GROUP COUNSELING IN THE SCHOOL

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Abstract: This paper presents counseling groups conducted in the school. It includes a theory of counseling groups with children and adolescents, and a modality named "expressive supportive". These groups focus on self-expressiveness and group support. They are process oriented and semi-structured. The structure is not based on a specific content but rather on therapeutic techniques used to move the group process. Children learn about self through the interpersonal interaction in the group. A series of studies point to the efficacy of these groups and suggest variables that have an impact on the outcomes of group intervention. The need for counselor training is highly recommended.

Keywords: Adolescents, Children, Groups.

INTRODUCTION

The three areas where children live most of their meaningful experiences -home, school, and community - have become unsafe places for many of them. Emotional support is often lacking in these areas, and many children and adolescents are alone in coping with their difficulties. Between 17% and 22% of children and adolescents have serious developmental, emotional, or behavioral problems (World Health Organization, 2001), and the number of children who are not diagnosed with a special problem, but go through traumatic experiences such as family breakdown, death, war, and world disaster, is on the rise. All of them would be benefitted by emotional assistance. Yet, children and adolescents do not actively seek professional help; in fact, they often resist it when offered.

Tolan and Dodge (2005) argue that mental health services for children are in crisis and suggest a more proactive approach to address the situation. School counselors are usually the ones to carry the load of services provided to children in need, but the ratio of one counsellor to a large number of students inhibits the

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systematic provision of emotional assistance to students. Group counseling has been recognized by professional agencies (e.g. ASCA, 2003) as a viable means to address children's social and emotional needs in the school. Nonetheless, two special issues of the Journal for Specialists in Group Work (2007) recently devoted to group work in the school suggest a dearth of information about this work, despite the large number of groups conducted in schools. As a result, much of what we know about group work with children is based on adult groups. This is a huge mistake because children have unique developmental needs and operate differently. The difference in work with children in counselling groups must be acknowledged. Missing from the literature is a focus on the theoretical or conceptual issues related to group work (Whiston & Sexton, 1998), rigorous research on the effectiveness of groups with children (Gerrity & DeLucia-Waack, 2007), a better representation of counseling groups (vs. prevention groups), and a broader presentation of counseling groups that do not apply a cognitive-behavioral orientation.

The current paper attempts to respond to these shortages by addressing the following issues:

1. A theory and practice of counseling groups
2. The evidence base for these groups.
3. Variables that affect the group process.

THEORY AND PRACTICE

Background

Clinicians and researchers alike see group counseling as a viable and efficient means to respond to a wide range of problems among children and adolescents. The few available literature reviews suggest that group counseling is effective with regard to various child and adolescent difficulties (Whiston & Sexton, 1998), that it is at least as effective as individual counselling (Hoag & Burlingame, 1997; Shechtman & Ben-David, 1999); and that it is certainly preferable in terms of cost effectiveness. School is the place where most counseling groups with children are conducted (Gerrity & DeLucia-Waack, 2007).

Group interventions vary in terms of purpose and process. The accepted typology includes guidance/psychoeducational groups, counseling/interpersonal problem solving, and psychotherapy/personal reconstruction (Gazda, Ginter, & Horne, 2001). Psychoeducational groups are usually preventive groups, structured around a specific content, are aimed at teaching certain skills, and address specific

training goals (e.g., Life Skills training). They are geared toward the normative population, are short-term (sometimes 5-6 sessions long) and are usually cognitive oriented. These interventions may be sufficient to help normative children, but are less effective with children who demonstrate some social, emotional, and behavioral difficulties. Counseling groups focus on personal growth, the development of self-awareness and insight, and change in behavior. They address children identified with unique problems (e.g. students with learning disabilities), and they too are short-term (15 sessions). In both types of groups children learn social skills, but in a different way: in psycho-educational groups the learning process is structured around specific content, whereas in counseling groups the learning process is non-structured and children learn through the interaction with others in the group. Finally, psychotherapy groups cater to children with more severe difficulties (e.g. conduct disorder). They are often conducted outside the school and are led by professional psychologists.

Psychoeducational groups are the most frequently used with children, particular in the school setting; counselling groups are next; and only 10% of the groups with children and adolescents are psychotherapy groups (Kulic, Horne, & Dagley, 2001), although they tend to be the most effective ones (Hoag & Burlingame, 1997). All these groups vary in their theoretical approach, including humanistic, cognitive and behavioral orientations.

