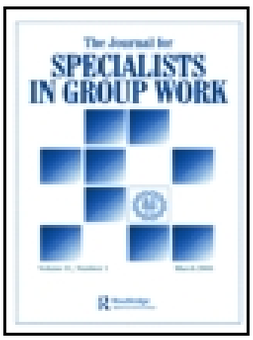

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Therapeutic Factors and Psychoeducational Groups for Adolescents: A Comparison

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Therapeutic factors were compared for adolescents participating in counseling and psychoeducational groups in Israel. The analyses indicated no differences between the groups.

Therapeutic factors, formerly called curative factors, were first conceptualized by Corsini and Rosenberg (1955). However, Irvin Yalom was the first to systematically and empirically investigate the factors that lead to change in group therapy. On the basis of a review of research, he identified eleven therapeutic factors in group therapy: instillation of hope, universality, imparting of information, altruism, the corrective recapitulation of the primary family group, development of socializing techniques, imitative behavior, interpersonal learning, group cohesiveness, catharsis, and existential factors (Yalom, 1985). He further indicated that, based on clients' perceptions, interpersonal learning and catharsis were the most important factors, whereas guidance and imitation of behavior were the least important. Other reviews of the literature indicated similar findings. In short-term growth groups, interpersonal learning, catharsis, and cohesiveness were the most recognized factors (Marcovitz & Smith, 1983). Butler and Fuhriman (1983) found similar preferences in outpatient therapy groups. In a more recent study conducted in the Netherlands, these results were replicated for both inpatient and outpatient groups (Colijn, Hoencamp, Snijders, Spek, & Duivenvoorden, 1991). Interpersonal learning, catharsis, and group cohesiveness seem to be the major factors that lead to group participants' change (Dies, 1993). These factors seem to be generalized across gender, age, and intellectual background (Kivlighan & Goldfine, 1991; Webster & Schwartzberg, 1992; Yalom, 1985). The differences in the therapeutic factors were mostly linked to the type of group (outpatient or inpatient), and the stage of group development (Butler & Fuhriman, 1983; Kivlighan & Goldfine, 1991; Yalom, 1985). Inpatient groups showed priorities for catharsis, instillation of hope, and group cohesiveness; outpatient groups emphasized interpersonal learning with an appreciation for catharsis and group cohesiveness. These conclusions are based, largely, on adult psychotherapy groups.

Groups for adolescents are highly recommended in the literature. There are many advantages to groups for adolescents: they are a natural way for adolescents to relate to each other, they emphasize the learning of life-skills, they focus

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on generalizing behaviors practiced in the group to real-life situations, and they provide multiple feedback and increase self-esteem that comes about through helping others (Gladding, 1995). Groups have been found effective in promoting relationships with parents (Dinkmeyer, Dinkmeyer, & Sperry, 1987), dealing with major life changes (Deck & Saddler, 1983), reducing school drop-out (Blum & Jones, 1993), and increasing self-esteem and self-control (Omizo & Omizo, 1988). Moreover, the effectiveness of both psychoeducational groups (Shechtman, 1993b; Shechtman & Bar-El, 1994; Shechtman, Weizer, & Kurtz, 1993) and counseling groups (Shechtman, 1991, 1993a; Shechtman & Bar-El, 1994; Shechtman, Vurembrand, & Hertz-Lazarowitz, 1994), was demonstrated for a variety of social and emotional variables, including self-esteem, social status, peer-relationships, and intimacy in friendship.

The Association for Specialists in Group Work (ASGW; 1990) has developed standards for each of four types of groups: guidance/psychoeducational, counseling/interpersonal problem solving, psychotherapy/personality reconstruction, and task/work. Guidance/psychoeducational groups are designed to meet the needs of generally well-functioning people. They are normally conducted in large groups such as classes, are largely structured, and are training oriented. Counseling/interpersonal problem solving groups are preventive-growth and engendering-remedial. The focus is on each person's behavior and growth or change within the group. Therefore, there is a strong emphasis on group dynamic and interpersonal relationships in the group, as well as on the difficulties of the individual (ASGW, 1990; Gazda, 1989; Gladding, 1995).

