

CHAPTER 1

Introduction

*“EVERYBODY NEEDS A FRIEND”**

I don't know why bad things happen to good people like you
But I do know there's a way to work things through
I'm not your boss and I don't want to tell you what to do
But everybody needs a friend
You gotta find somebody to talk to
You're gonna need somebody to talk to
You gotta tell somebody what you've been through
Everybody needs a friend
Now a friend is someone who is there to try and understand
A friend could be a boy or girl, a woman or man
A friend is someone you can trust to lend a helping hand
And everybody needs a friend
You gotta find somebody to talk to
You're gonna need somebody to talk to
You gotta tell somebody what you've been through
Everybody needs a friend
Now some people feel funny 'bout when stuff goes on at home
And they're out there in the school yard feeling all alone
Time goes by and they just feel as lonely as a stone
Until the day they find a friend
You gotta find somebody to talk to
You're gonna need somebody to talk to
You gotta tell somebody what you've been through
Everybody needs a friend. (Conley, 1994)

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This song emphasizes some of the major themes and benefits of psychoeducational groups for children and adolescents. I often use the song as a stimulus to generate discussion in initial sessions about how groups can be useful. Group members quickly identify the themes:

- Everybody needs a friend.
- Friends support you.
- You can talk to a friend.
- Friends can be different.
- Everyone has stuff to talk about, especially related to school and home.
- It is good to talk about your problems.
- It is good to talk about your feelings.
- People get lonely if they do not have friends to talk to.

We then talk about how groups are a safe place for children and adolescents to connect, feel supported, and talk about their feelings and challenges.

Another lead-in to psychoeducational groups that I often use with adolescents is the movie *The Breakfast Club*. I ask group members as part of the introductory activities to reflect on the movie and talk about how each character acted out his or her poor self-esteem in a different way and what all of the characters learned about themselves as a result of being in that Saturday detention group. Typical answers often focus on how each character felt alone despite very different family situations and groups of friends; and how each experienced difficulty in different areas—sometimes personal, sometimes academic.

“Younger clients may benefit more from group treatment” (Fuhriman & Burlingame, 1990, p. 14). The intent, function, and delivery may be substantially different in group work than other therapy, and may benefit a populace with developmentally appropriate needs. As such, “groups can be especially helpful to adolescents in making a successful transition from childhood to adulthood. They can provide support, facilitate new learning, help ease internal and external pressures, and offer hope and models for change” (Gladding, 1995, p. 221). Techniques implemented in group are different from those in individual treatments, which may be particularly helpful in the instances of therapeutic work with a younger population.

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)

Much has been written that suggests groups for children and adolescents are just as effective but also differ in style and content from groups for adults.

Psychoeducational counseling and psychotherapy groups are standard counseling practice in a variety of settings. The majority of research on groups with children and adolescents is conducted in schools (Prout & Prout, 1998; Riva & Haub, 2004).

In addition, psychoeducational 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). Psychoeducational interventions assist group members in sharing and developing coping skills and behaviors to deal with new or difficult situations. Such groups also address social competence deficits, adjustment to parent divorce, behavior problems, and learning disabilities (Dagley, Gazda, Eppinger, & Stewart, 1994; Hoag & Burlingame, 1997). Smead (2003) sums up nicely by saying

the child will participate in the interpersonal experience for the purpose of learning improved ways of functioning. Specifically, that the child will be exposed to new cognitive concepts, ideas, and explorations of her issues. Secondly, that more adaptive behaviors will be explored, discussed, and practiced for transfer to school and home. Third, that improved self-esteem, efficacy, and emotional satisfaction will result from learning from the healing interactions of the group experience. (p. 11)

Current topics for psychoeducational groups include the following:

- Loneliness
- Body image
- Disordered eating
- Career development
- Career exploration
- Job skills
- Interviewing skills
- Conflict resolution
- ADHD/ADD
- Bullying prevention
- Shyness
- Relationship skills
- Communication skills
- Friendship skills
- Middle school transition issues
- Cultural differences
- Family relationships
- Cognitive coping skills
- Self-esteem
- Making friends
- Social skills
- Children of parents who have cancer
- Children of divorce
- Grief
- Teen pregnancy/parenting skills
- Parenting skills
- Anger management
- Aggression
- New students
- Prevention of depression
- Depression management
- Antisocial behavior
- Defiance
- Self-harm/suicide prevention
- Substance abuse