The Theory of Expressive-Supportive Groups

Expressive supportive counseling groups for children and adolescents are based on an integrative orientation, as do many clinicians in both individual (Hill, 2005) or group (Yalom & Leszcz, 2005) counseling. An integrative theory is comprised of stages (Prochaska, 1999), whereby a different theory is appropriate at each stage. Starting the process with a humanistic approach helps establish a client-therapist bond and group climate. The process continues with a psychodynamic approach geared to help children explore their social and emotional difficulties and to develop understanding and insight. It concludes with a cognitive-behavioral orientation to help clients apply the experiences and understanding achieved in the group to real life. The extent to which each of the theories is represented in the change process depends on the orientation of the therapist.

In the expressive-supportive groups, the focus is on emotions, based on the belief that "where the tears are, that's where the problem is" (see Greenberg, 2002). Therefore, a great part of the group process is devoted to the exploration of feelings on both cognitive and emotional levels. At the same time, because of the group

context, we focus on ensuring a supportive climate. Owing to our dual focus on self-expressiveness and group support, we have named our modality "supportive-expressive" (Shechtman, 2007). In a recent typology of groups suggested by Kivligan and Holmes (2004) - cognitive-insight, affective-insight, cognitive-support and affective-support groups - our groups fit into the last category. While the two constructs of self-expressiveness and support are central ingredients in any group, they are particularly important when working with children and adolescents. Our young clients come to the group with a sense of loneliness, rejection, and failure. They need to share their experiences in a safe place, have them acknowledged, and be respected for who they are.

The Practice of Expressive-Supportive Groups

There is a considerable difference between group interventions conducted in the school and most groups conducted elsewhere. Children and adolescents are not the usual clients in counseling and psychotherapy. They typically do not choose to be in treatment, do not fully understand the therapeutic process, and do not possess the interpersonal skills needed to help themselves or someone else. Their attention span is limited, and their verbalization skills, particularly their ability to express emotions, are still under-developed.

In counselling groups that focus on self-expressiveness, such as suggested here, it is the counselor's role to help young clients express feelings and experience catharsis, to enhance self-awareness and empathy, and to guide them in taking risks directed at behavior change. Moreover, unlike psycho-educational groups, where the content guides the process, there is no a priori content in counseling process groups. Rather, led by the counselor, we expect group members to share their unique experiences, difficulties, and feelings. This requires a creative leader whose tool chest is particularly rich in activities, and who is capable of employing methods and techniques skillfully and processing them effectively.

It should be kept in mind, however, that activities, methods, and techniques are devices to help stimulate and promote the therapeutic process (DeLucia-Waack, 1997). They should be applied only when necessary to further group processes. Some of the most frequently used techniques in group settings in the school are bibliotherapy (the use of stories, poems, films), phototherapy (the use of personal and family pictures), and therapeutic cards (projective pictures).

Bibliotherapy refers to the use of literature in the service of therapy and is one of the creative or expressive arts, along with music, drama, dance, and painting (Gladding, 2005). Beyond the creativity it generates, bibliotherapy has a great

amount of psychological wisdom incorporated in it, which helps young clients understand human situations better (Kottler, 1986). Most important, however, is its indirect manner of treatment. Children learn through identification with literary characters without being aware that they are actually in treatment. A triadic relationship is fostered between the characters, group participants, and the counsellor. The book serves as adjunct to the therapy process while creating distance between the counselee and his or her problem. This distance permits the therapist to guide the child to deal with troubling issues with greater safety and less defensiveness and resistance, as illustrated in the following example:

> In the process of identifying goals for working in the group, the counsellor used the book Like Fish In Water (Lazarowitz, 1991). This book describes all sort of fish - some live alone, others live in groups; some are big, some are small, and many are medium-sized. There are fish that follow the group and others that lead. In a group of six 16-year-old girls, the counsellor asked each one to choose a fish and explain why. Miriam selected the lonely fish because she felt rejected by classmates; Sheila chose a goldfish because she felt overprotected; and Terry selected the swordfish because she cut off relationships too abruptly. By identifying with the fish, the girls could develop awareness of some of their weaknesses or difficulties. In subsequent sessions, each of these issues was processed, including thoughts, feelings, and plans for action. There was also an extensive exchange of feedback and provision of support following the self-exposure. All this was triggered by an activity based on bibliotherapy at the initial stage of the group.

