Review

Group dynamics in working with children

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The efficacy of group interventions in school faces many complex challenges, especially group dynamics which can significantly influence the effectiveness of group counseling. Group dynamics concerns the formation of groups, along with their structure, processes, and function. The skillful utilization of group dynamics facilitates constructive changes in children’s behavior and attitudes. This article discusses some domains related to group dynamics that contribute to successful outcomes, including the composition of the group, the group leader, the use of group theories, creative activities, and the contexts of children’s lives. Such considerations are important for school counselors to ensure more successful group interventions.

Keywords: Group intervention for children, group dynamics, composition of the group, creative activities, the contexts of children’s lives.

INTRODUCTION

Previous research has shown that group interventions are an effective way of helping a wide range of children with special needs in various situations (Shechtman, 2002; Whiston and Quinby, 2009). First, groups can be used to simultaneously help numerous children with similar needs, a critical advantage given limited resources. Second, groups provide children with the opportunity to learn from one another and to generate solutions together. Third, groups give children a safe place in which to express their feelings. Fourth, groups give children a place to learn and practice new skills. Fifth, groups provide a safe social environment for the development of a social network (Derk, Sachin, and Kioh, 2010). Therefore, group interventions can serve as an important means of meeting children’s specific needs in school.

Children have specific developmental needs, thus groups for children must be run differently from those for adults. A number of curative factors that have proven useful for adults may not be totally extended to children (Shechtman, 2007). Children exhibit cognitive, social, emotional, physical, and intellectual characteristics that vary over the course of development. For example, children have shorter attention spans, limited vocabularies, less control over their situation, reduced capacity for abstract thought, reduced intellectual maturity, a tendency to avoid experiencing feelings of sadness (Mitchell et al., 2011) or talking about feelings (Reeve, 2006), and a tendency to focus on actions and learning (Vernberg, Jacobs, Nyre, Puddy, and Roberts, 2004). Reeve postulated that the developmental level of children is, in part, responsible for the limited success of executing topic-based groups in children’s inpatient units. Morgan and Roberts (2010) stressed the potential importance of the group’s appropriateness to the child’s developmental level, the format of the group, and the number and ages of the other children.

The primary task of school counselors is to effectively employ the group, and groups composed of elementary school-aged children entail special considerations. Many complex challenges impact the efficacy of group interventions in schools. In particular, group dynamics, the group’s attitudinal and behavioral characteristics, substantially influence overall group effectiveness. Group dynamics are concerned with the formation of groups, along with their structure, processes and functions. Unsurprisingly, school counselors who seek to improve group facilitation and efficacy must be sensitive and responsive to these domains, which vary according to the composition of group, the group leader, the use of group theory, the activities planned, and the multiple, overlapping contexts of group members. School counselors must seek to examine these dimensions and focus more on the use of these forces to help groups function productively. The following sections attempt to provide an improved understanding of group dynamics.
Group composition

Group size affects participation and satisfaction. School counselors determine the size of children’s counseling groups based on the age of the members and the extent of their pathology. The ideal size is four to six, but no more than eight (Thompson and Henderson, 2007), thus allowing each member to participate fully and become actively involved in the group. Many studies consider 6 to 8 members to be the optimal group size (Bostick and Anderson, 2009; Braswell et al., 1997; Kaduson and Schaefer, 2006; Morgan and Roberts, 2010), and groups of three or four children are most common when handling children aged five to six, or those coping with ADHD or sexual abuse (Brigman and Goodman, 2008; Jacobs, Masson, Harvill, and Schimmel, 2012; Thompson and Henderson, 2007). Carroll (2003) suggested that, “in early childhood (ages 5 through 9) the group should contain only three or four members who meet no longer than 20 to 30 minutes at one time”(p. 6). Colangelo and Peterson (2005) asserted that it is best to keep the numbers around six for groups with a distractible and kinetic majority. In their two-year follow-up research on a 12-session school-based intervention in nine mixed-sex subgroups of 4 or 5 participants for 5- and 6-year-old children with separated or divorced parents, Pedro-Carroll, Sutton, and Wyman (1999) reported reduced anxiety, classroom adjustment problems and visits to the school health office than in groups with divorce controls. Recent studies extensively used small therapy groups of four to six children with children on the autism spectrum (Aldred, Green, and Adams, 2004; Reaven et al., 2009; Epp, 2008). Although groups of fewer than six participants are recommended, the use of a small sample size reduces the generalizability of the findings (Pedro-Carroll, et al., 1999). In addition, some empirical studies have found that groups can be increased to 10 or 12 participants and still be effective (Colwell, Davis, and Schroeder, 2005; Gooding, 2011). Groups that are educational, didactic, or focused on cognitive learning can probably achieve acceptable results with larger sizes.

