

Child Group Psychotherapy: Theory, Practice, and Research

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Who Needs Group Therapy?

The literature suggests that over 20% of children under the age of 18 experience developmental, emotional or behavioral problems. The most frequent problems are aggression and victimization, low achievement, adjustment problems and family problems (Kazdin & Johnson, 1994). In adolescents, 30% of 14-17 year olds engage in multiple-problem behaviors associated with high risk (Dryfoos, 1997).

Some of these problems are part of their normal developmental tasks (school failure, social isolation and rejection), whereas others are a result of stressful events in their lives (family break-up, parental neglect and abuse, war and death). Such events are reflected in deviant behavior of an internalized or externalized nature: withdrawal, depression, suicidal behavior, aggression, violence, and delinquency.

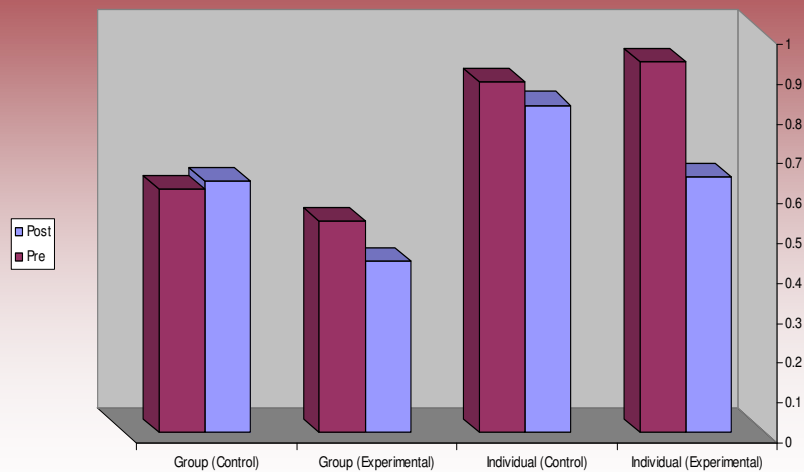
These children would not reach therapy unless therapy reaches them. With the increasing needs, child group psychotherapy should be the treatment of choice. Indeed, research has indicated that group therapy is effective at least as individual therapy (Hoag & Burlingame, 1997).

Outcome Research

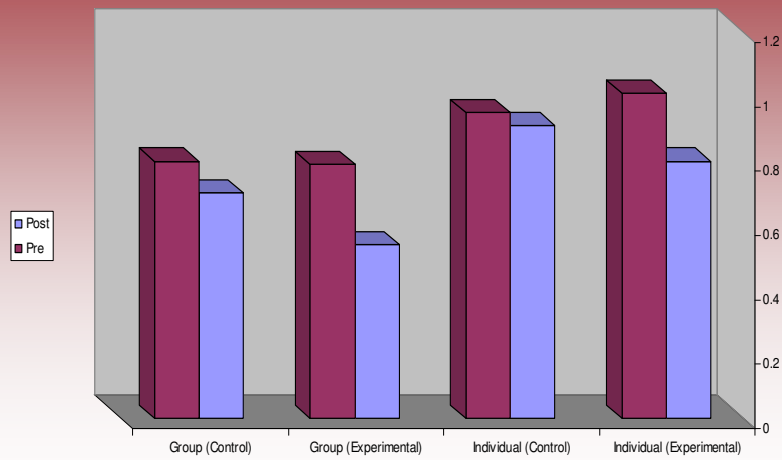
Aggression - Shechtman & Ben-David, 1999

Participants were 15 individual and 15 group-treatment children, all highly aggressive.

Aggression by Self-report for two Treatment formats, two Group types and Time



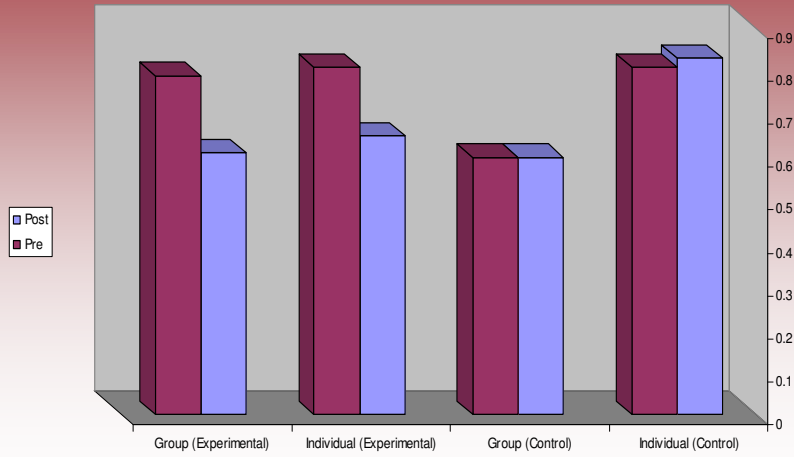
Aggression by Teacher-report for two Treatment formats, two Group types and Time



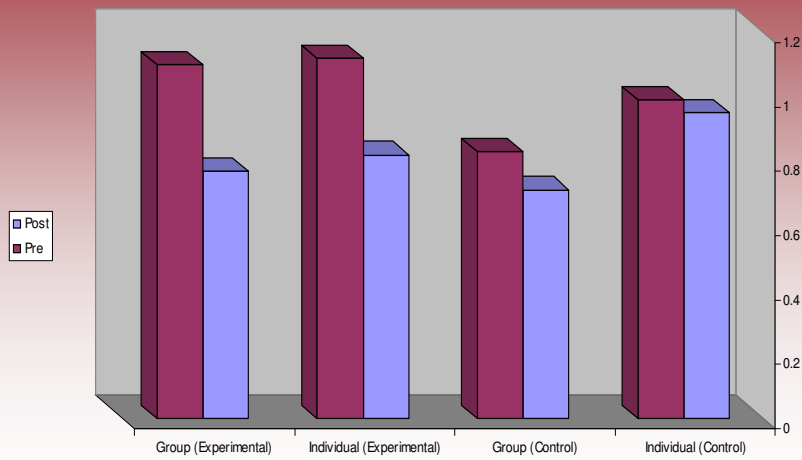
Aggression - Shechtman, 2003

Participants were 26 individual and 25 group-treatment children, all highly aggressive. Results actually replicated earlier results.

CBCL for Individual and Group Treatment by Group and Time



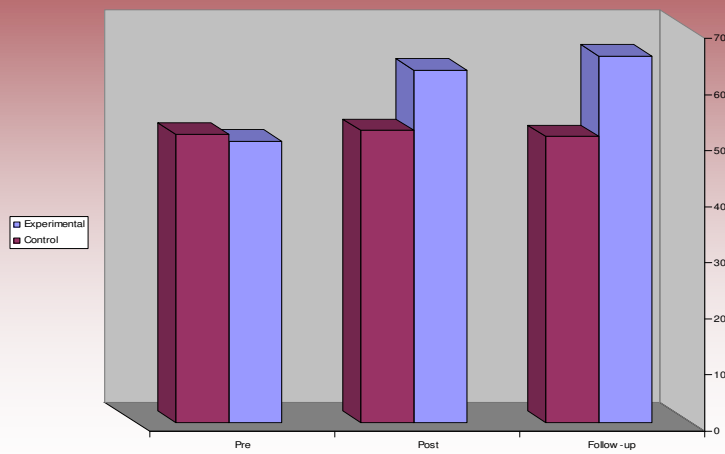
TRF for Individual and Group Treatment by Group and Time



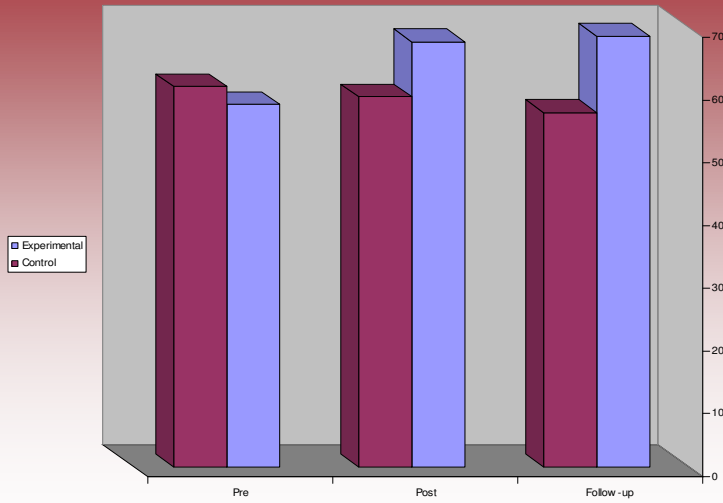
Students with Learning Disabilities - Shechtman et al., 1996

Participants were 142 low achieving students from two elementary-schools. Measures included academic achievement, social and emotional variables.