Phototherapy works in a similar way. It entails the use of personal photographs for therapeutic purposes (Weiser, 1993). The following illustrates its usage:

> In a group of adolescent girls whose parents were divorced, the phototherapy activity was conducted deep in the working stage. Sandy had brought a picture of her mom's newborn baby. This was her way of sharing with the group that since the birth of her sister, Sandy no longer lived with her mother. Her mom had become depressed after childbirth and she was now in her father's custody. This was a highly meaningful session for Sandy: not only was this the first time that she spoke of her mom's illness, but she was also able to share her anger at her mother. Linda shared a similar story about her own mother, which put Sandy's situation into perspective. The group provided feedback, suggesting that Sandy's mom could not control her illness, which further decreased Sandy's level of distress.

Finally, therapeutic cards are a special genre of games based on association and communication, also known as associative cards (Kirschke, 1998). This entails an

interactive game between the player and his or her cards, in which the individual associates with or projects onto the cards. "They serve as a springboard into imagination and creativity, a tool for learning and a catalyst for directing its players into intense communication about themselves" (Kirschke, 1998, p. 11). An example:

> The group was comprised of eight 13-year-old girls from a minority culture, in which self-disclosure is strongly discouraged. In the first session, group members were asked to introduce themselves through a selected card. Saya chose one with a picture of a boat on a stormy sea, saying: "I am the boat. I am struggling with events in my life just like this boat, but I will not drown because I am strong." Rima selected a picture of a forest, explaining "I feel lost in the forest and am not sure I can find my way out." This was a powerful exchange of self-disclosure, unexpected at the first session and of this particular population. The cards seemed to help the girls establish effective group norms and move to the working stage with little reservation.

In sum, the three methods presented rely on psychodynamic principles, particularly on processes of projection. Such processes help elicit conscious and unconscious thoughts and feelings, which may be difficult to reach otherwise. All this is achieved in a playful and nonthreatening climate. These methods are part of the tool chest that counsellors of groups of children use to help them navigate the group process.

The counseling groups we conduct in schools are short-term weekly sessions (usually 12-15) lasting 45 minutes. They are led by trained school counselors during the regular school day. These groups often address specific issues (children of divorce, aggressive children, students with LD), with 6-8 children per group.

The process in these groups follows three main stages: a beginning stage, a working stage and termination. The initial stage is extremely important in groups of children and adolescents, perhaps more so than for adults, for several reasons. First, because children are referred to counseling rather than selecting the service, they may be less motivated to undergo a therapeutic process. Second, they are not familiar with the expectations of clients in a group. Third, children and adolescents come from a unique culture in which positive interpersonal interactions are not within their normal group norms and skills. They need to be guided and assisted in developing and using interactions that are conducive to group counseling. Consequently, the group counselor must actively provide structure to the sessions at this stage, with the aim of forming relationships, developing a language of feelings, establishing constructive group norms, and providing a sense of security. Use of structured activities and therapeutic games is an excellent way to promote group

norms, a positive and safe climate, and a sense of personal empowerment. These lay the foundation for constructive later stages.

While the initial stage is usually positive, with fun activities and a nonthreatening climate, the transition to the working stage may be a difficult one. With the expectation of therapeutic work looming, the level of resistance rises, along with hostile, sometimes aggressive behavior. Such behavior must be stopped firmly and quickly but with warmth and empathy. The work done in the stormy transition stage is the foundation on which new norms of cohesiveness, belonging, collaboration, and self-disclosure are established. This is the necessary climate to move to the actual working stage.

The working stage is the heart of the group process. At this stage children undergo cognitive and affective exploration, self-expressiveness, and cathartic experiences. Insight evolves over time, and change in behavior is evidenced. The children accomplish all of this with the assistance of the methods and activities used to facilitate the process (discussed earlier). Leaders take an extremely active role in the working stage, helping children to identify goals for change and guiding them throughout the process.