There are more reasons than just cost-effectiveness to use groups as both preventive and remedial strategies for children and adolescents. Depression for many people, and particularly for adolescents, is often related to a lack of social skills or cognitive strategies that result in not having friends or having relationship difficulties, feeling isolated and alone or different, and having unrealistic expectations and beliefs about oneself. Group therapeutic factors, such as universality, altruism, vicarious learning, and interpersonal learning, operate to help group members develop better relationship skills; develop adaptive thought patterns; and normalize feelings, thoughts, and events. If a lack of social skills and/or unrealistic expectations

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about oneself are the predictors of depression in adolescents, then it makes sense to teach social skills and self-assessment strategies that help students develop a more balanced and realistic self-concept in an effort to prevent depression, poor self-esteem, and relationship difficulties.

Carrell (2000), writing from her work with a more remedial population, has some valid points about why groups are effective with children and adolescents:

1. Groups challenge the myth of uniqueness by emphasizing shared emotions and experiences.
2. Groups provide adult leadership that adolescents want but with avenues to assert power and independence.
3. Groups reduce the discomfort of adult-child dynamics that occur in individual counseling, particularly with adolescents with bad experiences with adults.
4. Groups confront adolescent self-absorption because in groups members need to take turns talking and helping each other.
5. Groups may be the first place that an adolescent truly experiences peer acceptance. (pp. 14–15)

All of Carrell's (2000) points are certainly applicable to psychoeducational groups, emphasizing support, learning of new skills, and how to help and be helped.

Very little has been written in the field of group work specifically about psychoeducational groups for children and adolescents. The topic is much more likely to be covered as a chapter in a group text, rather than in an entire volume. Often, the focus of these chapters is on the content and structure of these groups, rather than on how to design effective groups or what leadership skills are needed to lead such groups effectively. Most of the current literature on psychoeducational groups has been focused on choosing goals and activities with little emphasis on the other areas, such as processing of these activities to apply what has been learned. This book has been written to address that need and provides specific suggestions on how to both structure and lead psychoeducational groups for children and adolescents in both schools and community agencies.

Goals of This Book

My reasons for writing this book are both theoretical and pragmatic. First, theoretically, a great deal of literature suggests that the focus, pace, content, and leadership style must vary by age of the group participants. What little has been written specifically about psychoeducational groups does not differentiate based on age of group members, even though much theory and research has supported a clear differentiation in goals, interventions, and leadership style by age. Groups with children and adolescents need interventions to help group members discuss their feelings, connect with others, and identify potential solutions for their concerns (Smead, 1995).

Children and adolescents often respond better to nonverbal techniques than “talk therapy” exercises because of their limited vocabularies and their disposition to display feelings through play (Gladding, 1998). Creativity in activities and exercises is helpful. Drawing, singing, dancing, using puppets, role-playing, and play writing are all ways to identify and express feelings and to brainstorm and practice new behaviors and coping skills. This book will suggest specific interventions that cultivate interest and participation on the part of children and adolescents, and also meet the goals of teaching new skills and adaptive behaviors. Theoretically, there is some support for the application of therapeutic factors to groups for children and adolescents. According to Fuhriman and Burlingame (1990), common process dimensions in groups are the therapeutic relationship, therapeutic interventions, and therapeutic factors. All three of these topics will be a focus of this book.

The structure and length of groups for children and adolescents is also very different from that for adult groups. Psychoeducational groups tend to be briefer in terms of number of sessions and session length, but also more structured, with activities designed to facilitate discussion of a topic and/or development of new skills and behaviors. Thus, interventions for groups that may meet no more than 6 to 8 sessions and for brief amounts of time, sometimes only 35 minutes, will be suggested.

Pragmatically, counseling, psychology, and social work practitioners typically have received training in adult counseling and therapy groups, which tend to be of longer duration and smaller in size than psychoeducational groups. Thus, information and training are needed to adjust the goals, structure, time frame, and interventions used in a psychoeducational group. Furthermore, the techniques, interventions, and leadership behaviors that are needed for children and adolescent groups need to be differentiated from those needed for adult groups.