School counselors must also consider a range of similarities and differences among group members. Some studies suggested that homogeneity used in group intervention could reflect the greater efficacy. Perrone and Sedlacek (2000) surveyed comparisons of group cohesiveness and client satisfaction in homogeneous and heterogeneous groups, and found that homogenous groups reported higher cohesiveness and satisfaction. Burlingame, Fuhriman, and Mosier (2003) estimated the differential effectiveness of group psychotherapy in a meta-analysis of 111 experimental and quasi-experimental studies which showed that members in homogeneous groups attained more improvement than those in groups with mixed symptoms. With a focus on gifted students vulnerable to isolation, loneliness, or bullying, Colangelo and Peterson (2005) and Peterson and Ray (2006) suggested that a same-ability counseling group may provide gifted children with an atmosphere of trust and understanding to openly discuss problem situations with those who have had similar experiences. An implication of these studies, in light of a shared issue such as a grief group or a group for students who have experienced a separation or divorce, is that homogeneous groups have an advantage in providing a common base of support and understanding and producing a key group process of universality to promote growth and healing.

The heterogeneous composition would work best based on learning and thinking styles (Whitten, Wsteves, and Woodrow, 2009). Children learn methods (such as decision making, problem solving, and social skills) from each other, regardless of whether they share common concerns. Having more group members who are proficient in social skills provides more models for those who have poor social skills (Brigman and Goodman, 2008; P’erusse, Goodnough, and Lee, 2009), while aggressive children benefit in interacting with less aggressive members. For example, Shechtman (1999) conducted a heterogeneous group composed of three aggressive and two non-aggressive eight-year-old boys. When the group discussed how a child should deal with violence, the three aggressors suggested fighting back, running away, or calling the police while the two non-aggressive members suggested communication and apology strategies. Brantley and Brantley (1996) examined group counseling with children who act out in group, including no more than three children with acting-out behavior, two model children, and one normally behaving child. The heterogeneous group composition helped the targeted children learn to moderate their undesirable behaviors.

Some situations and issues related to age and sex can make either homogeneity or heterogeneity more desirable. Children within same-sex groups self-disclose and share trust more easily (Stewart and Mckay, 1995). Using focus groups composed of same sex participants, Porcellato, Dugdill, and Springett (2002) explored children’s perceptions of smoking while attempting to decrease discomfort, distraction or impact caused by the involvement of opposite sex participants. Farmer and Galaris (1993) conducted a sex and age heterogeneous group for children of divorced parents, postulating that mixed-sex composition is desirable because it helps children avoid unhelpful stereotyping of gender characteristics caused by a disruption of relations between the sexes. They also proposed a number of explanations for why age-heterogeneous groups benefit children of divorce. First, children who experience parental divorce may have emotional baggage that is needs to be addressed at their current level of comprehension, regardless of their actual developmental age. Second, encouragement from older children who address issues at a comfortable perspective often has a significant influence on younger members. Third, older
children may promote their self-esteem by assisting younger children in group discussions. Forth, contributions between younger children (4-year-old) and older children (11-year-old) are not comparable, and thus will likely result in reduced stereotyped judgments within the group. Fifth, mixing ages to represent siblings age relationships encourages members to speak up and provide support for each other in addressing the negative effects of divorce.