Termination is more than the end of therapy; it is an integral part of the therapeutic process and an important force for change (Yalom & Leszcz, 2005). A successful completion of the group has a strong impact on group members' self-esteem, sense of accomplishment, and self-confidence. It may also have a long-term impact on the child's future interpersonal relationships and behavior. As every ending is also a new beginning, the successful conclusion of the group may be the impetus to continue personal growth in real life. In order to further these purposes, the termination stage includes parting through positive feedback, evaluation of one's own gains and growth, assessment of the group experience, making plans for change in the future, and saying good bye (for suggested activities in all stages, see Shechtman, 2007).

RESEARCH

The Evidence-Base of Expressive-Supportive Groups

We have been treating children and adolescents with a range of social and emotional difficulties for the past 25 years. The following outlines the research that has evaluated the progress of our young clients.

In one of our most recent studies (Shechtman & Leichtentritt, 2010a), about 250 children participated in 40 small counseling groups. The population included

children exhibiting a mixture of severe externalizing and internalizing symptoms. Adjustment and anxiety measures, as well as academic achievements were used to measure outcomes. Pre-post differences were significant on all four measures. Children treated in 12 sessions, led by trainees in counselling, showed a reduction in externalizing and internalizing behavior, both on self- and teacher report, as well as a decrease in anxiety and improvement in academic achievements.

Another recent study (Sarig, 2011) involved close to 200 adolescents with a mixture of adjustment difficulties, who were treated in 29 small groups led by counselling trainees. The Y-OQ (Burlingame, Wells, Lambert, & Cox, 2004) was used to measure their progress following treatment. Results indicated a significant reduction of symptoms following group counseling.

The above two studies did not include a comparison group because they addressed questions related to group processes. In the first (Shechtman & Leichtentritt, 2010a) we measured process variables that affect outcomes, and in the second (Sarig, 2011) we measured the effect on outcomes of consistent feedback provided to the counsellor about the children's progress (see more below). Moreover, these studies came in the wake of a series of experimental studies involving specific populations, in which treatment children were compared to wait-listed children of their kind.

In one such experimental study, 142 elementary-age children with a failing grade (50) in reading and math, who attended two neighboring schools, were randomly divided into two conditions. While all received 4-6 hours of academic assistance by special tutors, the experimental group also received a weekly 45-minute session of group counseling. Results showed progress for children who participated in group counseling on all variables measured: self-esteem, locus of control, social status, and academic achievements, while no difference was found between pre and post measures of children in the control group. Moreover, these gains sustained at a third measurement 6-12 months later (Shechtman, Gilat, Fos, & Flasher, 1996). Interestingly, even though we did not address learning difficulties in these experimental groups, over 70% of the children reached an average grade of 70 in both subjects, compared to 30% in the control group. This suggests that the counseling groups encouraged the children to strive harder at academic goals. Even more interesting is that control children did not show any scholastic progress even though they continued to receive assistance in learning.

Further support for the evidence base of the proposed type of group counseling can be found in another study involving about 80 adolescents with LD and ADHD. Results indicated more favorable outcomes in terms of social competence for members of the counselling groups than for their counterparts who did not participate in groups (Shechtman & Katz, 2007). Another study (Shechtman &

Mor, 2010) investigated change in children who had been traumatized by war or family loss/divorce. Immediately after the Israel-Lebanon war in 2006, we screened 164 children and adolescents for traumatic stress symptoms and randomly divided them into treatment and control (wait list) conditions. Participants were treated in 18 counseling groups and results were measured in terms of traumatic symptoms and anxiety levels. To check if all children were actually suffering from war trauma, they were asked to indicate the traumatic experience they had undergone. About half of the population referred to the war, while the other half indicated more personal trauma, such as parents' divorce or loss unrelated to war. Following ten 45-minute sessions, treatment children exhibited more favorable outcomes than wait-listed children: scores on anxiety and traumatic symptoms decreased more, regardless of the type of trauma they had experienced.

Finally, a study focusing on aggression (Shechtman & Ifargan, 2009), examined 166 children from 13 schools who were identified by their teachers as the most highly aggressive in the class. Children from 13 classrooms participated in 13 small groups, while children from 13 parallel classrooms constituted the control group. The children were assessed on a series of measures, including aggressive thoughts, anger, hate, and aggressive behavior. Results indicated a significant difference on all measures, with treatment children having better outcomes.

