CHAPTER 1

Facilitating Successful Child and Parent Groups

Approximately one in five children and adolescents have a clinically significant mental health diagnosis that negatively impacts their functioning at home and/or school (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003). Sixteen percent of children receive mental health services, and the majority (70–80%) receive these services in schools (Farmer, Burns, Philips, Angold, & Costello, 2003). School-based mental health professionals have the unique advantage of being able to effectively identify such students in need and then address that need. Yet the numbers can be daunting. Delivering an evidence-based intervention to a *group* of students is an efficient and effective use of a practitioner's time and resources. Group interventions mean that a larger number of students can receive services compared with individual therapy of students. Furthermore, a host of group-based interventions have been shown to be effective and are readily available to school-based practitioners (National Academy of Sciences & Institute of Medicine, 2009).

However, our own past experiences have taught us that it's not enough to select the best group intervention, or as simple as following the intervention manual. The purpose of this book is to help school-based mental health practitioners overcome the challenges of running intervention groups in schools. This book offers specific strategies to assist with recruitment, group organization, managing the behavior of group members, effectively dealing with crises within the group, and engaging group members throughout the process of implementing effective group interventions. You can use this book in conjunction with any group-based intervention offered to elementary and middle school students and their parents. While this book is tailored to implementing child groups and parenting groups simultaneously, the essential ideas within each section can be used when implementing either independently.

BENEFITS OF GROUP INTERVENTIONS

Group interventions are essential components of a practitioner's tool kit. In addition to the skills and strategies in the intervention content, there are benefits through the group pro-

cess and the relationships developed among group members. Over time, group members begin to behave with other group members as they interact with other people in their everyday lives (Yalom, 1995). This gives the group leader insight into students' problems and where to intervene that may not become evident in individual work.

There is a significant amount of research showing that students with behavior problems have social skills deficits with their peers (Dodge et al., 2003). Aggressive–disruptive behavior can lead to other problems for students, such as peer rejection, poor academic achievement, and school dropout (Darney, Reinke, Herman, Stormont, & Ialongo, 2013). Conducting group interventions is an effective way of helping students practice important social skills, such as how to make friends, emotion regulation skills for frustrating experiences, and problem solving.

Group members receive support and feedback from peers in addition to that from the group leader. Hearing that other students have similar challenges normalizes these feelings and experiences so students feel less alone. Hearing about other group members' successes can provide hope of accomplishing similar goals. Groups give their members the chance to think more critically about their own personal situations and view things in a different light. While group conflict can be uncomfortable, it can be a great learning experience and beneficial in the change process. If set up effectively, the group setting offers a safe place where group members appropriately interact with one another and achieve goals together.

As a group leader, or future group leader, you may be aware of the benefits of group interventions. However, you may ask yourself, "Where do I find group interventions that work, and how do I successfully integrate these interventions into my current practices?" This book will provide key strategies on how to set up and successfully implement a group intervention, as well as how to effectively overcome any challenges that may arise within a group setting. Specifically, in Chapter 2, we look at resources and examples of evidence-based group interventions that can be utilized in your current practices.

CHALLENGES IN IMPLEMENTING GROUP INTERVENTIONS

Despite growing evidence of the efficacy of particular group interventions, their use in educational settings has met with limited success (Herschell, McNeil, & McNeil, 2004; Stormont, Reinke, & Herman, 2011). A number of barriers impede the transportability of evidence-based interventions from research to applied settings (see Kratochwill, 2007; Kratochwill & Shernoff, 2003).

First, school environments are inherently more complex and often have limited resources compared with the carefully controlled conditions of research trials. Practitioners who work in the schools understand the inherent challenges of reaching those families and children with the greatest needs. Therefore, practitioners who hope to utilize an evidence-based intervention need to employ innovative strategies to reach those families and children who need services. Second, while many interventions are manualized for dissemination purposes, often these manuals lack practical information about how to engage students and families in the intervention and maintain their participation. Attendance and behavior management can be major obstacles. An intervention will not be effective if you are unable to get

parents or caregivers to attend parenting groups, or are unable to manage students' challenging behaviors in a child group. To overcome these challenges, group leaders need to know and use effective strategies for recruiting, engaging, and sustaining group participation. This book is designed to teach you effective strategies and offers guidance on using them.

