EVIDENCE-BASED GROUP WORK
IN COMMUNITY SETTINGS

Edited by DAVID E. POLLIO
and MARK J. MACGOWAN

Routledge

Evidence-Based Group Work in Community Settings

There has been a strong recent trend towards incorporating evidence into Social Work practice in general, and into group work in particular. This trend has focused on the education of students in the use of evidence, development of evidence-based interventions, and discussion of how evidence can be used to improve practice. A limitation of most of this literature is that it has been written by researchers for the consumption of practitioners, limiting the ability of evidence-based practices to be incorporated into unique community settings and with specific populations. In spite of this difficulty, implementation of evidence-based practices continues quietly in practice settings.

This book describes efforts to integrate evidence into community settings, which have two foci. The first part details group models developed through collaborations between researchers and community agencies. Each chapter details efforts to implement, research, or review programs in community settings. The second part deals with issues around instruction and dissemination of evidence-based group work into practice settings. The volume makes a significant contribution to the discussion about evidence-based group work.

This book was published as a special issue of *Social Work with Groups*.

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From the Editor

It is with pleasure that I introduce this edited collection, that is devoted to evidence-based group work practice. The editors David Pollio from The University of Alabama and Mark Macgowan from Florida International University have written and lectured extensively on social work practice, research and evidence-based group work. In joining together for this book, this "dynamic duo" has done a masterful of job of gathering, organizing and framing this illuminating work written by a diverse group of authors who are located in practice and educational settings all across the United States and in Canada and Korea.

In their introduction, Pollio and Macgowan assert that it is their mission to offer information and illustrations that will be of value to those working in "real-world settings." They have accomplished their goal.

Readers will be treated to a rich menu of practice settings, approaches and perspectives on evidence-based group work, presented by a learned group of practitioners, educators and researchers. This book is organized into two parts that present first, collaborations between researchers and those leading and working in community-based agencies; and second, educational ideas and approaches to best disseminate information about evidence-based group work in supervisory, classroom, administrative and agency-board-room-settings.

I am proud to present this lively, thought-provoking collection. It is my wish that this book will inspire others to write and submit manuscripts, to the journal, *Social Work with Groups*, that are dedicated to evidence-based practice in group work.

And so, without further adieu and with great anticipation, I welcome you to Pollio, Macgowan and Company's "Evidence-Based Group Work in Community Settings."

Andrew Malekoff
Editor-in-Chief

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Introduction
to Evidence-Based Group Work in Community Settings

Integrating evidence-based practice in social work in general, and in group work in particular, is an old and recent movement. Identifying client-level outcomes and examining the effectiveness of our practice models dates back to the beginning of professional social work. Nowhere has this been more evident than in group work. Robust clinical research on the effectiveness of specific group models has played a central role in social work research, so much so that a review of intervention trials found that more than half of the trials conducted by social work researchers were group based (Fortune & Reid, 1999). Well before the current movement in social work education toward evidence-based practice, there was a yearly meeting focused on empirical group work that met yearly for almost two decades.

In spite of the acceptance by the rest of the field of social work of the importance of developing evidence-based interventions and educating our future practitioners in incorporating evidence into practice, there have been roadblocks that have detracted from the dissemination of evidence-based practices into community settings. First, there is the now well-accepted problem that many of our best practices developed by researchers through traditional efficacy/effectiveness-focused approaches do not translate well into the "real world" of practice. This has led to the "translational research" movement, which emphasizes partnerships between researchers and practitioners in developing evidence-based treatments for the real world of practice. Again, this is not a new endeavor in group work; there are good examples of collaborative research-practice efforts in group work written well over 15 years ago (Galinsky, Turnbull, Meglin, & Wilner, 1993).

Second, although the need to educate practitioners in how to do evidence-based practice has led to several texts on how to teach evidence-based practice (including one by the co-editor, Macgowan, 2008), this has led to neither a clear pedagogy (or andragogy, as we argue subsequently) nor evidence that this approach is more effective than traditional approaches. In effect, we are touting a new paradigm—as Howard, McMillen, and Pollio (2003) did in the first Social Work publication on this topic—without submitting it to the same rigor that we urge in espousing evidence-based practices. We have not subjected the model to the test, in

part because educationally it remains relatively ill defined. The Emperor simply does not have any clothes!