I am probably a good example of the incongruence between how I was trained and what seems to work best in psychoeducational groups. My group training taught me to appreciate and use the process and interactions in groups. However, as anyone who has led a group for children and adolescents knows, if you begin the group by asking “What should we talk about today?” the answers could range from the movie they saw Saturday night to Pokémon to the meanest teachers in the school. Thus, I learned the importance of balancing structure with content and the importance of directing, but not controlling, the direction and process of the group. Process is important and needs to be attended to in all groups; however, psychoeducational groups use skill development (cognitive, affective, and behavioral) as the content and focus of the group, whereas interactional patterns develop around the content and can be used when necessary to facilitate group goals. I hope that this book will be helpful to new counselors and psychologists in training as they learn how to lead psychoeducational groups, and also to established practitioners who want to more effectively lead psychoeducational groups for children and adolescents.

The biggest mistake that leaders make is trying to run a psychoeducational group like a counseling or therapy group, or a counseling group like a psychoeducational group. If people expect content and techniques (e.g., how to study more effectively), then they will be frustrated by the lack of structure and the probing of a counseling group style. If they are expecting time to share and discuss and analyze relationships, and they get activities and exercises, they will be frustrated.

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The goal of this book is to provide a single resource that provides comprehensive directions about how to organize and lead psychoeducational groups based on the Association for Specialists in Group Work's (1998) *Best Practice Guidelines* for planning, performing, and group processing. Other books have either focused on how to lead counseling groups in general for children, or psychoeducational groups for all ages, but not specifically on psychoeducational groups for children and adolescents. Several books designed for groups with children and adolescents have suggested the content and specific activities to be used for different kinds of groups (e. g., children of divorce, grief, communication skills), but have not addressed specific leadership skills.

The *Best Practice Guidelines* (ASGW, 1998) address planning, performing, and processing groups. Planning focuses on pregroup decision making, and selection and preparation of both members and leaders. Performing focuses on group leadership skills, provision of effective interventions, and assessment of effectiveness. Processing focuses on using interventions to help members learn and evaluate group interventions to assess effectiveness, supervision, and follow-up with group members. This book will address these areas with specific suggestions about how to organize groups as well as suggestions about content using the model of Planning, Performing, and Processing.

How This Book Is Organized

My approach to this book is very applied and pragmatic. Based on a review of current research, theory, and practice on groups, specific strategies to lead psychoeducational groups in general will be outlined, and suggestions will be made about the content for specific topical groups (e.g., children of divorce, grief, anger management, bullying behaviors, etc.). The uniqueness of this book lies in the integration of research and practice to suggest effective leadership strategies.

Some people might ask why the combination of research and practice. My answer would be that research informs practice, and practice informs research. Yes, all counselors and psychologists know that mantra from their graduate training; thus, they conscientiously read every page of every research journal to which they subscribe (and of course, they subscribe to all in their counseling practice area) the day they receive it in the mail. So, let me tell you my story, the one that I tell my students during the first day of class every year. Remember, this comes from the person who has taught at least one group course a year since I began my academic career (sometimes as many as four) and whose major area of research is what makes groups effective.

Our counseling program had decided to add a new practicum and internship site, a family support center working with students and their families at an alternative middle and high school. It was a brand-new facility fully equipped with two-way mirrors, the ability to call into the counseling rooms, and the ability to be fully videotaped. I volunteered to be part of the first team of counselors, both observing behind the two-way mirror and perhaps serving as a co-therapist for a family or two. When the school counselors and a supervisor heard that I would participate, they

asked me to lead an anger management group for ninth-grade boys. I agreed, and 2 weeks later, I was standing in the outer room of the principal's office waiting to escort the 8 ninth-grade boys (who had been selected by the school counselor) to the family support center. The principal announced over the loudspeaker, "Would the following boys report to the office to go to their anger management group?" Remarkably, all of them arrived within 5 minutes, but all were muttering that they did not belong in this group. Then, the principal, in front of me, the boys, and everyone else present in the office, went around the room and told each boy what he had done to merit being in this group. Each of the boys had exhibited some violent behavior in the school, ranging from kicking in a door to punching a fellow student.

