapy (with one of the two instructors) and group therapy (with both instructors). Participants engage in the group activities so they would comply with the requirements imposed on them:

P1: "I am not telling myself that I do not want to do this, I just participate."
P10: "I did not want to go there, but what could I do since my dad was forcing me."

They are also using a self-presentation strategy of ingratiation:

P5: "The way you do it here, I could not manage it, but you know how to run it."
P10: "You guys were cool."

This tendency to comply was demonstrated especially in automatic fulfillment of instructors' requests:

P2: "You said to do something and we did it."

The participants were able to distinguish a safe atmosphere, where one can engage himself or herself (as you can see in Figure 1) or a greatly motivating atmosphere that was appropriate for enhancing the effect of the used procedure:

P1: "That was also because of the atmosphere in the group, I was tuned in . . .
    That time I arrived a bit late, the kids were lying down quietly, the music was
    playing, it was relaxed, it was cool."
P2: "I liked when we turned off the lights."

They also distinguish a very relaxing atmosphere where the engagement was rather minimal:

P5: "During the last session, I was so chilled-out, relaxed, like the last day in
    school, or holidays. I wanted to be out, the sun was shining outside . . . I had to
    laugh."

General Factors: Factors Concerning the Participants

The fourth category represents *factors concerning the participants*. These are, for example, factors such as performance orientation or need for achievement:

P4: "It didn't work at first, so I had to think about it . . . and it worked out."

Expectations concerning the individual benefit of the procedure play an important role, too.
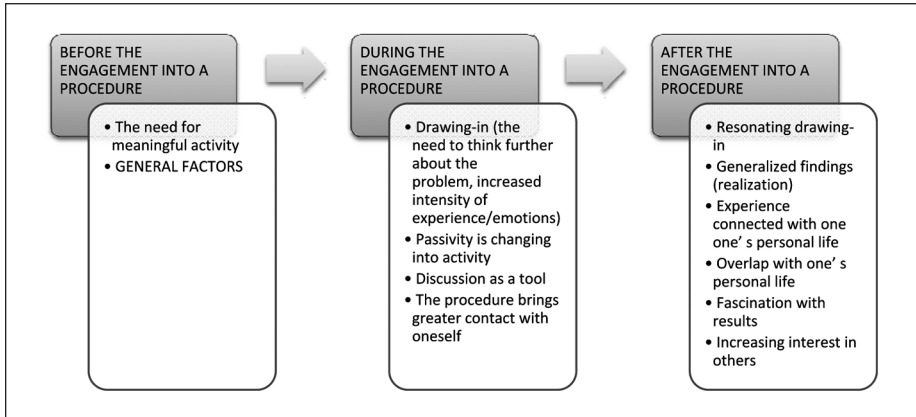
Figure 2. Verbal procedures

P1: "I was excited that I was going to learn something."

Among factors concerning the participants, we also count determination to finish the program and a responsible approach toward one's engagement in the group:

P3: "At first, I told myself, okay, I will finish it."
P9: "I was lazy at first, because I was thinking to myself that it is useless, but I didn't want to have problems."

Verbal Procedures

The need for meaningful activity. Verbal procedures were accompanied by the following phenomenon (see Figure 2): It seems that for a greater engagement in the procedure, the extent to which the participants are able to find a meaning in the tasks used in a specific procedure is important.

P5: "I didn't really enjoy being in the first session, I arrived late and I had to join the group. I didn't understand and I was telling myself: geez, this will be useless."

However, when they discover the subject of the assignment is related to their own life situations, they perceive meaning in the task before they even start working:

P5: "That was connected with the relationships. I remember the examining of trust."
P9: "I am currently dealing with this issue."

Drawing-in. When the group work starts being more concerned with the participants, engagement in a verbal procedure is often related to a certain "drawing-in":

P5: "One can put herself into it."
P1: "At the beginning, it is only a piece of paper, but when you think about it, it is more."

The process of drawing-in is characterized by the presence of emotions of great intensity, which are often consciously connected with experiences in the participant's personal lives. Another attribute of drawing-in is a promotion of thought about the topic, or about oneself:

P1: "It forces you to think about how a human or an animal can feel."
P3: "During this activity I was thinking a lot about a solution."
P4: "My mind couldn't let go. I was so occupied by it."
P3: "It often came to my mind how other people would solve it, that man on TV who teaches etiquette."