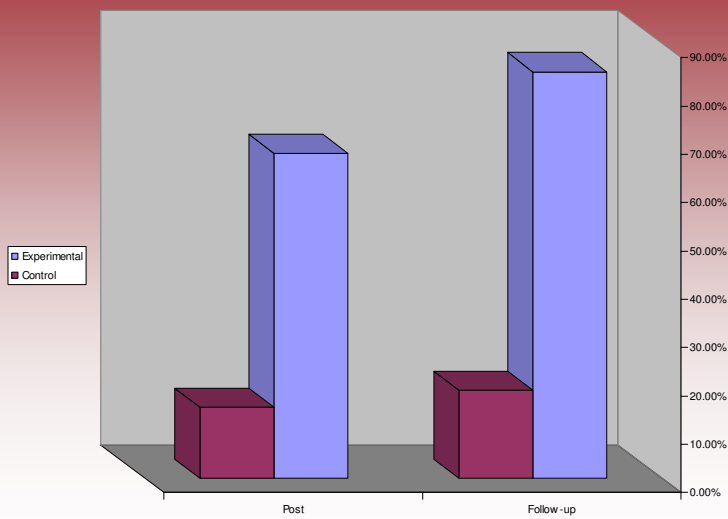
Achievements in Math



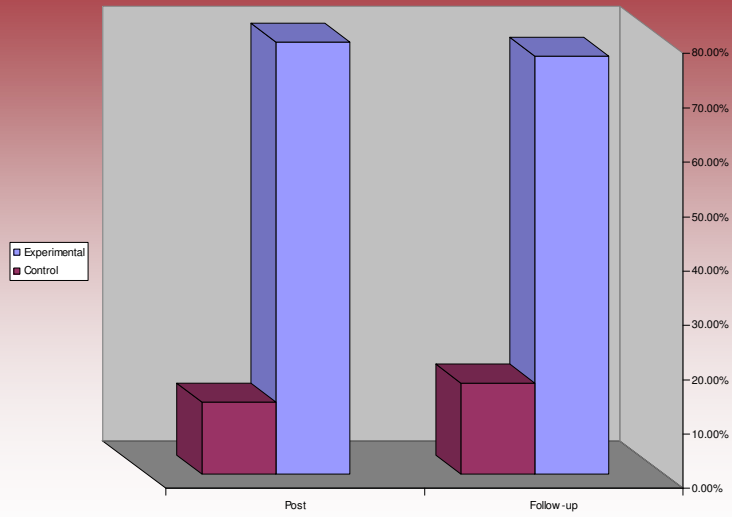
Achievements in Language



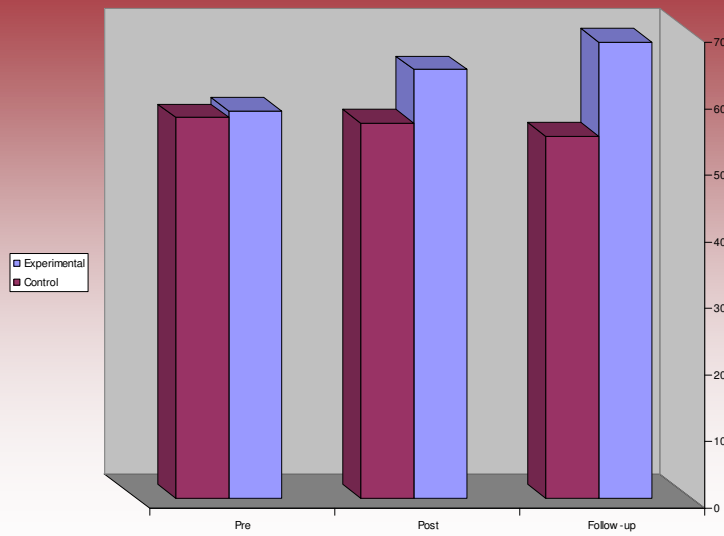
Success percentages in Math



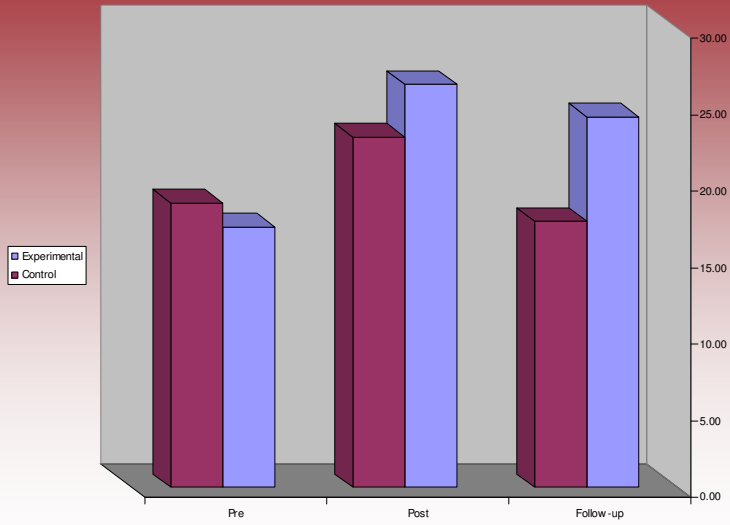
Success percentages in Language



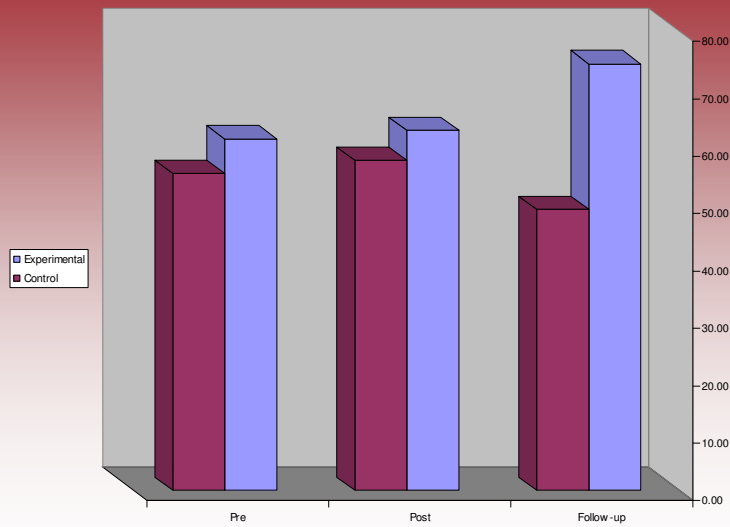
Self-Concept



Locus of Control



Sociometric Score



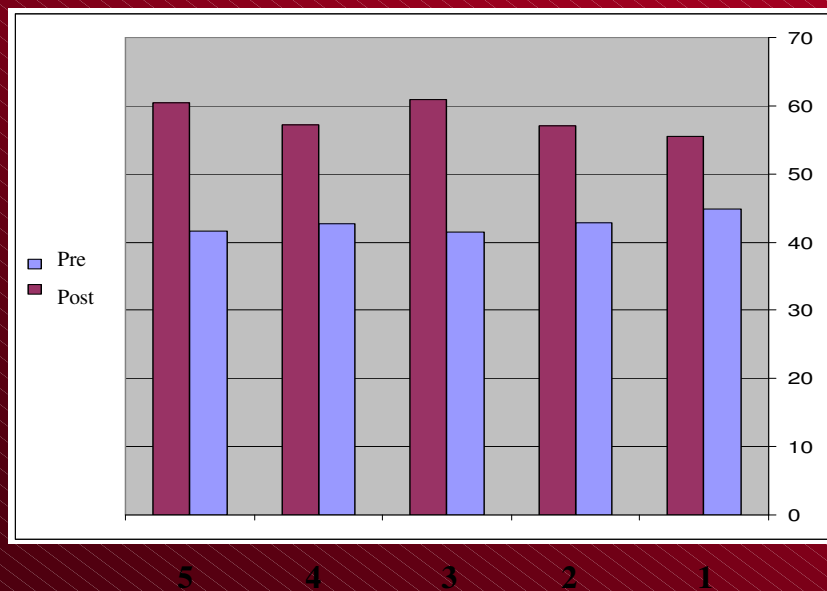
LD - Shechtman & Pastor, 2005

Participants were 200 students with LD in one educational center. There were five comparison groups:

