2009

Evaluation of School-Based Counseling Groups

Kendra J. Garrett
University of St. Thomas, Minnesota, KJGARRETT@stthomas.edu

Evaluation of School-Based Counseling Groups

Kendra J. Garrett, Ph.D.

- Evidence-Based Practice

- Monitoring Individual and Group Goals

- Monitoring Group Dynamics

- Methods for Monitoring Groups

School social workers are increasingly being asked to show that their practice with students is effective. The No Child Left Behind Act (NCLB) (2002) creates an external mandate to be certain that methods used in working with students have positive and demonstrable results, mentioning frequently that interventions to be used with students must be scientifically based (Raines, 2004). But the push for monitoring outcomes is nothing new to social workers. The National Association of Social Workers *Code of Ethics* (1999) and *Standards for School Social Workers* (2002) call on school social workers to use proven intervention methods and to monitor the outcomes of practice. Evidence-based practice (EBP) mandates that social workers use methods shown empirically to be effective, think critically in making practice decisions, and monitor interventions to be certain that are being implemented as intended and are effective (Howard, McMillen, & Pollio, 2003; Roberts & Yeager, 2004).

Evidence-Based Practice

School social workers need to be aware of the intervention methods that are backed by convincing evidence and must know how to find answers to new questions that arise in their practice. This challenges school social workers to stay abreast of a rapidly changing knowledge base of proven interventions. Fortunately there are excellent resources available for this search.

For example, Franklin, Harris, and Allen-Meares (2006) have published an excellent, detailed, and eminently readable sourcebook that includes school-based interventions for a number of student issues. The *What Works Clearinghouse* (2007), sponsored by the U.S. Department of Education, provides program information and evaluation of the evidence for school issues, to include psychosocial concerns (such as character education and drop-out prevention). The *Corcoran Library* (Wiley InterScience, 2007) provides users with a website, searchable by topic, with links to research studies related to medical issues, including mental illnesses. And the *Campbell Collaboration* (American Institutes for Research, n.d.) has lists of studies on a variety of social welfare topics, including education and social welfare.

The second tenet of evidence-based practice is that social workers use critical thinking regarding existing research. The school social worker must critically evaluate the research to determine if the research is of high quality and applicable to clients and their specific needs (Raines, 2004). "The diversity of practice problems and their unique presentations, and the notable gaps in the research literature ensures [sic] that practice expertise will always be required to integrate available evidence with informed practitioner judgment" (Howard et al., 2003, p. 255). Social workers should combine knowledge of research-based interventions with their professional knowledge of clients' wishes and needs (Howard et al., 2003). Evidence-based practice involves adapting programs as needed to meet the unique needs of clients (Raines, 2004).

And we know that school social workers adapt programs with some regularity. Garrett (2004) found that school social workers freely change manual-based group work curricula to meet needs of students in their groups and to fit with stages of group development. When an evidence-based program is altered, however, even for such a desirable reason as to fit with client

needs, it must be noted that the program no longer is, strictly speaking, research based. So such changes must be made with caution and strictly monitored.

This leads to the third tenet of evidence-based practice. School social workers must monitor their own practice outcomes to determine if the work they are doing is helpful in meeting client needs. While use of research-based methodologies is essential, it will never substitute for monitoring client outcomes. In addition to using methods known to be effective in improving students' issues and applying them judiciously using one's best practice knowledge, school social workers must evaluate the outcomes of their own practice.

Such evaluation is perhaps more challenging to school social workers who conduct small counseling groups than it is for monitoring individual interventions. Toseland and Rivas (2005) suggest that both outcomes and dynamics should be monitored, and that monitoring and evaluation should be an ongoing process that occurs over the lifespan of a group. Groups are further complicated by the need to monitor the experiences of each individual member and the group as a whole.

<div align="center">Monitoring Individual and Group Goals</div>

Group members need to understand the purpose of a group, and the purpose needs to be congruent with what members hope to accomplish (Toseland & Rivas, 2005). Sometimes younger students may need to discuss goals in concrete terms before they can set goals for themselves in the group (Rose & Edleson, 1987). Goals for students in social work counseling groups need to be congruent with the educational purposes of the school (Dane & Simon, 1991), and group members need to be able to articulate, to the extent they are able, the purposes of the groups in which they are participating as well as what the they will accomplish as part of the group.