In examining differences and similarities among three of the four types of groups, Gazda (1989) places them on a continuum from psychoeducational groups to psychotherapy groups, but suggests overlapping goals for them.

Children and adolescents in different types of groups are rarely mentioned in this area of literature. Only two studies investigated the therapeutic factors in adolescent psychotherapy groups. One study (Corder, Whiteside, & Haizlip, 1981) of time-limited outpatient groups indicated that catharsis, interpersonal learning, and existential factors were the factors most valued by adolescents; identification and guidance were the least valued. A more recent study (Chase, 1991), composed of inpatient adolescents, indicated that different factors—hope, cohesiveness, and universality—were perceived as the most important factors. These results are also congruent with the adult literature. Thus, it appears that the severity of patients' problems, more than the age factor, contributes to the differences in the perceptions of the therapeutic factors in group therapy. Hence, more research is needed on therapeutic factors in adolescent groups and in different types of group work.

This study may shed some light on this issue because it was designed to compare the therapeutic factors in counseling and psychoeducational groups comprised of adolescents. The qualitative data accumulated from the Shechtman and Bar-El (1994) study, based on the critical incident procedure (see Yalom, 1985), was the basis of the current research. Therapeutic factors in counseling groups and psychoeducational groups were compared in terms of both the number of therapeutic factors noted in each group and their value to participants. Due to the differences in group size, the composition of the groups, and the level of procedural structure, differences in the perceived therapeutic factors between the two groups were expected. Based on the rationale that counseling groups are closer to therapy groups on the continuum of group work suggested by Gazda (1989), it was hypothesized that adolescents in counseling groups would mention more therapeutic factors than would adolescents in psychoeducational groups. In respect to the value placed on

each factor, the literature on adolescent groups is scarce and inconsistent. We therefore hypothesized that there would be no difference between the groups regarding this variable. Moreover, the literature on adolescents suggests gender differences in respect to group work. Adolescent boys, compared with adolescent girls, are usually less comfortable, less involved, and less likely to achieve as positive an outcome in groups that emphasize relationships (LeCroy, 1986). The literature also indicated that preadolescent girls, compared with preadolescent boys, take more advantage of group processes (Shechtman, 1994; Shechtman & Vurembrand, 1996). Hence, it was hypothesized that girls would mention more factors and that they would attribute more value to catharsis and interpersonal learning than boys would. Finally, based on the rationale that rejected students are more in need of emotional support, it was hypothesized that they, too, would mention more factors than accepted students, and that they would value catharsis more than the accepted students.

METHOD

Participants

Participants were 148 eighth-grade students from a junior-high school in Israel. There were 109 students in the psychoeducational groups (three classrooms), and 38 students in three counseling groups (drawn from three other classrooms). Of the classroom participants, 58 were boys and 51 were girls; of the counseling groups, 18 were boys and 20 were girls. The three classrooms participated in a counseling program implemented within their school schedule as part of the school's counseling services. Participants in the counseling groups were all volunteers.

Measures

Sociometric score: Peer Acceptance Rating Scale (Bukowski & Hoza, 1989). The Peer Acceptance Rating Scale assesses the degree to which an individual wishes to be friends with each of his or her classmates. The response set was a Likert-type scale from 1 (*I don't want to be friends at all*) to 4 (*I very much want to be friends*). One way to measure a child's social status, based on this scale, is to compute a classroom average score for each student; the higher the score, the higher the child's social status. Another way is to count the number of times a student received many extreme scores (i.e., 1 or 4). The rating scale method has been widely used in the classroom, and recent comparisons with sociometric scores have further shown its validity (Bukowski, Hoza, & Newcomb, 1994). In addition, a previous study (Shechtman & Bar-El, 1994) pointed to the discriminant validity of the instrument; the scale significantly distinguished between popular and unpopular students as identified by teachers. In this study, the most rejected and the most accepted students were selected. Students with 10 rejections and above (i.e., received 10 times or more a score of 1) were considered highly rejected, and students with 0 to 3 rejections were considered highly accepted.