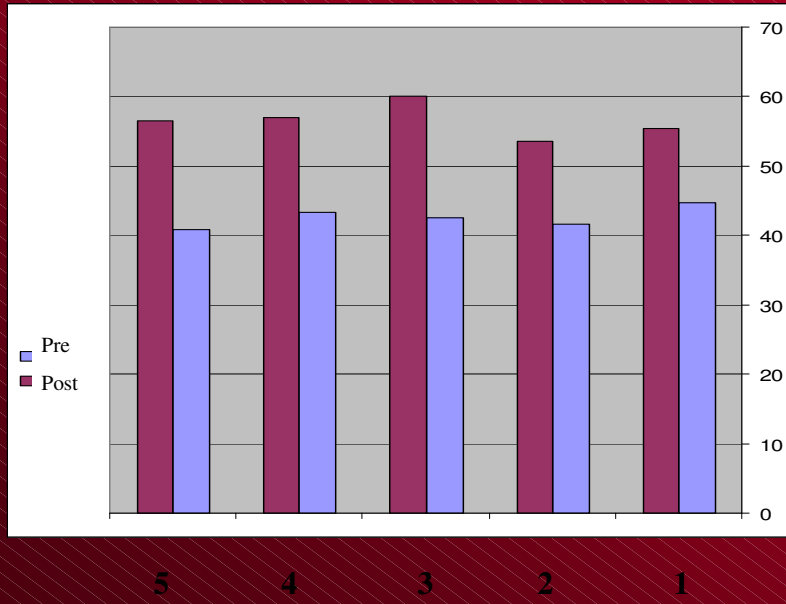
1. Children receiving only AA (control; $n = 60$)
2. Children receiving either type of GT, along with AA ($n = 70$)
3. Wait-list children receiving GT of either type without AA ($n = 70$)
4. Children in CBTG, with or without AA ($n = 70$)
5. Children in HGT, with or without AA ($n = 70$).

Note that the last two groups entail a reclassification of the children in group 2 and 3.

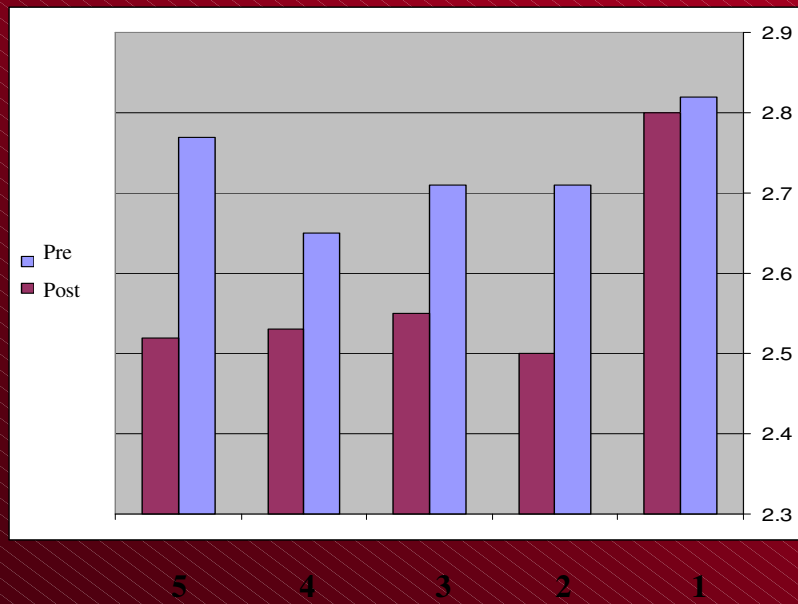
Scores in Reading



Scores in Math



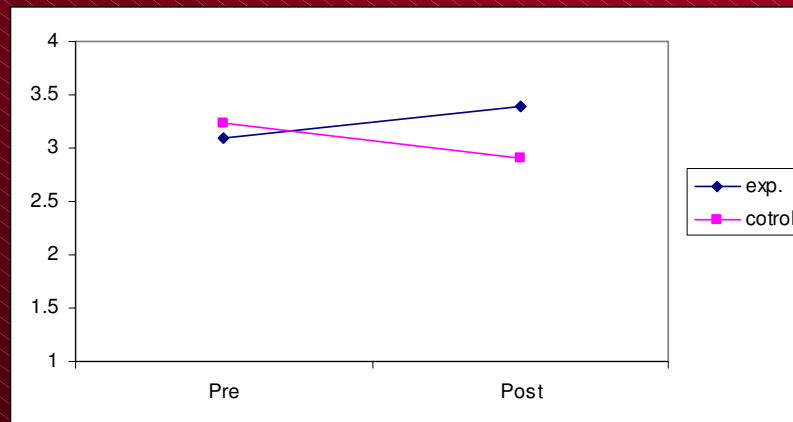
Social Rejection



LD - Shechtman & Katz, 2006

The study included about 100 students, half of whom were with LD.

Social Competence Total Score

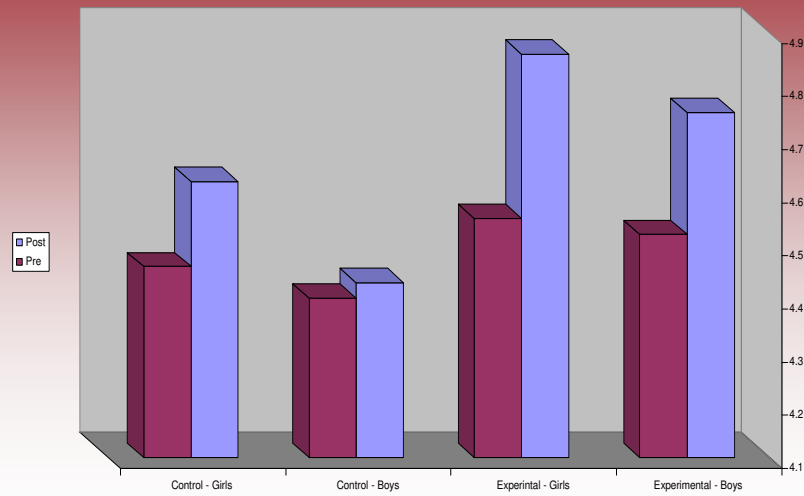


$$F(1,128.25) = 9.35^{**}$$

Friendship Relationships - Shechtman, 1994

Participants were elementary school children identified as lonely/rejected. Over 400 boys and girls comprised this study group.

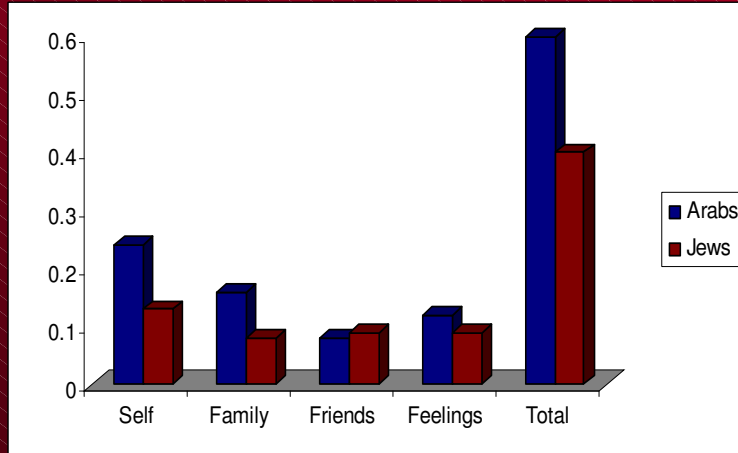
Intimate Friendships: Pre-Post Mean Scores