Luckily, my co-leader, who was a counseling intern in the school and knew most of the boys, arrived to help me escort our newly formed group to our room. Needless to say, the boys spent most of the first two sessions complaining that they had to be in this group. It was difficult for me to even get the boys to tell me their names. In addition, much of their energy was spent on investigating the microphones, cameras, and who was behind the observable mirror.

In the second session, I learned that one boy's father had recently committed suicide, and two others were on medication for depression. During the third session, one of the boys kept repeating that he did not understand why he was in group and why he had been singled out when everybody in the school probably belonged in an anger management group. As co-leaders, we agreed with him about this because it was an alternative school, and I added that my understanding was that this group, and another group, were the pilot groups. If they worked well, then all other students would attend similar groups. The boys did not know this. At the end of that session, one group member asked if they could observe the group that followed them. Before I could answer no, my co-leader said, "Of course." I jumped in and said that there are some conditions: You must get permission from the teacher of the class that would be missed and make up any work before next week, you must introduce yourselves to the group members and ask their permission to observe, you must be willing for those group members to observe your group sessions, and you must participate in the discussion behind the two-way mirror in the same way the counselors do.

Thinking that the group members could not possibly commit to any or all of these things, I began the fourth session by introducing an activity around how they express anger. There was some variation in participation between members (two of them were very quiet, one with a hood over his face), but several of them were able to identify that they did not express anger until they were really angry, and then they exploded. As I began to close the session, one of the group members interrupted me to ask if they were going to be able to observe the next group session. Before I could answer, he informed me that they had permission from their teacher, had decided he would be the spokesperson to talk to the next group, and that they were willing to be observed and also to participate behind the two-way mirror. Astonishingly, the next group agreed to be observed. The boys went behind the two-way mirror, and within 5 minutes of starting the session, one of them called into the counseling room. It was the boy who rarely spoke and who had kept his hood over his face most of the previous group session. He told me to address the boy who was sitting in the

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corner with his chair pulled out of the circle and ask a question, because he really wanted to participate but needed somebody to draw him in. I did, and the boy responded and began to participate. Several other phone calls were made into the group session; all were on target and suggested very good interventions.

Each week after that, the boys observed the other group's session and provided helpful feedback. During the fifth session, the boy who rarely spoke came in with his hood over his face again. However, I sat next to him and at one point looked at him directly and said, "I want to see your face. Please take your hood down." And he did. During the sixth session, the topic for discussion was strategies to express anger without violence. The boys had a very hard time coming up with strategies, but at one point one of them looked at the two of us co-leaders and asked, "What do you do?" During the eighth and final session, we asked the boys to reflect on what was helpful, what they learned from this group, and what we might have done differently to be more helpful. Surprising were several of the comments: (a) Keep them on topic more, (b) use more activities so they learned new ideas, (c) let them observe more sessions so they understood what happened in group more quickly, and (d) tell them why they were in group earlier so they were not so angry about it.

So how does one make sense of this? First is the question, What lessons did I relearn from this experience? I want to emphasize the word *relearned* because I already knew these basic principles based on other groups I had led or the research that I had conducted on preparing members for group, effective group interventions, and group therapeutic factors. The lessons that follow serve as the basis for much of what follows in this book:

- The importance of clearly identifying the purpose and the scope of the psychoeducational group, which, in turn, suggests selection criteria for group members and useful activities to meet their individual goals.
- The importance of individual screening interviews to begin to connect with the group members, gather important background information, determine whether group members are a good fit for the group, clarify the goals of the group, and help potential members decide how they can best benefit from this group (even if it is an involuntary group).
- The importance of selecting members for group so that there is some similarity in terms of problem severity but also some variety in coping skills so that members can connect with each other but also learn from each other.
- The importance of group members internalizing the norms and ground rules so that the group becomes *their* group.
- The importance of group members helping to choose topics and interventions that they believe match their goals.
- The importance of teaching group process to group members so that they can use it to meet their goals and help direct the group.
- The importance of not labeling group members as resistant but seeing their reluctance as a message to the group about who they are, what their strengths and weaknesses are, and what group feels like for them.
- The importance of using content activities to help group members identify their strengths and on what skills they need to work.