Critical Incident Procedure. Therapeutic factors were measured based on the Critical Incident Procedure developed by Berzon, Pious, and Parson (1963) and used often by Yalom (1985). The feedback consisted of responses from three items: (a) my feelings following the session, (b) things I have learned, and (c) the most important thing that happened in the session. Five feedback notes from each student in both types of group, following the first, third, sixth, ninth and the last sessions, were collected and analyzed. Feedback notes were collected about every third session to allow representation of the whole group process.

The 11 therapeutic factors identified by Yalom (1985) served as criteria for the interpretation of the data. For example, a response such as, "I have discovered that my classmates like me," was categorized as interpersonal learning; "I felt good that

I could express my feelings" was categorized as catharsis; and "I can now see the positive aspects in each person," was categorized as socializing skills. The data collected for one classroom and one small group (out of each of the three) were examined by two separate raters (both are graduate students and coauthors in this study) to establish the reliability of the procedure. They received their training in analyzing the data from the first author in a graduate course. The agreement between the two raters was above 95 percent, which was sufficient to establish reliability. Feedback notes were provided anonymously, but each had an identification code (a number) that permitted the accumulation of data per subject.

Interventions

Two short-term group interventions were used in the study, consisting of 15 weekly 45-minute sessions each. Both interventions were led by one counselor, focused on interpersonal interactions, and stressed the importance of a positive group climate and supportive relationships. However, there were many organizational and contextual differences.

The psychoeducational group was conducted in the classroom, as part of the school program, with an average of 35 students per class. It was aimed at establishing a therapeutic social climate. A series of therapeutic activities were used at first to establish group cohesiveness and strong norms of interpersonal support. Individuals were guided towards getting to know each other on a personal level, especially to discover the positive aspects of each person in the classroom, and were trained to provide encouragement, support, and positive feedback. For example, students were asked to submit awards to each other for personal accomplishments, an activity that generated positive feedback and resulted in an increased sense of security and trust. This mutual recognition was developed through several similar activities and enhanced a climate of security; norms of criticism and rejection were replaced by norms of acceptance and support.

After a secure climate was achieved, the leader moved on to emphasize interpersonal exchange of honest and constructive feedback, explorations, interpretations, and confrontations as recommended by Cramer-Azima (1989). Students discussed here-and-now relationships, including the distribution of power in the classroom, the amount of freedom permitted to each student, and scapegoat students. They also discussed interpersonal conflicts in the classroom and looked for ways to resolve them. All of these therapeutic functions, which to a large extent resemble the therapeutic group principles reviewed by Luft (1984) for small groups, were achieved in the classroom through the use of structured activities (e.g., "The Feeling Wheel" to promote a language of feeling, the "Hot Bench" to encourage self-expressiveness and catharsis, and "I Wonder Statements" to explore the interpersonal relationships; for more details and examples see Shechtman, 1990, 1993b; Shechtman et al., 1993).

Group counseling was performed in small groups as an extracurricular voluntary activity, with an average of 13 students per group. The focus of counseling was on here-and-now relationships and conflict, as well as on external past and present relationships, and these were explored within a supportive and constructive climate. Participants were encouraged to express strong feelings and to share personal secrets. Students were also trained in social skills such as constructive interpretations and confrontations—the two skills perceived as pathways for adolescent change (Cramer-Azima, 1989).

At the initial stage of the group, structured activities were used to establish the required climate of open communication, and to overcome discipline problems and

lack of stability. These problems are characteristic of this stage (Corey & Corey, 1992). The transition stage was stormy, focusing on issues of trust and confidentiality. The working stage, in contrast, was much less structured; students initiated self-disclosure of facts and problems, and the group usually dealt with these disclosures with empathy and care. Constructive feedback was presented, and peers were encouraged to try new ways to make changes in their lives. Termination focused on personal and group gains and on separation issues.

