

# International Journal of Play Therapy

## Effectiveness of Child-Centered and Psychoeducational Groups on Disruptive Behavior

Mary L. Fry, Vickey Maclin, Mark Newmeyer, and Jennifer Baggerly

Online First Publication, June 22, 2020. <http://dx.doi.org/10.1037/pla0000124>

### CITATION

Fry, M. L., Maclin, V., Newmeyer, M., & Baggerly, J. (2020, June 22). Effectiveness of Child-Centered and Psychoeducational Groups on Disruptive Behavior. *International Journal of Play Therapy*. Advance online publication. <http://dx.doi.org/10.1037/pla0000124>

## Effectiveness of Child-Centered and Psychoeducational Groups on Disruptive Behavior

Mary L. Fry

MidAmerica Nazarene University

Vickey Maclin

Gordon–Conwell Theological Seminary

Mark Newmeyer

Concordia University Irvine

Jennifer Baggerly

University of North Texas at Dallas

This quantitative experimental study compared a modified group form of child-centered play therapy (CCPT) called Child-Centered Group Play Counseling (CCGPC), a psychoeducational group, and a nontherapeutic control group in an elementary school setting. Participants included second, third, and fourth graders from 7 elementary schools, who exhibited behavioral and social skills deficits. School counselors conducted the groups weekly for 8 weeks. The CCGPC groups were all conducted by a school counselor who was also a registered play therapist. The research questions examined externalizing problem behaviors and social skills with children who received three types of group counseling in an elementary school. The CCGPC group showed statistical significance in reducing externalizing behavior as well as increasing social skills. Both the psychoeducational group and the control group also showed statistical significance in reducing externalizing behavior and increasing social skills. When examining the participants' self-perceptions, CCGPC did not show statistical significance in increasing social skills. There was no statistically significant difference in the variables when examining the results between the 3 groups.





*Keywords:* school counseling, small groups, disruptive behaviors, child-centered play therapy

Schools are required to provide education for all children in the least restrictive environment (American Academy of Child & Adolescent Psychology, 2011), but even with effective classroom management strategies, some students exhibit disruptive behaviors. School counselors are trained to help children with emo-

tional and behavioral needs to improve academically (American School Counselor Association, 2012); however, existing research that studies effective interventions to decrease classroom disruptive behaviors has several limitations. Particularly, interventions in the school are most often cognitive–behavioral in nature, requiring the child to talk and process from the brain's prefrontal cortex. This may not match the neurodevelopmental level of the child who is exhibiting disruptive behavior (Gaskill & Perry, 2014). To address this limitation, research was conducted using the theoretical model of child-centered play therapy (CCPT) with behaviorally disruptive children as a small group intervention in the school.

The American School Counselor Association's (ASCA; 2012) national model recommends the student-to-counselor ratio of 250-

---

 Mary L. Fry, Professor Emeritus, MidAmerica Nazarene University;  Vickey Maclin, Department of Graduate Counseling, Gordon–Conwell Theological Seminary;  Mark Newmeyer, Department of Counseling, Concordia University Irvine;  Jennifer Baggerly, Department of Counseling, University of North Texas at Dallas.

Correspondence concerning this article should be addressed to Mary L. Fry, Professor Emeritus, MidAmerica Nazarene University, Graduate Counseling, 2030 East Colgate Way, Olathe, KS 66062. E-mail: [mlfry@mnu.edu](mailto:mlfry@mnu.edu)

to-1; however, the national average in 2016–2017 was 455-to-1 (ASCA, 2019a). School social workers are also trained to provide intense counseling to children and families. The National Association of Social Workers (NASW) also recommends a ratio of 250-to-1 (NASW, 2019). Most states do not mandate schools to provide either of these positions at the elementary level, and for those states who do provide mandates, none have the ratio of 250-to-1 (ASCA, 2019b). Elementary school counselors have many responsibilities within the school besides counseling, such as teaching classroom lessons, collaborating with teachers and administration for school wide programming, and attending academic planning meetings (ASCA, 2019b). These other responsibilities leave little time for counseling students. Consequently, school counselors are encouraged to reach students through small groups instead of individually as much as possible. In light of this, the purpose of this study was to examine the effectiveness of two types of group counseling in the elementary school, as compared with a third group that was designated as a control group. Specifically, the group models selected were Child-Centered Group Play Counseling (CCGPC) and the typical group psychoeducational program (Simmonds, 2003).