Goal setting in groups may be complicated by the fact that goals may be group goals, common to everyone in the group, or individualized (Toseland & Rivas, 2005). When the entire group is working on a project, understanding the goals should be very clear to the members. So students that are working on a leadership project in a character-education group need to understand that they are learning to be good citizens by (for example) gathering books for Africa. Group goals are often quite easy to evaluate, as the project, when accomplished, defines the successful outcome of the group. When all members of a group are working on similar goals (as they might in a group in which all students are working on increasing their self-esteem, managing their anger, coping with a death in the family, learning parenting skills, or leaving abusive relationships), goals can be discussed together, and measurements can be the same for all students in the group. Goal monitoring is most complicated when each member has a different goal. For example, a group might be working on increasing social skills, but each member might have different skills he or she is hoping to gain. One student might be working to be more assertive, another may be working to become more tolerant, and others may be working on impulse control, verbalizing anger, and so on. In a situation such as this, each student's goals would need unique measurement strategies, and the group would also need frequent reminders of the various member goals so that they can give each other support and help. In this complicated example, the group might want to be particularly tolerant of an angry statement from the student wanting to become more assertive, while giving another student, whose goal is to anger management, gentle feedback to be more patient. Setting the stage in a group with a number of individual goals requires the social worker to have good organization and communication skills.

Good goals are measurable, attainable, and specific (Raines, 2002; Toseland & Rivas, 2005). Making goals measurable requires the school social worker and group members to

articulate what they are hoping to accomplish together in the group so they will recognize when they have been successful. In making goals specific, members must be able to understand how their goals will be measured and how they will work to accomplish the goals. Clearly goals need to be attainable, so that members can reasonably hope to accomplish their goals without setting unrealistic hopes.

Setting goals with members can have considerable clinical or therapeutic merit, especially for students who have not previously been involved in their own goal setting. Students often gain clearer understanding of why they are participating in the group as they talk about teachers' and parents' concerns are (although they usually have some inkling about this already). But they are often surprised to learn that they might have a say in what they are to work on. The process of negotiating a student-stated goal of (for example) "getting the teacher off my back" might be something that can lead to productive work on the student's behavior. This contracting around goals is extremely important because interventions are more likely to be successful when there is a shared understanding between members and the social worker about what they were working to accomplish (Toseland & Rivas, 2005). In other words, treatment is more likely to be effective when the group leader and members are both on the same page about what is to be accomplished.

School social workers working with students who have IEPs may have an advantage in measuring goals, as goals and objectives are clarified in the IEP. These goals may not be specific enough to constitute group goals, however, or the purpose of the group may not fit exactly with the IEP. In this situation, and for all other students who do not have IEP goals, the school social worker should specify the goals with members as part of the beginning stage of the group.

Monitoring Outcomes

It is wise to use a variety of strategies to monitor goals (Monette et al., 2008; Toseland & Rivas, 2005). Quantitative measures require the worker to identify a way to count or assign numbers to measure the goal. Qualitative methods use words, pictures, or descriptions to explain changes in goals over time. Both can be useful in monitoring the success of group work in schools.

One important caveat in monitoring goals, whether through numbers or with narratives is that measurements and markers used must be reliable and valid. Reliable measurements are those that are stable (Monete, Sullivan, & DeJong, 2008). This means that there is shared understanding among all parties about what the goals are, they are well defined enough that everyone understands what they mean, and they are consistent from one measurement to the next and from one "observer" to another. Measurements must also be valid, meaning that the measurement adequately measures what it is intended to measure (Monette et al.). For example, a goal of increasing self-esteem cannot be measured validly by monitoring the number of times the student volunteers to help other students in the classroom, even though there may be a presumption that students with high self-esteem volunteer more often to help others.

Another consideration in choosing measurements for goals is that the unit of analysis must match the measurement strategy (Monette et al., 2008). For example, if the members have individual goals (such as changes in individual behavior), it would not make sense to analyze changes made by the group (e.g., group cohesion) or on a school-wide basis (such as total discipline incidents).

Quantitative Measurement.

