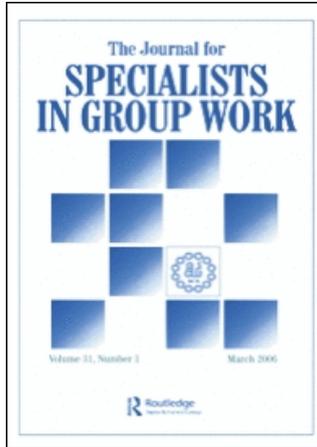


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REVIEW OF RESEARCH ON GROUP WORK IN THE SCHOOLS

Effectiveness of Groups in the Schools

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This article reviews the current literature, specifically meta-analytic research, on the effectiveness of psychoeducational and counseling groups in the schools. Topics for such groups include: eating disorders, anger management/bullying, child sexual abuse prevention, pregnancy prevention, and social competency. There is support for groups in the schools, specifically some psychoeducational groups and classroom interventions. There is also support for the use of group interventions that are both short in session length and overall time. Research reflects the importance of adjusting content to the population and maturity level of group members as well. Future research should more clearly identify the type of group intervention and goals used as well as reflect collaborations between researchers and school counselors.

Keywords: *group; intervention; prevention; psychoeducation; school*

There are many advantages to groups for adolescents: they are a natural way for adolescents to relate to each other, they emphasize the learning of life skills, they focus on generalizing behaviors practiced in the group to real-life situations, and they provide multiple feedback and increase self-esteem that comes about through helping others (Shechtman, Bar-El, & Hadar, 1997, pp. 203–204).

Of the four types of groups described by ASGW (2000), counseling and psycho-educational groups are the most frequent interventions in school settings. Counseling groups are primarily employed for remediation purposes (i.e., depression, eating disorders). Psycho-educational groups are the most commonly utilized groups in the schools both for prevention and as a first intervention for students at-risk (Vera & Reese, 2000). Psycho-educational/guidance groups focus on skill development to prevent problems and utilize

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“group-based educational and developmental strategies” (ASGW, p. 330), particularly roleplaying, problem-solving, decision-making, and communication skills training to teach specific skills and coping strategies in an effort to prevent problems (i.e., anger management, social skills, self-esteem, assertiveness, making friends).

Kulic, Horne, and Dagley (2004) clarified the use of psychoeducational groups in general with children and adolescents:

The group format is a logical choice...given the amount of time children and adolescents spend in groups with their peers, both in and out of the classroom. The group is the primary socializing influence through the early developmental stages of life and it provides the context within which children and adolescents will receive preventative interventions and will practice and utilize them in their ‘real lives.’ (p. 139)

Their meta-analysis (a compilation of several studies exploring a specific construct that applies statistical tests to ascertain the effect size related to the outcomes across all the studies) revealed that 79.8% of all studies of child and adolescent prevention groups occurred in school settings and most (73.2%) were short term with interventions lasting less than 6 months.

While the literature on groups in the schools is extensive, the efficacy has yet to be proven consistently across populations and for specific group treatments. There is a consistent theme from No Child Left Behind, funding agencies, and professional organizations that empirically based treatments should be utilized and that there is a need for accountability in interventions. The American School Counselor Association in *The ASCA National Model: A Framework for School Counseling Programs* (2003) clearly asks the most important question related to the identity of school counselors: “How are students different because of what school counselors do?” (p. 1). In addition, they advocate the use of data to “effect change within the school system” and “to demonstrate the effectiveness of the school counseling program in measurable terms” (p. 3). Thus, it is essential to assess the efficacy of group interventions in the school, since they are a vital part of the school counselor’s delivery system.

Hoag and Burlingame (1997) conducted the only meta-analysis to focus specifically on the efficacy of group treatments (other studies examined group treatment as one of several variables). They concluded that the average child who received group treatment could be placed at the 73rd percentile of those who did not receive treatment and that the average post-treatment score could be placed at the 76th percentile of pre-treatment scores. Hoag and Burlingame also interpreted the fact that, of the 56 group studies published between 1974 and 1997, almost 74% took place in schools, as supporting the

effectiveness of group work as a whole, the most common issues addressed being behavior problems, social skills, and divorce adjustment. Over 60% of the studies utilized a behavioral or cognitive-behavioral intervention, and improvement was shown on a range of outcomes including disruptive behavior, anxiety, adjustment to divorce, cognitive performance, social skills, and self-esteem.