Moroz (1996) had similar views about heterogeneity in that a wide age range of adopted children in a group represents quite mixed feelings about being adopted. Young children told mostly about positive aspects of being adopted, while older children expressed both positive and negative feeling about adoption. This diversity of experiences led the children to engage in a dynamic exchange. In contrast, DeLucia-Waack and Gerrity (2001) advised composing groups of similar ages (within 2 years of each other) in children of divorce groups, with a focus on mixed family situations varying in terms of the length of time since the divorce, living situations, and remarriage. The differences serve to promote role models, produce possible solution to dilemmas, and instill hope in children.

Theory of Group Interventions

To encourage school counselors to consider a theoretical basis for their group practice with children, some of the reviews below are popular theoretical principles uniquely suited to the field of children group intervention. Adlerian group counseling is effective in addressing interpersonal processes, and is administered from the viewpoint that people are essentially social and belong to a community or group (Bitter, 2011) and that human behavior is best viewed as the consequence of family and social interactions throughout early childhood (Corey, Corey, and Corey, 2010). Adler's theory that stresses on meaning, lifestyle, goals, purposeful behavior, conscious action, basic mistake, belonging, social interest, and parent education is thus uniquely effective for children in reducing their risk of emotional, behavioral, and social problems (Overholser, 2010). Adlerian group provides children with a natural environment to accurately view the reality of a situation and to practice social interaction to find a valued position within the social field of their family and their peer group (Thompson and Henderson, 2007).

Cognitive behavioral group therapy allows for structured, time-limited, and short-term interventions, and is thus widely used in elementary school group interventions (Shechtman, 2007). Given children's short attention spans and limited ability to process and analyze developmental information, the purpose of the groups should be narrow and focus on solving present problems and issues (Derk et al., 2010) rather the causes of distress or symptoms. Based on cognitive behavioral theory, groups are useful in providing information, discussing problem-solving strategies, and offering cognitive and behavioral training. The group encourages members to recognize and confront their irrational thoughts and feelings, take risks, try new behaviors and learn new social skills (Thompson and Henderson, 2007). Rosselló, Bernal, and Rivera-Medina (2008) compared treatments in both group and individual formats of cognitive-behavioral therapy (CBT) and interpersonal psychotherapy (IPT) for Puerto Rican depressed adolescents. They found that treatments by either the individual or the group method was effective in producing positive changes and that CBT demonstrated significant reductions in depressive symptoms and improved self-concept than IPT.

Based on psychodynamic psychotherapy, expressive-supportive group therapy (ESGT) is most effective at targeting specific processes in the three fundamental approaches of emotional expression, social support, and cognitive management skills. Children exhibit a high need for self-expression, cathartic experiences, social acceptance and support, and guidance and training in areas of social deficit (Shechtman, 2002). This model helps children free themselves through the expression and disclosure of strong emotions, which in turn improves their immediate adaptation to their life situation, strengthens their self-identity, and enhances problem-solving skills (Shechtman, 2007). The ESGT that touches on children's mood resources (e.g., anxiety, anger, sadness, and fear) is effectively used in treatment in relation to anger management, shyness, depression, parent separation or divorce (Shechtman, 2007), adoption, and grief and loss.

Child-centered group play therapy (CCGPT) is based on person-centered theory and play therapy. Play allows children to express and explore their feelings, experience control, develop problem-solving skills, and master troubling situations (Bratton et al., 2013). Through school counselors' focus on tracking children's play behavior, accepting children unconditionally, reflecting children's feelings, reverting responsibility to children, providing encouragement, setting therapeutic limits, and facilitating communication and self-confidence among members of the play therapy group, this approach helps children develop self-direction toward inner healing (Baggerly and Parker, 2005). The CCGPT has been found effective in helping students improve functional impairment associated with behavioral or emotional issues (Ebrahim, Steen, and Paradise, 2012).