In elementary schools, group counseling can be conducted using a structured (psychoeducational) approach or an unstructured approach that Erford (2015) calls growth-centered groups. Both structured and unstructured groups can focus on interpersonal problems and help participants change their behavior through the experience with other children. In structured psychoeducational groups, the school counselor plans the topics and the activities (Erford, 2010), but in the unstructured growth-centered groups, the topics may come from participants. In psychoeducational groups, the school counselor directs the activities and presents a lesson designed to help change a specific behavior. These lessons usually are part of a curriculum focused on specific learning objectives. Activities emphasize skill development through the use of role-playing, art activities, or games (Erford, 2010). Psychoeducational group participants learn through the acquisition of knowledge, whereas the growth-centered groups learn through group interaction that will transfer to everyday life (Erford, 2010). Most elementary

school counselors use a curriculum designed psychoeducational group format; however, this research examined a comparison between the two types of groups. Participants included second, third, and fourth graders, and measures included teacher ratings, classroom observations, and an assessment of the child's perception of peer acceptance.

For this study, school counselors followed a type of CCPT theoretical approach for the unstructured groups. Play therapy is a developmental process where children express themselves in a safe environment with a trained professional (Landreth, 2012). School counseling graduate programs include the teaching of individual counseling methods that are goal-focused and short-term in nature (ASCA, 2012). The use of the term "therapy" in the schools is discouraged because therapy is defined as a remedial treatment, which is used by therapists outside of the school (ASCA, 2012). In order to be sensitive to the more short-term interventions in the school, the researcher chose to rename the group model in this study, CCGPC. In CCGPC, as in any group model that uses CCPT, a twofold relationship is developed: (a) a relationship between the counselor and each group member, and (b) a relationship between each of the group participants (Landreth & Sweeney, 1999). With CCGPC the group members, not the counselor, direct the group activities by making decisions on what type of activities will be completed at each session (Landreth & Sweeney, 1999). The counselor establishes a climate of empathy, acceptance, warmth, and positive regard (Landreth & Sweeney, 1999), and determines the appropriate limits as needed during the session.

The CCGPC model utilizes structure and limit setting to provide safety for the group. The school counselor sets the structure by designating one child to plan the activities for each session on a rotating basis. At the completion of the 8 weeks, each child should have an opportunity to be "in charge" at least twice. The school counselor also structures a short 5-min discussion at the beginning of each session to plan for their time together, and at the end of each session to process the activities. Throughout the sessions, the children who are in charge direct the others through the activity they choose. Limits are set by the school counselor when needed in order to keep the children safe

and protect the environment. Also, the counselor ensures that control is maintained by the child who is in charge of the activities for that session.

In contrast with unstructured CCGPC groups, the school counselor who conducts structured psychoeducational small groups has an authoritarian role by planning the group activities (Geroski & Kraus, 2010). These activities help children learn skills to improve their behavior. In the first session counselors discuss limits and ask for input from the members (Geroski & Kraus, 2010). Typical topics for school psychoeducational groups include friendships, conflict resolution, study skills, and anger control. School counselors are familiar with the use of these types of groups, and studies have shown positive results for school psychoeducational groups (DeRosier, 2004; Larkin & Thyer, 1999; Nelson & Dykeman, 1996; Shechtman & Ifargan, 2009; and Steen & Kaffenberger, 2007; Webb & Myrick, 2003).

DeRosier (2004) developed a psychoeducational group intervention which was designed to help third grade students who were socially anxious, peer-rejected, and victimized by bullying. After eight weekly sessions, aggressive children who had bullying and antisocial behaviors exhibited significant treatment gains. Whereas children with the same behaviors who did not participate had an increase in these antisocial behaviors (DeRosier, 2004).

Webb and Myrick (2003) conducted a small group intervention to improve attention deficit/hyperactivity disorder (ADHD) symptoms in children. Using the rational emotive behavior therapy (REBT) model in a 6-week group intervention, the counselors helped students learn about the effects of ADHD on their behavior and academic performance. At the completion of the intervention, 94% of the school counselors reported the students had an increased level of confidence in consulting with teachers. Additionally, 93% found that students improved their perspectives about being a good student (Webb & Myrick, 2003).