There are a number of quantitative ways to measure goals for group members. Perhaps the easiest way is to count behaviors that are to be targets for change. Students who have angry outbursts, are sent out of class for discipline purposes, receive detentions, who get into fights, disrespect others, or fail to do homework have countable behaviors that can be used as a baseline. These behavioral goals are, perhaps, the easiest kind of goal to identify and monitor, although it is important for the school social worker, group members, teachers, and parents to be clear on what those behaviors mean. So part of the goal-setting discussion is to clarify what constitutes the behavior to be counted and who will observe the behavior. If parents define a behavior in one way and the teacher defines it differently, the measurement is not clear or specific enough to be an effective marker of a student's behavior change. If, for example, the target behavior is doing homework, the worker and group members (and maybe also the teacher) need to discuss what constitutes homework, what quality of work is acceptable, and whether it is sufficient to do the homework (and leave it in the backpack) or if the homework must also be turned in on time.

A second way to quantify individual change is through standardized measurements. These measurements are those that have been administered to large numbers of students to determine the range and average scores for students at various ages. A large number of these standardized measurements exist and many of them are readily available to school social workers for use with students, although some have restrictions that require coursework in psychometrics for those who administer or score them (Raines, 2003). A complete discussion of these scales is beyond the scope of this chapter, but some commonly known standardized measures are the Multidimensional Self-Concept Scale (Pro Ed, 2007), the Children's Behavior Checklist (Achenbach, 2007), the Beck Youth Inventories (anger, anxiety, depression, behavior, self-

concept) (Harcourt Assessment, 2005), and Connors' Rating Scales-Revised (attention deficit disorder) (Multi-Health Systems, Inc., 2006). One advantage of standardized scales is that their reliability and validity are known and clearly discussed in the manuals that accompany the tests. Some have subscales so that school social workers can limit the time needed to administer and score the tests to the specific areas that relate to group goals.

A third quantitative way of measuring goals is through the use of available data. Student records are rich sources of information on group members (Dibble, 1999). Cumulative files contain standardized test scores, attendance information, discipline reports, and grades. Teacher records may be additional sources of such information. For example a teacher's grade book may have information on homework completion rates and ongoing grades.

The fourth measurement strategy is to find or develop measurement scales. Corcoran and Fischer (2000) have compiled a sourcebook of measurements for children and families that may fit the goals of group members. The Hudson Scales (parental attitudes, children's attitudes toward parents, peer relations, and other psychosocial measures) (Walmyr, 2007) are considered rapid assessment instruments (RAIs), so named for their ease in administration and scoring (Monette et al, 2008).

If specific measurements are not readily available, it may be necessary for school social workers to develop their own set of questions to assess progress. Group members may be involved in this process, and some wonderful therapeutic work can be done in the process by identifying the work the group will be doing and how the worker and members will know if it is successful. A goal attainment scale (GAS) (Toseland & Rivas, 2005) is a good example of such an instrument. The school social worker and group members consider what they are trying to accomplish and what markers will tell them when they have reached an acceptable solution.

They also consider what markers would be less than expectable and what would be beyond expectations. A simple GAS would have three levels of markers (although many have five levels, two below and two above the acceptable level). So if a member is working on anger management, for example, the less-than-expectable might be to lose his temper daily; the acceptable level might be to lose his temper less than twice each week; and the more-than-expectable level might be to lose his temper less than once a month.

Or the school social worker might want to make up a survey to measure a goal and use it as a pretest and then to monitor progress at regular intervals. Such an instrument is probably not as reliable as a standardized instrument, but it might be more personal, and therefore, more accurate for the members in a particular group (so it might be valid in measuring the student's goals). Another strategy is to measure the goal on a scale of 1 (low) to 10 (high). For example, a member whose goal is to manage his anger more effectively could rate his anger management for the past week. When group members have common goals, one instrument could be used consistently by all members of the group.

Another measurement strategy is to use satisfaction reports. Questions about whether or not members are happy with the group can be very helpful. Member satisfaction, while not necessarily linked to goal attainment, can tell the school social worker if groups are meeting member needs and can provide ideas for making changes in the way group services are provided. Satisfaction can be measured by using a survey when the group terminates or by asking students to rate their satisfaction with various aspects of group sessions on a scale of 1 (low) to 10 (high) (Rose, 1998).