Group leader

School counselors have their own leadership styles, and these styles must necessarily reflect the counseling model (Sink, Edwards, and Eppler, 2012). For example, the style of leadership for a cognitive behavioral therapy
group of children tends to be didactic and directive, whereas in an Adlerian group with children is oriented toward support, acceptance, patience, and encouragement (Portie-Bethke, Hill, and Bethke, 2009). The leadership style should also consider the features of the specific group of children involved. For example, conducting a group with aggressive children suggested that leaders may need to supervise closely and establish clear behavioral standards, whereas an empathetic, supportive and protective approach might be more suitable to ensuring the emotional and physical safety of a group with children who have experienced maltreatment, separation, divorce, adoption, or grief and loss, or are adjusting to living in a stepfamily (Geldard and Geldard, 2008; Jacobs et al., 2012; James and Gilliland, 2005; Thompson and Henderson, 2007).

Recent years have seen increased empirical focus on group process research, specifically on leadership roles in children’s groups. Two empirical studies examined group leader behavior using stories and peer group processes in the treatment of groups of aggressive children to enhance social problem solving. Nuijens, Teglasi, Simcox, Kivlighan, and Rothman, (2006) proposed a Group Leader Intervention System that contains six global categories (structure, modeling, group cohesion, information, exploration, and feedback) and nine subcategories (initiation of exploration, type of structure, initiation of information, initiation of exploration, topic of exploration, valence of feedback, type of feedback, group cohesion and modeling) to examine group leader verbalizations across cognitive responsiveness (CR, higher or lower) during various treatment phases for groups of four children in LCR groups and six children in HCR groups. Whereas, Shechtman (2009b) addressed therapist skills used in a bibliotherapy group process for aggressive children, providing a series of helping skills.

Shown below are their suggested skills for school counselors working with children in group. (a) The group leader provided more structure and less information in the early phase of treatment, but that these proportions reversed in the later phase. (b) More interventions for exploration and feedback were found in higher CR (HCR) groups, whereas more interventions for group cohesion were found in lower CR (LCR) groups to overcome increased resistance in the middle phase. (c) More group-directed interventions were found in HCR groups in the early and middle sessions, whereas more individual-directed interventions occurred in LCR groups due to their increased need for individual structuring in all three phases of treatment. (d) More long-term structure in the early phase of treatment and more routine management interventions in all three phases of treatment were used to move the program forward for HCR groups, whereas more behavioral management interventions designed to deal with disruption were used in LCR groups across all three phases of treatment. (e) More interventions for spontaneously offered information and exploration were found in HCR groups, whereas more interventions for member-initiated information and exploration were used in LCR groups in the early phases of treatment. (f) More program curriculum-focused interventions were used in HCR groups, whereas more member experience interventions were used in LCR groups in the early and middle phases of treatment. (g) More elaborative feedback interventions were used in HCR groups in the early and middle phases, whereas more simple acknowledgement and disagreement was used in the early session and more paraphrase interventions were used in the late phase of treatment in LCR groups. (h) The LCR groups received more interventions than did HCR groups and interventions frequency was higher in the early phase of treatment. (i) The helping skills from high to low frequency included questioning, guiding, facilitating (approval and reassurance, reflection of feelings, reassurance, and encouragement), interpreting, and challenging. (j) The group leader rarely used interpretations and challenges because both skills may have a negative effect on aggressive children who are immature, defiant, and antisocial.

Creative activities

Children vary in terms of their cognitive abilities, verbal skills and emotional experiences. School counselors may recognize the effectiveness of creative activities and design each session of the group to include several diverse components. Brown (2013) indicated that creative activities may initiate discussion and stimulate the self-disclosure of private information, inner perceptions, feelings and experiences. Kilian and Kilian (2011) used children’s favorite activities to increase affective vocabulary and experience for promoting prosocial behavior. Such creative activities as playing games, drawings, puppets, bibliotherapy, watching movies, photography, role-playing and acting in skits, art therapy and music therapy provide a less threatening atmosphere for children and enhance their self-expression and experience in the group (Yamun, 1991). Epp (2008) described the use of icons, symbols, social stories, comic strips, drama, and music help children on the autism spectrum who are visual learners and concrete thinkers improve their social skills.

