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Exploring therapy process and outcome in interventions that target at risk adolescents

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EXPLORING THERAPY PROCESS AND OUTCOME IN INTERVENTIONS THAT TARGET AT RISK ADOLESCENTS

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Donette P. Archer

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To: Dean Arthur W. Herriott
College of Arts and Sciences

This thesis, written by Donette P. Archer, and entitled Exploring Therapy Process and Outcome in Interventions that Target at Risk Adolescents, having been approved in respect to style and intellectual content, is referred to you for judgment.

We have read this thesis and recommend that it be approved.

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ABSTRACT OF THE THESIS

EXPLORING THERAPY PROCESS AND OUTCOME IN INTERVENTIONS THAT TARGET AT RISK ADOLESCENTS

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The purpose of this study was to conduct a larger scale replication and extension study on the use of a Session Impact Measure the Session Evaluation Form. Ninety-one public high school students in Miami Florida were obtained through self or counselor referrals and placed in one or two of five counseling groups for one or two school semesters.

To investigate differences in therapy processes across counseling groups, participants were administered a Session Evaluation Form at the end of each therapy session. This assessed group members' perception of four therapy process domains, Group, Facilitator, Skills and Exploration Impacts. The pattern significant results for the MANOVAs provided strong evidence for the greater impact of the group on therapy process relative to the impact of facilitator. Further research is needed to identify more specifically, ways, group process differences interact with other treatment variables.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

FIGURE PAGE

SECTION 1

There has been a growing interest in developing empirical methods for assessing and evaluating the role of process variables in counseling and psychotherapy on a session-by-session basis (e.g., Elliott & Wexler, 1994; Hill, Helms, Spiegel, & Tichenor, 1988; Orlinsky & Howard, 1986; Stiles & Snow, 1984; Stiles, 1980). Session-by-session levels of analyses fall between the two levels of analysis that have historically been the focus of research on therapy processes: micro analytic and macro analytic. Micro analytic level analysis includes moment-to-moment interactions between the therapist and the client and other processes that occur at the session level, while the macro analytic level focuses on the differential impact of various modes of therapies on outcome measures (Mallinckrodt, 1994). The session-by-session level focuses on each intervention session as a unit of analysis.

This growing interest intersects with the growing interest in increasing the efficacy of prevention and treatment interventions. A call has been made in the adult literature for outcome researchers to address process issues in order to obtain a more complete understanding of therapy (Hill, Nutt, & Jackson, 1994; Kiesler, 1986). As is the case in most areas of outcome research, the child and adolescent literature is even further behind than the adult literature. The adolescent population has been virtually ignored in terms of assessing treatment-process variables (Bussell, 2000; Kaminer, 1994; Kazdin, 1995). For example, a recent review of the literature on group treatment with children and adolescents (Hoag & Burlingame, 1997) noted that while group therapy is an overall effective medium, research in this area lacks specific information about what makes a treatment effective.

Researchers have now begun to address this issue. A recent study by Bussell (2000), for example, sought to advance the development of efficacious interventions for use with adolescent populations by helping to close the knowledge gap with respect to assessing the impact of therapy process variables on group interventions. Bussell's study was designed to evaluate the feasibility of assessing the impact of therapy process using a session-by-session impact measure in a difficult to work with population of adolescents in a non-clinical setting. The aim was to evaluate the appropriateness of the measure as well as to pilot-test and refine procedures for administering the measure in the group interventions on a session-by-session basis and for scoring the evaluations across sessions. A further goal for this preliminary feasibility study was to collect some initial baseline data with respect to the measure's capacity to differentially assess the impact of process across intervention groups within the sample.

The Bussell (2000) study provides the foundation for the study in this thesis. More specifically, as described in more detail in the sections below, this study is designed to build on and extend Bussell's (2000) work on developing a measure of session-by-session impact and to investigate the utility of the measure in assessing the impact of process across intervention groups.

SECTION 2

The Development of a Measure for Evaluating the Impact of Therapy Process

In her review of the literature evaluating the impact of therapy process, Bussell (2000), noted that the majority of process research to date has focused on the moment-to moment interactions between the therapist and the client(s) or on significant events that occur during individual therapy sessions (Hill, Nutt, & Jackson, 1994). In this literature, process refers to the events that take place during a group session while outcome refers to changes that occur as a result of the intervention (Hill & Corbett, 1993). She also noted that there has also been an increasing interest (e.g., Elliott & Wexler, 1994; Hill, Helms, Spiegel, & Tichenor, 1988; Orlinsky & Howard, 1986; Stiles & Snow, 1984; Stiles, 1980) in developing methods for assessing and evaluating the impact of process variables in therapy on a session-by-session basis. These measurements taken on a session-by-session basis are referred to as measures of impact.

> "Measures of impact are concerned with clients' internal reactions to sessions, which, logically, must intervene between in-session events and the long-term effects of treatment" (Stiles et al., 1994) p. 175.

This shift in focus from a moment-to-moment level to a session-by-session level of analysis occurred in an effort to obtain useful information at a more micro analytic level while avoiding the difficulty and complexity that goes along with analyzing a session on a moment-to-moment basis (Mallinckrodt, 1994; Stiles, 1980). The session-level is also useful because it allows researchers to examine therapeutic impact from a middle-level of analysis that is not as cumbersome as moment-to-moment interactions and is more detailed than a client satisfaction questionnaire (Elliot & Wexler, 1994).

When she developed her measure (Bussell, 2000), the existing literature was compromised mainly of measures designed for use with adults in individual therapy. A search of the literature revealed only one session impact measure used in individual therapy with adolescent males (Dunne, Thompson, & Leitch, 2000) and only one session impact measure being used in adolescent groups (Kaminer et al, 1998).

The goal of the Bussell (2000) study was thus to help to close the knowledge gap with respect to assessing the impact of therapy process variables in group intervention in general and the impact of therapy process using a session-by-session impact measure in a difficult to work with population of adolescents in a non-clinical setting in particular. In doing so, she drew on a measure developed by Elliott and Wexler (1994), a 16-item measure of the impact of individual psychotherapy sessions. This measure, the Session Impact Scale, is a session-level rating scale that provides a quantitative measure of the impact of therapy process. It measures the specific content rather than the general emotional quality of participants' reaction to sessions.

Adapting the Session Impact Scale for use in adolescent groups: The Session Evaluation Form (SEF).

The Session Evaluation Form (SEF; Bussell & Kurtines, 1999) was developed as an adaptation to the Session Impact Scale, refined and extended for use in adolescent groups in non-clinical settings. It was developed for use in group work with adolescents by adapting a number of items from the Session Impact Scale and constructing a number of content specific task impact items to tap specific domains targeted by the intervention used in this study. The SEF is thus a session impact measure for use in intervention groups with adolescents. It was designed to be administered at the end of each group

session and consists of two subscales measuring relationship impacts and two subscales measuring task impacts that are used as markers of therapy process. More specifically, two of the subscales (Group Impact and Facilitator Impact) assess the group participant's perception of the impact of group cohesion, group support and therapist support during that session. The other two subscales (Skills Impact and Exploration Impact) assess the group participant's perception of the impact of the skills and knowledge development training and the impact of exploration enhancement (these strategies are described in more detail in the intervention section) on their self-development during that session. It should be noted that the SEF does not assess the impact of all possible therapeutic processes in group interventions. In their review of the literature, for example, Beck and Lewis (2000) pointed out that group process research focuses on four components of group therapy -- how the group develops as a whole, client-therapist relationships, client-client relationships (e.g., dyadic peer relations) and therapist-therapist relationships (e.g., relations between co-leaders). Rather than target all four components, the SEF instead focuses on two the types of relationship impacts (group and facilitator) and on the two types of task impacts (skills acquisition and personal exploration) of therapy process that are most salient in our work, thereby minimizing participant burden created in administering the measures.

Group Interventions that Target Marginalized Youth

Working with Adolescents

As contemporary youth have become increasingly vulnerable to negative developmental outcomes, the recognition of the need to develop interventions to address this population has grown (Dahlberg, 1998; Rutter, 1990; Rutter, Giller, & Hagell, 1998). One important

consequence of this recognition has been more extensive effort directed toward developing and evaluating school-based interventions designed to reduce youth risk for problem behavior (e.g., Botvin & Dusenbury, 1987; Durlak, 1998; Gesten, Weissberg, Amish, & Smith, 1987; Kirby, 1997; Webster-Stratton & Taylor, 1998; West, 1991). In addition to the recognition of the need for more intervention research, as noted by Bussell (2000), a call has been made to address treatment-process issues in the adolescent literature (Hoag & Burlingame, 1997; Kaminer, 1994; Kazdin, 1995) in order to expand our knowledge of what is needed to develop effective interventions with this population.

The Population and the Problem

Contemporary youth have become increasingly alienated from the mainstream social institutions (economic, political, familial, educational, etc.) that have traditionally provided young people value references and normative support. The costs to society have been high (Côté, 1994; Tait, 1993). As a consequence of the experience of growing marginalization, young people have invested less and less in normative social institutions. These youth have withdrawn from proactive participation in their personal lives, tending not to take control and responsibility for the direction of their lives, instead searching for daily adventure that too frequently includes the type of antisocial activities and problem behaviors that give rise to the growing concern over the future of these young people (Gardner, Green, & Marcus, 1994). This disengagement of youth has also had psychological costs. It has, for example, had a negative impact on developmental outcomes for many young people (Côté & Allahar, 1994).

In the United States, a large proportion of marginalized young people come from inner-city, low-income minority families that exist within a community context of

disempowerment, limited access to resources, and pervasive violence, crime, and substance abuse (Berman, Kurtines, Silverman, & Serafini, 1996; Gardner, Green, & Marcus, 1994; Wilson, Rodriguez, & Taylor, 1997). Daily they face the challenges of growing up in a context that confronts them with many difficult life choices: pressures to use drugs, get involved in gangs, and engage in sexual activities; issues of making friends and resisting peer pressure; problems with trust and anger management; parental conflicts and family dysfunction; issues about intimacy, teenage parenting and gender identity; exposure to crime, violence, and abuse; and general concerns about their own futures.

Toward a Solution: School-based Group Interventions that Target Marginalized Youth

The intervention used in this study was the Promoting Youth Development (PYD) program. Promoting Youth Development is an ongoing program of research being conducted at the Adolescent and Adult Development Program, Child and Family Psychosocial Research Center, Florida International University. PYD is a school-based psycho-educational program that targets promoting positive development in disadvantaged urban high school youth vulnerable to multiple negative developmental outcomes (manual available upon request).