The research with unstructured CCPT types of groups is limited when compared with psychoeducational group research. A recent review and meta-analysis by Ray, Armstrong, Balkin, and Jayne (2015) studied the effectiveness of CCPT as an intervention in elementary schools to reduce problematic behaviors. After a strin-

gent systematic review, the researchers narrowed the analysis to 23 studies with the following conclusions: (a) children participating in CCPT improved problematic behaviors at a statistically significant level compared with their peers who received no interventions; (b) children participating in CCPT performed 0.38 standard deviations over their peers who received control interventions; and (c) children participating in CCPT performed 0.20 standard deviations over their peers who received alternative interventions. Of the 23 studies, 13 provided CCPT individually and 10 provided CCPT in small groups showing no difference in the outcomes of the studies due to modality (Ray et al., 2015).

### Purpose of the Study

The purpose of this study was to compare CCGPC with psychoeducational group counseling when used by school counselors as an intervention for decreasing student disruptive behavior (specifically externalizing) behaviors and increasing social skills in the elementary school setting. There were two dependent variables: (a) decrease in externalizing behavior problems in the school setting and (b) increase in social skills with other students. The independent variable was group counseling with three levels: psychoeducational group, CCGPC group, and a nontherapeutic control group.

### Method

#### Population and Sampling

In accordance with Baggerly, Ray, and Bratton's (2010) evidence-based criteria for play therapy researchers, a power analysis was conducted using G\*Power 3.1.5.1 (Faul, Erdfelder, Buchner, & Lang, 2009) to determine an adequate sample size. Specifically, an a priori was computed for an analysis of variance (ANOVA): repeated measures, within-between interaction of three groups, and three measurements for an effect size of .25. The power analysis indicated that a sample size of 15 was needed when using the seven scales measuring the dependent variable externalizing behavior. A sample size of 30 was needed when using the two subscales measuring the dependent variable social skills.

Participants came from seven Midwest suburban and rural elementary school districts. All of the school counselors who facilitated the CCGPC groups had an appropriate state school counseling license or school counseling certificate, and each had completed university graduate coursework in the CCPT theoretical model. The school counselors also were credentialed as registered play therapists. This credential, provided by the Association for Play Therapy (APT), can be obtained by clinically licensed mental health professionals or psychologists who have completed a minimum of 150 continuing education hours in APT approved play therapy instruction with supervision by a registered play therapist supervisor (APT, 2019a). (A similar credential is now available for school counselors, school based-registered play therapist.) The registered play therapist supervisor has earned extra continuing education hours in APT approved supervisor training (APT, 2019a).

At the beginning of the research process, each school counselor met with classroom teachers to gather the names of second and third grade students. A fourth grade student was later added in one of the schools. In order to participate in the study, the students had to meet the following criteria: (a) exhibit at least one of the following behavior problems: arguing, angry outbursts, demanding attention, disobedience, or teasing; (b) have no current Individualized Education Program (IEP) that indicated the need for emotional disturbance (ED) placement; and (c) have no current IEP that indicated the need for "lifeskills" placement or for more than 2 hours of special education resource services a day, but students could have an IEP designation of developmental delay (DD).

Parent permission was obtained, as was assent from each child. The classroom teachers for each prospective student participant completed the Teacher Report Form (TRF) assessment (Achenbach & Rescorla, 2001), part of the Assessment System of Empirically Based Assessment (ASEBA), as a pretest. Students with a pretest score at 60 or above on the TRF subscales of social problems, attention problems, rule breaking behavior, aggression, or a composite score of externalizing behavior were asked to participate in the study. (A score in the at-risk range is 65; a score above 70 is in the clinically significant range; Achenbach & Re-

scorla, 2001.) Some of the referred students' pretests scores did not qualify them, and in these cases the teachers and counselors referred other students. This study set parameters of a minimum of three and maximum of four children in each group. In order to complete the group minimum number of three students per group, an exception to the cut off score was made in two of the schools. Six other students were included as participants, but their scores were not included in the statistics.

## Participants

The study included seven elementary schools with three groups in each school. There was a total of 79 participants randomly assigned within their school to one of the three groups. See Table 1 for participant demographics.