When the Editor-in-Chief Andrew Malekoff of *Social Work with Groups* approached us with the idea of guest editing this volume on evidence-based group work in community settings, we became very excited by the possibilities. Rather than continuing to contribute to the academic discussion, we could use the journal's focus on practice and its commitment to providing information that is useful in real-world settings to facilitate a discussion that might be useful and scientifically valid to community group workers and educators. We were also hoping to provide material that would help remove some of the material forming the two roadblocks detailed above. If the material would not be sufficient to remove the roadblocks completely, we were hoping that the discussions might help reduce them, or at least help us to go around them. If you allow us to stretch our metaphors, we were not trying to clothe the Emperor in ermine, but perhaps allow him some options in foundation garments.

This volume includes 10 articles that we think are scientifically interesting and useful to practitioners and to educators. We begin with a series of articles that detail group models developed through collaborations between researchers and community agencies. The first article by Marsiglia and colleagues presents their REAL groups for Latino children, a small-group intervention for at-risk children in their keepin' it REAL program. Next, Smith and Hall present a discussion of challenges to implementing their strength-oriented family therapy (SOFT) multifamily group model for adolescent substance users in a community setting. Mishna, Muskat and Wiener present a thorough review and discussion of the development and implementation of their school-based groups for students with learning disabilities, which includes preliminary evaluation data. Their discussion complements Smith and Hall's, as well as echoing many of the same themes. Next, Bidgood and colleagues present their Supporting Tempers, Emotions and Anger Management (STEAM) program for children conducted in a community agency setting. Finally, Duncan and Klinger present a review of evidence-based programs in group, school, and community settings for children with autism-spectrum disorders.

These articles share common features. Beyond a proclivity for catchy names, each details efforts to implement, research, or review programs in community settings. Although it was not our intention, these articles also focus on some level on issues involving children and/or adolescents. All include some attention to the challenges of conducting standardized (mostly manualized) interventions within their community–academic partnership. All articles pay attention to the various systems that affect the child's behaviors, such as families and schools, and on the context in which the issue of clinical plays out, such as in ethnic minority populations. Rather than controlling for these differences (as would be the case in efficacy/effectiveness-focused

research) or translating the interventions into their settings, these articles either incorporate context within the model or spend considerable attention exploring the way context affects the interventions. We also believe that the groups or programs detailed in this first set of articles will be of interest to readers working with populations with these problems.

The second set of articles deal with issues around instruction and dissemination of evidence-based group work into practice settings. To begin, we include two pieces written by the co-editors focusing on instruction in evidence-based group work. The first details an integrated educational model on evidence-based group work. This model includes attention to how evidence-based group work principles integrate with skill development in the classroom, and how both can facilitate improved practice behavior. We deliberately choose the term *andragogy* over the more traditional *pedagogy* in that the model incorporates an adult-learner approach. We follow this presentation with an example of how the evidence-based practice model developed by Macgowan is incorporated in a master's level group-work practicum experience. Following this, we present two discussions of challenges around implementing evidence-based practice in community settings. This includes a second article by Muskat, Mishna, and colleagues that uses the experience detailed in their earlier article on developing their manualized group as a means to develop practice principles for enlisting agency staff in providing evidence-based group work. We also include an article by Krauss and Levin on a group-based intervention developed at Washington University in St. Louis to educate administrators on implementation of evidence-based practice.

We conclude with an article by Sheldon Rose and Hee-suk Chang on motivating clients in treatment groups. Using—as he has across his career—the best available evidence, Rose discusses this important issue in a practical, applied manner. We have included this article for two reasons. First, it provides recognition that despite the importance of manuals, "evidence" includes much beyond randomized clinical trials and quasi-experimental designs. Group work has had a long tradition of attending to issues around group dynamics, and this article reminds us that we need to attend to factors not often captured in standard scientific models. It echoes the writings on the importance of group work instruction beyond manualized practices.

Of equal importance, this article again reminds us that the evidence-based practice movement in social group work predates our current attention, and that the level of sophistication provided by the previous generations of empirical group work researchers in many ways remains of greater applicability than the current focus on manualized interventions. For pioneers such as Sheldon Rose, Charles Garvin, and Maeda Galinsky (to name only a few who have influenced the guest editors), the issues raised across the articles included here are very familiar to readers. We owe them a debt for beginning and sustaining the process of understanding how

evidence-based practice is very much a central historical feature of group work. Although we think this volume makes a contribution to the discussion, the limitations and challenges outlined in each article remind us that there is much work to be done before we have a clear pathway to fully realized evidence-based group work in community settings.