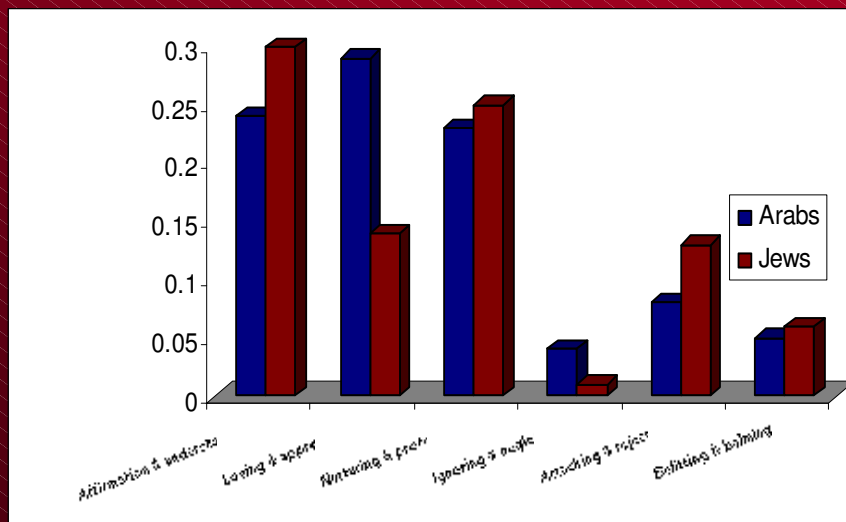
Impact of Culture on Group Behavior – Shechtman et al., 2003

The study included over 100 adolescents in 10 groups, 5 in each sector. All adolescents demonstrated social and emotional difficulties.

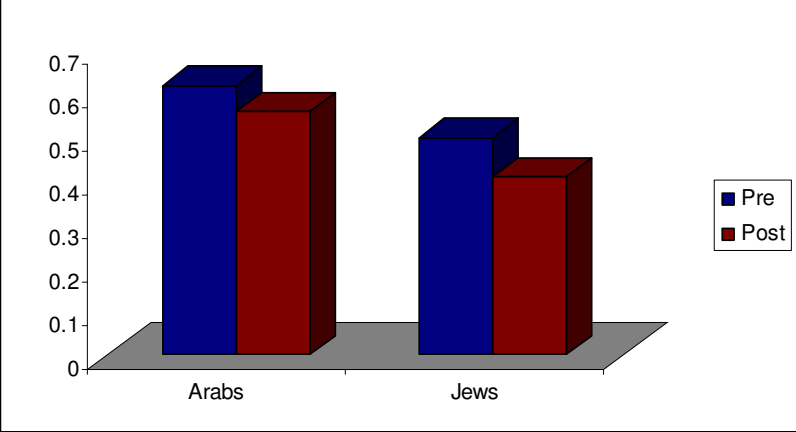
Self-disclosure: A Comparison of Arabs and Jews



Responses to Self-disclosure: A Comparison of Arabs and Jews

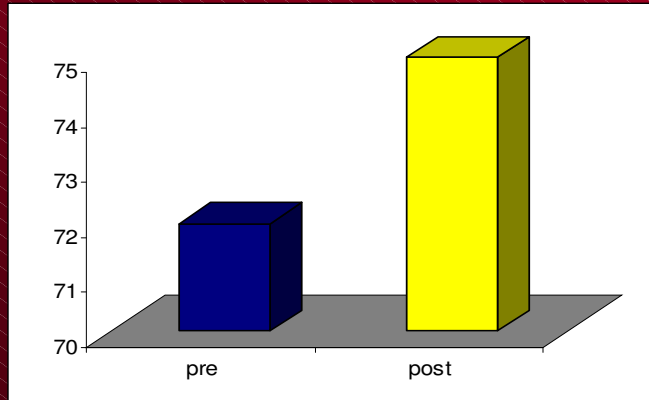


Child-Behavior Checklist (CBCL)

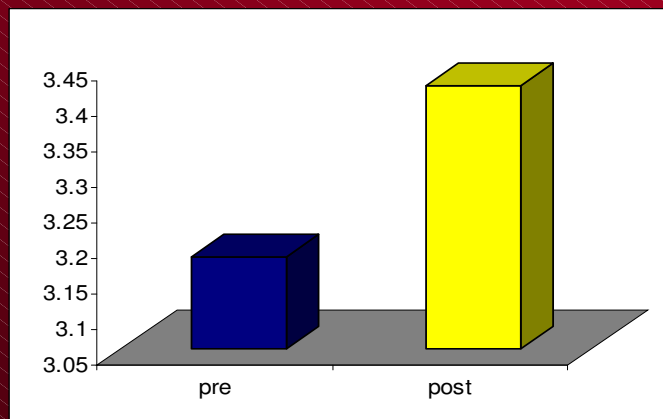


Recent comprehensive study (N = 266)

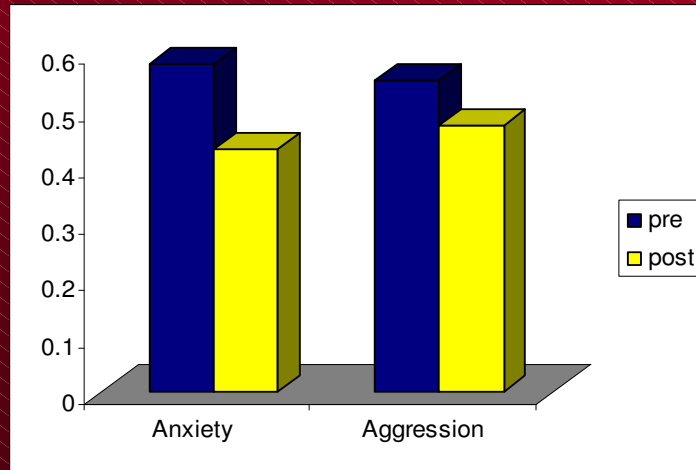
Academic Achievement



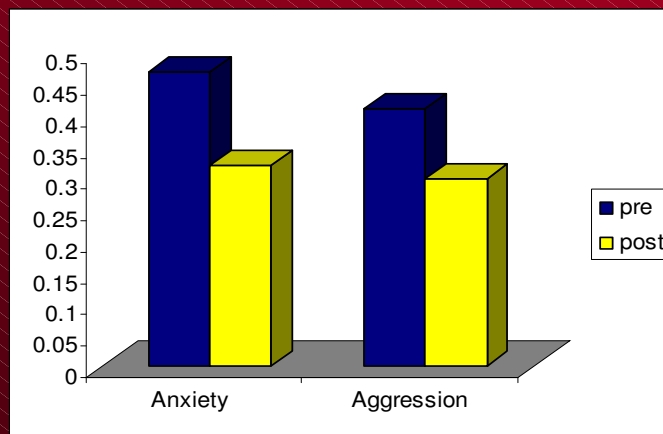
Social Competence



Anxiety and Aggression – Child Report



Anxiety and Aggression – Teacher Report



Process Research

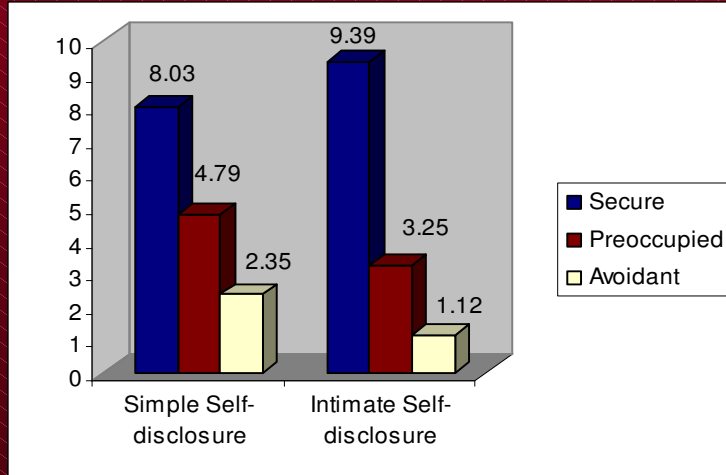
Group therapy is recommended not only because of cost-effectiveness consideration. It should be considered the treatment of choice due to its unique features: Group cohesion, cathartic experiencing, interpersonal learning, altruistic behavior, universality of problems - the major therapeutic factors.

Not all groups present opportunities for such therapeutic factors to emerge.