The process of drawing-in is associated with a long-term impact:

P1: "I was thinking about it the constantly, it was always on my mind." "I was still wondering about it."

Evidence for rational processing of the procedure can be illustrated by the participants' idea that talking can be a tool that leads to the processing of experience:

P1: "As we were discussing it . . . we talked about it sitting in a circle."

In procedures in which participants came to a conclusion, they considered the subsequent reflection as part of the procedure as well. The participants also reported the changes in the group work from a passive approach to increasing activity. Initially, participants were only passively receptive but then started influencing the group work:

P1: "I made a choice."
P4: "Then all of us started, I had a great feeling that I had initiated it."
P11: "At the beginning I was bored, but then as we all had fun; I could say whatever I wanted. I liked when others agreed with me."

In general, the participant experiences a greater contact with herself, which is related to the drawing-in aspect of the procedure.

Drawing-in during the verbal procedures is characterized by a greater ability to remember details:

P1: "I can remember things that others from the group have chosen. Michal had a balloon and Michala a picture, as she described so nicely."

Impacts of drawing-in. In situations when the participants are drawn-in to the procedure, one can observe the following impacts. The participants find a purpose and a meaning for themselves in the procedure:

"I found it very interesting that it doesn't have a correct solution, but that it is important to understand how others perceive it."

And they generalize their findings:

P1: "It is the same as if somebody likes blue and another likes red."

Or they are aware of its overlap with their own lives:

P4: "It was much like from real life. I realized that when in any moment, nobody acts correctly, but acts as she is able to in that specific moment. Probably each of us behaved incorrectly once, and afterward could regret it."

P7: "He surprised me . . . although he is Roma, he is studying. I figured out that he is a great guy. I didn't expect that."

P9: "I wasn't good at painting but it was good afterwards. I wouldn't have guessed what those people meant to me."

We can often find in the participants reports a perceived value of the procedure's impact:

P3: "This is what I took from it and it is important for me."

Sometimes, even a fascination with the perseverance of the most personally beneficial procedure was also reflected:

P3: "Dang, the story about Abbigail always comes to my mind."

The participants perceived personal growth. In addition, interest in other people or increase of empathy is a recurrent topic and perceived benefit:

P1: "Not thinking always about myself, but also about others."

P3: "Gradually we started to be interested in the opinions of others. I was listening to what they were saying, and I was enjoying it."

P8: "I felt sorry for that girl. It must have been difficult for her."

Realizing the purpose of a procedure and its connection to one's life results in creating plans and changes in behavior:
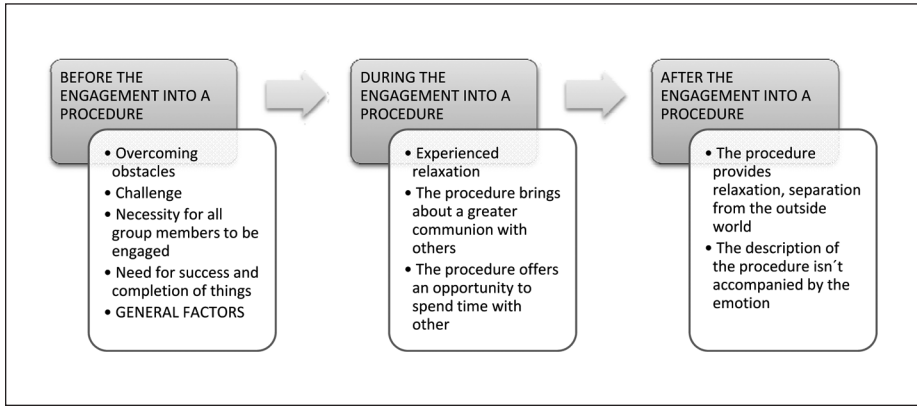
Figure 3. Action procedures

P1: "One can lose a person at any time. One should behave so that he wouldn't regret anything. Enjoying time with that person."

P3: "I approach situations differently now. Things that were for me a cause to fight before, I solve differently. I don't care anymore and I don't get provoked."

Personal growth and the veracity of the participants' statements were supported by information from individual meetings.

Action Procedures

Overcoming obstacles in safe environment. The participants perceive action procedures as ones that impose obstacles that they have to overcome. This entails a certain amount of challenges:

P4: "That paper was so much fun. We didn't give up and finally we did it."