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David E. Pollio
Mark J. Macgowan
Editors

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Part I: Group Models Developed from Collaborations Between Researchers and Community Agencies

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*Real Group*s: The Design and Immediate Effects of a Prevention Intervention for Latino Children

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This article describes the development and immediate effects of a small-group intervention designed to complement a school-based prevention program for children and youth. The REAL Groups intervention is the result of a partnership with predominately Mexican American schools located in the central city neighborhoods of a southwestern U.S. metropolitan area. The group members (N = 115) were fifth graders from six central city schools. Group members were identified and referred by their teachers as in need of additional support beyond the keepin'it REAL classroom-based substance abuse prevention intervention, or they were invited by the referred students. The REAL Groups followed a mutual aid approach, and Masters in Social Work student interns trained in the REAL Groups intervention served as the group facilitators. This article describes the small-group intervention and provides an initial report on the results by comparing the small-group members (n = 115) with Mexican-heritage classmates (n = 306) who only received the classroom-based keepin' it REAL prevention intervention. This is a feasibility study in preparation for the follow-up study with seventh graders. As expected due to the low drug-use rates reported by fifth-grade participants, the effectiveness results were inconclusive. The immediate findings, however,

provide important information about the design and evaluation of culturally specific group interventions with acculturating children. The article provides important methodological and practice implications for small-group school-based interventions as well as recommendations for future research.

INTRODUCTION

The intervention described in this article evolved as part of ongoing efforts to respond to unacceptably high substance-use rates among adolescents (Johnston, O'Malley, Bachman, & Schulenberg, 2007). Recent research shows that use rates among younger children are also increasing, and their rates and prodrug attitudes are the precursor of future use (Donovan, 2007). These trends are found across all ethnic groups, but the drug abuse literature tends to present Latino immigrant children across the age spectrum as protected from substance use (de la Rosa, 2002; Warner et al., 2006). Acculturation to mainstream American culture has been linked to prodrug norms and attitudes of immigrant Latino children, leading to higher rates of substance use (Kulis, Yabiku, Marsiglia, Nieri, & Crossman, 2007; Marsiglia & Waller, 2002). On the other hand, greater identification with culture of origin has been shown to be protective against substance use (Holley, Kulis, Marsiglia, & Keith, 2006; Marsiglia, Kulis, Hecht, & Sills, 2004). The dislocation produced by migration and the subsequent acculturation process appear to play an important role in the alcohol and other drug-use trajectory of adolescents, but less is known about the experience of younger children and when is the best time to intervene.

Despite a growing recognition of the risk effects of acculturation and the protective elements within cultures of origin, most prevention programs do not clearly integrate culture in their interventions (Gosin, Marsiglia, & Hecht, 2003). One notable exception is keepin' it REAL (Hecht et al., 2003; Marsiglia et al., 2005), a culturally grounded school-based prevention program that is recognized by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) as a model program. Keepin' it REAL is a 10-lesson intervention targeting preadolescents, implemented by trained teachers, and accompanied by instructional videos, scripted and filmed by youth. The program aims at preventing substance use by developing children's capacity to resist drug offers with the REAL (refuse, explain, avoid, and leave) resistance strategies. The main premise of the intervention is that many children initiate substance use not because they desire to use drugs

but, rather, because they lack the necessary social skills to successfully resist drug offers (Gosin et al., 2003).

As a universal prevention program (Substance Abuse and Mental Health Services Administration, 2003), keepin' it REAL takes place in regular classrooms within schools across the full spectrum of substance-use risk of the students. The program developers designed REAL Groups as a companion of the larger intervention to address the variation in risk among individual students and to target specifically children that appear to be more vulnerable to use drugs before entering adolescence. The research team, in partnership with the schools, designed and field tested the REAL Groups intervention guided by the following two exploratory hypotheses:

Hypothesis 1: Students in the REAL Groups will report greater cultural pride, higher self-esteem, and a stronger sense of mutual aid at the completion of the group sessions, relative to baseline. Even though they were at higher risk for substance use, by the time REAL Groups' members reach middle school they will be expected to report similar use rates of alcohol, tobacco, and other drugs than students who only received the classroom-based intervention.

Hypothesis 2: Students identified by their teachers as being at risk and who participate in the classroom-based and the companion small-group interventions will report similar substance use outcomes to those students who received only the classroom-based intervention.

THE MUTUAL AID APPROACH

The REAL Groups intervention follows a mutual aid approach to social work with groups. Mutual aid draws on resilience research, which highlights the value of social support networks and reciprocity in protecting children from negative outcomes and in facilitating their successful development (Bernard, 2004; Lee, 1986; Werner, 1989). Mutual aid is a mechanism for deriving effective support from the group members and for facilitating the creation of support networks (Shulman, 1984). Connections, relationships, and social networks provide the social capital needed to support children through their school adjustment process, and in the case of immigrant children through their acculturation process (Stanton-Salazar, 2001; Stanton-Salazar & Spina, 2003, 2005). In the mutual aid approach, group participants learn and receive support mostly from the other group members; the group facilitator's role is to support the emergence of the group process (Gitterman, 2005). A positive group process provides the stage for a fluid exchange of thoughts and experiences. Group members encourage and challenge each other through mutual aid, resulting in a collective approach to helping.