Qualitative methods. While there are a number of quantitative ways to monitor practice, Garrett (2004) found that school social workers in her study tended to focus on qualitative

methods of monitoring their group work practice. In this study group leaders tracked statements from group members, teachers, and parents regarding improvement in school problems; comments on group process; statements about improved peer relationships; notations about member enjoyment of the group; and improvement in ability to cope with difficult situations. Their narrative group reports included charming anecdotes of the group and quotes from students, parents, and teachers regarding member progress. The direct quotes in these reports added a human dimension to the group results that would not have been as apparent though the reporting of numerical improvement alone.

<div align="center">Monitoring Group Dynamics</div>

While we know that many group interventions are successful, that is to say, they have successful outcomes, we know less about what contributes to that change (Corey & Corey, 1997). So in order to monitor groups effectively, school social workers need to assess what is happening within the group as it progresses (Northen & Kurland, 2001; Wayne & Cohen, 2001). We know, for example, that groups that function effectively together are more effective in accomplishing tasks and meeting goals. For example, group-centered communication leads to increased commitment to goals and improved morale; and cohesiveness, effective group norms, and positive climate lead to more positive outcomes (Toseland & Rivas, 2005). Macgowen (2000) found that the ability to work with and relate to others was the best predictor of positive outcomes in his stress-reduction groups.

"Knowing what is normative behavior at each stage [of group development] can help a group worker assess whether the group is making progress toward achieving its goals" (Toseland & Rivas, 2005, p. 89). Monitoring the development of group dynamics is important in determining if the group is headed in a positive direction. When a worker gathers data on group

dynamics on an ongoing basis, he our she should let members know that the purpose is to share the information gathered with the members and use it to improve functioning of the group (Rose & Tolman, 1989). For example, McCullough and Koontz (1993) monitored trust, listening, and self-disclosure in groups with special education students. They found that these three dynamics improved as the group progressed.

Any process monitoring needs to be minimally intrusive and time efficient. Rose (1998) suggests using a post-session questionnaire in groups for children and adolescents. Such a questionnaire may be a rating scale that asks members to comment on member perception of the usefulness of the group, their own involvement, the degree of mutual help and self-disclosure, cohesion, on-task behavior, and anxiety. These can be quickly summarized to track member satisfaction as the group progresses. The worker can identify concerns and bring them to the group, which can then problem solve to address them.

<div align="center">Methods for Monitoring Groups</div>

School social workers lack time and funding to become researchers (Franklin, 1999), but it is essential for them to find efficient ways to monitor their practice outcomes. Three such methods seem particularly appropriate for monitoring groups in school settings. The first method is the single-system design (SSD) (Monette et al., 2008; Toseland & Rivas, 2005). Following the identification of goals and quantitative measurements for the goals, the worker tracks students' progress on the goals for several measurements, usually over a period of two to three weeks to determine if the goals are stable before the group begins. Should the goals be improving of their own accord or because of some external interventions (for example the parents have changed the way they interact with the student at home or a new teacher is praising good behavior), the worker would not be able to identify the group as the source of positive

outcomes. If the goals are stable or, sadly, getting worse before the group begins, the worker has

greater assurance that gains toward goal improvement are a result of the group rather than some

other "intervention" that is unrelated to the group. This baseline time is a good time for the

school social worker to conduct the search for evidence regarding effective interventions for the

problems and the goals of the group members, a caveat of EBP. When the group begins, the

worker continues to monitor goals on a regular basis, perhaps by weekly checks on the goals

with the member, teachers, or parents. In SSDs, these monitoring efforts are carefully tracked,

usually with graphs, so progress (or the lack thereof) can be easily identified and discussed with

group members. (Students love these graphs and like playing with the simple software that can

be used to develop them.) If members are improving in their goals after the group begins, the

worker can assume that the group intervention is the "cause" of the improvement and continue

until the goals are reached (or until the pre-determined time for the group to end). Should some

or all members not be making progress, the worker would need to consider the course of action,

perhaps by adjusting the group method and assessing changes that need to be made to help

members succeed in reaching their goals. SSDs are particularly useful in school-based groups

because of their flexibility. They can be used when members have different goals or when

everyone has the same goal. They can also simultaneously monitor group goals (like cohesion or

accomplishing a group task). SSDs can be simple or complicated, depending on the needs of the

group members. Members can have several goals simultaneously (if they are able to

conceptualize several goals), can change the criteria for their goals, and can add new goals as

they progress. The graphs give the school social worker records of progress that can be added to

IEP records or to use for summary reports for parents or IEP teams.