Perhaps you can relate to this scenario: You decide to run a group intervention that targets the parents of students in your school who have the highest needs (e.g., aggressive behaviors, noncompliance, lack of engagement in school). You send an invitation to the parents. Perhaps you call and leave messages for as many parents as possible. You determine the date and time the group will occur. Then, you wait patiently for the parents to arrive. You may have even brought snacks, found a time after school, and plan to provide child care as needed. Time goes by and one parent arrives. You decide to wait a bit for others to arrive. No other parents arrive. Your group has turned into an individual intervention.

Research has documented a number of factors that influence whether parents agree to allow their children to engage in services or to participate themselves, and whether they continue their participation over time (McKay, McKernan, Atkins, Hawkins, & Lynn, 2003; Morrissey-Kane & Prinz, 1999). Socioeconomic disadvantage, ethnic-minority status, severity of child dysfunction, caregiver stress and depression, lack of support (including caring for children and elderly caregivers), family member resistance, lack of parenting knowledge and skills, and lack of confidence all play significant roles in determining whether a family engages in and makes use of services (McKay et al., 2004; Nock & Kazdin, 2005).

For instance, many caregivers from low-income or diverse racial or ethnic backgrounds have children who would benefit from services but the caregivers have often had negative interactions with the educational system. These parents may find additional interactions quite aversive. Further, many of them may have had negative experiences as students in school. Some parents expect social or racial discrimination, blaming, and poor treatment outcomes from involvement with services. Being aware that past negative experiences may influence a parent's decision to participate in group programs is critical. McKay and colleagues' (2004) model confronts this challenge by having practitioners engage in direct conversations with caregivers about their prior experiences and perceptions. For example, during an initial phone call to caregivers, the practitioner asks questions to gauge the caregiver's attitudes about previous experiences with services, and collaboratively identifies solutions to overcoming obstacles that stand in the way of engagement. McKay and colleagues' work demonstrates the importance of integrating evidence-based engagement strategies into service delivery by using supportive phone techniques from the very first contact and clarifying the role of the interventionist. These strategies are typically not outlined in treatment manuals for group interventions.

In addition, the structural and cultural contexts in which an intervention is delivered can contribute to participants not showing up for group-based services. Understanding these contexts is critical to our ability to design and deliver interventions. For example, negative perceptions of school personnel affect engagement in services (Stormshak, Dishion, Light, & Yasui, 2005), and are likely to be amplified when families do not feel supported by the school or educational institution. Each family is unique, and families are less likely to participate and continue involvement in an intervention when they do not believe it is responsive to their needs (Dishion & Patterson, 1992; Sue, Bingham, Porché-Burke, &

Vasquez, 1999). Maximizing positive outcomes requires attention to the potential barriers that can impede parent and child engagement and ongoing participation in interventions.

OVERCOMING THE CHALLENGES

In our work with students, teachers, and caregivers in the Baltimore city schools, we experienced the challenges of working in school settings and engaging those participants who may benefit most from a group intervention. Yes, we have had that one parent show up for our group interventions. We have encountered difficulties setting up groups, building participation in groups, maintaining participation in groups, and effectively providing the important content of the groups to parents and students. Solutions for such issues were not adequately outlined in the intervention program manuals. As a result, we developed strategies for overcoming these challenges. This book presents several decades of experience in overcoming barriers to leading school-based intervention groups. By sharing these strategies and tips from the field with practitioners, more children and families can benefit from efficacious interventions, helping to bridge the gap between research and practice.

How This Book Is Organized

This book focuses on important implementation issues associated with any school-based group intervention and can be used by school psychologists or other school-based mental health practitioners. However, many of the practical strategies discussed throughout the book can be utilized in settings outside the school building as well. Our past experiences have taught us that it's not enough to select the best intervention. Instead, we have learned to think of all the strategies outlined in this book as much a part of the intervention as the manual and materials provided. Each chapter describes procedures that have repeatedly been shown to be effective in our work running parent and child groups.

   In Chapter 2, we discuss how to locate and select effective group interventions for specific behavior areas. It can be challenging to identify evidence-based groups that fit the needs of the population, area, and setting in which you work. However, it is critical to identify group interventions that have been proven effective in reducing symptoms of behavioral and emotional disorders in children and adolescents. We review a variety of evidence-based group interventions that are proven and promising, along with resources for further in-depth reviews and critiques. While this is by no means a comprehensive list of all group interventions, we hope that we've provided a starting place for you to find proven and promising groups for your setting.