Mutual aid strengthens children's interpersonal relationship skills, further develops their personal identity, and prepares them for adolescence's decision-making situations (Bernard, 2004; Bogenschneider, 1996; Hair, Jager, & Garret, 2002; Malekoff, 2007). Mutual aid groups encourage children to connect with peers, express their personal power, and practice "equity and inclusion" (Bernard, 2004, p. 126). Mutual aid groups meet children's developmental needs and assist them to acquire critical-thinking skills, to strengthen their interpersonal relationship skills, and to develop a democratic orientation.

Mutual aid is the appropriate approach to apply with immigrant children coming from communities experiencing dislocation and stressful transitions (Steinberg, 2002). Participating in mutual aid groups enhances the ability of immigrant children to connect with peers going through similar processes (Marsiglia, 2002). Group members learn to identify shared values connected to their culture of origin; and at the same time, they can share with each other possible contradictions they experience between home, school, and peers' expectations. This approach allows group participants to contextualize risky situations by identifying challenges, protective factors, and in the case of the REAL Groups learn and rehearse specific drug resistance strategies within a cultural context.

The small-group component follows a culturally grounded orientation—that is, the lessons taught are rooted in the cultural values and norms of the community of origin (Marsiglia & Kulis, 2009). The children learn how to integrate and discuss norms and values of their culture of origin—in this case Mexican/Mexican American culture—as a resource or strength protecting them from drug use. In keeping with the developmental needs and assets of the target age group, the REAL Groups address peer relationships and interactions, prosocial behaviors, school and neighborhood adjustment, and group membership issues (Masten & Coatsworth, 1998; Phinney, Baumann, & Blanton, 2001; Phinney, Horenczyk, Liebkind, & Vedder, 2001; Phinney, Romero, Nava, & Huang, 2001).

REAL Groups: The Design and Implementation of the Small-Group Component

The REAL Groups intervention applies a variety of strategies to incorporate the mutual aid approach. Structured activities offer opportunities to generate relevant group thinking, whereas the group process facilitates reciprocity and authentic dialogue between the group members. Facilitators support group members' active participation through brainstorming, listening, evaluating options, planning, rehearsing, role-playing, applying information, and reflecting on life experiences and life choices (Gitterman, 2004; Hart, 1990). The group process promotes reciprocity by emphasizing the common needs of the members and by facilitating the development of multiple helping

relationships as members give and receive support from their fellow group members.

The Role of the Group Facilitator

In the REAL Groups, group authority is decentralized and members support each other by sharing their skills and strengths (Steinberg, 1999). The facilitator engages group members as trustworthy experts on the acculturation process, school, and home experiences. The group facilitator supports members to make their voices heard and to exercise their power and potential within the safety of the group (Freire, 1998). Facilitators encourage ownership of the group by posing questions to engage students in the teaching–learning process, and by avoiding lecturing to allow students' active engagement in setting the direction of the group. Passivity, or the traditional classroom role of spectator, is consistently discouraged; instead, group members are encouraged to engage in transformative discourse and to question the master narrative's message that drug use is normative (Macedo & Freire, 2003).

The group facilitator makes members accountable for their participation. Active engagement supports the group members' ability to resist the negation of culture or origin and expands their prosocial behaviors (Freire, 1998). The dialogical method (i.e., discussion and critical thinking) teaches group members to rely on others when making decisions and allows students to connect their individual decision-making processes with their families, peers, and communities. For example, through discussion students in the small-group component learn that the belief that using drugs brings shame to the family might not be unique to their family, but instead the antidrug value may be common among most families.

REAL Groups participants received the standard teacher-taught classroom-based keepin' it REAL intervention and, in addition, took part in the 8-week psychosocial group, comprising approximately 10 children and meeting during school hours. The facilitators of the REAL Groups were masters-level social work graduate students who received intensive training in the manualized curriculum and the mutual aid approach to group work by the developers of the small-group intervention. A senior MSW group worker provided the facilitator with ongoing supervision.

Manual Content

The REAL Groups manual provides eight detailed group sessions and general instructions on how to engage participants in discussing their experiences related to the process of acculturation at their appropriate developmental level. The manual helps the facilitators connect the learned strategies with