PYD works closely with the Academy for Community Education (ACE) in Coral Gables, Florida. ACE is an alternative high school aimed at dropout prevention. The students at ACE may not have met their academic potential in the regular school setting and may have had attendance, behavioral or motivational problems in school, but do not have serious emotional or learning problems or a serious record of violence or dangerous behavior. ACE's mission is to,

> "...educate potential dropouts and students who have already dropped out and returned to school. Our goals are to provide a stimulating, nurturing environment where educational excellence and the highest possible level of student learning constitute the norm and to prepare the students to become contributing citizens in a democratic society" (Academy for Community Education, 1998-1999, p. 1).

The PYD has been implemented at ACE through the school guidance office as part of the school's ongoing counseling program. Because the school is an alternative high school, students participate in counseling groups through either self or counselor referral. The workshop formats available to them include anger management, relationship, self-esteem, substance abuse and, children of troubled families and abuse. This program of research uses a pragmatic orientation in the development of psychosocial interventions. This pragmatic orientation seeks to expand our scientific understanding of the role of interpersonal relationships in identity formation and the development of a sense of intimacy, and to use this knowledge to develop effective methods for alleviating the distress and suffering that these developmental tasks sometimes present. This pragmatic orientation seeks to integrate and combine the most efficacious methods of prevention, assessment, and intervention of psychosocial research.

Developmental Framework.

In adopting a bottom-up approach, our work draws its developmental framework from an Eriksonian (1968) approach, which is both life span and psychosocial in orientation. PYD, consequently, not only targets the type of identity issues that define the developmental moment for these young people, but it also draws on the Eriksonian view that the successful resolution of earlier life tasks is foundational for successfully meeting

subsequent life challenges (Waterman, 1994). Our co-constructivist approach, however, views intraindividual change after childhood as less developmentally predictable than has usually been described in Erikson's approach. Rather, it defines intraindividual change as a "developmental" (stage-like) process only up through childhood, and emphasizes instead the self-directed nature of the developmental process in adolescence and adulthood (Lerner & Busch-Rossnagel, 1981). This approach targets for intervention both psychological and social/cultural processes with the aim of creating contexts that develop in these young people a sense of personal and moral identity that enables them to participate proactively in their lives and the life of their communities.

Intervention Procedures

As noted, PYD is offered through the counseling office at ACE high school. Counseling groups are scheduled through the school counselor's office. Intervention participants meet for group activities once a week throughout the school semester. For its implementation, PYD draws on a transformed model of school counseling proposed by Keys et al. (1998). Within this school counseling model, which is designed to serve the mental health needs of at-risk youth, emphasis is placed on therapeutically focused group work (in contrast to individual counseling), in order to reach more students in an intervention format that is both developmentally appropriate and directly relevant to student needs.

Within this model, PYD has both intervention and prevention goals. Like other counseling programs for at-risk youth, the most immediate and direct goal of PYD is to address presenting problems (i.e., serving the mental health needs) that the youth bring into the counseling groups (i.e., relationship issues, life choices, anger management,

substance use, etc.). The specific strategies for addressing these issues are drawn from a variety of literatures and vary depending upon the type of counseling group the student participates in (i.e., relationship groups, substance abuse groups, anger management groups and children of troubled families and abuse groups). Each type of group has its own specific intervention protocol to address these clinical issues.

The prevention goal (promoting positive development) is more long term, indirect, and cut across all groups. That is, in addition to addressing presenting problems, all groups also systematically seek to promote positive development. We have found this particularly important in working with the young people in our program because they tend to be in developmental transition and open to positive growth. Consequently, for example, the relationship groups focus on the relationship issues participants bring to the group but not necessarily with the aim of preserving a particular problematic relationship. Rather, these problematic relationships can be (and often are) used to provide the opportunity for growth in relationship skills in general (communication, conflict resolution, etc.) as well as how to handle problematic relationships. Similarly, anger management, self-esteem and children of troubled families groups explore various feelings and emotions that provide the opportunity for the growth of insight and understanding in ways that enhance awareness of all types of feelings in addition to how to manage issues that elicit feelings of anger, low self-esteem and hurt. Substance abuse groups direct exploration into the participants' sense of control over addictions and the situations and persons that contribute to substance use and abuse.

An important strength of PYD is that it focuses on promoting positive development and does so by providing the opportunity for participants to acquire a greater critical

understanding, transform their sense of control and responsibility, and increase their proactive participation in defining who they are and what they believe in. In this respect, PYD is unique in its efforts to move beyond preventing behavior problems by reducing risk. PYD seeks to prevent behavior problems by fostering in youth the possibility for living up to their fullest potentials.

Intervention Strategies for Promoting Positive Development

For its intervention strategies for promoting positive development, the focus is on getting the youth re-engaged and empowered. These strategies provide the foundation for all of the groups we offer as part of the PYD program. For these strategies, PYD draws on Freire's (1983/1970) approach to empowering people by promoting in the marginalized the opportunity to enhance their critical consciousness about their exclusion from the mainstream. Freire developed this approach in his work with impoverished Brazilian peasants. He found that individuals marginalized by extreme poverty have difficulty progressing through the classic classroom format. According to Freire, didactic approaches only served to emphasize in the peasants' minds their sense of "incompetence" in contrast to the knowledgeable expert who was dictating the lesson. Freire offered an alternative: a "problem posing" and participatory learning model. Freire referred to such a transformative pedagogy as pedagogy of dialogue rather than instruction. Transformative pedagogy is participatory; it identifies and seeks to solve problems. While intentionally identifying problems and following through by engaging in transformative activities to solve these problems, students become the experts and, in the process, develop a greater sense of control and responsibility over their lives. They become empowered as they experience the possibility of creating (rather than enduring)

the circumstances of their lives. Because of such mastery experiences, youth learn "to see a closer correspondence between their goals and a sense of how to achieve them, gain greater access to and control over resources and ... gain mastery over their lives" (Zimmerman, 1995, p. 583).

In our work with these young people, we have sought to create "transformative" programs in which students take an active role and the interventionist (facilitator, teacher, etc.) works along with the students to collaboratively explore and challenge existing life choices and to impact on the quality of students' lives as well as creatively identify and construct alternatives to existing life choices as necessary. In the process of intentionally engaging in critically posing problems and in following through by engaging in transformative activities to solve these problems, participants come to acquire a greater critical understanding, transform their sense of control and responsibility, and increase their proactive participation in defining who they are and what they believe in. That is, within the context of the program these young people become empowered to transform themselves and, eventually, their lives and that of their communities.

Intervention Domains

PYD targets three developmental domains:

- Skills and Knowledge (the focus is on Critical Understanding)
- Attitudes and Orientations (the focus is on Control and Responsibility)
- Self Understanding and Insight (the focus is on Knowledge of Self).

The goal is to help develop in young people the competence and insight needed to:

- think critically about the life choices they have to make
- take personal responsibility for these decisions, and

- live up to their fullest potentials

Skills and Knowledge: Critical Decision Making and Problem Solving. The skills and knowledge domain targeted by the program include critical problem solving and decision making as a type of cognitive competence. Cognitive problem solving is a protective factor that has been empirically shown to be negatively related to adolescent substance abuse, acting-out behaviors, and school-related stressors in the type of population the program targets (Botvin & Botvin, 1992; Elias et al., 1986; Spivack & Shure, 1982; Tolan, 1994). There is also a growing recognition among many researchers that various types of cognitive problem solving are basic to the process of identity development (Berman et al., 1999; Berzonsky, 1989; 1990; Enright et al., 1983; 1984; Grotevant, 1987; Grotevant & Adams, 1984; Markstrom-Adams et al., 1993). The "critical" competence targeted by the program is performance-based and not only includes creative processes such as generating alternatives for solving problems but also emphasizes a critical stance towards life problems and decisions.

Attitudes and Orientations: Personal Control/Responsibility and Identity Style. The attitudes targeted for intervention, personal control and responsibility, build on recent advances have been made in conceptualizing and operationalizing responsibility-related concepts and constructs (Schlenker et al., 1994; Tetlock, 1992; Williams, 1992). In addition, they are also targeted because they are basic to the process of identity development in general and the development of a moral identity in particular. More specifically, the concept of "a sense of control and responsibility" is defined in terms of what Erikson (1980) called one's attitude or orientation toward life tasks, including

accepting responsibility for solving problems and making choices that affect the quality of one's life and the lives of others.

Previous Research Using This Approach

This study builds on previous research exploring the use of the SEF. More specifically, this work builds on and extends a study conducted by Bussell (2000), who provided a preliminary evaluation of the utility of the SEF measure using three relationships groups within one semester period as well as suggested guidelines and directions for future development and refinement of impact measures with this population. The study also began to explore the impact of therapeutic processes and their relationship to intervention outcome. The Bussell (2000) study addressed three specific research questions.

The first research question concerned evaluating the feasibility of using a session impact measure with a sample of adolescents in a school-based setting. Qualitative analyses were used to evaluate the appropriateness of the measure as well as to pilot-test and refine procedures for administering the measure in the group interventions on a session-by-session basis. As part of the study, the SEF was pilot tested in relationship groups that ran at ACE during the previous semester. Throughout the pilot testing, several aspects of the SEF were examined and modified as a result of feedback from group participants. The favorable response of these at risk adolescents to the final format of SEF provided qualitative evidence for the appropriateness of using the measure in the group interventions on a session-by-session basis. The overall result of these modifications was that the SEF was easier to administer. As a result of the word change and the format change, there were no problems during the study with comprehension or utilization of the SEF and no refusals to fill out the form. As a result of the change in administration, the

participants were able to stay task-oriented and as the results indicated, there was no longer a problem with the ceiling effect.

The second research question concerned the capacity of the SEF to assess the differential impact of process across intervention groups of the same type (relationships) within the study sample. This research question focused on the utility of the SEF as a measure of session impact. More specifically, this question was concerned with the degree to which the measure was capable of assessing the difference among the relationships groups in the impact of therapy processes such as therapeutic relationships (i.e., group support, therapist support) and therapeutic tasks and activities (i.e., skills acquisition, personal exploration) during group sessions. The questions and hypotheses were examined using the Session Evaluation Form (SEF; Bussell & Kurtines, 1999) as a measure of intervention impact. In addition, the intervention outcome measures included the Critical Problem Solving Scale (CPSS; Berman, Schwartz, Kurtines, & Berman, 2000/in press) Cognitive Skills and Knowledge; the Ego Identity Process Questionnaire (EIPQ; Balistreri, et al. 1995) as a measure of identity exploration and commitment; and the Child Behavior Checklist, Youth Self-Report (YSR; Achenbach, 1991) as an additional outcome measure of internalizing behavior problem.