P8: "It was good when we won. That was exciting."

Also in action procedures, it was important that all group members were involved (P4: "Then everyone started in a relaxed way. And I had a good feeling that I started that.").

During the involvement of participants in action procedures, the following aspects emerged when describing their experience (see Figure 3). Also very important was the perceived safety and tranquility in the course of the procedure, which could also be characterized by a relaxed atmosphere accompanied with elements of fun.

P4: "The paper was so much fun . . . It was strange but relaxing."

P2: "As we were building that thing with a ball, it was fun. Sometimes I laughed and it was a break from what is out there."

P1: "I could not stop laughing, I just could not . . . It was funny and I did not care."

P11: "That game was fun."

With others. Furthermore, during the action procedures more contact with others in an effort to spend more time with them was evident:

P2: "I had an arrangement with the kids, even though I did not enjoy it, I joined them. I went for it."

Impact of the engagement. Based on the analysis, the impact of action procedures on the participants can be described. The action procedures were especially relaxing for the participants and represented distance from the outside world. Discussion about action procedures was rather descriptive without any emotions expressed or emotional involvement.

P1: "In the session about law, we broke up into groups of sailors, and then we had to play the trial and defend ourselves. Michal was in the role of the seaman."

In the description, the participants did not mention the subsequent reflection of the procedure, despite the fact that the reflection was a part of it. From that, one can infer that reflection as a tool for processing the experience was not considered significant.

Discussion

Verbal procedures offer an opportunity for more contact with oneself, in terms of an emotional and cognitive aspect. Those procedures lead to deeper self-knowledge; participants are outside of the influence of the group. They are able to effect deeper self-disclosure and subsequently work on self-development.

An important area that clients describe is drawing-in to the procedure. During this process, they are willing to change their passive approach to a more active one. In this way, they play the role of an active cocreator of the procedure. Jackson and Eklund (2004) describe drawing-in-to activities as one in which the person is absorbed by the activity. During this experience, the individual's attention should not be focused on the outcome or on outside influences. In the context of group therapy, an individual could be more resistant to an influence of, for instance, peers in the group. This helps them focus on their current experience.

Subjectively perceived meaningfulness of the implemented procedures (e.g., identification of the purpose or expectation of benefits of a procedure) is also essential for drawing-in to a specific procedure. The perceived meaning of the procedure is important for the clients not only in the course of the procedure but also, especially, before its beginning. This implies that clients do not want to enter activities with vague meanings or outcomes. This contrasts with the traditional definitions of risk-taking behaviors as

defined by Jessor and Jessor (1977) who defined risk as an uncertain outcome. Clients need to know beforehand the purpose of the procedure and hence the direction it will take. This need does not correspond to either Wurdinger's (1994) definition of risk seeking as a means of avoiding boredom or as sensation seeking (Zuckerman, 1994).

Drawing-in leads the clients to a compelling need to reflect further on the problem. The depth of the cognitive processing of information from the procedure is more pronounced. The information is then incorporated into the existing schemata of clients. Participants of group therapy are then able to generalize their experience from the group and transfer it to their personal life. As a result, they tend to better realize the overlap and especially the individual benefits. Processing of the experience from the verbal activities aids the clients in reaching a growing interest in others and an increase in empathy.

The emotions that are experienced during the procedure play a very important role in the facilitation of this process. By the process of drawing-in to a procedure, the intensity of experienced emotions increases. The emotions experienced or expressed by clients are very intense and long lasting. Hessler and Katz (2010) tried to understand the emotional functioning of individuals exhibiting signs of risk-taking behavior to use these results to design interventions. They pointed out a lower level of abilities in terms of emotionality (awareness of emotion, their expression, and regulation) in adolescents with risk-taking behavior, and they recommend interventions focused in particular on the development of emotional competencies. Adolescents who are not in contact with their emotions and do not express their emotions are less likely to cope with their experiences. They consider risk-taking behavior to be an option for mitigating such strong emotions (Hessler & Katz, 2010). Drawing-in, offered via verbal procedures, may create a space for strengthening their awareness of their emotions, which is regarded as an important attribute for regulation of emotions (Saarni, 1999).