While these results are encouraging, many studies examining group treatments in the schools suffer from serious limitations: single group designs; small sample sizes; lack of a control group altogether or only waitlist controls instead of alternative treatment approaches; no checks on treatment validity; and no or short-term follow-up data. Many of the findings from these studies indicate some improvement on paper and pencil measures but fail to either assess or show actual behavioral change in the school environment (Burlingame, Fuhrman, & Johnson, 2004).

This article reviews current research on the effectiveness of group interventions in the schools with an emphasis on meta-analytic and multi-study reviews. Topics for groups will include: eating disorders, anger management/bullying, child sexual abuse prevention, pregnancy prevention, and social. Suggestions for planning groups and future research related to the efficacy of group treatment are also included.

GENERAL REVIEWS OF THE GROUP RESEARCH

Several recent reviews and meta-analyses have examined the efficacy of group treatment across problem areas. Kulic et al. (2004) reviewed 98 published research studies from 1990 to 2000 that examined the efficacy of group treatments focused on primary prevention for children and adolescents. The majority took place in schools (79.8%); 75.6% either utilized a treatment manual or specifically outlined their interventions, 52.3% had a treatment length of 3 months or less, and 51% were facilitated by an experienced counseling professional either alone or with a co-leader.

Three recent meta-analyses have specifically examined variables that may influence the effectiveness of group treatment for children and adolescents. Hoag and Burlingame's meta-analysis (1997) evaluated five categories of variables (client, therapist, treatment, group type, and methodological) to answer the question "Which set of procedures is effective when applied to what kind of patients [sic] with which sets of problems and practiced by which sort of therapist?" (Barrett, Hampe, & Miller, 1978, p. 435). Socioeconomic status (SES) was the only client variable that was significantly different across

categories, with middle class group members more likely to meet the group goals than lower SES group members. Groups in clinical settings were also found to be more effective than those in school settings in working with children and adolescents. Groups on disruptive behavior, anxiety/fear, adjustment to divorce, social skills, self-concept/self-esteem, and locus of control were all found to be moderately efficacious; however, groups for depression and cognitive skills/performance were not. Finally, groups were found to be efficacious when outcome measures were completed by parents, therapists, teachers, trained observers, and self-report, but not when completed by peers.

Durlak and Wells (1997) also performed a meta-analysis of 156 primary prevention mental health programs for children and adolescents, with almost 75% of the interventions in schools and 87% aimed at children. Participants in these programs improved over 59 to 82% of those in control groups. Programs aimed at training teen parents were not found to be effective, nor were those directed at the whole school environment. However, those targeted at a specific population, especially those dealing with first-time mothers and affective and interpersonal problem-solving education for two to seven year olds, had low to moderate effectiveness. Other effective program topics were divorce, school entry/change, affective education for seven-and-older children, and interpersonal problem-solving for seven to eleven year olds. As in other studies, behavioral approaches were more efficacious than non-behavioral approaches. However, while their results support the use of both classroom and small group intervention, the authors did not include specific effect size for groups based on size or length.

Prout and Prout (1998) conducted a meta-analysis of 17 studies of counseling and psychotherapy in schools from 1985 to 1994. Most of the treatments were group interventions ($n = 58$; 80%), with a few having both a group and individual component ($n = 12$). Overall, they found interventions to be highly effective, with group treatments showing high efficacy and mixed group/individual treatments being the most effective interventions. Cognitive-behavioral interventions were almost twice as effective as relaxation interventions and three times as effective as skill training alone. Depression interventions were particularly efficacious with other improvements noted on measures of anxiety, self-concept/esteem, and attitude change. There were differences in effectiveness based on age, with interventions for elementary students almost twice as efficacious as those for middle and high school students, although interventions were effective for all ages.

The results of these meta-analyses suggest that groups are used in the schools based on treatment manuals. In addition, interventions

that were cognitive-behavioral, focused on specific issues such as depression, and/or utilized with elementary school students were the most efficacious.