The results of the Bussell (2000) study provided support for the ability of the SEF to measure differences in session impact. In this study, support for the ability of the SEF to measure differences in session impact was seen in the finding of a significant difference between the three relationship groups on the Facilitator Impact subscale, which was designed to assess the impact of the therapeutic relationship between participant and the facilitator during the session. The significant difference between the relationship groups

on the Group Support, Skills Impact, and Exploration Impact subscales provided further support for the ability of the SEF to measure differences in session impact. That is, the SEF was able to assess the differences between a relationship group with low session impact ratings and a relationship group with high session impact ratings on several markers of therapy process.

These results also revealed three unexpected findings with a number of potentially significant implications. First, the pattern of the Facilitator Impact subscale results indicated a significant difference between the groups, in conjunction with the different levels of experience between facilitators, suggests that therapist experience may be a significant contributor to perceived therapy impact.

A second implication from this line of evidence is that for the sample used in the Bussell study, Facilitator Impact was more significant to group participants, across the relationship groups, than Group Impact. In contrast to the findings with the Facilitator Impact scale, the results obtained with the Group Impact scale did not yield a significant difference between the relationship groups, although the results approached significance. More specifically, the ANOVAs indicated that the differences for the Group Impact score were not significant until it was further examined by dividing it into component parts (Group Cohesion and Group Support). Further examination indicated that the differences for Group Cohesion were not significant, but the differences for Group Support were significant.

Moreover, the results once again indicated that not only were there significant differences between the relationship groups, but also that the pattern of results was consistent with the implication that the difference may be accounted for by differential therapist

experience. That is, the relationship group with the most experienced facilitator was perceived as providing significantly greater group support on a session-by-session basis than the relationship group with the least experienced facilitator. This relationship group was likely to be perceived as providing significantly less support.

The third implication from this line of evidence is that the relationship group with the most experienced facilitator was perceived as producing significantly greater skills development and fostering significantly greater personal exploration than the relationship group with the least experienced facilitator. The relationship group with the least experienced facilitator was likely to be perceived as producing significantly less skills acquisition and to foster significantly less personal exploration.

The third research question also examined the utility of the SEF as a measure of the impact of therapy process. This research question, however, focused on the relationship of the impact of therapy process as it takes place in sessions and on intervention outcome. That is, this research question investigated, in a preliminary way, the links between differential session impact and the effects of the group intervention (pre to post) on the developmental processes postulated to be related to promoting identity and intimacy development. The third research question thus concerned the main effects of the intervention and their interaction with the impact of group processes.

The results from the analysis of this research question provided preliminary and tentative support for the utility of the SEF as a predictor of intervention outcome. Trends in the outcome results tended to follow the same pattern observed with the impact of the process variables, with the group with the highest ratings on the SEF primarily changing in the improvement direction on the outcome measures and the group with the lowest

ratings on the SEF mostly either not changing or in some cases deteriorating. Further, the pattern of change was consistent across a number of variables. These trends in the data suggested intervention group and/or facilitator might have differentially moderated the level of the significance of the pre to post test effects of the intervention.

The Current Study

This study extended the research conducted by Bussell 2000. In summarizing her study, Bussell (2000) outlined the limitation of her study, including the small sample size, brief time frame (one semester), the small number of facilitators, and the use of a single type of counseling group (i.e., relationship). The current study was a partial replication and extension of the Bussell study. Methodologically, it replicated the use of the same population, intervention, procedures, and process measures. Because the primary aim of this study was on therapy process, it also extended it in that it involved: a larger sample size (91 research participants), a longer time frame (Fall 2000 and Spring 2001 semesters), a greater between type-of-group diversity (i.e., more diverse types of counseling groups -- anger management, relationships, substance abuse, troubled families, and self-esteem) instead of just one (relationships), and greater within type-of-group diversity of facilitators – a total of 10 facilitators, with the two largest groups, anger management and relationships, having three different facilitators assigned to each type of group).

Conceptually, the study not only replicated the Bussell study but also extended in that it more fully addressed the most basic of the three research questions addressed by the previous study, namely, the capacity of the SEF to assess the differential impact on therapy process. The inclusion of additional types of groups and more facilitators within

the study sample made it possible to not only evaluate the differential impact of facilitator on therapy process (within type of group effects), but to also to evaluate the differential impact of type of group (i.e., between type of group effects). The primary research question for this study thus focused on the utility of the SEF as a measure of session impact across intervention groups and facilitators. The first question (i.e., the feasibility of using a session-by-session impact measure with at risk adolescents in a school based setting) was adequately addressed by the Bussell study. The third question (i.e., the links between differential session impact and the effects of the group intervention pre to post on developmental processes) was not a focus of this study in that, as Bussell noted, the findings from her study were only very preliminary. In this context, the better research strategy appeared to be to focus on the more robust of her findings, namely, the relative impact of type of group and facilitator on therapy process. The next section therefore summarizes the basic research question and hypotheses addressed by the current study.

Research Questions

The basic research questions that this study addressed were concerned with the issue of the impact of type of intervention group and type of group facilitator on the therapy process. For the purposes of analyses, these questions were investigated separately for the two the types of relationship impacts (group and facilitator) and the two types of task impacts (skills acquisition and personal exploration) of therapy process that the SEF is designed to tap

Research Question 1 -- What is the impact of type of intervention group on the therapy process?

Hypothesis 1: In the absence of previous research, no specific differential hypothesis

were made regarding the significance and/or direction of the impact of type of intervention group

Hypothesis 1.a: There will be no differential impact on therapeutic relationships across the groups as measured by the SEF Group Impact and Facilitator Impact subscales.

Hypothesis 1.b: There will be no differential impact on intervention tasks and activities across the groups as measured by the SEF Skills Impact and Exploration Impact subscales.

Research Question 2 -- What is the impact of type of the group facilitator on the therapy process?

Hypothesis 2: Based on the previous research, it is hypothesized that there will be a significant impact of type of the group facilitator on the therapy process with the most experienced facilitators showing the most positive impact on therapy process

Hypothesis 2.a: There will be a differential impact on therapeutic relationships across the group facilitators as measured by the SEF Group Impact and Facilitator Impact subscales.

Hypothesis 2.b: There will be a differential impact on intervention tasks and activities across the group facilitators as measured by the SEF Skills Impact and Exploration Impact subscales.

SECTION 3

METHODOLOGY

Participants

The study includes 91 middle adolescent high school students from a Miami-Dade County Public School. Participants in this study consisted of urban youth who were identified by Dade County Public Schools as "at risk" for a multitude of problem behaviors and adverse outcomes. This study sample was drawn from 9 to 12 graders, ages ranging from 14 to 20 years at the Academy for Community Education (ACE) a voluntary alternative public high school in Miami, Florida. The sample included both 45 males and 46 females. The sample was multiethnic, including 31 African Americans, 39 Hispanics, 4 Bi-Ethnic and 10 White Non-Hispanic and 7 who self-identified as Other. The participants engaged in counseling groups conducted during the Fall 2000 and Spring 2001 semesters for either 1 or 2 semesters.

Participant Recruitment and Selection

Participants were obtained through self or counselor referrals. The students participated in one of the five different types of counseling groups. For four of the groups, (anger management, relationships, substance abuse, and children of troubled families/abuse) participants had the option of staying in the group for two semesters or changing to another group at the end of the semester. The self-esteem was only taken on a one-semester basis, i.e., students participated in it either in the fall or spring, but not both semesters. The groups were implemented through the school guidance office as part of the school's ongoing program. Groups met once per week for one hour.

Procedure

The intervention groups all had the same structure and format, with one group facilitator, one co- facilitator and one or two group assistants per group. The groups' size ranged from 6 to 14 members. The group facilitators were graduate level students with varied levels of previous experience in conducting group interventions. A SEF was administered at the end of every session by a group assistant.

Therapy Process Measure.

The Session Evaluation Form (SEF; Bussell & Kurtines, 1999) is the session impact measure reported in this study that was adapted from the Session Impact Scale (Elliot & Wexler, 1994) and consisted of four main subscales. The first two subscales, Group Impact (4 items) and Facilitator Impact (2 items) assess the impacts of the therapeutic relationship between the group and the participant and the facilitator and the participant, respectively, during the session. The third and fourth subscales were adapted to assess the impact of intervention specific content. The third subscale, Skills Impact (2 items), assesses the effects of the session on the participants' perception of skills acquisition. The fourth subscale, Exploration Impact (2 items), assesses the impact of the session on the participants' personal exploration. These impact items were tailored to be specific to our population, and the facilitative strategies used in the intervention, specifically knowledge development and exploration enhancement. All items were rated on a 5-point Likert scale (1 = not at all, 2 = slightly, 3 = somewhat, 4 = pretty much, and 5 = very much). Bussell (2000) reported the following internal reliability coefficients (Cronbach's alpha) for the SEF subscales: Group Impact, r = .94; Facilitator Impact, r = .93; Skills Impact, r = .93

and Exploration Impact r = .89. The internal reliability coefficient (Cronbach's alpha) for the SEF Overall Impact was r = .97.

The impact measure was administered at the completion of every session (i.e., on a session by session basis). In order to reduce response bias, the group assistant administered the session evaluation form after the group facilitator left the room..

SECTION 4

RESULTS

This section present this study's findings with respect to Gender and Ethnicity effects and the basic research questions and hypotheses addressed by the current study.

Descriptive Analyses: Effects of Gender and Ethnicity

Prior to conducting the tests of the study's research hypotheses, analyses were conducted by Gender (male and female), and Ethnicity (African-American, Asian-American, Euro-American, Latin-American and Other) to test for Gender and Ethnic differences in the sample. As Table 1 indicates, there we no reliable differences in the frequency of males and females across ethnic groups.