## Instruments

The researcher obtained evaluations from the teachers, an observer in the classroom, and the children themselves. The TRF (Achenbach & Rescorla, 2001) was used for the teachers' reports. The TRF subscales used to assess pre/post data for Hypothesis 1 were attention, rule breaking, and aggression, as well as the composite score of externalizing behavior. The TRF subscale social problems was used to assess pre/post data for Hypothesis 4. Graduate students who were trained by the researcher conducted classroom observations through the use of the Direct Observation Form (DOF), (McConaughy & Achenbach, 2009), also an assessment of ASEBA. The DOF subscales used to

Table 1  
*Participant Demographics*

	<i>N</i>	Percentage
Grade		
Second	<i>n</i> = 40	51%
Third	<i>n</i> = 38	49%
Fourth	<i>n</i> = 1	.01%
Gender		
Male	<i>n</i> = 49	62%
Female	<i>n</i> = 30	38%
Ethnicity/Race		
Caucasian/White/European	<i>n</i> = 52	66%
Latino(a)/Hispanic American	<i>n</i> = 14	18%
African American	<i>n</i> = 8	10%
Multiracial	<i>n</i> = 5	.06%



assess data for Hypothesis 2 were attention problems, intrusive, and oppositional. The graduate students also conducted individual assessments using the Pictorial Scale of Perceived Competence and Social Acceptance for Young Children (PSPCSAYC; Harter & Pike, 1983). As children look at pictures, the investigator asks them judgment questions to assess their perception of social interaction between children. There are four subscales, but the peer acceptance subscale was the only one used in this study.

### Procedure

Once pretest assessments were completed, students were randomly assigned to one of the three groups: CCGPC group, a psychoeducational group, or a control group. Two of the seven schools had 12 student participants with four students in each group. Three of seven schools had 11 student participants (four students in the CCGPC group and four students in the psychoeducational group, and three students in the nontherapeutic control group). In the two schools with less than 11 participants, other students who did not have qualifying scores were randomly placed in the groups, allowing the CCGPC and psychoeducational groups to each have four students. Data was only used for those who qualified and who completed through the end of the 8 weeks.

Each of the three groups in all seven schools met concurrently for 30-minute sessions. The purpose of the research was to see how the students' behavior would change over an 8-week period, ending before winter break. Five of the schools completed all eight sessions and the posttests before winter break. The other two schools completed the last two sessions after winter break, even though the postassessments were completed before winter break.

### Group Design

The school counselors who facilitated the groups received training by the primary investigator (PI), who also conducted weekly fidelity checks throughout the study. The school counselors' initial training was held face-to-face, which included a manual for reference throughout the study. Fidelity checks were conducted by phone and in a face-to-face format between the school counselors and the PI. A written

summation was submitted prior to the weekly checks. Confidentiality was maintained by each of the group facilitators. The teachers for each child did not know which of the three groups the students participated. At the end of Sessions 1, 4, and 8, students in all of the groups completed a short self-reflection of their opinions on the group experience.

### Child-centered group play counseling.

The CCGPC group participants met in a playroom/school counseling office for their group sessions. The rooms were all similar in size (approximately 12 × 15 feet) and each equipped with these categories of toys: nurturing, aggressive, real life, creative, or expressive. Each school site also had the same four age appropriate games (Hands Down, Trouble, UNO, and Jenga). The environment and toy selection are similar to that used in CCPT groups (Landreth, 2012; Landreth & Sweeney, 1999), however, CCPT does not include games in their playroom.

In the first session, the CCGPC counselor had each child draw numbers to determine the order of the child leaders during the group time. Each week one child was in charge of the activity based on the order of the number selected in the first session. After Week 4, the order repeated itself through the remaining weeks. As in CCPT, the counselor used reflections and paraphrases to note what was happening during the play. When conflicts occurred, the counselor's role was to keep the students safe and reflect what was being expressed during the conflict. The first time a limit was set for a participant's behavior, the counselor stated the limit and gave an alternative (i.e., "I know that you would like to do . . . , but . . . is not appropriate in the group. You may do . . . instead"). If the same behavior occurred during the session, the counselor repeated the limit adding, "If this happens again, your time in the group will be over for the day." If it happened the third time, the counselors were instructed to have a plan in place to return the student to their classroom, using a para or aide. The counselor did not lead the activities or state the rules of the games, and only set limits when necessary. Examples of when limits are set, according to the CCPT model, include: (a) possible injury to a child, (b) possible harm to the counselor, or (c) possible harm to the room or the toys. Another aspect of structure within the CCGPC model was the 5-minute warning

given by the counselor to conclude each session, the time for cleaning up the play activities, and the grouping together at the beginning and end of each session.