RESEARCH ON EFFECTIVENESS OF POPULATION SPECIFIC GROUPS

The ASCA National Model (2003) emphasizes outcome goals that include personal/social, career, and academic development. This section will describe the meta-analyses and literature reviews of the most frequently utilized group interventions in schools by topics that are particularly responsive to personal/social development. Both psychoeducational interventions in the classroom and small group interventions are included because the available meta-analyses often included both (when possible, this distinction is highlighted).

Eating Disorders

There are many different kinds of groups for eating disorders; some are based on cognitive-behavioral approaches and some on interpersonal therapy programs. Cognitive-behavioral therapy (CBT) has often been found to be superior to other forms of therapy, such as supportive counseling, behavior therapy, and psychodynamic therapy (Richards et al., 2000; Wilfley et al., 1993); comparisons between these treatments in controlled research trials support the finding that CBT works better to reduce symptoms of bulimia nervosa than the alternative treatments tested. Cognitive-behavioral therapy addresses symptom reduction by increasing participants' awareness of personal thoughts and feelings related to eating patterns and introducing strategies for changing their behaviors and belief systems.

Fettes and Peters (1992) performed a meta-analysis of 40 group outcome studies on bulimia nervosa in a variety of settings. The average effect size was moderate indicating that group treatments were significantly better than control groups and that groups combined with other treatments (medication, individual or family therapy, etc.) were better than group treatment alone. Groups with more hours per week (range = 1.5 to 8.5) were more effective than those with fewer hours. Effects were maintained and or improved over one year follow-ups.

Bullying and Anger Management Groups

Bullying prevention and anger management groups are usually cognitive-behavioral psychoeducational groups that focus on

communication, anger management, aggression control, empathy development, and problem-solving skills. A review of 30 studies of cognitive-behavioral therapy for antisocial behavior from 1974 to 1998 (Bennett & Gibbons, 2000) reported that approximately 60% of the interventions were in school settings and the average child in treatment improved 69% more than control group members. The few studies that included follow-up data indicated that effects were maintained or increased over time. Those interventions that were focused on the child (ages 10 and older) were less efficacious than those that included parent training (usually for pre-school children); there was also a small effect for age with younger children improving more than older children.

Gansle (2005) analyzed 20 school-based anger intervention programs between 1984 and 2003. Most took place in public school settings, although 15% were in alternative schools and 10% in combined settings. Boys were the main focus of the interventions in 88% of the studies. Externalizing and anger assessments improved after treatments with moderate effectiveness; internalizing and social skill outcomes were low to moderately effective. The interventions were not very effective for changing beliefs and attitudes and addressing academic and attention needs. Interventions using behavioral activities provided to students with disabilities, and those with a social focus were the most efficacious.

Child Sexual Abuse Prevention

Sexual abuse prevention programs usually are aimed at younger children and involve information on body boundaries and good touch. They increase skills in recognizing problem situations, saying no, and informing adults about situations. Davis and Gidyez (2000) evaluated 27 research studies from 1985 to 1996 and found large effects for child sexual abuse prevention school-based interventions. Many of the studies were based on large group, classroom psycho-educational interventions. Knowledge of prevention strategies (good/bad touch, stranger avoidance, etc.) was the primary outcome goal and was measured in a variety of ways: behavioral observation, questionnaire, and interview. Interventions for preschool aged children were twice as effective as those for early elementary children and three times as effective as those for 8 to 12 year olds. Those studies that facilitated physical participation and used modeling, rehearsal, and reinforcement were significantly more effective than those using verbal participation alone, although both were effective. The more sessions, the better the outcome.

Pregnancy Prevention

DiCenso, Guyatt, Willan, and Griffith (2002) analyzed 26 studies of interventions to prevent pregnancy in adolescents from 1970 to 2000. Most of these studies ($n = 24$) used large group and classroom interventions. The meta-analysis found that the programs, many in the schools, did not delay the onset of sexual intercourse, improve use of birth control, or reduce pregnancies. Four studies emphasizing abstinence and one sex education program showed increases in pregnancies for the partners of young male participants. There were very small decreases in pregnancies for young women attending a program with multifaceted interventions (including topics such as birth control, career, self-esteem, coping skills, life skills, etc.). Based on these findings, the authors concluded that current pregnancy prevention and birth control utilization programs are not efficacious. They suggested that prevention programs need to start much earlier than high school, consult with adolescents about what they think would be helpful, and include communication and negotiation skill training, birth control resources, and booster sessions.