Table 1
Crosstabulation of Ethnic Identifier by Gender

Count

		Gender		
		female	male	Total
Ethnic Identifier	White/nonHispanic	8	2	10
	Spanish/Hispanic	16	19	35
	Black/African American	16	17	33
	other	2		2
	bi-ethnic	3	1	4
Total		45	39	84

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	6.492	4	.165
Likelihood Ratio	7.533	4	.110
Linear-by-Linear Association	.373	1	.541
N of Valid Cases	84		

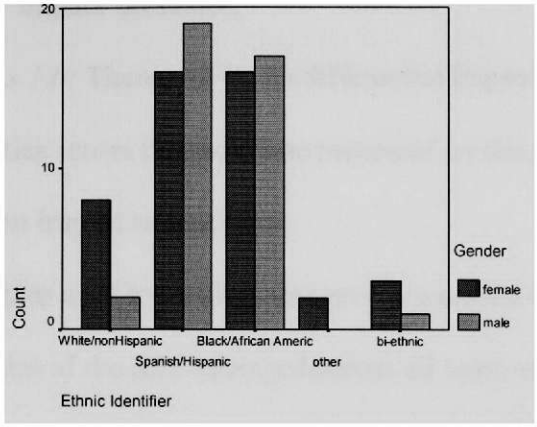


Figure 1

Study Research Question

Research Question 1 -- What is the impact of type of intervention group on the therapy process?

The first research question concerned the capacity of the SEF to assess the differential impact of process across intervention groups within the study sample. This research question focused on the utility of the SEF as a measure of session impact. More specifically, this question is concerned with the degree to which the measure was capable of assessing the difference among the groups in the impact of therapy processes such as therapeutic relationships (i.e., group support, therapist support) and therapeutic tasks and activities (i.e., skills acquisition, personal exploration) during group sessions.

Hypothesis 1: In the absence of previous research, no specific differential hypothesis were made regarding the significance and/or direction of the impact of type of intervention group.

Hypothesis 1.a: There will be no differential impact on therapeutic relationships across the groups as measured by the SEF Group Impact and

Facilitator Impact subscales.

Hypothesis 1.b: There will be no differential impact on intervention tasks and activities across the groups as measured by the SEF Skills Impact and Exploration Impact subscales.

The two dependent variables used to test Hypotheses 1.a were the Group Impact and Facilitator Impact subscales of the SEF averaged across all sessions. The two dependent *variables* used to test Hypotheses 1.b were the Skills Impact and Exploration Impact subscales of the SEF averaged across all sessions. The independent variable was the Group. Because of the multiple dependent variables, the statistical analyses used to test Hypotheses consisted of a Multivariate Analysis of Variance (MANOVA). The multivariate null hypothesis for these statistical tests was that there was no significant difference between the Groups, with the significance level set at .05.

Hypothesis 1.a: There will be no differential impact on therapeutic relationships across the groups as measured by the SEF Group Impact and Facilitator Impact subscales.

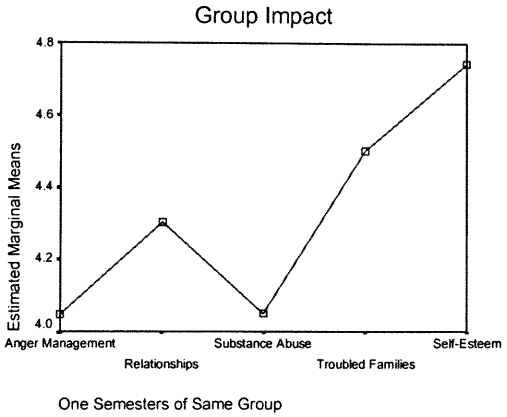
The dependent variables for Hypothesis 1.a consisted of the Group Impact and Facilitator Impact averages. This hypothesis was tested using two MANOVAs.

For the first MANOVA, the hypothesis was tested using all participants who were in one of the five counseling groups for only one semester (i.e., those participants who were in the self-esteem group or in one of the other groups for only one semester). The MANOVA yielded a significant multivariate F-test, Roy's Largest Root, $F(4,57)=2.42$, $p < .05$. Table 2 presents the means, standard deviations, and F-ratios for the univariate tests.

Table 2
Means and Standard Deviations for Group Impact and Facilitator Impact by Type of Group (One Semester)

		Anger Management	Relationships	Substance Abuse	Troubled Families	Self-Esteem	F(4,57)
Group Impact	Mean	4.0475	4.3030	4.0516	4.5000	4.7423	1.96
	Std. Deviation	.8103	.5697	.4227	.8660	.2716	
Facilitator Impact	Mean	3.9336	4.3159	3.9423	4.5917	4.6135	2.96*
	Std. Deviation	.7096	.5321	.5618	.6336	.4712	

*p < .05



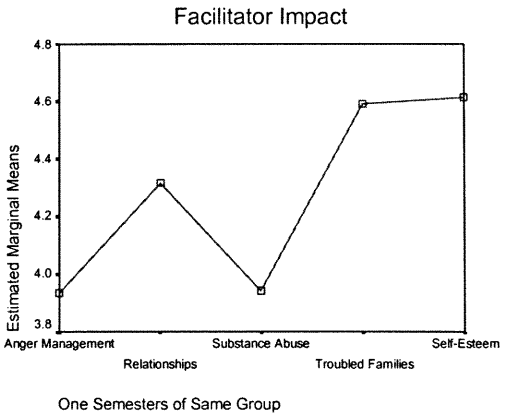


Figure 2

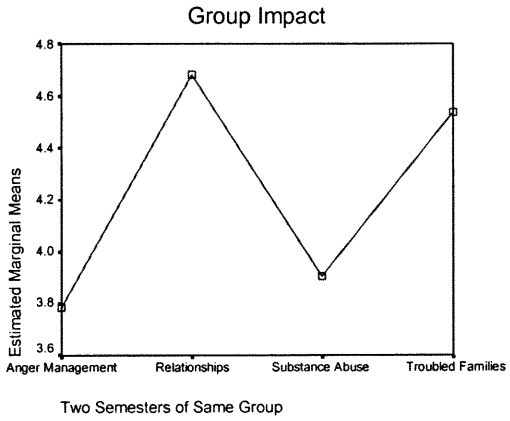
As can be seen from Table 2, there were significant differences among the groups for Facilitator Impact, F(4,57), 1.96, p. < .05, but not for Group Impact. Moreover, post hoc comparison, LSD (Least Significant Difference) test, indicated that participants in the Anger Management group rated Facilitator Impact as significantly lower than participants in the Relationships, Troubled Families, and Self-esteem groups, and that participants in he Substance Abuse group rated Facilitator Impact as significantly lower than participants in the Troubled Families and Self-esteem groups. Anger Management and Substance Abuse, on the other hand, did not differ from each other on either Group Impact or Facilitator Impact.

For the second MANOVA, the hypothesis was tested using all participants who were in the Anger Management, Relationships, Substance Abuse, and Troubled Families groups for two semesters. The MANOVA yielded a significant multivariate F-test, Roy's Largest Root, $F(3,30)=8.81$, $p < .000$. Table 3 presents the means, standard deviations, and F-ratios for the univariate tests.

Table 3
Means and Standard Deviations for Group Impact and Facilitator Impact by Type of Group (Two Semesters)

		Anger Management	Relationships	Substance Abuse	Troubled Families	F(3,30)
Group Impact	Mean	3.7836	4.6796	3.9062	4.5366	8.63***
	Std. Deviation	.5837	.3375	.2568	.4355	
Facilitator Impact	Mean	3.8498	4.7293	3.7741	4.6849	7.95***
	Std. Deviation	.6555	.2996	.4964	.3366	

***p < .000



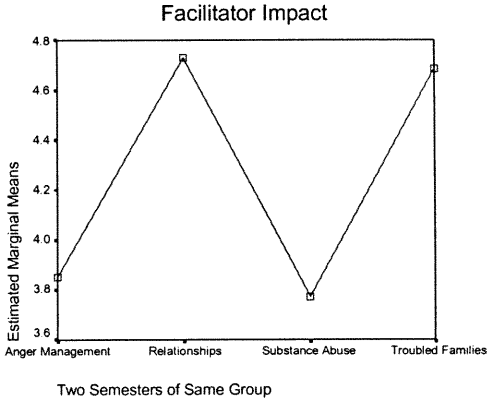


Figure 3

As can be seen from Table 3, there were significant differences among the groups for Facilitator Impact, $F(3,30)$, 8.63, $p. < .000$ and for Group Impact, $F(3,30)$, 7.95, $p. < .000$. Moreover, post hoc comparison, LSD (Least Significant Difference) test, indicated that participants in the Anger Management group and the Substance Abuse group rated Group Impact and Facilitator Impact as significantly lower than participants in the Relationships

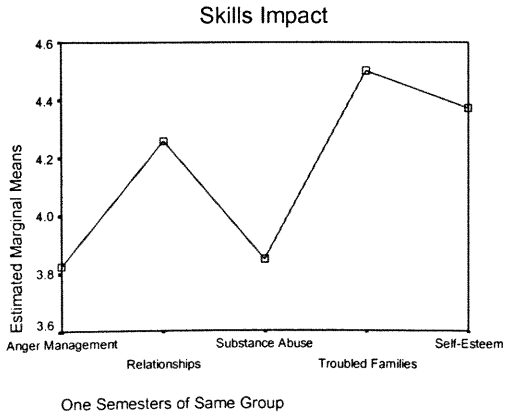
and Children of Troubled Families and Abuse groups. Anger Management and Substance Abuse, once again, did not differ from each other on either Group Impact or Facilitator Impact.

Hypothesis 1.b: There will be no differential impact on intervention tasks and activities across the groups as measured by the SEF Skills Impact and Exploration Impact subscales.

The dependent variables for Hypothesis 1.b consisted of the Skills Impact and Exploration Impact averages. This hypothesis was again tested using two MANOVAs. For the first MANOVA, the hypothesis was tested using all participants who were in one of the five counseling groups for only one semester. The MANOVA did not yield a significant multivariate F-test. Table 4 presents the means, standard deviations, and F-ratios for the univariate tests.