### **Psychoeducational group counseling.**

The psychoeducational groups were conducted weekly following the protocol of Simmonds (2003). The psychoeducational lessons were condensed from the 12 lessons designed in the curriculum to eight lessons on the following topics: (a) recognizing anger, (b) who's at fault, (c) what's beneath the anger, (d) controlling the anger, (e) communication strategies, (f) I-messages, (g) the consequences of bullying, and (h) celebrating peace. In these groups, children entered the room and sat around a table to do the activities and talk about the lessons. All school sites had the same materials and completed the same activities.

**Control group.** Children who were randomly selected to participate in the control group were also removed from the classroom to participate in activities. The school counselor led these group sessions, but they were non-therapeutic in nature. The control group also met weekly for 8 weeks. At their weekly session the counselor read an Aesop's fable (Enderle, 2004) and instructed the children to draw a picture of an animal from the story. The counselor did not ask any questions about application of the fable or process the story as the children drew the pictures. If children talked about anything related to school or home, the counselors were instructed to just listen.

### **Statistical Analysis**

The research was designed such that each school would complete eight weekly sessions prior to winter break. Two of the schools were unable to complete the 8 weeks due to scheduling conflicts and a snow day. One of these two schools completed five sessions of CCGPC groups, and six sessions of the other two groups. In the other school all three groups completed six sessions. Even if all eight sessions were not finished, all schools completed the post assessments prior to the break.

The data for the 71 students who had qualifying scores of 60 or higher on at least one of the TRF subscales (Social Problems, Attention, Aggression, or Rule Breaking) was included. Therefore, the following number of participants

was used for each hypothesis: 71 participants for Hypothesis 1, 70 participants for Hypothesis 2 and 4, and 69 participants for Hypothesis 3. The data was examined for outliers, normality, and homoscedasticity. There was no missing data with the exception of the posttest data for those who did not finish over the 8-week period.

Because this sample size was not large, the researcher did check for skewness and kurtosis. There were two subscales that showed kurtosis of over absolute value 3 (TRF aggression and TRF social problems). These outlier scores were removed, which showed a kurtosis of less than absolute value 3. Homogeneity of variance was examined with Levene's test showing no concerns. A two-way within-subject and between-groups ANOVA was conducted to evaluate the effect of a group intervention from pre- to post-assessments within each group and between the three groups (i.e., CCGPC, psychoeducation, and control group). An a priori alpha level of .05 was established as a criterion for determining statistical significance. Effect size of eta squared was calculated to determine the practical significance of the results. Partial eta squared effect sizes were calculated to determine treatment effect for magnitude of the difference that could be attributed to the treatment and practical significance (Baggerly & Bratton, 2010; Blanco, 2010). The guidelines for  $\eta^2$  effect size for practical significance followed those stated by Cohen (1988): 01 = small, .06 = medium, and .14 = large. The hypotheses were tested and what follows are the results of the data collected.

## **Results**

### **Research Question 1 and Hypothesis 1**

Research Question 1 focused on examining externalizing problem behaviors as measured by the difference between the pre and posttest scores on the TRF (attention, aggression, rule breaking subscales, or the composite scale of externalizing behavior). A two-factor repeated measure ANOVA was used for each of the subscales to test this hypothesis. The analysis of the main effect for group indicated a statistical and practical significant difference between pre- and posttest for attention,  $F(1, 68) = 31.59, p < .01$ , partial  $\eta^2 = .317$ . Regardless of the group, all students' scores were higher on the pretest