Action procedures in comparison with verbal procedures offer an opportunity for more intense communion with others. Pleasantness or the need for communion increases with increasing group cohesion. Communion with others becomes more important than the output of the procedure itself. Along with the actions that these procedures offer, the need for communion and the need for agency are also satisfied (Hoyle, 2000). Satisfaction of these two needs in the safe environment of group therapy can then act preventively concerning development of risk-taking behavior.

Fulfillment of the need for communion is enabled via a relaxed atmosphere during the procedure. Relaxation and a pleasant emotional mood, allowing a person to separate himself from the outside world, are the main benefits of action procedures perceived by clients. It brings an intense relief from current problems to clients experiencing long-term psychological distress, which is an important aspect of working with this target group.

Some of the limitations of the current study are represented by the selection of participants. The participant group, selected from a group of juvenile delinquents, consisted only of individuals motivated to participate in the program. Another limitation of the present study is the size of the research sample. A greater number of participants

could result in a lower variability of search findings as a number of general topics would arise.

Another limitation of the present research is the method of retrieving the research data—using interviews. Interviews can distort data as the communication between an interviewer and interviewee demands a certain mutual attunement to one another. This can result in interviewees adjusting their answers to what the researchers want to hear. The researchers in this study tried to avoid this situation by reminding the interviewees that they were interested only in their honest opinion. Another factor that could contribute to data distortion is the fact that the researchers were at the same time also the lecturers in the programme. However, this can also be seen as an advantage as it enabled the possibility of engaged observation.

Future research should give more consideration to the development phase of the group. At the same time, additional research should focus on the monitoring of other cohorts in somewhat different conditions (e.g., change of instructors, or discerning clients with various levels of motivations and different degrees of severity of offense).

Conclusion

The research results disclose the clients' experience of the happenings in group therapy. They enable us to look into the phenomenological field of a particular group in therapy. Therefore, the research results can be used to create new therapeutic programmes as well as become a starting point for any further research in this area.

The study provides differing results in the perception of verbal and action procedures among juvenile delinquents. For our clients, each specific type of procedure represents different personal benefits. Verbal procedures enable a deeper emotional experience associated with the cognitive processing of the experience and greater contact with themselves, and with their own lives. This in turn increases self-awareness and leads to personal growth. Action procedures offer more space for strengthening communion with others, for testing social skills and, above all, relaxation and reduction of internal tensions.

Declaration of Conflicting Interests

Funding

Note

1. An act that if done by an adult would be considered a felony under Czech law.

References

Arnett, J. (1992). Reckless behavior in adolescence: A developmental perspective. *Developmental Review, 12*, 339-373.

Bell, N. J., & Bell, R. W. (1993). *Adolescent risk-taking*. Newbury Park, CA: SAGE.

Corey, M., Corey, M. S., Callanan, P. & Russell, J. M. (2006). *Techniky a přístupy ve skupinové psychoterapii* [Techniques and approaches in group therapy]. Prague, Czech Republic: Portál.

Donovan, J. E., & Jessor, R. (1985). Structure of problem behavior in adolescence and young adulthood. *Journal of Consulting and Clinical Psychology, 53*, 890-904.

Ewert, A. W., & Hollenhorst, S. (1989). Testing the adventure model: Empirical support for a model of risk recreation participation. *Journal of Leisure Research, 21*, 124-139.

Field, T., Lang, C., Yando, R., & Bendell, D. (1995). Adolescents' intimacy with parents and friends. *Adolescence, 30*, 133-140.

Hains, A. A. (1992). Comparison of cognitive-behavioral stress management procedures with adolescent. *Journal of Counseling & Development, 70*, 600-605.

Hessler, D. M., & Katz, L. F. (2010). Brief report: Associations between emotional competence and adolescence risky behavior. *Journal of Adolescence, 33*, 241-246.

Hickson, A. (2000). *Drama and action games in education, social work and clinical work*. Prague, Czech Republic: Portál.

Hoyle, R. H. (2000). Personality processes and problem behavior. *Journal of Personality, 68*, 953-966.

Ingersoll, G. M., & Orr, D. P. (1989). Behavioral and emotional risk in early adolescents. *Journal of Early Adolescence, 9*, 396-407.

Jackson, S. A., & Eklund, R. C. (2004). *The flow scales manual.* Morgantown, WV: Fitness Information Technology.