Second, and maybe most important, is the question, Why did I ignore what I know about effective group interventions? The easy answer is that I thought I was such a good group leader that I could make any group effective. The rejoinder to that is that no matter how good a group leader you are, your group members ultimately determine whether they change and grow. It is the group leaders' job to motivate group members to make the most of their group experience, but they can't do the work for them.

But my overconfidence is not the only answer to this question. There are other answers, ones that are also probably more reflective of what happens in schools and counseling agencies every day, and explain more fully why psychoeducational groups for children and adolescents often don't happen or aren't very effective.

The first and probably most compelling reason is lack of time. There is no time to assess the needs of potential group members; screen group members; prepare group members; choose activities that specifically meet group members' needs; wait until a good mixture of group members agrees to participate; or meet with a co-leader to get to know that person and his or her style, and plan for and discuss our groups. Yet the reality is that leading psychoeducational groups effectively takes more time in the planning stage than in the performing or processing stages. Good group design, early connections with group members, and careful selection of group members goes a long way toward ensuring effective psychoeducational groups. The estimate that seems most accurate is that two thirds of the time spent on a psychoeducational group should happen before the first group session. And how should the time be spent? Assessing population needs, choosing group goals from the literature to meet population needs, choosing members carefully using screening interviews and preparation sessions, and selecting and creating group sessions using the literature to meet group goals.

The second major reason is the assumption that others (staff and counselors) understand what happens in psychoeducational groups and how to select group members who will benefit from the experience. There is often a misperception that because psychoeducational groups have a specific focus (e.g., anger management), all members must be similar in their behavioral manifestation of the problem. And yet Yalom's (1995) unyielding premise that there must be heterogeneity in coping skills and behaviors in order for members to learn from each other is certainly applicable to psychoeducational groups. It would be helpful to have group members who displayed different ways of expressing their anger so that the range of responses resulting from problem solving, brainstorming, and suggesting alternative behaviors would be maximized. In addition, school and counseling staff often refer students to group simply because they are not making progress in individual counseling or because "being confronted by a group is what they need." Such referrals imply a lack of understanding about the goals and purpose of psychoeducational groups. Children and adolescents, on some level, must be able to connect to the group leader and at least some of the group members in order to try out new behaviors and be willing to receive feedback from others.

The third major reason is the assumption that group members know what their strengths and weaknesses are and, because of this, are motivated to participate in a

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group. In contrast, effective leaders need to help students systematically to identify what strengths they bring to group and what skills they need to develop.

The fourth major reason is the assumption that group members know what the goals of the group are and know how to participate effectively. Again, group leaders need to communicate and discuss with potential group members individual and group goals, as well as how to get the most out of a psychoeducational group. Screening interviews are an integral part of this process.

So, you have the long answer to why this book will emphasize interventions based on current counseling practice and research. This book is organized sequentially so that leaders can use it as a guide to developing and planning a psychoeducational group. It follows an outline suggested by the Association for Specialists in Group Work (1998) of Planning, Performing, and Processing. Chapters 2 and 3 focus on the planning aspect, including pregroup decision making, procedural considerations, design of group sessions, and selection of group members using screening interviews and preparation sessions. Chapters 4 to 8 focus on aspects of Performing, and Chapters 9 to 11 focus on Processing. Each chapter includes a plan for implementation, suggested references for content and skills, examples of psychoeducational groups, and suggested training activities. In addition, appendixes include the three relevant Association for Specialists in Group Work documents; samples of materials that can be used in planning and implementing groups; and a table that suggests resources for specific psychoeducational groups, including resources for parents, general information about the topic for counselors, and specific materials (books, games, videos, and session outlines) to be used as part of the group.

What Are Psychoeducational Groups, and How Are They Different From Other Types of Groups?