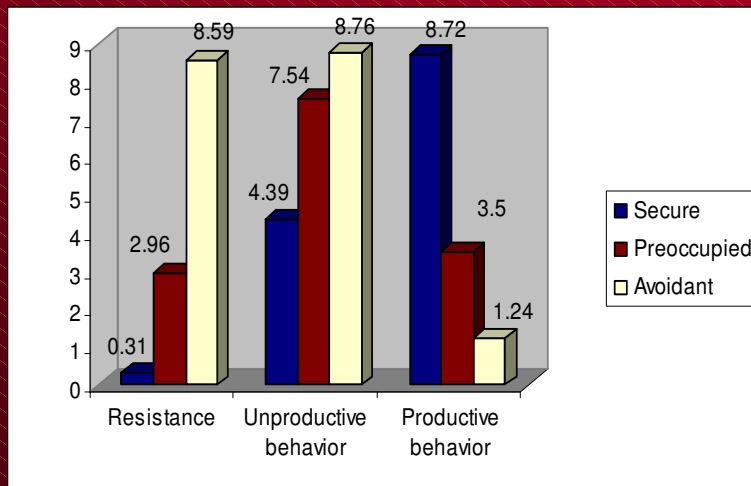
Therapeutic Groups

The presentation here focuses on psychotherapy groups. They must be humanistic orientated, focusing on process rather than content, and allowing the major therapeutic factors to emerge at their fullest extent.

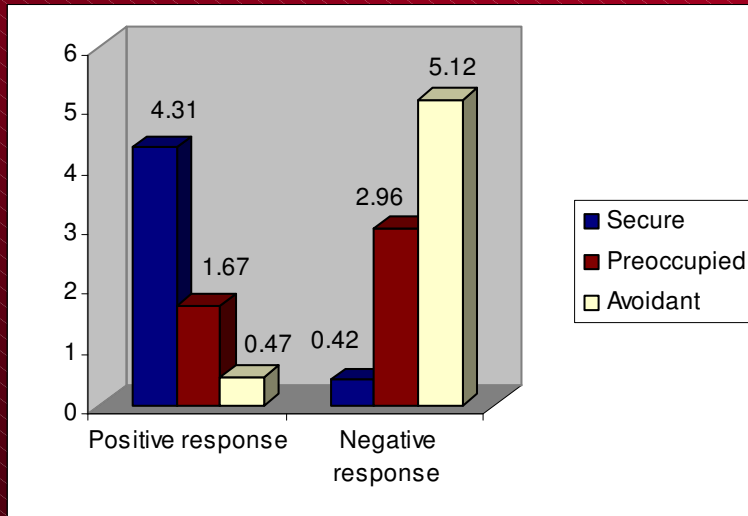
Selection of Candidates to group: Attachment as Predictors



Client Behavior by Attachment style



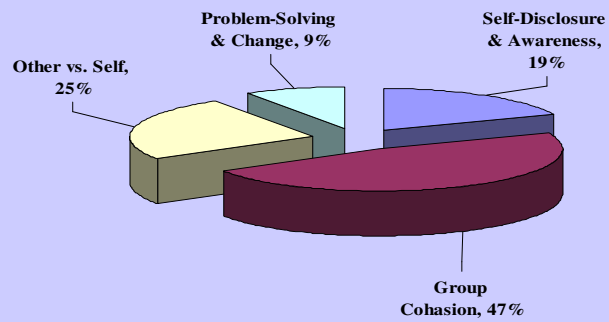
Responses to other's Self-disclosure by Attachment style



Therapeutic factors - Shechtman & Gluck, 2004

The study explored therapeutic factors in child group therapy. 64 children of 8 small groups were interviewed following group treatment.

Frequencies of Therapeutic Factors



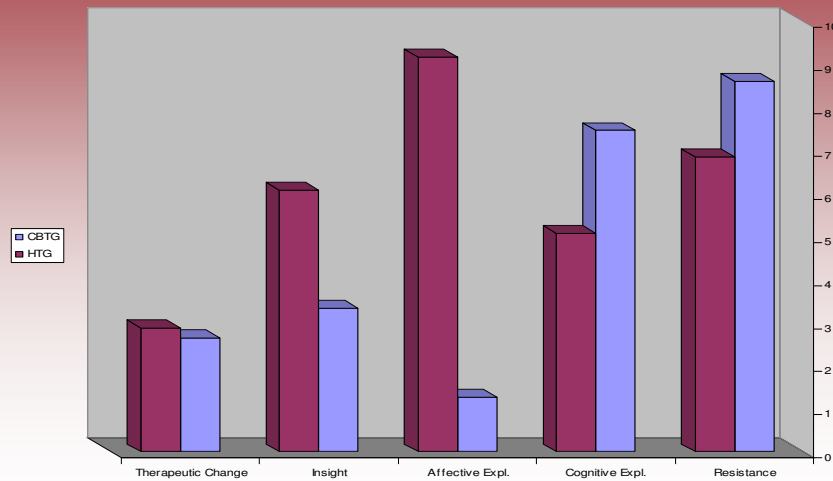
Therapeutic Factors – Bonding

	Therapeutic relationship with group r	Therapeutic relationship with leader r
Friendship intimacy	-0.05	0.38*
Social competence: total	0.23	0.47**
Social competence: Initiation	0.03	0.37*
Social competence: Emotional-support	0.13	0.42*
Social competence: Negative assertion	0.41*	0.38* <small>*p<.05, **p*</small>
Social competence: Disclosure	0.42*	0.12
Social competence: Conflict management	0.35*	0.50**

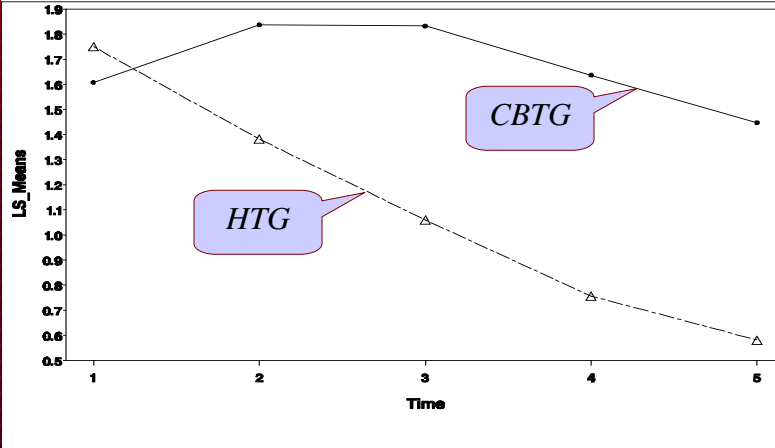
Therapist and Client Behavior - Shechtman & Pastor, 2005

The study compared processes in humanistic vs. cognitive-behavioral group treatment, of 200 children with LD.

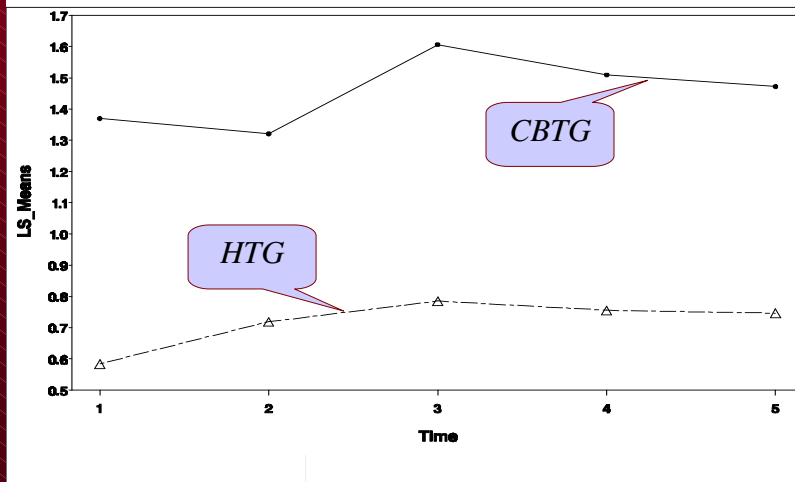
Means on the Client Behavior System for the two treatment types, and results of the Mixed Models