The second way of monitoring goals is the pre-experimental design (PED) (Monette et al, 2008). Instead of continuous measurement with several baseline measurements, the worker gathers data on goals only once before beginning the group. Then the same measurements are repeated at the end of the group to see if members have made progress on goals. PEDs have the advantage of less record keeping and, therefore, less work. The disadvantage is that the worker cannot be as certain that the group was the cause of positive change (students naturally grow and change over time, and they may have improved of their own accord). And if the students are not improving, the information may not be available until after the group ends. Like the SSD, PEDs are flexible and can be used for multiple goals and for group goals.

Another way of monitoring progress is through records on progress students are making in the group. This is a more qualitative approach, and it can serve as a supplement to the other methods. The worker can record attendance, observations of member behavior, teacher and parent feedback, interactions among members, and narratives of group sessions. Ongoing reflection of group and member progress provide a supplement to any quantitative methods the worker is using and can be used for supervision and consultation regarding the progress of the school social workers' group interventions. Mackenzie (1990) suggests group records note major issues for each member, a sociogram of member interaction, major themes, critical incidents, therapist issues, supervision comments, and notes for the next session. Another recording approach is to record groups in a consistent format that includes session number, a seating chart, notes on communication flow, and a brief summary of group content, processes, developmental stage, plans for the future, and a worker reflection on the group (Cohen & Garrett, 1995). . These ongoing records should be summarized regularly, perhaps at report-card time and the end of the school year (Raines, 2002).

Conclusion

      The values of the social work profession and external mandates on school social workers demand that school social workers use EBP principles in when working with students in small counseling groups. This means that school social workers must clearly define goals for all students in those groups, search carefully for research on the most effective ways to meet those goals, evaluate the quality of that research, and make decisions about the use of those interventions. Because each student is unique, however, school social workers must evaluate the outcomes of their interventions to be certain that their group work is effective. This requires careful monitoring of the implementation to document what was done, and how the intervention was similar to and different from evidence-based interventions that research indicates "should" work. What is more, school social workers must also monitor the outcomes of their group work practice in terms of success in achieving member (and sometimes also group) goals. Furthermore, school social workers must keep adequate records to identify group and member goals, how those goals were monitored, and what the outcomes were. School social workers need this information as they determine what methods to use in future groups and to evaluate where best to devote their all-too-limited time in schools. School administrators, anxious to abide by NCLB need this information on a regular basis as part of their evaluation of social work services. Parents want to know how their children and progressing towards their goals in school-based counseling groups on a regular basis. And student members need feedback as they grow and change. Monitoring outcomes is a professional imperative for school social workers leading small groups.

References

Achenbach, T. (2007). Achenbach system of empirically based assessment (ASEBA) retrieved August 9, 2007 from http://www.aseba.org/products/forms.html

American Institutes for Research (n.d.) Campbell Collaboration. Retrieved August 6, 2007 from http://www.campbellcollaboration.org/index.asp http://www.campbellcollaboration.org/

Corcoran, K. and J. Fischer. (2000). *Measures for clinical practice: A sourcebook*. (3rd ed). New York: Free Press.

Cohen, M.B., & Garrett, K.J. (1995). Helping field instructors become more effective group work educators. *Social Work withGroups, 18*(2/3, 135-146.

Corey, M.S., & Corey, G. (1997). *Groups: Process and practice*. (5th ed.) Pacific Grove: Brooks Cole.

Dane, B. & Simon, B. (1991). Resident guests: Social workers in host settings. *Social Work 36*(3), 208-213.

Dibble, N. (1999). Outcome evaluation of school social work services. Retrieved August 23, 2004 from www.dpi.state.wi.us/dpi/dlsea/sspw/pdf/outcmeval999.pdf

Franklin, C. (1999). Research on practice: Better than you think? *Social Work in Education, 21*(1), 3-9.