The Association for Specialists in Group Work (ASGW, 2000) delineated four types of groups based on their goals and interactional processes—task/work, psychoeducational/guidance, counseling, and therapy groups—to aid in the selection of the appropriate type of group for different populations (e.g., age groups) with different goals (e.g., combatting depression, learning social skills, preventing eating disorders). This delineation is important because any type of group work previously, and sometimes still today, is viewed as group therapy. Many people view group therapy, or therapy in general, negatively, and so the understanding that groups can be preventive; focus on learning new skills, cognitive styles, and behaviors; or address developmental issues is useful in defining and promoting group work. It is very helpful in the schools and working with children and adolescents to provide all interested parties (staff, parents, children, and adolescents) with a description of what psychoeducational groups do, focusing on the preventive nature and the skill-building emphasis. People in general are less intimidated with this kind of information, which often addresses their fear that they're going to be "psychoanalyzed," or, more realistically, that their children will be labeled as "problem children."

By definition, counseling groups "address personal and interpersonal problems of living and promote personal and interpersonal growth and development" (ASGW,

2000, p. 331), whereas therapy groups “address personal and interpersonal problems of living, remediate perceptual and cognitive distortions or repetitive patterns of dysfunctional behavior, and promote personal and interpersonal growth and development” (ASGW, 2000, p. 331). Examples of counseling and therapy groups include general interpersonal groups; training groups for students learning to be counselors or therapists; and groups directed at the amelioration of specific problems such as depression, eating disorders, or sexual abuse. By nature, counseling and therapy groups seem more appropriate for persons with severe interpersonal difficulties and for adults.

In contrast, psychoeducational/guidance groups focus on skill development to prevent problems. Psychoeducational/guidance groups use “group-based educational and developmental strategies” (ASGW, 2000, p. 330), particularly role-playing, problem solving, decision making, and communication skills training. Psychoeducational/guidance groups teach specific skills and coping strategies in an effort to prevent problems; such skills and strategies might include anger management, social skills, self-esteem, assertiveness, and making friends.

In schools, the goals of most groups that are psychoeducational in focus are to teach new skills and prevent potential problems (Riva & Haub, 2004). 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 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.

A recent study (Bridbord, DeLucia-Waack, & Gerrity, 2006) provides some interesting data about the types of groups being led, for what age, and for what length. This study included group co-leaders in psychology, medicine, counseling, and social work. In all, 72.2% of the co-leaders surveyed labeled their groups as therapy groups, 13% labeled their groups as counseling groups, 11.1% labeled their groups as psychoeducational groups, and 14.8% labeled their groups as support groups (the total percentage amounted to more than 100% because some indicated more than one type of group). A total of 70.4% of the co-leaders indicated that their groups were ongoing (more than 30 sessions), 5.6% indicated that their groups would meet for 21 to 30 sessions, 18.5% reported that their groups would meet for 11 to 20 sessions, and 5.6% indicated that their groups would meet for 10 or fewer sessions. Among the co-leader teams surveyed, 75.9% co-led adult groups, 13% co-led adolescent groups, 3.7% co-led children’s groups, and the age of group members is unknown for 7.4% of the groups surveyed. Thus, although the focus in the literature has traditionally been on long-term counseling and therapy groups

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for adults, the data suggest the need for more information on psychoeducational groups, short-term groups, and groups for children and adolescents.

So, how are psychoeducational groups different from counseling and therapy groups? First, goals for psychoeducational groups tend to be behavioral and specific. Often, they focus on the development of skills, cognitive styles, and coping strategies. Typical goals might include the following:

- Identifying and expressing feelings
- Identifying and disputing irrational thoughts that make one feel sad
- Encouraging the understanding of what it means to be a friend and to have friends
- Replacing students' nonconstructive friendship behaviors with more appropriate ones
- Promoting understanding of the stress response and individual stressors
- Teaching three main techniques for managing stress
- Teaching organizational skills

There are also sometimes differences related to the diversity of individual member goals between psychoeducational and counseling and therapy groups. Psychoeducational groups have a common set of group goals or a topic on which to focus, with individual members choosing one or more goals that best apply to them. For example, in an anger management group, the general goal might be to teach more adaptive ways to express anger. For some students, their goals might focus on identifying anger and expressing it verbally. Other students might have goals related to disputing irrational beliefs that make them angry, whereas other students might focus on replacing maladaptive ways of expressing their anger with more constructive behaviors. In counseling and therapy groups, the group goal may be much more general, such as interpersonal relationships. Thus, the range of individual member goals may be much greater, perhaps ranging from depression and anxiety to eating disorders.