Table 4
Means and Standard Deviations for Skills Impact and Exploration Impact by Type of Group (One Semester)

		Anger Management	Relationships	Substance Abuse	Troubled Families	Self-Esteem	F(4,57)
Skills Impact	Mean	3.8238	4.2576	3.8473	4.5000	4.3699	1.9120
	Std. Deviation	.7976	.6047	.5913	.8478	.8566	
Exploration Impact	Mean	3.8259	4.2544	3.7947	4.4917	4.4298	2.2500
	Std. Deviation	.8005	.5908	.6179	.8511	.6739	



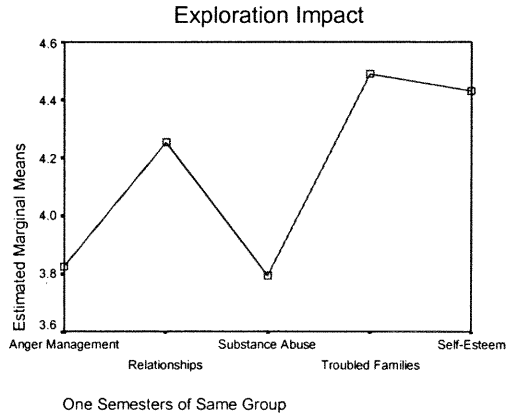


Figure 4

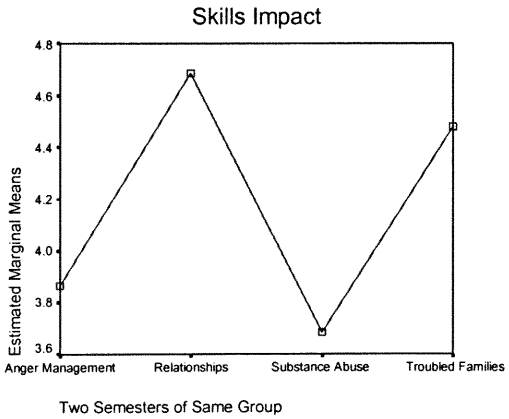
As can be seen from Table 4, there were no significant differences among the groups for Skills Impact or Exploration Impact, nor were any post hoc comparisons significant.

For the second MANOVA, the hypothesis was tested using all participants who were in the Anger Management, Relationships, Substance Abuse, and Troubled Families groups for two semesters. The MANOVA yielded a significant multivariate F-test, Roy's Largest Root, $F(3,30)=7.22$, $p < .001$. Table 5 presents the means, standard deviations, and F-ratios for the univariate tests.

Table 5
Means and Standard Deviations for Skills Impact and Exploration Impact by Type of Group (Two Semester)

		Anger Management	Relationships	Substance Abuse	Troubled Families	F(3,30)
Skills Impact	Mean	3.8655	4.6870	3.6836	4.4776	7.20***
	Std. Deviation	.6490	.2274	.3709	.5401	
Exploration Impact	Mean	3.7892	4.6998	3.7552	4.3687	6.35***
	Std. Deviation	.7023	.2338	.3369	.6957	

***p < .001



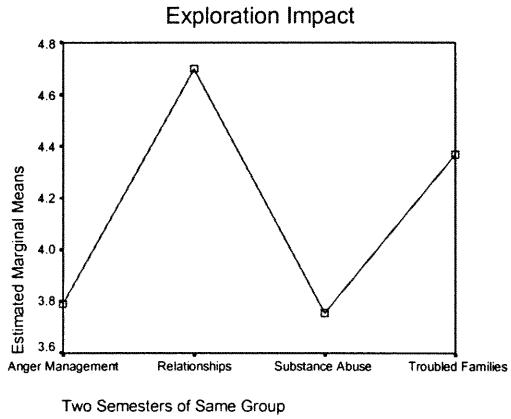


Figure 5

As can be seen from Table 5, there were significant differences among the groups for Skills Impact, $F(3,30)$, 7.20, $p. < .001$ and for Exploration Impact, $F(3,30)$, 6.35, $p. <$

.001. Moreover, post hoc comparison (LSD tests) indicated that participants in the Anger Management group and the Substance Abuse group rated Skill Impact and Exploration Impact as significantly lower than participants in the Relationships and Troubled Families groups. Anger Management and Substance Abuse, once again, did not differ from each other on either Skills Impact or Exploration Impact.

Research Question 2 -- What is the impact of type of the group facilitator on the therapy process?

The second research question concerned the capacity of the SEF to assess the differential impact of the group facilitator on therapy process. This research question focused on the issue of the impact of facilitator characteristics (e.g., experience, skills, etc.) on session impact. More specifically, the hypotheses were designed to test for facilitator differences in impact on therapy processes such as therapeutic relationships (i.e., group support, therapist support) and therapeutic tasks and activities (i.e., skills acquisition, personal exploration) during group sessions.

Hypothesis 2: Based on the previous research, it is hypothesized that there will be a significant impact of type of the group facilitator on the therapy process with the most experienced facilitators showing the most positive impact on therapy process.

> *Hypothesis 2.a:* There will be a differential impact on therapeutic relationships across the group facilitators as measured by the SEF Group Impact and Facilitator Impact subscales.
>
> *Hypothesis 2.b:* There will be a differential impact on intervention tasks and activities across the group facilitators as measured by the SEF Skills Impact and Exploration Impact subscales.

The two dependent variables used to test Hypotheses 2.a were the Group Impact and Facilitator Impact subscales of the SEF averaged across all sessions. The two dependent variables used to test Hypotheses 2.b were the Skills Impact and Exploration Impact subscales of the SEF averaged across all sessions. The independent variable was Group Facilitator. Because of the multiple dependent variables, the statistical analyses used to test Hypotheses consisted of a Multivariate Analysis of Variance (MANOVA). The multivariate null hypothesis for these statistical tests was that there was no significant difference between the Group Facilitators, with the significance level set at .05.

> *Hypothesis 2.a:* There will be a differential impact on therapeutic relationships across the group facilitators as measured by the SEF Group Impact and Facilitator Impact subscales.

Hypothesis 2.a was tested using separate MANOVAs for the Anger Management and Relationships groups.

The dependent variables for Hypothesis 2.a consisted of the Group Impact and Facilitator impact averages. The hypothesis was tested using all participants who were in one of the two Anger Management groups or one of the two Relationships groups for two consecutive semesters. The independent variable was Group Facilitator (Facilitator A, Facilitator B, Facilitator C). For this study, three Group Facilitators were assigned to each of the types of groups (AM or REL). The Group Facilitators were counter balanced for length of intervention exposure. More specifically, within each type of group (e.g., Anger Management), the same Group Facilitator conducted one of the groups over the two consecutive semesters; for the other group, the Group Facilitator was rotated and replaced by another Group Facilitator at the end of the first semester. Thus, for each type

of group (AM or REL), one of the three Group Facilitators assigned to each type of group (AM or REL) conducted a group over two consecutive semesters while the other two of the three Group Facilitators conducted a group for one semester. In all groups, the participants remained in the same group (with the same group members) over two semesters. Although they were both two-semester groups, the Substance Abuse and Children of Troubled Families and Abuse groups were not included in these analyses because there was only one of each type of groups and the same Group Facilitator conducted the group for both semesters.

Anger Management

The MANOVA for the Group and Facilitator Impact measures for the Anger Management groups yielded a significant multivariate F-test, Roy's Largest Root, $F(2,45)=4.61$, $p < .01$. Table 6 presents the means, standard deviations, and F-ratios for the univariate tests.

Table 6
Means and Standard Deviations for Group Impact and Facilitator Impact by Group Facilitator (AngerManagement)

		Anger Management			
		Facilitator A	Facilitator B	Facilitator C	F(2,45)
Group Impact	Mean	4.0967	3.6953	4.5216	4.12*
	Std. Deviation	.7641	.5806	.4838	
Facilitator Impact	Mean	4.0661	3.7316	4.2657	1.85
	Std. Deviation	.7350	.6734	.5360	

* $p < .05$

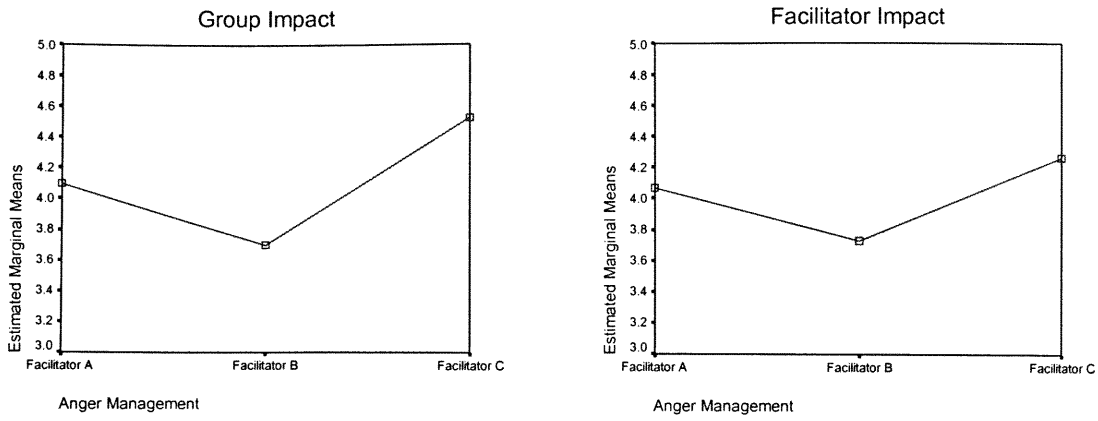


Figure 6

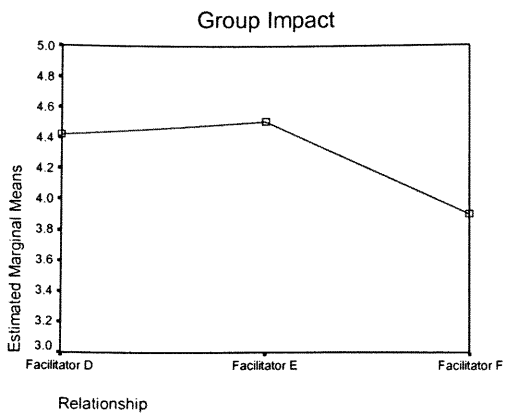
As can be seen from Table 6, there were significant differences among the groups for Group Impact, F(4,57), 4.96, p. < .05, but not for Facilitator Impact. Moreover, post hoc comparison, LSD (Least Significant Difference) test, indicated that participants in Facilitator C's Anger Management group rated Group Impact as significantly higher than participants in Facilitator B's group.

Relationships

The MANOVA for the Group and Facilitator Impact measures for the Relationships groups did not yield a significant multivariate F-test. Table 7 presents the means, standard deviations, and F-ratios for the univariate tests.

Table 7
Means and Standard Deviations for Group Impact and Facilitator Impact by Group Facilitator (Relationships)

		Relationship			
		Facilitator D	Facilitator E	Facilitator F	Ff(2,26)
Group Impact	Mean	4.4158	4.5039	3.8954	2.84
	Std. Deviation	.5041	.5325	.3387	
Facilitator Impact	Mean	4.5060	4.4669	4.0954	1.35
	Std. Deviation	.4541	.5457	.2362	



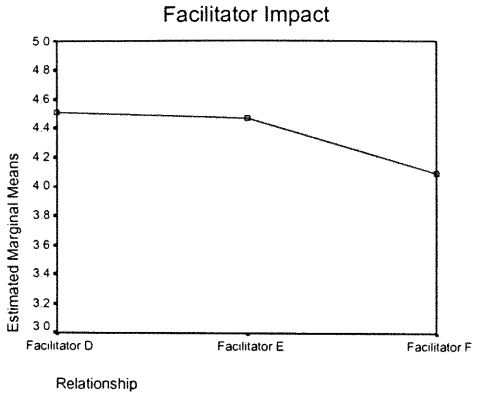


Figure 7

As can be seen from Table 7, there were no significant differences among the groups for Group Impact or Facilitator Impact.