Analyses

The therapeutic factors mentioned by each student following each of the five selected sessions were accumulated and analyzed by treatment, gender, and status (accepted or rejected). Averages were computed for each category. The statistical analysis was an ANOVA (2 H 2 H 2 design, for group, gender, and type of student, respectively).

To establish the students' perceived value of the therapeutic factors, the number of times each therapeutic factor was mentioned by the students was divided by the total number of feedback responses. The optimal number of responses was 545 (109 H 5; the number of students and the number of feedback notes, respectively) for the psychoeducational groups and 190 (38 H 5) for the counseling group. However, due to missing feedback (i.e., students were absent) the actual number of responses was 417 for the classroom intervention and 152 for the group intervention. Thus, to compute the percentage value of each factor, the number of times a given therapeutic factor was mentioned was divided by the total number of the feedback notes, and the result multiplied by 100. A similar procedure was used separately for gender and type of student (accepted or rejected). Presenting the results in a percentage form was necessary because of the unequal sample sizes. For example, catharsis appeared 107 times for the small group, which accounts for 70.39% of perceptions (107 divided by 152 and multiplied by 100), and 259 times for the classroom group intervention, which counts for 62.11% of perception (259 divided by 417 and multiplied by 100). It should be noted that more than one therapeutic factor could be mentioned on each feedback note, and that a repeating therapeutic factor on one feedback note was counted as one factor only.

RESULTS

Preliminary Analysis

Based on the Sociometric Rating Scale, 27 highly rejected students (25%) and 24 highly accepted students (22%) were identified in the psychoeducational groups. From the counseling groups, 13 were highly rejected (34%) and 11 (29%) were highly accepted. A chi-square test (2 H 2 design, for type of group and type of student) indicated no significant difference between the two types of groups (C^2 (2) = 2.69, p = .26).

Main Results

The first question referred to the number of therapeutic factors mentioned. It was hypothesized that there would be more therapeutic factors mentioned in the counseling group than in the psychoeducational group. With respect to gender differences, it was hypothesized that female students would mention more therapeutic factors than male students. Finally, it was expected that rejected students would mention more factors than accepted students.

Table 1 presents the means of the therapeutic factors mentioned in each study group by gender and type of student. Results of the ANOVA indicated that the average number of therapeutic factors is similar for small groups and classrooms

TABLE 1

Means of the Number of Therapeutic Factors per Session Mentioned in Counseling Groups and Psychoeducational Groups, by Gender and Social Status

Group members	Small Groups			Classrooms			Total
	Total (n = 38)	Rejected (n = 13)	Accepted (n = 11)	Total (n = 109)	Rejected (n = 27)	Accepted (n = 24)	
Female students							
M	1.59	1.57	1.57	2.01	2.06	1.68	1.89
SD	.49	.61	.38	.65	.47	.74	.64
Male students							
M	1.80	2.18	1.83	1.70	1.59	1.89	1.73
SD	.63	.67	.60	.59	.60	.60	.60
Total							
M	1.69	1.90	1.62	1.85	1.71	1.75	
SD	.56	.69	.40	.64	.60	.69	

Note. Totals for rejected students: $M = 1.77$, $SD = .63$. Totals for accepted students: $M = 1.71$, $SD = .61$. For female students in small groups, $n = 20$; for female students in classrooms, $n = 51$; for male students in small groups, $n = 18$; for male students in classrooms, $n = 58$.

(1.69 and 1.85, respectively), $F(1, 135) = 1.10$, $p = .30$. This was also the case for gender differences, $F(1, 135) = .01$, $p = .99$. Finally, the difference between rejected and accepted students was also insignificant, $F(1, 135) = .30$, $p = .75$.