In summary, all these large-scale studies provide the evidence base for group interventions. Nonetheless, to examine the effectiveness of this particular type of intervention, we needed to compare it with other types. Because cognitive-behavioral therapies tend to prevail in the treatment of children and adolescents (Gerrity & DeLucia-Waack, 2007; Kazdin & Weisz, 2003), we compared our supportive-expressive groups to cognitive-behavioral groups.

One such comparative study examined 200 first and second graders from a center for children with LD (Shechtman & Pastor, 2005). The children were measured on adjustment symptoms, self-efficacy, social status, and academic achievements. The supportive-expressive approach described here was compared to a cognitive-behavioral approach, and both were compared to a control group in which children received only academic assistance. Both types of interventions showed more favorable outcomes than the group involved in learning only, but the supportive-expressive groups showed the best outcomes on all measures.

A second comparative study was based on bibliotherapy (Bezalel & Shechtman, 2010). Conducted in a foster home for traumatized children, we chose this indirect method under the assumption that it would be easier for the children to work with. The 78 children in that home were randomly divided into two types of bibliotherapy treatment: cognitive and affective. In cognitive bibliotherapy, the selected literature

focuses on providing guidance and information, whereas affective bibliotherapy uses fiction to encourage the exploration of feelings. Results following eight sessions of treatment indicated more favorable outcomes for children in the affective condition on the measures of anxiety and adjustment. This study, together with the previous one, provide support for the type of intervention we offer and highlight the importance of affective aspects of treatment (Greenberg, 2002).

Composition of group members

A common question raised is: Do all children benefit from group treatment? We know that some children have difficulties adjusting to group norms and controlling their own behavior. With the aim of pinpointing what kind of children function well in group counselling, we tested attachment style as a possible individual variable that may affect children's behavior in group (Shechtman & Dvir, 2006). Indeed, we found that children with a secure attachment style functioned best in group counseling, while children with an avoidance attachment style functioned poorly. The latter type of children disclosed very little about themselves and interfered with others' self-disclosure. This was an important finding, as disclosure of feelings and personal experiences is a crucial element in the type of work we offer, serving as a vehicle for moving the group process forward.

This finding has implications for group composition - a central factor in group success that is rarely investigated. On the one hand, we do not want avoidant participants in the group, but on the other hand, these are the children who need group counseling the most. Our advice and practice is to integrate a few of these children in the group, be attentive to their difficulties, and use techniques to help them overcome their trust issues. However, if they still prove unable to participate without disrupting the group, they may need individual treatment first.

A related issue concerns cultural differences and their impact on outcomes. The literature suggests that children from collectivist cultures would have greater difficulty functioning in supportive-expressive group counselling; indeed, practitioners and theoreticians alike (e.g., Dwairy, 1998) often recommend the use of cognitive therapies for such cultures. To examine this issue, we divided Jewish and Arabic adolescents in Israel (Shechtman, Hiradin, & Zina, 2003) into 10 groups (five per culture), with self-disclosure as the central measure. Results were measured by observations, and all sessions were transcribed and coded by independent raters. Contrary to expectations, higher levels of self-disclosure were found among the collectivist Arab population. It was clear that all adolescents exhibited a strong need to express themselves, but particularly so in the Arab population. Perhaps the group

intervention was a rare opportunity for them to use an unfamiliar method, one which enabled their progress. The implication of our finding is that emotional experiences should not be withheld from this population.

Process variables that affect outcomes

More sophisticated research on groups looks beyond outcomes. While demonstration of outcomes is important to validate the intervention, a more important goal is to understand those processes that have an impact on outcomes, as this helps to explain the outcomes. Moreover, such studies bear important implications for the improvement of group counseling practice.

Outcomes in the previously mentioned study on war trauma (Shechtman & Mor, 2007) were explained by an increase in participants' perceived social support and group cohesiveness. Similarly, the increased social competence we found among treated adolescents with LD and ADHD (Shechtman & Katz, 2007) was significantly predicted by bonding with the therapist and with group members.

In fact, several of our studies have demonstrated the impact of counselor behavior on outcomes, particularly their verbal responses. Borrowing from individual therapy research, we used the Verbal Response System developed by Clara Hill (Hill & O'Brien, 1999). In an early study (Leichtentritt & Shechtman, 1998) including 10 groups, we showed the distribution of verbal responses in children's groups, based on the analyses of transcribed sessions. Included were encourage, information, guidance, closed and open questions, interpretations and challenges, and self-disclosure of the therapist. Questions appeared to be the most frequent verbal response, challenges and therapist self-disclosure were extremely infrequent.