Hypothesis 2.b: There will be a differential impact on intervention tasks and activities across the group facilitators as measured by the SEF Skills Impact and Exploration Impact subscales.

Hypothesis 2.b was tested using separate MANOVAs for the Anger Management and Relationships groups.

The dependent variables for Hypothesis 2.b consisted of the Skills Impact and Exploration Impact averages. The hypothesis was also tested using all participants who were in one of the two Anger Management groups or one of the two Relationships groups for two consecutive semesters. The independent variable was Group Facilitator (Facilitator A, Facilitator B, Facilitator C).

Anger Management

The MANOVA for the Skills and Exploration Impact measures for the Anger

Management groups did not yield a significant multivariate F-test. Table 8 presents the means, standard deviations, and F-ratios for the univariate tests.

Table 8
Means and Standard Deviations for SkillsImpact and Exploration Impact by GroupFacilitator (Anger Management)

		Anger Management			
		Facilitator A	Facilitator B	Facilitator C	F(2,45)
Skills	Mean	4.0967	3.6953	4.5216	.48
	Std. Deviation	.7641	.5806	.4838	
Exploration Impact	Mean	4.0661	3.7316	4.2657	1.18
	Std. Deviation	.7350	.6734	.5360	

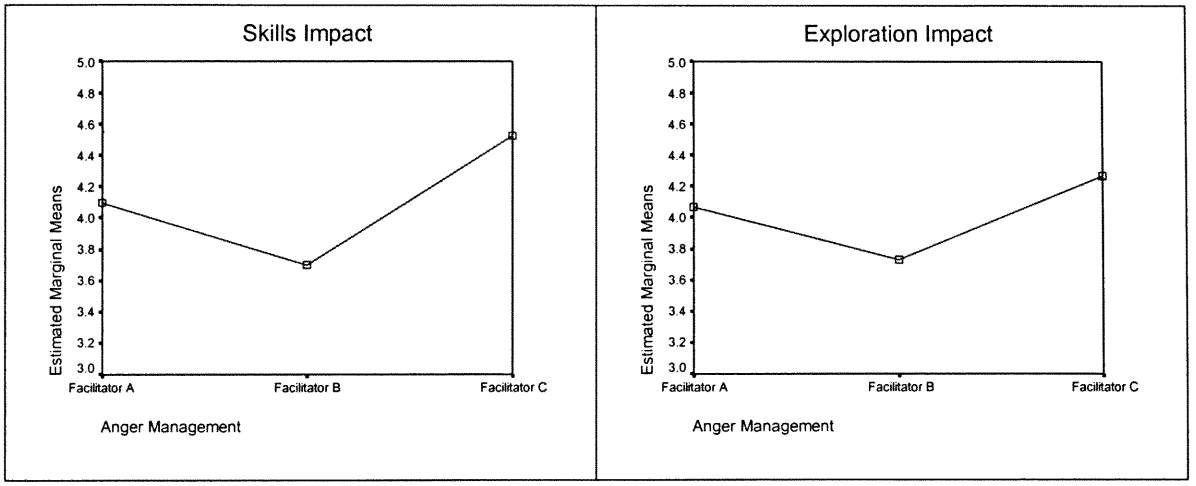


Figure 8

As can be seen from Table 8, there were no significant differences among the groups for Skills Impact or Exploration Impact.

Relationships

The MANOVA for the Skills and Exploration Impact measures for the Relationships groups did not yield a significant multivariate F-test. Table 9 presents the means, standard deviations, and F-ratios for the univariate tests.

Table 9
Means and Standard Deviations for Skills Impact and Exploration Impact by Group Facilitator (Relationships)

		Relationship			
		Facilitator D	Facilitator E	Facilitator F	F(2,26)
Skills Impact	Mean	4.3957	4.4665	4.0844	.9600
	Std. Deviation	.3518	.6490	.3661	
Exploration Impact	Mean	4.4322	4.4559	4.0558	1.1400
	Std. Deviation	.4443	.5978	.3999	

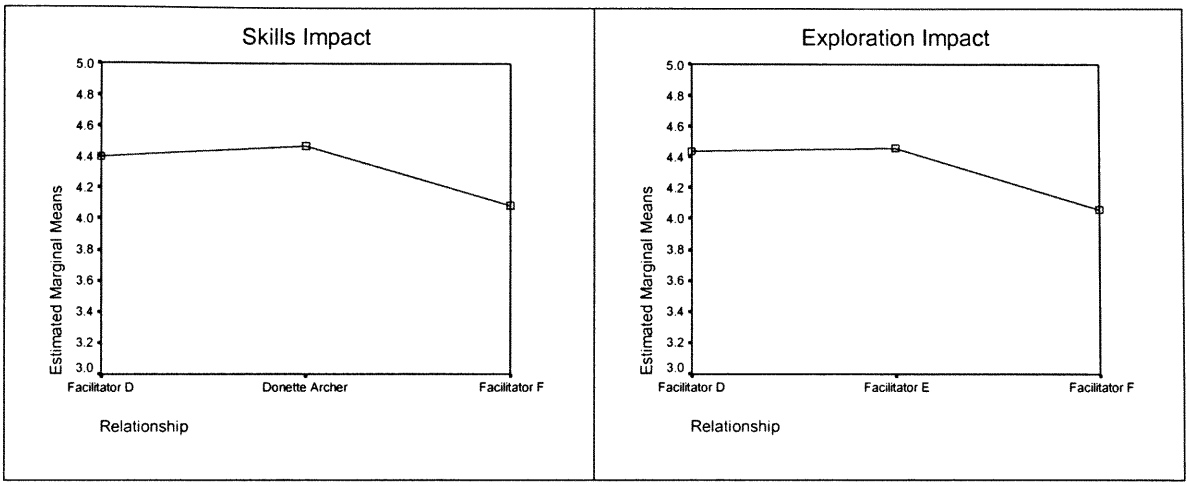


Figure 9

As can be seen from Table 9, there were no significant differences among the groups for Skills Impact or Exploration Impact.

Additional Analyses—The impact of type of group (Anger Management versus Relationship) combined across Group Facilitator.

The pattern that emerged from testing the research hypotheses appeared to clearly indicate that type of group had greater impact on therapy process than group facilitator. Moreover, the pattern of the direction of difference for the two-semester groups indicated that the participants in the types of groups characterized by oppositional/externalizing problem behavior (i.e., the anger management groups and the substance abuse group)

consistently evaluated all of the dimensions of therapy process more negatively than the participants in the type of groups characterized by non-oppositional problem behaviors (i.e., the relationships groups and the troubled family group). Consequently, additional analyses were conducted to test more directly these hypothesized directional effects.

As in the previous analyses, the dependent variables used in these additional analyses were the Group, Facilitator, Skills, and Exploration Impact subscales of the SEF averaged across all sessions. The independent variable for the first set of analyses was Combined Groups (both Anger Management Groups versus both Relationships Groups). Because of the multiple dependent variables, the statistical analyses used to test Hypotheses consisted of a Multivariate Analysis of Variance (MANOVA). The multivariate null hypothesis for these statistical tests was that there was no significant difference between the Group Facilitators, with the significance level set at .05.

Additional Analysis 1a: Evaluation of Group differences.

The dependent variables for the first set of Additional Analyses consisted of the Group Impact and Facilitator impact averages. The analyses were conducted comparing both Anger Management Groups to both Relationships Groups.

Combined Groups: Group and Facilitator Impact

The MANOVA for the Group and Facilitator Impact measures for the Combined Groups yielded a significant multivariate F-test, Roy's Largest Root, $F(2,68)=3.73$, $p < .01$. Table 10 presents the means, standard deviations, and F-ratios for the univariate tests.

Table 10
Means and Standard Deviations for Group Impact and Facilitaor Impact by Combined Groups (Anger Management vs. Relationships)

		Group		
		Anger Management	Relationships	F(1,69)
Group Impact	Mean	4.0709	4.3798	3.78*
	Std. Deviation	.7352	.5382	
Facilitator Impact	Mean	4.0000	4.4149	7.04**
	Std. Deviation	.7224	.4970	

*p < .05
** p < .01

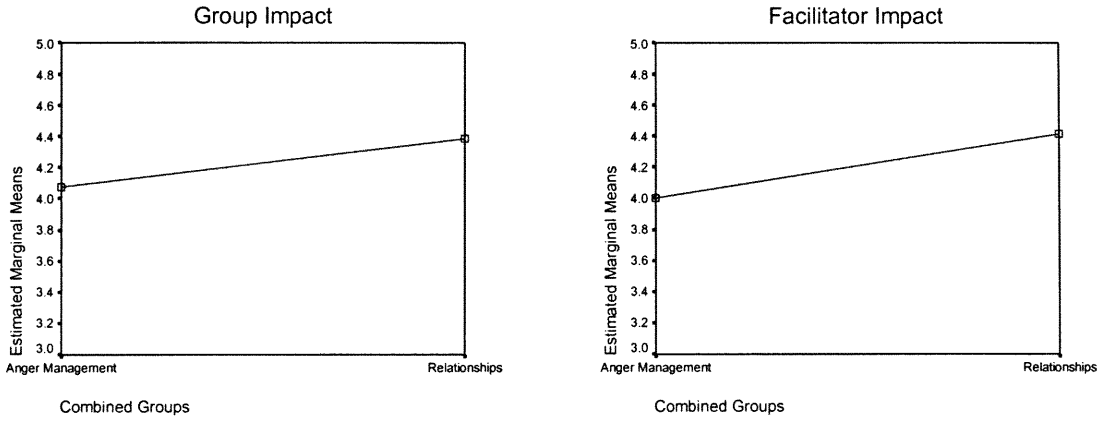


Figure 10

As can be seen from Table 10, there were significant differences among the groups for both Group Impact, F(1,69), 3.78, p. < .05, and Facilitator Impact. F(1,69), 7.04, p. < .01, with participants in the Anger Management Groups evaluating Group and Facilitator Impact more negatively than participants in the Relationships Groups.