The second question referred to the value of each therapeutic factor as perceived by participants. Table 2 presents the value of these factors in percentage form, separately for the two groups, two genders, and two types of students. The table indicates that these factors are similar for both intervention groups. For counseling groups, interpersonal learning was first (75.66%), catharsis was second (70.39%), and socializing techniques was third (15.66%). For educational groups, interpersonal learning was first (79.86%), catharsis was second (62.11%), and socializing techniques was third (23.02%).

Results of the ANOVA comparing the three major emerging factors in the two groups indicated no significant differences between the groups on any of the three factors, $F(1, 134) = 2.56$, 3.42, and 2.59, for interpersonal learning, catharsis, and socializing techniques, respectively; $p = .11$, .07, and .11, respectively. Moreover, similar values were given to these factors by both male and female students, and the ANOVA indicated no gender differences, $F(1, 134) = .43$, .00, and .75, for interpersonal learning, catharsis, and socializing techniques, respectively; $p = .51$, .96, .39, respectively. Finally, no differences were found between popular and rejected students on any of the three factors, $F(1, 134) = .60$, 1.08, and .05 for interpersonal learning, catharsis, and socializing techniques, respectively; $p = .55$, .34, .95, respectively.

DISCUSSION

The purpose of this study was to compare the therapeutic factors in counseling groups and psychoeducational groups (classrooms) in the school setting. The therapeu-

TABLE 2

Distribution of the Number and Percentage of Each Therapeutic Factor out of the Total Number of Actual Feedback, by Group, Gender, and Social Status

	Therapeutic Counseling Group (n = 38; x = 152)		Psychoeducational Group (n = 109; x = 417)		Male (n = 76; x = 283)		Female (n = 71; x = 285)		Rejected (n = 40; x = 151)		Accepted (n = 35; x = 139)	
Factor	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
1.	2	1.32	21	5.04	8	2.83	15	5.26	4	2.65	4	2.88
2.	1	0.66	9	2.16	6	2.12	4	1.40	2	1.32	3	2.16
3.	—	—	—	—	—	—	—	—	—	—	—	—
4.	5	3.29	15	3.60	11	3.89	9	3.16	7	4.64	3	2.16
5.	—	—	—	—	—	—	—	—	—	—	—	—
6.	24	15.79	96	23.02	52	18.38	68	23.86	26	17.22	31	22.30
7.	—	—	1	0.24	—		1	.35	1	0.01	—	—
8.	115	75.66	333	79.86	217	76.68	231	81.05	120	79.47	114	82.00
9.	6	3.95	24	5.76	11	3.89	19	6.67	10	6.62	4	2.88
10.	107	70.78	259	62.11	179	63.25	187	65.61	102	67.55	78	56.12
11.	—	—	6	1.44	3	1.06	3	1.05	3	1.99	2	1.44

Note. x = total number of feedback notes. The Therapeutic Factors are: 1. Installation of hope, 2. Universality, 3. Imparting of information, 4. Altruism, 5. Corrective recapitulation of the primary family group, 6. Development of socialization techniques, 7. Imitative behavior, 8. Interpersonal learning, 9. Group cohesiveness, 10. Catharsis, and 11. Existential factors.

tic factors in small therapy groups are fairly well established, although mainly for adult groups. Showing that similar therapeutic factors can be produced in counseling groups and in psychoeducational groups bears important practical implications for educational settings.

Results of this study indicated no differences in the number of therapeutic factors attributed to each group process, or in the value of these factors for both types of intervention groups. On average, two factors were mentioned per session in each type of group, and interpersonal learning and catharsis consistently received high value, in congruence with the literature on adult groups (Dies, 1993; Yalom, 1985) and adolescent outpatient groups (Corder et al., 1981). Recently, Tschuschke and Dies (1994) confirmed the self-reported data collected here using objective measures, suggesting that self-disclosure (catharsis) and feedback (interpersonal learning) are highly related to clinical outcomes in inpatient groups.