This distribution of verbal responses appears to be specific to the type of counseling groups we offer. A comparison between expressive-supportive groups and psycho-educational cognitive groups indicated considerable differences in therapist behavior (Shechtman & Pastor, 2005): while those in supportive-expressive groups used encourage, reflection of feelings and interpretations more frequently, guidance and information were most frequent in the psycho-educational cognitive groups. These results point to the uniqueness of the groups offered here. Moreover, some of these behaviors were found to be predictors of outcomes. In the Shechtman and Leichtentritt (2010a) study, based on questionnaires, encourage and interpretation predicted reduction in children's anxiety; therapist self-disclosure predicted increase in children's social competence; and challenge affected outcomes negatively. This reinforced the results of an earlier study (Shechtman & Yanuv, 2001), which indicated that chalenging did not lead to positive responses of children in group counseling.

Finally, in another prediction study (Shechtman & Leichtentritt, 2010b), using observation data of 20 groups, it appeared that therapist self-disclosure, was the best predictor of children's outcomes although being extremely rare.

In sum, the investigation of processes in children's counselling groups, points to two issues. The first of these is the importance of relationships in the group, particularly with the leader. This makes sense in light of developmental considerations. Children and adolescents are preoccupied with peer relationships, yet need the authority of the adult in the group. The literature on adult groups suggests that group members are attached more to each other than to the leader; the opposite seems to be the case in groups with children. Second, looking at the therapist's verbal response system, questions appear to be most important and self-disclosure is an impressive predictor of outcomes. In contrast, challenges are not helpful in working with children in groups. These results are very different from those known about adult groups, suggesting the unique nature of counseling groups with children.

CONCLUSIONS

Clinicians and researchers alike have claimed that group counseling is not yet a mature profession (Hoag & Burlingame, 1997), particularly child group counseling (Barlow, Burlingame, & Fuhriman, 2000). Counselors are often not sufficiently trained to work with children's groups, and there is not enough research to support claims for the effectiveness of such groups (Gerrity & DeLucia-Waack, 2007). In the current paper I have provided data to support the efficacy of counseling groups of a unique type and pointed to processes that may improve group practice with children. We have also suggested a practice of group work with children tailored to their unique needs. The research described is based on large samples, includes a variety of populations and difficulties, and is conducted with sophisticated methods. This goes a long way towards addressing critiques of group counseling research (Gerrity & DeLucia-Waack, 2007). Much more is needed, however, in measuring outcomes of particular populations (e.g., children with ADHD), working with parents as well as children, discovering processes that may improve treatment, and training the group counselor.

A new line of research has begun investigating consistent feedback provision to counselors regarding the progress made by children in groups. This type of research appears promising in individual therapy. In group counseling, only two such studies exist, one of which is our own (Sarig, 2011). While our results did not indicate a significant effect of feedback provision on outcomes, it did provide a starting point

for understanding how and when to provide feedback and especially how therapists can use this feedback effectively.

Whether to work with children or their parents is another important question, as parents have a tremendous impact on their offsprings' lives. Studies investigating group counselling with parents of children with LD found a reduction of stress and an improvement in parental perception of the child's difficulties among participants in such groups (Danino & Shechtman, 2012), as well as progress in the child's functioning (Shechtman & Gilat, 2005). We also worked with parents of highly aggressive children (Shechtman & Birani-Nasaraladin, 2006). The sample of 75 participants was divided into three conditions: children treated in group counseling (but not parents); parents treated in group counseling (but not children); and both parents and children treated in group counseling. All treatments led to reduced aggression, but working with both child and parents produced the best outcomes. In light of a shortage in services, the question of effectiveness becomes crucial. The issue of which population is most effective to work with therefore requires additional attention.

Training the group counselor in groups with children is the topic most in need of research and least studied. While we have investigated verbal responses and have begun to understand which ones have a positive impact, many personality traits and leadership roles have not yet been investigated. More research is needed in all these areas and probably many others to move group counselling with children to a mature stage.

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