Combined Groups: Skills and Exploration Impact

The MANOVA for the Skills and Exploration Impact measures for the Combined Groups yielded a significant multivariate F-test, Roy's Largest Root, F(2,68)=3.71, p < .03. Table 11 presents the means, standard deviations, and F-ratios for the univariate tests.

Table 11
Means and Standard Deviations for Skills Impact and Exploration Impact by Group (Anger Management vs. Relationships)

		Group		
		Anger Management	Relationships	F(1,69)
Skills Impact	Mean	3.9245	4.3714	7.01**
	Std. Deviation	.7777	.5420	
Exploration Impact	Mean	3.9110	4.3713	7.51***
	Std. Deviation	.7742	.5376	

** p < .01
*** p < .001

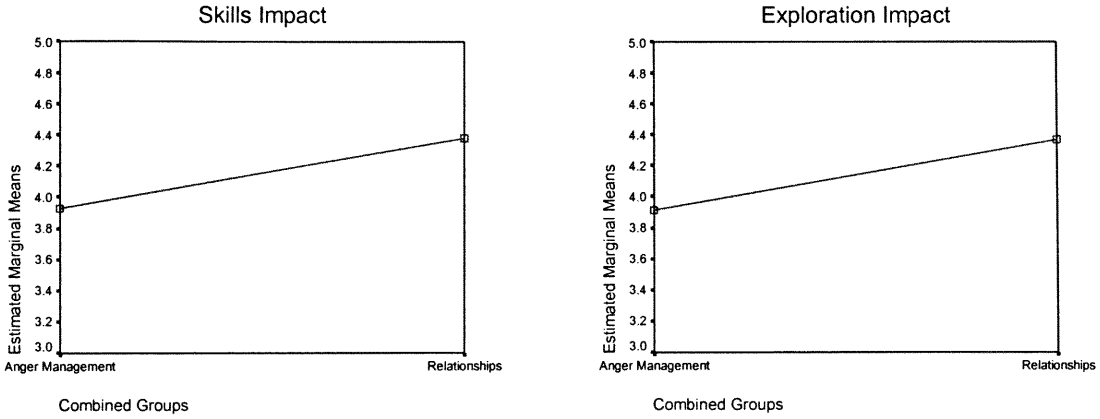


Figure 11

As can be seen from Table 11, there were significant differences among the groups for both Skills Impact, F(1,69), 7.01, p. < .01, and Facilitator Impact. F(1,69), 7.51, p.< .001, with participants in the Anger Management Groups evaluating Group and Facilitator Impact more negatively than participants in the Relationships Groups.

All Groups Oppositional versus Nonoppositional: Group and Facilitator Impact

The MANOVA for the Group and Facilitator Impact measures for the all Groups yielded a significant multivariate F-test, Roy's Largest Root, F(2,87)=6.99, p < .002. Table 12 presents the means, standard deviations, and F-ratios for the univariate tests.

Table 12
Means and Standard Deviations for Oppositional vs Nonoppositional (All Groups)

		Oppositional versus Nonoppositional		
		Oppositional	Non-oppositional	F (1,88)
Group Impact	Mean	4.0685	4.4050	6.04**
	Std. Deviation	.6644	.5677	
Facilitator Impact	Mean	3.9930	4.4739	11.12***
	Std. Deviation	.6650	.5188	

**p < .01
***p < .001

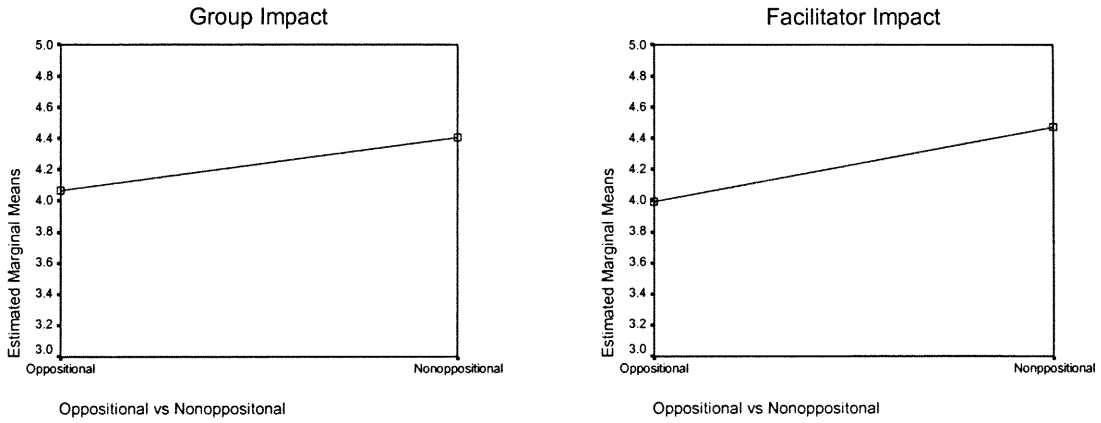


Figure 12

As can be seen from Table 12, there were significant differences among the groups for both Group Impact, F(1,88), 6.04, p. < .01, and Facilitator Impact. F(1,88), 11.12, p.< .001, with participants in the Oppositional Groups evaluating Group and Facilitator Impact more negatively than participants in the Nonoppositional Groups.

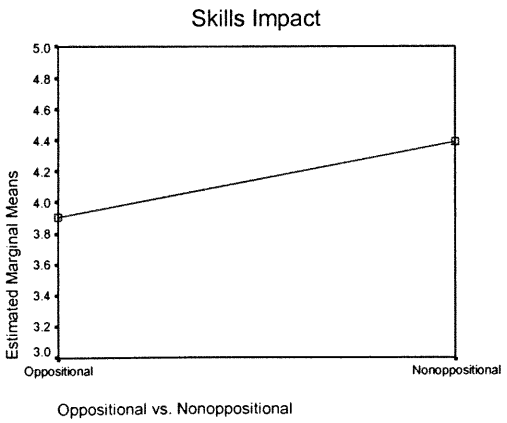
Combined Groups: Skills and Exploration Impact

The MANOVA for the Skills and Exploration Impact measures for the Combined Groups yielded a significant multivariate F-test, Roy's Largest Root, $F(2,68)=3.71$, $p < .03$. Table 13 presents the means, standard deviations, and F-ratios for the univariate tests.

Table 13
Means and Standard Deviations for Oppositional vs Nonoppositional (All Groups)

		Oppositional versus Nonoppsiitonal		
		Oppositional	Non-oppositional	F (1,88)
Skills Impact	Mean	3.9057	4.3889	10.89*
	Std. Deviation	.7178	.5920	
Exploration Impact	Mean	3.8965	4.3861	11.12*
	Std. Deviation	.7138	.6069	

***p < .001



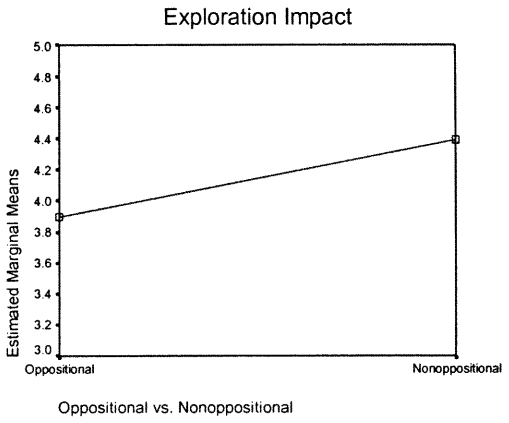


Figure 13

As can be seen from Table 13, there were significant differences among the groups for both Skills Impact, $F(1,88)$, 10.89, $p. < .001$, and Exploration Impact. $F(1,88)$, 11.12, $p. < .001$, with participants in the Oppositional Groups evaluating Skills and Exploration Impact more negatively than participants in the Nonoppositional Groups.

SECTION 5

Discussion

This study sought to advance the development of efficacious interventions for use with the adolescent population by helping to close the knowledge gap with respect to assessing the impact of therapy process variables in group interventions with adolescent populations. The goal was to do so by extending a previous research study (Bussell, 2000) of feasibility of using the SEF to assess the differential impact of therapy process with a population of at risk adolescents.

More specifically, in her study Bussell (2000) was concerned with the degree to which the measure was capable of assessing the difference among the groups in the impact of therapy processes such as therapeutic relationships (i.e., group support, therapist support) and therapeutic tasks and activities (i.e., skills acquisition, personal exploration) during group sessions. The results of the Bussell (2000) study provided support for the ability of the SEF to measure differences in session impact. In her study, support for the ability of the SEF to measure differences in session impact was seen in the finding of a significant difference between the three groups on the Facilitator Impact subscale that was designed to assess the impact of the therapeutic relationship between participant and the facilitator during the session. The significant difference between groups on the Group Support, Skills Impact, and Exploration Impact subscales provided further support for the ability of the SEF to measure differences in session impact. That is, the SEF was able to assess the differences between a group with low session impact ratings and a group with high session impact ratings on several markers of therapy process.

In addition, as noted above, one of the more important findings of the Bussell study was that a significant difference between the three Relationships groups in her study, in conjunction with the different levels of experience between facilitators, suggested that therapist experience may be a significant contributor to perceived therapy impact, with the least experienced group facilitator receiving the lowest rating for Facilitator Impact. A second implication from this line of evidence is that for the sample used in the Bussell study, Facilitator Impact was more significant to group participants, across the groups, than Group Impact.

Moreover, the results indicated that not only were there significant differences between the groups, but also that the pattern of results was consistent with the implication that the difference may be accounted for by differential therapist experience. That is, the group with the most experienced facilitator was perceived as providing significantly greater group support on a session-by-session basis than the group with the least experienced facilitator. This group was likely to be perceived as providing significantly less support. The third implication from this line of evidence is that the group with the most experienced facilitator was perceived as producing significantly greater skills development and fostering significantly greater personal exploration than the group with the least experienced facilitator. The group with the least experienced facilitator was likely to be perceived as producing significantly less skills acquisition and to foster significantly less personal exploration.

Research Questions

Research Question 1

Which has the Greater Impact on Therapy Process: The Group or the Group Facilitator?

For this study, the inclusion of additional types of groups and more facilitators within the study sample made it possible to not only evaluate the differential impact of facilitator on therapy process (within type of group effects), but to also to evaluate the differential impact of type of group (i.e., between type of group effects). The primary research question for this study thus focused on the utility of the SEF as a measure of session impact across intervention groups and facilitators.