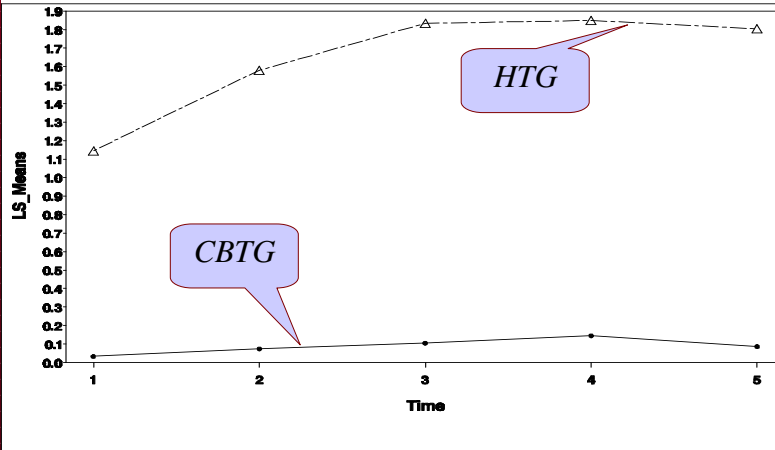
Resistance



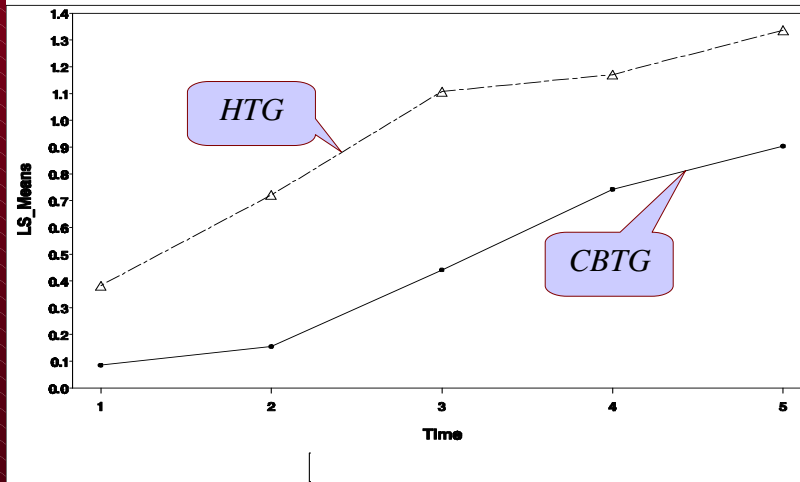
Cognitive-Exploration



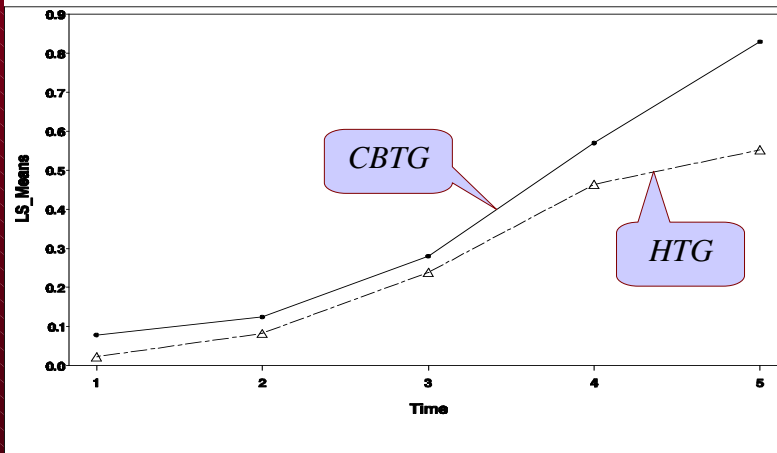
Affective-Exploration



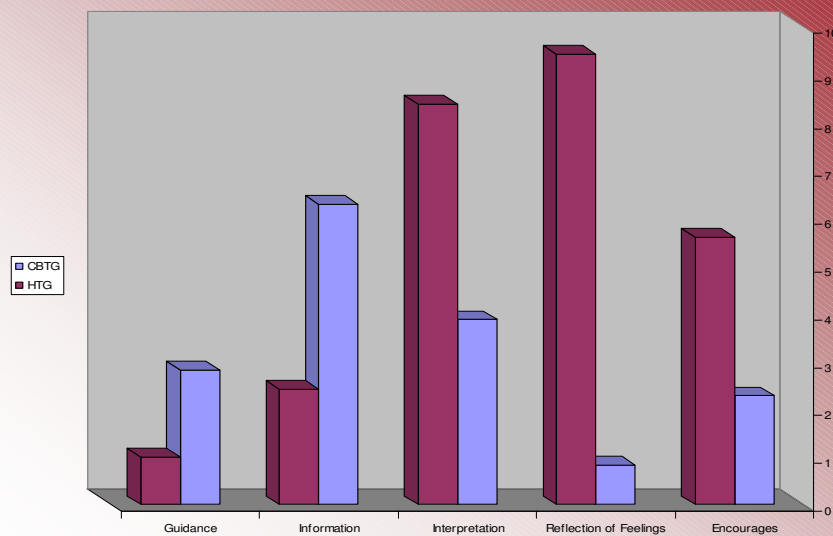
Insight



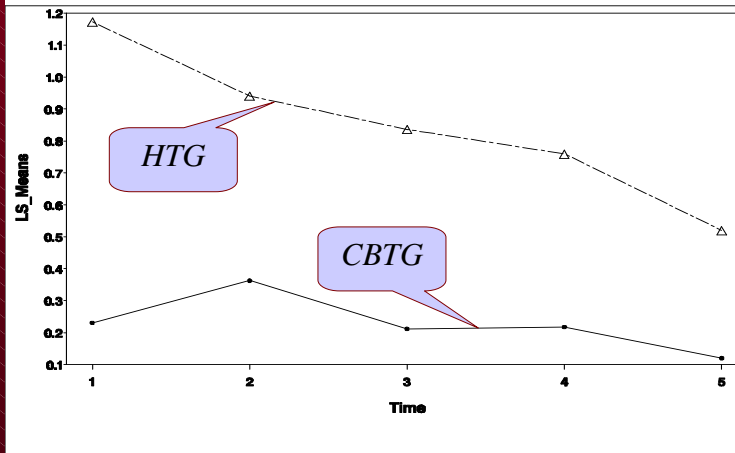
Therapeutic Change



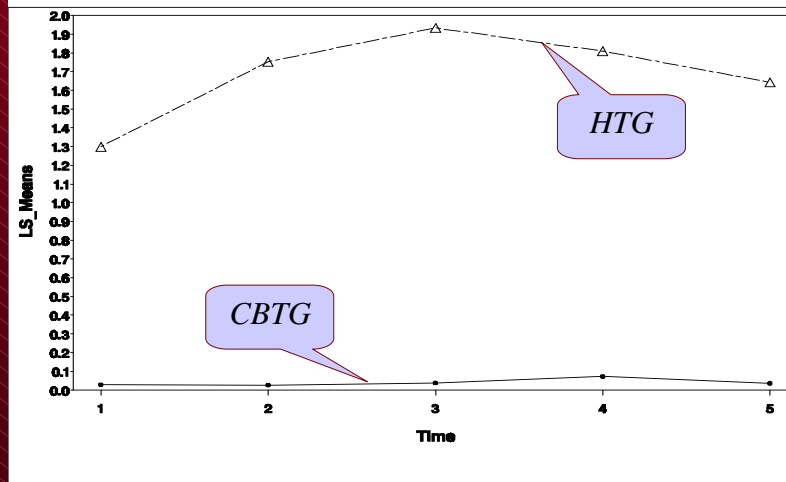
Means on the Therapist helping skills for the two treatment types, and results of the Mixed Models