( $M = 64.13$ ) than the posttest ( $M = 60.06$ ). The interaction between test time and group was not statistically significant,  $F(2, 68) = 1.55, p = .22$ , partial  $\eta^2 = .044$ . The small effect size of the interaction (partial  $\eta^2 = .044$ ) indicated practical significance. Likewise, the analysis of the main effect for group indicated a statistically significant difference between pre and posttests for aggression,  $F(1, 65) = 14.44, p < .01$ , partial  $\eta^2 = .182$ . Regardless of the group, all students' scores were higher on the pretest ( $M = 62.87$ ) than the posttest ( $M = 60.44$ ). The interaction between test time and group showed no statistical significance, but a small effect size showed some practical significance,  $F(2, 65) = .58, p = .57$ , partial  $\eta^2 = .017$ . Also, the analysis of the main effect for group indicated a statistically significant difference between pre- and posttests for rule breaking,  $F(1, 68) = 15.69, p < .01$ , partial  $\eta^2 = .187$ . Regardless of group, all students' scores were higher on the pretest ( $M = 61.58$ ) than the posttest ( $M = 58.72$ ). The interaction between test time and group did not show either statistical or practical significance,  $F(2, 68) = .22, p = .81$ , partial  $\eta^2 = .006$ . Lastly, the analysis for the main effect for group indicated a statistically significant difference between pre and posttests for the composite score of externalizing behavior,  $F(1, 68) = 12.58, p < .01$ , partial  $\eta^2 = .156$ . Regardless of the group, all students' scores were higher on the pretest ( $M = 63.23$ ) than the posttest ( $M = 60.72$ ). The interaction between test time and group showed no statistical significance, but a small effect size showed some practical significance,  $F(2, 68) = .39, p = .68$ , partial  $\eta^2 = .011$ . Post hoc tests were not conducted on any of the scores since the test time by group interaction was not significant. Hypothesis 1 stated that the difference between reports on TRF pre- and posttest scores assessing externalizing behavior would show that CCGPC is as effective as the psychoeducational group program when compared to a control group. This hypothesis was accepted for all analyses.

### Research Question 2 and Hypothesis 2

Research Question 2 focused on examining externalizing problem behaviors as measured by the difference between the pre and posttest scores on the DOF (attention problem, intru-

sive, or oppositional subscales). A two-factor repeated measure ANOVA was used for each subscale to test this hypothesis. The analysis of the main effect for group indicated a statistically significant difference between pre and posttest for attention,  $F(1, 67) = 30.05, p < .01$ , partial  $\eta^2 = .310$ . Regardless of the group, all students' scores were higher on the pretest ( $M = 61.23$ ) than the posttest ( $M = 55.60$ ). The interaction between test time and group showed no statistical significance, but a small-effect size showed some practical significance  $F(2, 67) = .67, p = .52$ , partial  $\eta^2 = .020$ . Likewise, the analysis of the main effect for group indicated a statistically significant difference between pre- and posttests for intrusive,  $F(1, 67) = 16.01, p < .01$ , partial  $\eta^2 = .193$ . Regardless of the group, all students' scores were higher on the pretest ( $M = 63.30$ ) than the posttest ( $M = 58.96$ ). The interaction between test time and group did not show either statistical or practical significance,  $F(2, 67) = .29, p = .75$ , partial  $\eta^2 = .009$ . Lastly, the analysis of the main effect for group indicated a statistically significant difference between pre- and posttests for oppositional,  $F(1, 67) = 13.34, p < .01$ , partial  $\eta^2 = .166$ . Regardless of the group, all students' scores were higher on the pretest ( $M = 62.47$ ) than the posttest ( $M = 58.46$ ). The interaction between test time and group did not show either statistical or practical significance,  $F(2, 67) = .25, p = .78$ , partial  $\eta^2 = .007$ . Post hoc tests were not conducted on any of the subscales since the test time by group interaction was not significant. Hypothesis 2 stated that the difference between pre- and posttest scores using classroom observations to assess externalizing behavior would show CCGPC to be as effective as the psychoeducational group program when compared with a nontherapeutic control group. This hypothesis was accepted for all analyses.