Only the third-ranked factor, the development of socializing skills, was higher ranked in this study as compared to previous reported results. Perhaps this difference can be explained in the developmental tasks typical for adolescents. These young people are occupied with finding a "niche" in their peer group (Brown, 1990; Harter, 1990) and in establishing close friendships (Rawlins, 1992). Thus, the acquisition of social skills is extremely important for them.

Interestingly, group cohesiveness, which is often mentioned as a central therapeutic factor in group therapy (Bloch & Crouch, 1985; Tschuschke & Dies, 1994) was not considered an important factor in this study. This does not mean that group cohesiveness is not an important factor in children's groups, but rather that children did not mention this particular factor. Because the accepted rank order of the therapeutic factors has been mostly based on adults' groups, more research is definitely needed to establish the therapeutic factors in children's groups.

The fact that there were no gender differences is in keeping with the adult literature (Kivlighan & Goldfine, 1991; Webster & Schwartzberg, 1992), but not with our understanding of adolescents. In general, girls and boys named a similar number of therapeutic factors and valued them similarly. The two most important factors for both genders were interpersonal learning and catharsis. It is interesting that adolescent boys mentioned catharsis in both types of groups, as the literature consistently points to gender differences, particularly to difficulties that boys demonstrate with self-disclosure and the expression of feelings (LeCroy, 1986; Shechtman, & Vurembrand, 1996).

Finally, in respect to the type of students, rejected and accepted eighth-grade students generally reported similar therapeutic factors. It seems that the therapeutic factors are quite universal, and apply to all types of children. The importance of this finding is that accepted students may also benefit from such experience; hence it is worth using such interventions in classrooms.

However, there are some limitations to this study that need to be discussed. Although the critical incident method of investigation is widely used in adult research, it may be wise to add more objective or behavioral methods in research with adolescents. In addition, our research was limited to eighth-grade students, which limits the generalization of outcomes for adolescents in general. More research is therefore needed on other age levels within adolescence. Finally, because this study was conducted in Israel, it is recommended that more research be conducted in other cultures to permit the generalization of results.

Nevertheless, the main goal of this study was to compare the therapeutic factors for counseling and psychoeducational groups. The results indicated similar fac-

tors in both types of groups. The importance of this study lies in the findings suggesting that classrooms can become therapeutic settings with group processes similar to those evidenced in small groups. Indeed, in both groups relationships were emphasized, and the basic conditions of a supportive group climate and self-disclosure were encouraged. However there were major differences between the groups, including the amount of structure in leading the groups and the size of the groups. These two factors did not seem to affect the group process as perceived by the participants.

Based on the assumption that the therapeutic factors reflect the quality of group therapy work because they are the basis for change in individuals, these results have important practical implications for group counselors. If classrooms can become therapeutic places, then such classroom interventions should take place more frequently in school settings. In this way, counselors may reach out to more students in need, whose numbers are constantly growing. This is one way to personalize educational settings and reach out to all adolescents (not necessarily the special need students), who may benefit from the therapeutic processes. Moreover, classroom interventions may be more easily implemented in school settings because they do not require students to participate in extracurricular activities and they minimize the stigmatization of the treated students. This is particularly relevant to adolescents who are extremely sensitive to peer acceptance.

These results also support our quantitative research in the classrooms. In several studies we found personal and social gains after such classroom interventions (Shechtman, 1993b; Shechtman & Bar-El, 1994; Shechtman et al., 1993). However, we could not empirically attribute them to the group processes. The results of this study suggest that such outcomes may be attributed to the group processes developed through classroom interventions, as through small groups. This is one step toward establishing a link between group processes and outcome, as is recommended in the literature (Dies, 1994; Tschuschke & Dies, 1994). However, future research on therapeutic factors should include more children and adolescents, and must include objective measures, because the meaning that young people attribute to the therapeutic factors may be quite different from that established in the professional literature.

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