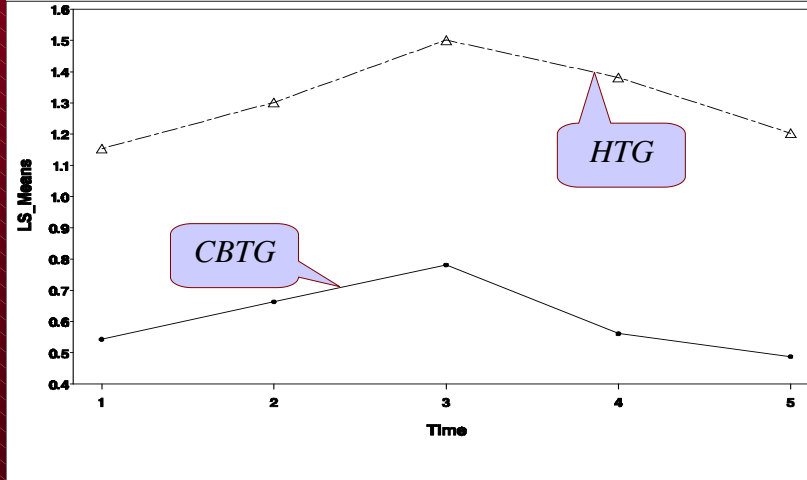
Encouragement



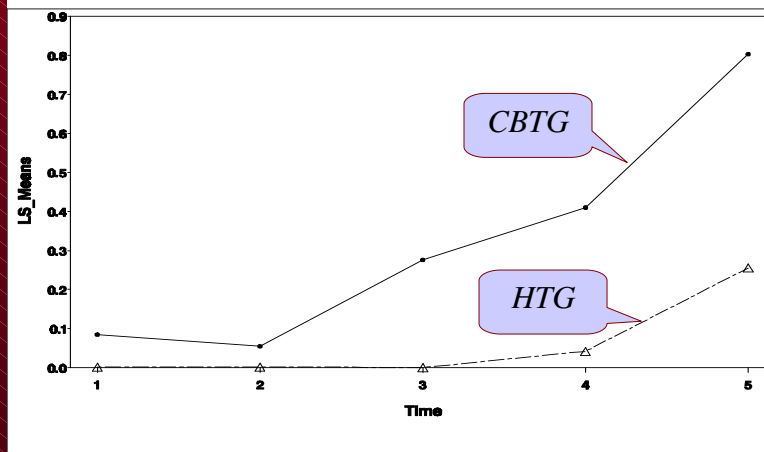
Reflection of Feelings



Interpretation



Guidance



These results show that groups may be very different from one another, in respect to both client and therapist behaviors, depending on the goals of therapy and theoretical orientation.

Why is group psychotherapy preferred?

- **The definition of group psychotherapy is "any intervention designed to alleviate psychological distress, reduce maladaptive behavior, or enhance adaptive behavior through counseling, structured or unstructured interaction, a training program, or a predetermined plan" (in Dagley et al, 1994). In psychotherapy groups this definition is presented at its maximum.**

• Second, Experiencing is considered the heart and soul of any therapy (Greenberg, 2001), which is more likely to be present in psychotherapy groups, because the humanistic theories consider it the focus of therapy.

• In humanistic therapy groups cohesiveness is enhanced constantly through group norms and through self-disclosure and the expression of feelings. Group cohesion in children's groups appears to be the major therapeutic factor. It is perceived mostly as being understood, liked, respected, and cared for.

Interview with one girl following treatment:

“The session I remember best is when my birthday was celebrated, because never in my life did someone love me; I was always picked on, made fun of; on this birthday every one said good things about me; that I am pretty, good, and particularly I liked when they said that I am sensitive to the other’s pain”.

C. How did you feel?

“That every one loves me and wants to be my friend. I came to realize that people actually like me, this made me very happy”.

C. Why was it so important?

“Because in my heart I feel that children do not like me, but here they said they do, in front of the whole group, even the boys said so. I feel important”.

Adaptations are needed in working with children.

Theory

The humanistic theory follows the client's steps in therapy, emphasize insight as the path to change, and encourages therapist interpretation and confrontation. All these are not suitable in the work with children.

- **Children are clients who did not choose therapy.**
- **They need mostly attention and encouragement.**
- **They resist interpretations and confrontations.**
- **Insight is not the final step in their change process: they need instrumental assistance.**

In Conclusion, the Supportive-Expressive therapy seems to be the most suitable theory for them.

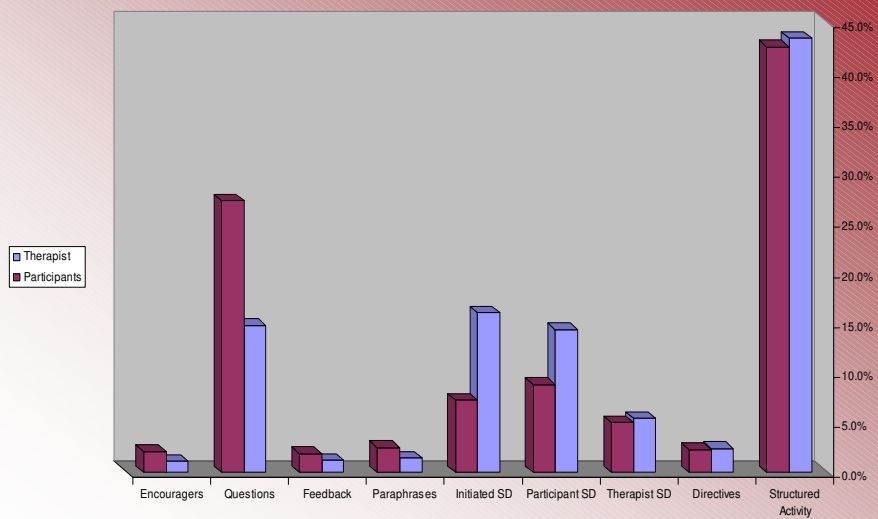
Leader Role

Children are not clients who can lead the process. The leader must be very active in: Questioning, providing therapeutic activities, and modeling.

Leader role - Liecetttrite & Shechtman, 1998

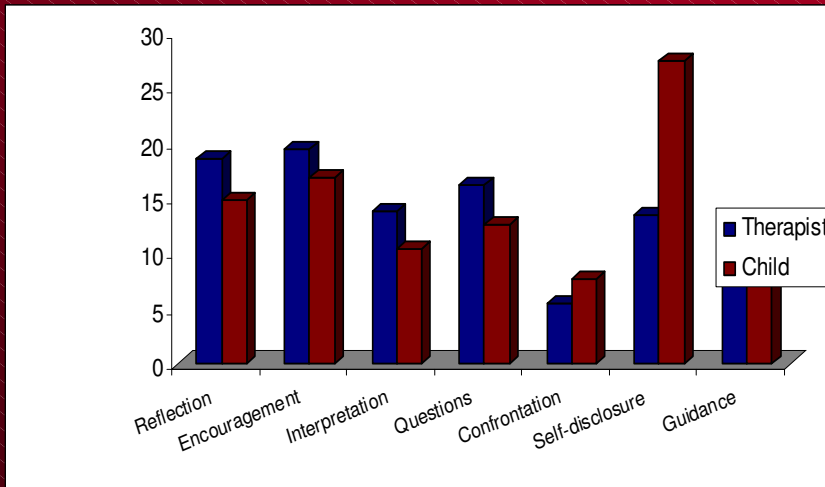
The study explored processes in child group therapy. Particularly were measured the behaviors that lead to child's self-disclosure.

Therapist Behavior Leading to Child Self-Disclosure

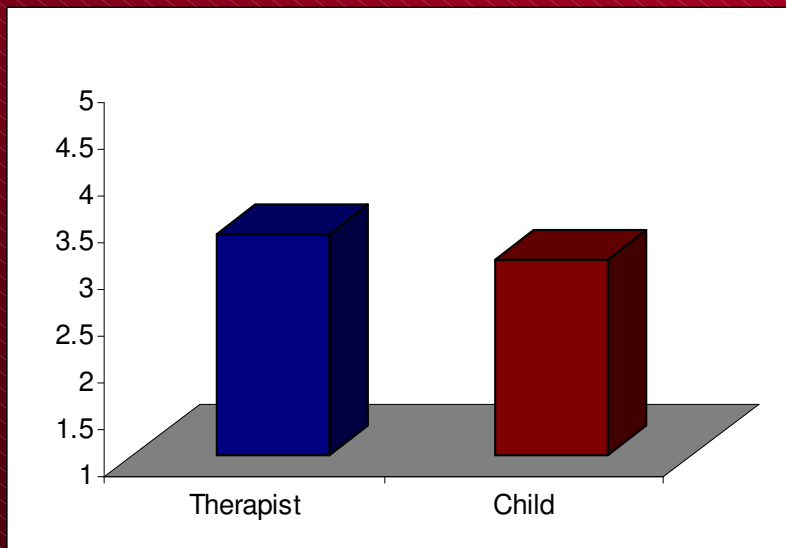


Leader role – Liechtenritt, 2006

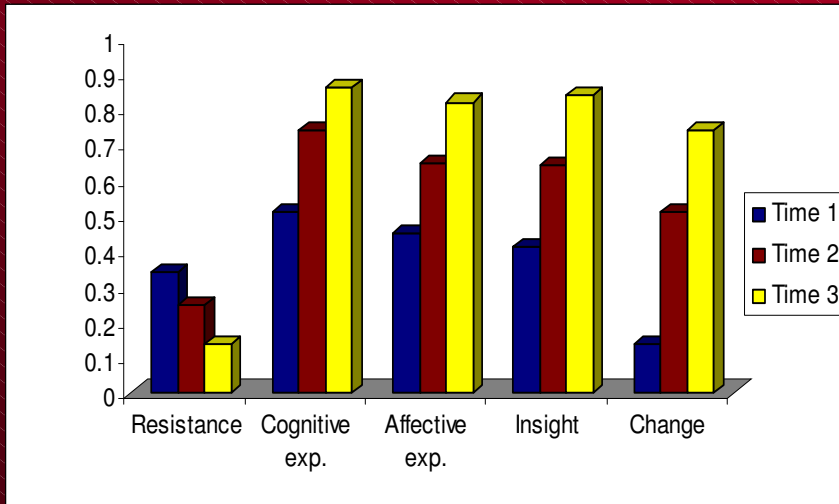
Therapist Behavior for Counselor and Group (Child Perception)