### Research Question 3 and Hypothesis 3

Research Question 3 focused on the difference in social skills as measured by the difference between pre- and posttest scores on the peer acceptance subscale of the PSPCSAYC (Harter & Pike, 1983). A two-factor repeated measure ANOVA was used for the peer acceptance subscale to test this hypothesis. The analysis of the main effect for group did not indicate



a statistically significant difference between pre and posttests for peer acceptance,  $F(1, 66) = .18, p = .67$ , partial  $\eta^2 = .003$ . The score should increase to show positive results on social skills; however, the total group score was higher on the pretest ( $M = 2.92$ ) than the posttest ( $M = 2.89$ ). It should be noted that the students' scores for the CCGPC groups actually increased between pretest ( $M = 2.83$ ) and posttests ( $M = 2.96$ ). The interaction between test time and group did not show statistical significance, but the small effect showed some practical significance,  $F(2, 66) = 1.13, p = .33$ , partial  $\eta^2 = .033$ . Post hoc tests were not conducted because the test time by group interaction was not significant. Hypothesis 3 stated that the difference between child's self-reports on pre and posttest scores assessing social skills would show CCGPC to be as effective as the psychoeducational group program when compared to a nontherapeutic control group. This hypothesis was not accepted.

#### Research Question 4 and Hypothesis 4

Research Question 4 focused on the difference in social skills as measured by the difference between the pre- and posttests scores social problems subscale of the TRF. A two-factor repeated measure ANOVA was used for the social problems subscale to test this hypothesis. The analysis of the main effect for group indicated a statistically significant difference between pre- and posttests for social problems,  $F(1, 61) = 7.60, p < .01$ , partial  $\eta^2 = .111$ . Regardless of the group, all students' scores were higher on the pretest ( $M = 60.13$ ) than the posttest ( $M = 57.61$ ). The interaction between test time and group did not show statistical significance, but the small effect showed some practical significance,  $F(2, 61) = .36, p = .70$ , partial  $\eta^2 = .012$ . Post hoc tests were not conducted because the test time by group interaction was not significant. The participants in all of the small groups improved significantly between pre- and posttests on the TRF subscale of social problems; however, there was no significance between any of the groups. Hypothesis 4 stated that the difference between teacher reports on pre- and posttest scores assessing social skills would show CCGPC to be as effective as the psychoeducational group program when

compared with a nontherapeutic control group. This hypothesis was accepted.

#### Self-Assessment Data and School Counselors' Comments

All of the participants completed a self-assessment at the conclusion of Session 1, 4, and 8. Many comments on the self-assessments were related to how much the children liked the groups. One student in the CCGPC group wrote on the Session 8 self-assessment "I would try to be really '[h]onest' to my friends a lot of times." Students in all three groups indicated they learned new skills that they were using in school.

Another way that the study assessed progress was by examining the comments that the school counselors wrote on their fidelity checklists. School counselors reported that the children in the CCGPC groups enjoyed the experience of being the one in charge, and they looked forward to the week that they were in charge. Two school counselors noted that when one of the students was absent, the others said they were disappointed. One group told the counselor that it was not the same, nor as much fun, without the absent student. In one school, groups were meeting for their last session at the same time as classroom holiday activities. Children in the CCGPC group chose to go to group instead of their holiday party, but several participants in the psychoeducational groups opted to stay in the classroom. School counselors made comments on the learning that occurred during the CCGPC groups. One of a child's comment, as told by one of the school counselors, was "I'm learning to do things I don't want to do. I even have played with my little brother." Another school counselor stated "Each child is very nurturing." One school counselor commented "So awesome how every child could be who they really are in guided play. It works!"

#### Discussion

##### Lack of Significant Differences Between the Groups and Future Research

The results of the study showed that those children who participated in the child-centered group approach, CCGPC, improved their scores in externalizing behavior and social skills as measured by teacher reports and classroom ob-

servations. However, all three groups showed improved scores, even the control group. One explanation for the significant difference in pre-test and posttest assessments for all groups, including the control group, might be due to the Hawthorne Effect. The Hawthorne Effect is a belief that improvement will occur simply because the participants receive special treatment and they know they are participating in a study. Results of the research of the Hawthorne Works of Western Electric Company in the 1920s showed that lighting had no effect on worker productivity (Adair, 1984; Izawa, French, & Hedge, 2011). The study that used a control group and found that worker productivity of the control group increased as much as the productivity of those who received variations in illumination (Adair, 1984; Izawa et al., 2011). Adair (1984), in a review, has indicated that the Hawthorne assumption has been attributed to three variables: special attention, awareness of participation in an experiment, and novelty. The current study clearly provided all three of the criteria in that children were given special attention by leaving the classroom with three of their peers. Children signed an assent read to them by the school counselor. This made them aware of their participation in a research study. Finally, the groups provided a novelty due to the nature of the playful and varied activities.