In this context, the basic research questions that this study addressed were concerned with the issue of the impact of type of intervention group and type of group facilitator on the therapy process. For the purposes of analyses, these questions were investigated separately for the two the types of relationship impacts (group and facilitator) and the two types of task impacts (skills acquisition and personal exploration) of therapy process that the SEF is designed to tap. The basic research question this study addressed was thus, "Which has the greater impact on therapy process: the group or the group facilitator? " The answer to this question, at least with respect to the sample and measures used in this study, was particularly clear. The results of the analyses testing the significance and/or direction of the impact of types of intervention groups, across multiple patterns of time, and a diverse array of group facilitators were consistent and unambiguous.

Research Question 2

Were There Significant Differences Among the Five Types of Group?

Bussell's (2000) study had yielded results suggestive of facilitator differences (at least across the three relationship groups used in her study). Because her feasibility study used only one type of group, it was not possible for her to test for possible differences across

types of groups. Because this study included five types of groups, the first set of analyses addressed this question.

The MANOVAs testing for differences in impact for Group and Facilitator Impact across all five types of counseling groups (Anger Management, Substance Abuse, Relationships, Children of Troubled Families and Abuse, and Self-esteem groups) with data for at least one semester yielded a significant multivariate F-test with significant differences among the groups for Facilitator Impact, but not for Group Impact. Moreover, post hoc comparison indicated that participants in the Anger Management and Substance Abuse groups rated Facilitator Impact as significantly lower than participants in the Relationships, Children of Troubled Families and Abuse, and Self-esteem groups. Anger Management and Substance Abuse, on the other hand, did not differ from each other on either Group Impact or Facilitator Impact.

The MANOVAs testing for differences in impact for Group and Facilitator Impact for the four types of counseling groups (Anger Management, Substance Abuse, Relationships, and Children of Troubled Families and Abuse groups) that were conducted over two semesters yielded an even larger significant multivariate F-test with very significant differences among the groups for Facilitator Impact and for Group Impact. Moreover, the Anger Management group and the Substance Abuse group once again rated Group Impact and Facilitator Impact as significantly lower than participants in the Relationships and Children of Troubled Families and Abuse groups and, also again, did not differ from each other on either Group Impact or Facilitator Impact.

The MANOVAs for intervention tasks and activities showed the same pattern. In this case, the multivariate F-test for the one-semester groups was not significant for groups for Skills Impact or Exploration Impact, nor was any post hoc comparisons significant. For the two semester groups, in contrast, there was a highly significant multivariate F-test with significant differences among the groups for Skills Impact and for Exploration Impact. Moreover, post hoc comparison indicated again that participants in the Anger Management group and the Substance Abuse group rated Skills Impact and Exploration Impact as significantly lower than participants in the Relationships and Children of Troubled Families and Abuse groups. Anger Management and Substance Abuse groups, once again, did not differ from each other on either Skills Impact or Exploration Impact. The pattern results for the group differences thus provided evidence for the existence of a differential impact of group on therapy process. Moreover, the results provided evidence that clearly indicated a stronger effect for the groups that were conducted over two semesters in contrast to the one-semester groups. Finally, the data indicated that the Anger Management and Substance Abuse groups perceived therapy process as having a less positive impact than participants in the Relationships and Troubled Families and Abuse groups.

Were There Significant Differences Among the Facilitators?

Because this study included a total of ten facilitators distributed over five types of groups, the second set of analyses addressed this question. The Bussell (2000), study had yielded results suggestive of facilitator differences (at least across the three relationship groups used in her study). As noted, for this study, three Group Facilitators were assigned to

each of the two types of groups (AM or REL). The Group Facilitators were counter balanced for length of intervention exposure within each type of group.

Based on the previous research, it was hypothesized that there would be a significant impact of type of the group facilitator on the therapy process with the most experienced facilitators showing the most positive impact on therapy process. This hypothesis was generally not upheld, either for the SEF Group, Facilitator, Skills, or Exploration Impact subscales. The MANOVA for the Group and Facilitator Impact measures for the Anger Management groups did yield a significant multivariate F-test with significant differences among the groups for Group Impact, but not for Facilitator Impact. Moreover, post hoc comparison indicated the only significant difference was that participants in Facilitator C's Anger Management group rated Group Impact as significantly higher than participants in Facilitator B's group. The MANOVAs for the Group and Facilitator Impact measures for the Relationships groups did not yield a significant multivariate F-test, and there were no significant differences among the groups for Group Impact or Facilitator Impact.

The pattern for the MANOVAs for the Skills and Exploration Impact measures for both the Anger Management and the Relationship groups did not yield a significant Multivariate F ratio or any significant Univariate F ratios.

The pattern results for the facilitator differences did not support the existence of a differential impact of group facilitator on therapy process. Moreover, the one difference that was significant was for "group" impact rather than "facilitator" impact, and the group that showed the lowest rating was an anger management group that was one of the most "difficult" in the program during that year.

The pattern of the findings thus provided evidence for the existence of group differences and for the absence of facilitator differences. The absences of facilitator differences rendered it of little use to further investigate the sources of the facilitator differences (e.g., differential experience). The clear evidence for group differences, in contrast, suggested the potential value of additional analyses exploring the sources of the group differences, particularly so because of the clear differences between the two types of groups in the study, namely, groups characterized by oppositional issues (anger, substance abuse) versus non-oppositional issues (low self-esteem, troubled families, and relationship issues).

The final set of analyses, consequently, tested for differences between the groups that address oppositional/externalizing issues versus non-oppositional issues. The MANOVA for the Group and Facilitator Impact measures for the Combined Groups yielded a significant multivariate F-test with significant differences among the groups for both Group Impact and Facilitator Impact, with participants in the Anger Management Groups evaluating Group and Facilitator Impact more negatively than participants in the Relationships Groups. The MANOVAs for the Skills and Exploration Impact measures for the Combined Groups yielded a similar significant multivariate F-test with significant differences among the groups for both Skills Impact and Exploration Impact with participants in the Anger Management Groups evaluating Skills and Exploration Impact more negatively than participants in the Relationships Groups.

A final set of analyses, which compared all Oppositional versus Non-oppositional Groups: Group and Facilitator Impact, yielded an even more significant multivariate F-test, with significant differences among the groups for both Group Impact and Facilitator

Impact with participants in the Oppositional Groups evaluating Group and Facilitator Impact more negatively than participants in the Non-oppositional Groups. The MANOVAs for the Skills and Exploration Impact measures for the Combined Groups yielded a significant multivariate F-test, there were significant differences among the groups for both Skills Impact and Exploration Impact with participants in the Oppositional Groups evaluating Skills and Exploration Impact more negatively than participants in the Nonoppositional Groups.

As noted, the answer to the basic research question this study addressed, "Which has the greater impact on therapy process: the group or the group facilitator? " at least with respect to the sample and measures used in this study, was particularly clear. The results of the analyses testing the significance and/or direction of the impact of types of intervention groups, across multiple patterns of time, and a diverse array of group facilitators were consistent and unambiguously supportive of a very significant impact of group on therapy process relative to the impact of facilitator. It should be noted that this does not mean that there were no differences among the facilitators. As the Figures 12 and 13 indicated, there was indeed variation within group with respect to facilitators' impact. These differences, however, were clearly far less than the difference between groups.

Limitations

Although, these results provide some support for the hypotheses in this study, it should be noted that these results should be viewed as tentative and exploratory. It is recommended that future studies should attempt to replicate these results and further delineate the markers of processes such as Group Impact, Facilitator Impact, Skills Impact, and

Exploration Impact. Due to limited resources such as time, personnel, and money, this study, though larger than the Bussell (2000) study, was still limited in terms of sample size and the number of groups. Future research should also be conducted using a larger sample size and more groups. In addition, not all participants stayed in their respective groups for 2 consecutive semesters, which may have adversely impacted the dynamics of the therapy process and outcome within groups, especially those with overall lower ratings e.g. Anger Management and Substance Abuse. That is, those participants who stayed for only one semester may have hampered group and therapeutic alliance due to their short time frame in the group whereby they did not develop a proper facilitator rapport or they may have interrupted the fostering of stronger group rapport due to the inclusion or exclusion of group participants between the 2 semesters.

Another limitation of these findings is that the data gathered from this study were based on participant reports alone. However, those researchers who follow the client-centered perspective emphasize the need to assess therapeutic experiences from the client's perspective because only the client can tell you about their inner experiences (Barrett-Lennard, 1986; Orlinsky & Howard, 1975). Horvath & Symons 1991, also conducted a meta-analysis focusing on working alliance and therapeutic outcome and they found that working alliance was more positively correlated with client-rated outcome than outcome rated by an observer or the therapist. They also found that other outcomes are also more positively correlated with client ratings (Horvath & Symons, 1991). The limitation in this research lied in the inability of the participants to elaborate or explain their ratings given on the SEF. This information may have lent more insight to what areas of intervention needed improvement or was more feasible to that particular group setting.

One of the more controversial implications of this study is that the differences in ratings of session impact were due to differences in types of groups rather than therapist differences such as differences in experience or skill level. In the literature there are conflicting findings on therapy outcomes and the relationship to therapist experience level with some studies (e.g., Burlingame et al., 1989; Church, 1993; Gold & Dole, 1989) finding that experience does influence outcome and some studies and others (e.g., Clementel-Jones, Malan, & Trauer, 1990; Dunkle, 1996; Propst, Paris, & Rosberger, 1994) concluding that it does not influence outcome. Contrary to the Bussell (2000) study this research evidenced the opposite results in ratings in the Anger Management group with respect to therapists' experience level even though the results did not approach significance i.e. the facilitator with the least experience in group intervention received higher ratings on that impact scale than the facilitator with the most experience in group intervention. This was even less significant in the Relationship group as all of the facilitators had relatively similar levels of experience in group intervention.

In addition to including more therapists, perhaps as suggested by Elliot & Wexler (1994) future studies could be done that focus on therapists who regularly receive high ratings and their characteristics in order to shed more light on this debate. As the results have indicated differential therapist impact had little significance in contrast to group impact. Thus type of group appears to be more of a definitive marker in this type of therapeutic intervention.

Conclusion

This study was conducted to gain more insight into the operative use of the SEF in reporting feedback of adolescent participants and their perception of group process and

outcome. Hence, increasing the possibility of these results to contribute to bridging the gap of research on the utility of therapy interventions and its influences on the outcomes from both perspectives of facilitators and participants.

Another aim was to contribute to the knowledge base of the literature on adolescent intervention. It is anticipated that this research will enhance future investigation on session impact measures' efficacy in assessing therapy process and outcome in adolescent intervention.

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