Second, the structure of psychoeducational groups is much different from that in counseling and therapy groups. Structure is essential to providing safety and continuity in all groups. However, in psychoeducational groups, structure is necessary to manage time efficiently and to focus on relevant issues (DeLucia-Waack, 1997; Gladding, 1998). Much more structure is also provided in psychoeducational groups with the use of activities to teach and practice skills included as a vital part of each session. Counseling and therapy groups may occasionally use an activity to teach skills or practice new behaviors, but not on a regular basis.

The focus also varies in psychoeducational groups as opposed to counseling and therapy groups. Counseling and therapy groups use process to illuminate maladaptive cognitions and behavior patterns and then intervene using group interventions. Psychoeducational groups focus on the content of a preselected activity designed to meet specific group goals. That is not to say that process is ignored in psychoeducational groups; in actuality, group process is used to teach new skills and behaviors. For example, psychoeducational groups may often close with members answering the questions, What did you learn today? and How did you learn it? Answering these

questions helps group members to identify new strategies, but perhaps even more importantly, it helps them to identify how they learned the new strategies. Identification of the learning process may help them to apply the strategies in future group sessions and also outside of group. Another example of group process being used in a psychoeducational group to teach new skills would be when it is evident that group members are having difficulty brainstorming on a specific problem. The group leader may then ask the members to reflect on what makes this task so difficult. The answers may vary: It is hard to identify feelings, it is hard to admit that one doesn't know the answer, it is hard to think about changing, or members may know the answers but are not willing to share them with other group members. Each different answer would illustrate a different group dynamic occurring that would necessitate a different group of focus and group leader intervention.

In addition, psychoeducational groups tend to be much shorter in treatment and session length than counseling and therapy groups. Psychoeducational groups tend to be short, typically ranging from 6 to 20 sessions, whereas the length of counseling and therapy groups may range from 3 months to ongoing. In addition, the standard length of the group session for counseling and therapy groups is usually one-and-a-half hours, whereas psychoeducational groups may be as short as 30 to 45 minutes, particularly if conducted in a school setting.

The role of the leader also is a little different in psychoeducational groups. There is more of a teaching role and a role of content expert in psychoeducational groups. These group leaders need to be knowledgeable about the topic that they are leading and the use of activities to teach related skills. Group leaders of psychoeducational groups also must focus more on getting members involved in activities, brainstorming, problem solving, and giving specific feedback to keep members focused on the group task and skills to be learned. In contrast, although leaders of counseling and therapy groups need to provide structure in order to maintain safety in the group, they may also allow members much more latitude in choosing topics to be discussed in group because of the focus on the process of groups and the group becoming a microcosm of the group members' world.

The therapeutic factors involved in effective psychoeducational groups are different from those in effective counseling and therapy groups (Kivlighan & Holmes, 2004). Yalom's (1995) 12 therapeutic factors are widely discussed in the literature and have received a substantial amount of attention in the research. They are instillation of hope, universality, imparting of information, altruism, corrective recapitulation of primary family group, development of socializing techniques, interpersonal learning—input, interpersonal learning—output, cohesiveness, catharsis, existential factors, and imitative behavior. Kivlighan and Holmes (2004) conducted a cluster analysis of 24 studies to examine the underlying structure of the studies that have examined the roots of importance of therapeutic factors in group. They concluded that there were four different types based on the ranking of importance of therapeutic factors. The four types of groups are Affective Support, Affective Insight, Cognitive Support, and Cognitive Insight. Both the Cognitive Support group cluster and the Cognitive Insight group cluster seem most related to psychoeducational groups. Cognitive Support groups rated vicarious learning, guidance, and self-understanding as the three most important therapeutic factors. In the Cognitive

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Insight group cluster, the most important therapeutic factors were interpersonal learning, self-understanding, and vicarious learning. Kivlighan and Holmes (2004) reported that the Affective Support and Affective Insight group clusters, which seem to resemble counseling and therapy groups, rated an entirely different set of therapeutic factors as most important. The Affective Support group cluster emphasized acceptance, catharsis, interpersonal learning, and self-understanding, whereas the Affective Insight group cluster emphasized acceptance, instillation of hope, and universality. Thus, related to psychoeducational groups, it is important for leaders to facilitate role-playing and practice along with teaching new skills to create environments that most closely resemble Cognitive Support and Cognitive Insight groups.