Composition techniques have increasingly been used to engage children in therapy. Colwell, et al. (2005) examined the impact of art or music composition on the self-concept of hospitalized children. A total of 24 patients from 7 to 18 years of age were randomly assigned either to an art group where children completed an art composition using standard media, or a music group to create an instrumental music composition using the program Making More Music by Morton Subotnick. After completing their respective tasks, the, children shared a
short narrative introducing themselves or about their hospital experience. They found both groups exhibited great improvement in self-concept, of Intellectual and School Status for the music group and of Popularity for the art group respectively, using the Piers-Harris Children's Self-Concept Scale. Gooding (2011) ran a group-based five session intervention program with 3 groups (n = 12; n = 13; n = 20) totaling 45 children aged 6-17 years with social skill deficits. Interventions used music therapy like music performances, movement to music and improvisation incorporating cognitive-behavioral techniques like modeling, feedback, transfer training and problem solving. The study suggested that the music therapy intervention was effective in improving social competence in children and adolescents with social deficits.

Bibliotherapy has been found to be effective in promoting emotional and behavior adjustment to deter bullying (Moulton, Heath, Prater, and Dyches, 2011), reduce aggression (Shechtman, 1999, 2000, 2006), improve darkness phobia (Santacruz, Méndez, and Sanchez-Meca, 2006), and improve coping with grief (Morgan and Roberts, 2010). Shechtman (1999, 2000) used bibliotherapy in group treatment to help aggressive children develop self-expressiveness, empathy, a sense of forgiveness and self-control. He stated that the use of bibliotherapy may be indicative of cognitive and affective therapy. The therapist is encouraged to use affective bibliotherapy, which carries more weight than cognitive bibliotherapy in helping children beyond cognitive learning through three stages of identification, catharsis and insight experiences to the last stage of the universalization process (Jeon, 1992). Shechtman further suggested a number of bibliotherapy materials including stories, poems, pictures and therapeutic cards, indicating that poems, pictures, and cards produced more projection of thoughts and feelings than stories (Shechtman, 2009a). Applications of bibliotherapy have expanded to include the use of film and video, which may benefit in children who are learning disabled or otherwise underachieving, and provide a prosocial effect on children’s social learning (Milne and Reis, 2000).

Role-playing has been found to be particularly effective in changing children's behaviors and attitudes. Many researchers have attested to the effectiveness of role-playing in treating children with ADHD (Braswell et al., 1997), acting-out behavior, social skills deficits (Bostick and Anderson, 2009), and aggression (Shechtman, 1999). Role-playing may be used following creative activities including music, drawing, bibliotherapy, puppetry and drama. Children first listen to a song, draw a picture or read a book to help them express a wide range of thoughts and feelings. They then create a puppet show or drama to act out feelings and situations in early phases of role rehearsal to portray a specific person and fully examine their position within the situation (DeLucia-Waack and Gerrity, 2001). Finally, role-playing allows children the opportunity to practice new behaviors and receive praise for using constructive strategies (Furr, 2000).

The contexts of children's lives

Children within specific contexts such as their age, ethnicity, gender, religious beliefs, and family cultural background perceive and process the content and interactions of groups differently. Understanding these differences is important for school counselors to help children effectively (Crespi, 2009; Kilian and Kilian, 2011). Older children can express themselves and communicate verbally with group leaders, while younger children or those with limited language skills are more likely to rely on nonverbal modes of communication. Moroz (1996) reported that young children express feelings and thoughts primarily in art work while the older children and young adults express themselves both in art and words. Creative activities give school counselors the chance to observe the movements and behavioral expressions of young children, offering insight into their emotions and opinions (Chesley, Gillett, and Wagner, 2008).