Social Competency

Social competency is an inclusive term that addresses groups for social skills, interpersonal problem-solving skills, and communication and listening skills. Many of these groups are focused on children with disabilities, behavior problems, and emotional problems. There is some overlap, in that bullying and anger management groups often have social skills components, but the following discussion is primarily directed toward the more general development of social skills.

Beelmann, Pfingsten, and Lösel's (1994) meta-analysis of 49 studies showed that the effectiveness of Social Competence Training (SCT) varies across a series of variables and the intricate interactions of these variables. They examined: constructs and assessment used in the treatment; complexity of treatment; targeted social deficit; and personal variables of the target group, such as gender, age, developmental stage, and cognitive abilities. Overall, there were moderate effect sizes for pre- to post-analyses as well as between treatment and control groups, with a high effect for social-cognitive skills and an intermediate effect for social interaction skills and satisfaction with treatment. There were large effect sizes for at-risk students and moderate effect sizes for the general student population. The most efficacious SCT treatments were multimodal, included group members with externalizing behavior problems, and most significantly impacted social-cognitive and social interactive skills. However, results

suggested that monomodal SCT is more favorable with children with internalizing behavior problems and preschool children. In addition, social situations relevant to the age of the target group must be presented.

Quinn, Kavale, Mathur, Rutherford, and Forness (1999) analyzed 35 studies from 1981 to 1995 using social skill interventions with students who had emotional and behavioral disorders. Manualized programs made up 37% of the studies (ACCEPTS, ASSET, Skill-Streaming, Prepare Curriculum, and Aggression Replacement Training). Two thirds of the participants were boys. Overall, the programs showed very low efficacy; 27% of the interventions had better outcomes for the control than the treatment participants. Anxiety was the only outcome measure with low to moderate improvement.

In 2001, Gresham reviewed the research on social skills training (SST) for students with high-incidence disabilities including six narrative reviews and six meta-analyses. The narrative reviews indicated that modeling, coaching, and reinforcement enhanced efficacy, while social problem-solving and self-instruction were less efficacious. The meta-analyses found positive but small effect sizes for social skills training with loss of impact over time following the intervention.

In order to improve efficacy, Evans, Axelrod, and Sapia (2000) suggested customizing programs to skill deficits of participants. They recommended that professionals: 1) identify key skills necessary for the target population; 2) teach the skills in small groups or individually; 3) practice the skills in controlled settings such as small groups where the environment is safe and the probability of success in small increments is high; and 4) after success is achieved in step 3, provide opportunities for the participants to try the behaviors in natural environments with an adult present to prompt the appropriate behavior and assess the efficacy of the skills.

CONCLUSIONS

Overall, it appears that group interventions in general are effective within the school setting. More research is needed to ascertain which interventions are most effective for each problem and with each population. Prevention, more specifically early intervention, seems most promising.

Suggestions for Future Research

Suggestions for future research are based on problems with current research. Many of the studies that evaluate school-based group

approaches suffer from similar problems. Sample sizes are often small. Control groups, when used, are usually wait-lists which make it difficult to infer whether it is the group protocol or just the attention and time that creates the effect. In addition, few studies are replicated with the same population or with different groups of students (SES, age, geographic location, multi-ethnic populations). Another difficulty is that the improvements are only evaluated by self-report measures and not observed behaviorally inside or outside the school setting. When parents' and teachers' views are used as part of the evaluation, the behavioral changes have been small to nonexistent for most studies. In addition, it is critical for meta-analyses of studies to indicate clearly the type of intervention (individual, small group, classroom, large group, school-wide) so that practitioners will have the information to design appropriate interventions.

Suggestions for Future Interventions

Overall, systematic analysis of group research within the literature is positive. Meta-analyses within and across specific group topic areas generally support the efficacy of group treatments. At the same time, they support group interventions that are realistic within school settings. Stathakos and Roehrle (2003) specifically advocated the use of group interventions that are both short in session length and overall time, while others emphasized the importance of adjusting content to the population and maturity level of group members. Finally, it is important for school counselors to be aware of the research on groups for specific problems, because there is a great deal of variance in the efficacy of programs and in what can be done to make a program more effective. It is important for researchers and practitioners to work together to maximize the impact of group interventions in school systems.

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