How Are Child and Adolescent Groups Different From Adult Groups?

The answer to this question is parallel in many ways to the differences between psychoeducational and counseling and therapy groups. Part of this is because psychoeducational groups tend to be designed more for children and adolescents, and thus, this overlap occurs.

Goals for child and adolescent groups tend to be much more preventive and skill based. Regardless of the type of group, much of the focus is on teaching and practicing social and interpersonal skills. Common topics in many psychoeducational groups are the identification and expression of feelings, friendship skills, communication skills, conflict-resolution skills, brainstorming, problem solving, and decision making. Even in groups for children and adolescents who have been identified as being at risk or having some kind of difficulty, the focus is going to be on teaching new, more adaptive skills, cognitive strategies, and coping skills. For example, in a children-of-divorce group, one focus would be to help recognize feelings of sadness and anger, and to begin to express them. In counseling and therapy groups, the assumption is often that adults have learned basic interpersonal skills but for some reason choose not to or are unable to use their interpersonal skills. When this occurs, the focus of counseling therapy groups is to help explore the group members' reluctance to use interpersonal skills.

There also is a difference in the degree of structure needed in child and adolescent groups as opposed to groups for adults. Adults typically are much more used to sitting and talking for what seems to be a very long time for most children and adolescents. Verbal interactions are the method of choice in adult groups, whereas with children and adolescents, interventions need to be relatively short (10 to 15 minutes), focused and specific, and multimodal in nature. In conjunction with a high degree of structure needed for child and adolescent groups, there is also a need for directive, specific, involved, and caring leadership. Leaders of groups for children and adolescents need to keep the group members on task and gently correct awkward social interactions. Again, the assumption is not that adolescent group members are being resistant but that they may not have learned the necessary social skills to participate in a group. Correspondingly, group leaders need to focus their behavior on creating interactions within the group so that members can

give and receive feedback, problem solve, and brainstorm in order to learn and practice new behaviors.

Summary

Groups for children and adolescents must be designed and implemented differently from groups for adults. In particular, because of their focus on skill building, psychoeducational groups need to be structured and goal focused, and should include specific activities designed to meet the goals of the group and individual group members. This book will describe an outline from planning a group to designing sessions to implementing them and also evaluating their effectiveness.

Suggested Training Activities

1. Identification of Themes, Topics, and Interventions for Specific Psychoeducational Groups From the Literature

Look at current issues of journals that focus on either groups or counseling for children and adolescents. Examples might include the *Journal for Specialists in Group Work*; *Small Group Research*; *International Journal of Group Psychotherapy*; *Group Dynamics: Theory, Research, and Practice*; *Social Work With Groups: Journal of Counseling and Development*; *The Professional School Counselor*; *Journal of Child and Adolescent Group Therapy*; *Journal of Adolescence*; *Journal of Group Psychotherapy, Psychodrama, and Sociometry*; *Journal of School Psychology*; *Psychology in the Schools*; *School Psychology Review*; *School Psychology Quarterly*; *Small Group Behavior*; *Special Services in the Schools*; *Adolescence*; *Child and Adolescent Social Work Journal*; *Child Development*; *Journal of Adolescent Health*; *Journal of Early Adolescence*; *Journal of Research on Adolescence*; *Journal of Youth and Adolescence*; and *New Directions for Child Development*. Identify what kinds of groups are being led for children and adolescents. What are the topics? What are the goals? What kinds of interventions are being used? Is there any research to support the efficacy of these group interventions?

2. Identification of Themes, Topics, and Interventions for Specific Psychoeducational Groups From the Field

Interview a counselor, psychologist, or social worker who works primarily with children and adolescents. Ask him or her to describe the type of groups usually implemented with children and adolescents in his or her agency. What are the topics? What are the goals? What kinds of interventions are being used? What treatment manuals or guides are used for these groups? How successful have they been? What problems has he or she encountered in leading these groups?