Franklin, C, Harris, B.B., & Allen-Meares, P. (Eds.) (2006). *The school services sourcebook: A guide for school-based professionals*. New York: Oxford University Press.

Garrett, K.J. (2004). Practice Evaluation and social group work in elementary schools. *Journal of Evidence-Based Social Work, 1*(4), 15-32.

Harcourt Assessment (2005). Beck youth inventories-second edition. Retrieved August 9, 2007 from http://harcourtassessment.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8014-197&Mode=summary

Howard, M.O., McMillen, C.J., & Pollio, D.E. (2003). Teaching evidence-based practice: Toward a new paradigm for social work education. *Research on Social Work Practice,13*(2), 234-259.

Macgowen, M.G. (2000). Evaluation of a measure of group engagement for group work. *Research on Social Work Practice, 10*(3), 348-361.

MacKenzie, K.R. (1990). Introduction to time-limited group psychotherapy, Washington DC: American Psychiatric Press, Inc.

McCullagh, C.E., & Koontz, B.A. (1993). A self-report questionnaire for group work: Monitoring the outcome of group work intervention with special education students. *Iowa Journal of School Social Work, 6*(3), 5-19.

Monette, D.R., Sullivan, T.J., & DeJong, C.R. (2008). *Applied social research: A tool for the human services* (7th ed.) United States: Thomson Wadsworth.

Multi-Health Systems, Inc. (2006). Connors' Rating Scales-Revised (CRS-R). Retrieved August 9, 2007 from https://www.mhs.com/ecom/(j0ndna453xehkc55sfwscbri)/product.aspx?RptGrpID=CRS

National Association of Social Workers. (1999) *Code of Ethics*. Washington D.C.: NASW Press.

National Association of Social Workers. (2002) NASW Standards for School Social Work Services. Washington D.C.: NASW Press.

No Child Left Behind Act of 2001, Pub. L. No 107-110 § 101, 115 Stat. 1425 (2002).

Northen, H., & Kurland, R. (2001). *Social work with groups* (3rd ed.). New York: Columbia University Press.

Pro Ed (2007). The multidimensional self-concept scale (NSCS). Retrieved August 9, 2007 from http://www.proedinc.com/customer/productView.aspx?ID=685

Raines, J.C. (2002). Present levels of performance, goals, and objectives: A best-practice guide. *School Social Work Journal, 27*(1), 58-72.

Raines. J.C. (2003). Rating the rating scales: Ten criteria to use. *School social work journal, 27*(2), 1-17.

Raines, J.C. (2004). Evidence-based practice in school social work: A process in perspective. *Children & Schools, 26*(2), 71-86.

Roberts, A.R., & Yeager, K. (2004). Systematic reviews of evidence-based studies and practice-based research: How to search for, develop, and use them. In A.R. Roberts & K.R. Yeager (Eds.) (pp. 3-14). *Evidence-based practice manual: Research and outcome measures in health and human service*. New York: Oxford University Press.

Rose, S.D. (1998). *Group therapy with troubled youth : A cognitive behavioral interactive approach*. Thousand Oaks CA: Sage.

Rose, S.D., & Edleson, J.L. (1987). *Working with children and adolescents in groups*. San Francisco: Jossey Bass.

Rose, S.D., & Tolman, R. (1989) Measuring and evaluating individual achievements and group process. In S.D. Rose (ed.) *Working with adults in groups*. (pp. 109-136). San Francisco: Jossey Bass.

Toseland R.W., & Rivas, R.F. (2005). *An introduction to group work practice*. (5th ed.) Boston: Allyn and Bacon.

U.S. Department of Education (n.d.) What Works Clearinghouse. Retrieved August 6, 2007 from http://w-w-c.org/

Walmyr Publishing Company (2007). Welcome to the WALMYS Publishing home page. Retrieved August 9, 2007 from http://www.walmyr.com/index.html

Wayne, J., & Cohen, C.S. (2001). *Group work education in the field*. Alexandria VA: Council on Social Work Education.

Wiley InterScience (2007). The Cochrane Library. Retrieved August 6, 2007 from http://www.mrw.interscience.wiley.com/cochrane/cochrane_clsysrev_articles_fs.html