   After locating an evidence-based group intervention, the second step is the successful recruitment of individuals who will benefit from the intervention. Chapter 3 describes ways to effectively recruit members for both student groups and parent groups. Group leaders will need to figure out the best plan of action to select appropriate students while following school and program procedures. This often involves a process of nominations, referrals and assistance from teachers, consent from parents, and assent from each student participating in the group. Tips for overcoming initial implementation barriers include frequent check-ins with potential group members.

In Chapter 4, we discuss how to develop a plan of action for implementing all aspects of student and parent groups, involving all the key people (e.g., teachers, administrators, parents). This includes planning out logistics such as location, time, and how to get students to and from the group in a way that ensures sessions will start and end on time. We also discuss some of the benefits of having a co-leader, if that is a possibility in your setting.

Chapter 5 covers how to set rules and manage behaviors within child groups. By setting clear expectations, group rules, and structure, the group leader begins the process of creating a successful group. You will want to act as a "fortune-teller" by anticipating possible group pitfalls and planning accordingly. We also provide tips for establishing confidentiality, seating group members, ignoring inappropriate behavior, and praising positive behavior. Last, we discuss the importance of choosing the best behavior management system and being *consistent* with the system. Chapter 6 covers how to set rules and manage behaviors in parent groups, including tips on how to deal with questions about group leader qualifications and challenges to the leader's ability to understand and help parents.

Chapter 7 presents strategies for engaging group members and building group morale and cohesion. Developing rapport, group cohesion, and morale are critical to keeping group members coming to each session. They need to feel a connection with the group, enjoy coming, and feel it is important to attend, or they may stop attending. This chapter discusses how to build group cohesion to keep members excited about and actively attending group sessions.

Chapter 8 covers how to respond to more difficult group situations, such as reporting child abuse or neglect, suicidal ideation, and members in crisis who may need referrals outside of the group. We provide examples of what to do following a group member's report of suicidal ideation or disclosure of abuse. However, it is important to follow the policies and procedures outlined by your school district, agency, and state.

Chapter 9 describes how to use data to select appropriate group members, and monitor group progress and outcomes. Matching the intervention to the needs of the students is vital. For example, a student with social phobia would be less likely to benefit from a group intervention on anger management skills than a group that specifically targets the student's problem. Additionally, some students will not fully benefit despite participating in an evidence-based group intervention, and they may need additional supports. Using data to determine whether students are improving as intended is a large part of the role of group leader.

At the end of Chapters 3–9, we offer questions to help facilitate reflection and role-play scenarios for applying the key principles in each chapter to parent and child groups. Real-life examples from our work with Baltimore city parents, students, teachers, and clinicians are also provided. Finally, the Appendices contain a wealth of materials—such as group reminder fliers, goal sheets, and recruitment scripts—to help you recruit and run successful groups.

This book can be utilized by the growing population of school-based mental health clinicians, school social workers, psychologists, behavior specialists, and other professionals who serve as group leaders. This book may also be used as a text for graduate courses focused on group-based interventions and therapy most often found in school psychology, counseling, public health, and social work programs. Often it is difficult for practitioners to translate theory into practice, especially for many evidence-based interventions that lack

the necessary details to effectively implement these programs in real-world school settings. This unique book provides the necessary link between these two areas of training and practice.

Learning Objectives

The aim of this book is to provide a practical step-by-step guide for group leaders to locate, plan, implement, and maintain effective parent and child group interventions. In reading this book, we intend for you to learn to do the following:

1. Successfully locate evidence-based group interventions for specific behavior areas in which you serve and practice.
2. Identify ways to recruit group members and overcome initial implementation barriers.
3. Understand how to establish group organization and develop ways to maintain group members within the group process.
4. Develop ways to manage behaviors and set rules within the group.
5. Learn ways to engage group members and build group morale and cohesion.
6. Identify ways to handle more difficult group situations, such as dealing with group crises, group termination, and sensitive topics.
7. Utilize data and group outcomes to select group members, monitor group progress, and successfully plan for termination and future practices.

SUMMARY

This chapter provided a brief overview of some of the challenges and barriers to successful group interventions. We highlighted that the content of the book includes specific strategies that have been developed in response to the difficulties we ourselves have experienced over decades of implementing group interventions in school settings among children and families with significant risk factors. We now share these strategies, step-by-step guidelines, and resources with you so that you can maximize the outcomes for those participating in your school-based group interventions.