Jessor, R., & Jessor, S. L. (1977). *Problem behavior and psychosocial development: A longitudinal study of youth*. New York, NY: Academic Press.

Johnson, R. J., McCaul, K. D., & Klein, W. M. P. (2002). Risk involvement and risk perception among adolescents and young adults. *Journal of Behavioral Medicine, 25*, 67-82.

Kloep, M., Güney, F., Çokb, F., & Simsek, Ö. F. (2009). Motives for risk-taking in adolescence: A cross-cultural study. *Journal of Adolescence, 32*, 135-151.

Koocher, G. P. (1971). Swimming, competence, and personality change. *Journal of Personality and Social Psychology, 18*, 275-278.

Labáth V., Ambrózová, A., Smik, J. & Štúrová, J. (2001). *Riziková mládež, možnosti potenciálnych zmien* [Youth at risk, possibilities of potential changes]. Prague, Czech Republic: Sociology.

Lasko, D. S., Field, T. M., Gonzalez, K. P., Harding, J., Yando, R., Bendell, D. (1996). Adolescent depressed mood and parental unhappiness. *Adolescence, 31*, 49-57.

Lipsitt, L. P., & Mitnick, L. L. (1991). *Self-regulating behavior and risk-taking: Causes and consequences*. Norwood, NJ: Ablex.

Macek, P. (2003). *Adolescence*. Prague, Czech Republic: Portál.

Macgowan, M. J., & Wagner, E. F. (2005). Iatrogenic effects of group treatment on adolescents with conduct and substance abuse problem: A review of the literature and a presentation of a model. *Journal of Evidence-Based Social Work, 2*, 79-90.

Matoušek, O., & Kroftová, A. (2003). *Mládež a delikvence* [Youth and delinquency]. Prague, Czech Republic: Portál.

Michael, K., & Ben-Zur, H. (2007). Risk-taking among adolescents: Associations with social and affective factors. *Journal of Adolescence, 30*, 17-31.

Miovský, M., & Zapletalová, J. (2006, November 27-28). *Primary preventions of risk-taking behavior at a crossroad: Specialization versus integration*. Conference proceedings "Annual National Primary Preventions of Risk-Taking Behavior: Specializations Versus Integration," Prague, Czech Republic.

Reyna, V. F., & Farley, F. (2006). Risk and rationality in adolescent decision making. *Psychological Science in the Public Interest, 7*, 1-44.

Řezáč, P. (2009). *Pojetí rizika u delikventních adolescentů - mužů* [Concept of risk among delinquent male adolescents]. Nitra, Slovakia: UKF.

Saarni, A. (1999). *The development of emotional competence*. New York, NY: Guilford.

Schrader, M. P., & Wann, D. L. (1999). High-risk recreation: The relationship between participant characteristics and degree of involvement. *Journal of Sport Behavior, 22*, 426-441.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London, England: SAGE.

Teeter, P. A., Rumsey, R., Natoli, L., Naylor, D., & Smith, R. (2000). Therapeutic interventions to increase social competence in teens with impulse control deficits. *Journal of Therapy in Independent Practice, 1*, 49-70.

Tomasulo, D. J. (1998). *Action methods in group therapy: Practical aspects*. Philadelphia, PA: Taylor & Francis.

Whitaker, D. S. (2001). *Using groups to help people*. Philadelphia, PA: Taylor & Francis.

Wilde, G. J., & Murdock, P. A. (1982). Incentive systems for accident-free driving in the general population. *Ergonomics, 25*, 879-890.

Wilkinson, L. V., & Bubolts, W. C. (2001). Anecdotes, metaphors, and stories: A clinical procedure for group therapy. *Journal of Clinical Activities, Assignments & Handouts in Therapy Practice, 1*, 43-57.

Wurdinger, S. D. (1994). *Philosophical issues in adventure education*. Dubuque, IA: Kendall/Hunt.

Yalom, I. D. (1999). *Teorie a praxe skupinové psychoterapie* [Theory and practice of group therapy]. Hradec Králové, Czech Republic: Confrontation.

Zuckerman, M. (1979). *Beyond the optimal level of arousal*. London, England: Lawrence Erlbaum.

Zuckerman, M. (1994). *Behavioral expressions and biosocial bases of sensation seeking*. New York, NY: Cambridge University Press.