Client Behavior along the Group Process – Total Score



Client Behavior along the Group Process



Recent Comprehensive Study ($N = 266$)

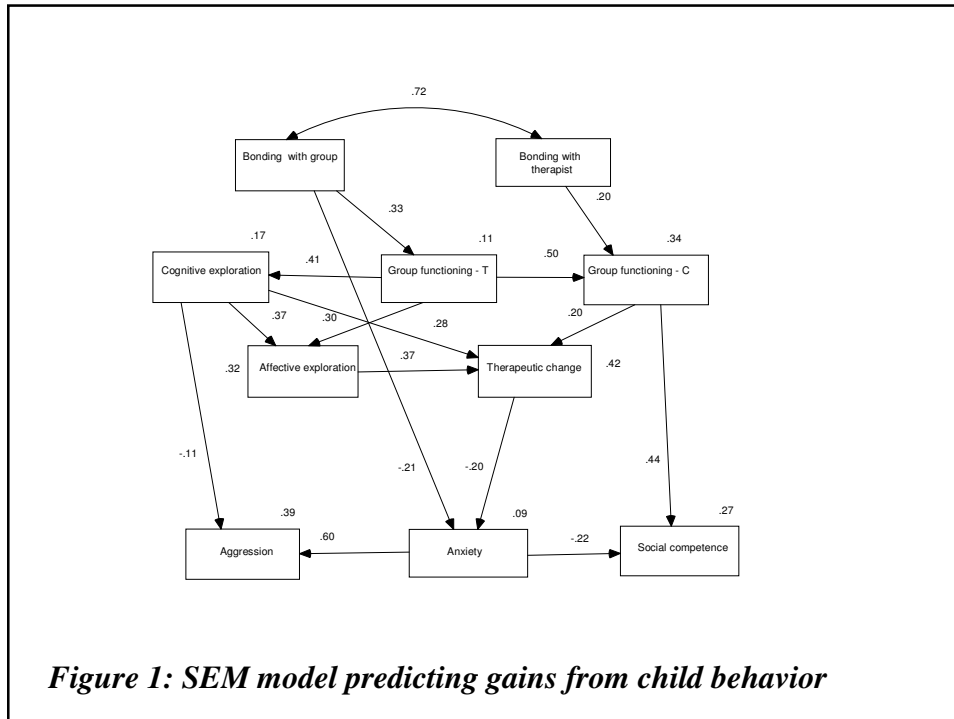


Figure 1 shows the following predictions:

- Bonding with the group affected directly child group functioning (evaluated by the therapist) and anxiety ($\beta = -.21, p < .01$).
- As bonding with the group and the therapist highly correlated with each other ($r = .72, p < .001$), and bonding with the therapist affected group functioning (child), it seems that both types of bonding were important to child group functioning, which in turn is directly related to gains in social competence.

- **Group functioning (child) also affected gains in anxiety via therapeutic change, which was affected by cognitive and affective exploration.**
- **Cognitive exploration affected directly gains in aggression, but the highest influence on aggression were gains in anxiety; the higher the gains in anxiety higher were the gains in aggression.**
- **Anxiety also affected gains in social competence.**

- **In short, bonding, group functioning, and client behavior affect gains in anxiety, aggression and social competence. Gains on aggression were best explained by the model (39% of the explained variance), gains on social competence were next (27% of explained variance), and anxiety was last (9% of the explained variance). Yet, note the high impact of anxiety on aggression and social competence.**
- **Of the process variables, therapeutic change was highly explained (42% of the explained variance), but also group functioning (34%, child evaluation) and affective exploration (32%)**

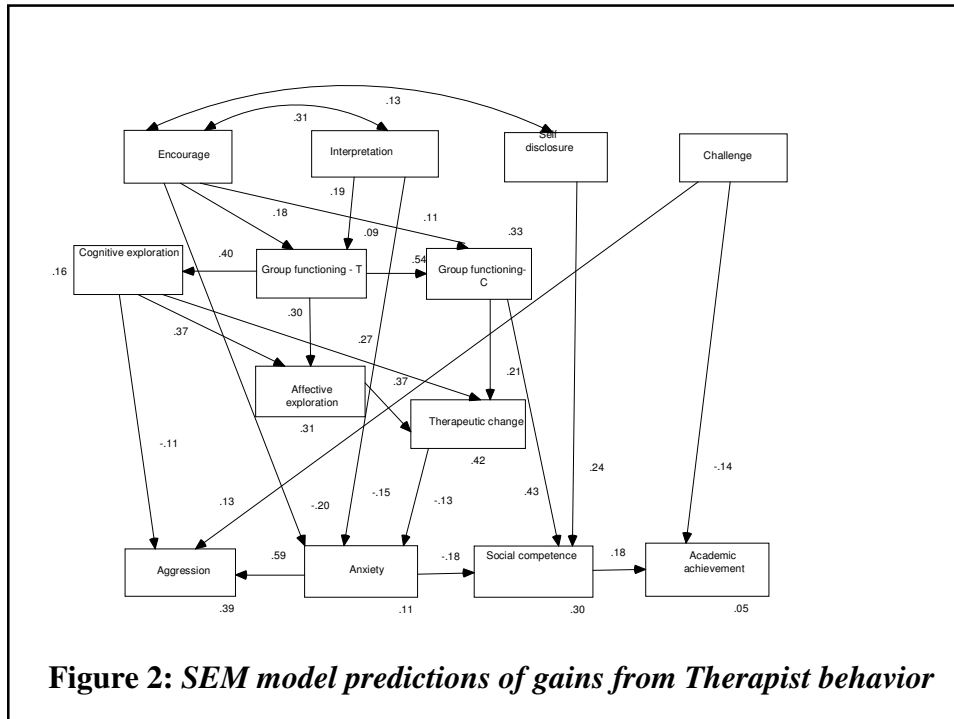


Figure 2 shows the following predictions:

- It appears that the predictors are intercorrelated except for challenge. Encourage and interpretation directly affected gains on anxiety.
- Self disclosure affected social competence.
- Challenge affected aggression and academic achievements negatively.
- Encourage and interpretation also affected group functioning (T& C).

- **Therapist evaluation was related to group functioning as evaluated by child but also affected cognitive exploration, which in turn affected affective exploration and therapeutic change.**
- **Therapeutic change was related to reduction in anxiety.**
- **Aggression was best explained by the model (39%), by two variables with an opposite influence; challenges increased aggression while cognitive exploration decreased aggression.**

- **Social competence (30%) was explained mostly by group functioning but also by therapist's self disclosure, and anxiety (11%) was explained by encourage, interpretation, and therapeutic change. Of the process variables, therapeutic changes was best explained by the model (42%), then group functioning-C (33%) and affective exploration was next (31%)**

Summary

What does research tell us about child group psychotherapy?

Outcomes:

Humanistic groups were found effective in relation to a variety of children's areas of functioning: School adjustment, academic achievements, intimacy in friendship, social status, self-esteem, and aggression.

They were as effective as individual therapy, at least in the case of aggressive children.

They were more effective than cognitive-behavioral groups, in regard to LD children, or educational groups.

Process:

The process must be adjusted to children's developmental needs and competencies.

Special techniques must be used to help children express themselves, and to create a climate of therapeutic work.