Children's level of social cognition progresses with age. Young children who do not have the degree of social sophistication of older children express mostly about positive aspects of interacting in family situations, while older children expressed both positive and negative feeling about family problems. School counselors must be alert to protect the integrity of the family for young children by discussing issues that would not infringe their privacy (Carroll, 2003). Certain concepts discussed in the group also prompt the group leader to concern about children's cognitive aspect. For example, preschool children (3-5 years) often view death as reversible in that they are more likely to be confused about concepts such as heaven and eternity that are occasionally mentioned in groups. School-age children (6-11 years) believe that death is permanent and may ask many questions regarding their worries (Ethier, 2010). As above mentioned Nuijens et al.'s report (2006) that individuals within the low-quality cognitive response groups received more interventions directed toward individual group members compared with high-quality cognitive response groups, there is a need for the group leader to periodically check in with young children regarding their understanding of concepts and then repeatedly enact and describe events to engage young children in discussion of concepts.

Children's views on death are heavily influenced by their cultural backgrounds and/or religious heritage (Baggerly and Abugideiri, 2010), giving rise to apparently diverse bereavement symptoms and resistance to discussing family mourning rituals in the group, despite the suggestion of numerous counselors that these discussions are a valuable part of the grieving process.
(Morgan and Roberts, 2010). Baggerly and Abugideiri (2010) examined death, mourning, burial rituals and healing practices among Muslim children, finding that Muslim children are discouraged to disclose private family matters. Their strong religious belief may decrease their symptoms, yet some children may restrain the expression of grief, potentially resulting in internalized symptoms of anxiety and depression. Baggerly and Abugideiri suggested counselors try to validate children’s intent and religious beliefs, notice their reactions to death and their concerns, allow for individual differences in their views of death and the grieving process, and respond clearly and objectively with discussions aimed at the children’s level of understanding and religious background (Thompson and Henderson, 2007). School counselors who engage in discussions with groups should avoid cultural stereotypes, such as perceiving and evaluating children in stepfamilies as being unloved or rejected by their step-parents. School counselors must examine their attempts and attitudes toward children from different cultural or family backgrounds and overcome any related prejudices.

Emotional expressiveness varies among people of different cultural backgrounds. Asian cultures (e.g., Chinese and Japanese) are associated with a long-standing stereotype that children are out of touch with their feelings (Maples et al., 2001; Zhou, Siu, and Xin, 2009). They may stay silent mostly throughout the group process presenting school counselors with difficulty in establishing emotional engagement. Furthermore, in the group process children of various cultures define and value humor differently. Something that members of the dominant culture may find funny may not be considered funny by members of other groups. Therefore, school counselors’ use of humor should be tailored and customized to children of specific cultural orientations (Maples et al., 2001).

CONCLUSION

Developing and psychologically immature children need the assistance of school counselors to help them work through difficulties. Some children experience multiple cognitive, affective or interpersonal problems that influence how they experience, communicate, learn and solve problems. These problems are influenced by their particular ethnic, cultural and religious backgrounds, requiring school counselors to give special consideration to groups composed of school children. An improved understanding of dimensions such as group composition, group theories, group leader, creative activities and the contexts of children’s lives can significantly improve group effectiveness. School counselors are encouraged to skillfully use creative activities to draw upon the children’s diverse religious, cultural and family backgrounds, thus enabling the children to actively engage in the group process and project their thoughts, feelings and perceptions in a safe environment and eventually develop new constructive behaviors.

Though most practitioners are prone to drawing their own conclusions about group implementation based on personal experience and intuition, it is suggested that school counselors design groups based on the unique cognitive, emotional and social developmental needs of children within a variety of contexts. The effective use of helping skills requires the group leader to carefully consider the unique characteristics of participants. Understanding group dynamics with children helps school counselors improve the effectiveness of the planning and structuring of group interventions. However, group dynamics such as group formation, structure, processes and function, along with the interaction of these domains, remains quite complex, and further research is needed on these issues to promote the effectiveness of school counselors in working with children.

REFERENCES