Another explanation for the significance in all of the groups is the belief in the power of the relationship between the child and the counselor. The task force sponsored by the American Psychological Association (APA) Division of Psychotherapy and the Division of Clinical Psychology concluded that the relationship between counselor and client accounts for why clients improve or fail to improve (Norcross, 2011). One characteristic of the counselor relationship is empathy. In a meta-analytic review of 57 studies, empathy as expressed by the counselor, predicted treatment outcome regardless of the theoretical orientation (Elliott, Bohart, Watson, & Greenberg, 2011).

According to the above studies, improvement occurs in counseling as a result of the counselor relationship and empathy expressed by the counselor, regardless of the treatment approach. In the control group, the school counselors did not process the moral of the Aesop fable or talk about how it applied to the children; however, the participants had a relationship with the

counselor and they felt comfortable sharing with others in the group. In retrospect, the Aesop's fables that were used in the control group could have triggered a struggle in the child between good and evil and presented a subliminal message. Jungian play therapists might suggest that this control group actually provided another approach using play therapy. A better research design might have been a no-treatment control group, where students did not meet until after the conclusion of the study. In the "no treatment" approach, Hawthorne Effect could be eliminated because the students would not be pulled from class and there would be no novelty effect. The parents and children would still sign consent and assent forms, and be told that their group experience would be held at a later time.

Grade level differences of the group members is another potential limitation to this study. Second grade students and third grade students differ in the developmental stages and social-emotional ability (Baldwin & Hoffman, 2002; Piers, 1984; Smith, Blake, & Harris, 2013). For example, Kim and Choi (2020) found that third grade students' ability to socialize enabled them to manage fear of negative peer assessment more than second grade students were able to do so. Future researchers are advised to focus on one grade level.

The lack of significance between the groups could be explained by the short period of time between the pre- and posttest. Not only was it difficult to complete the eight weekly group sessions before winter break, but one might ask if the effect of the group intervention could be realized in such a short period of time. As difficult as it was to complete eight weekly sessions, several studies show that a minimum of 16 sessions is optimum for therapeutic value (Bratton, Ray, Rhine, & Jones, 2005; Muro, Ray, Schottelkorb, Smith, & Blanco, 2006). A 16-week research design would have extended the groups for an additional 8 weeks after the holiday break, possibly showing a greater decrease in participants' disruptive behaviors.

### **Lack of Significant Differences in Peer Acceptance (PSPCSCYC) and Future Research**

The PSPCSCYC is a self-perception assessment used for young children who may not be able to read or write. The peer acceptance sub-

scale that was used for this study focused on the child's perception of his or her relationship with peers. It is possible that during the weeks of the current study the participants became more aware of their interrelationship with others. Cognitively, the participants began to reason more logically, or they saw the discrepancy between their abilities and others. Also, during this developmental stage of life, the participants might have struggled with the task of industry versus inferiority, according to Erikson's stages of development (Santrock, 2009). They might have a greater sense of inferiority as they move into the early months of the school year. While the teachers began to see signs of growth in the participants' relationship with their peers, the children did not yet make that connection.

### Implications for Counselor Educators and School Counselors

The APT encourages universities to provide a play therapy elective within their graduate counseling programs, which could provide the basic knowledge for counseling interns to learn to work with children. An objective of a sample play therapy syllabus (APT, 2019b) for an introductory play therapy course is to focus on identifying developmentally appropriate toys and materials for the practice of play therapy. Another objective is for class participants to demonstrate basic play therapy skills (APT, 2019b). Such skills would include tracking, reflecting of content and emotions, and limit setting. Some suggested activities for an introductory play therapy course could include observation of a play therapist conducting a child session and then practicing the skills by role-playing with another class member.

School counselors in the elementary school see children from age 5 through age 12. They get to see children change developmentally, both cognitively and emotionally. School counselors are also an integral part of the team process. Interventions are chosen to help children with behavioral development that in turn helps them to be academically successful (ASCA, 2012). School counselors can use a group model that would not require additional planning time, and still aid in decreasing disruptions in the classroom and increasing social skills.

In the CCGPC model, once a room is set up and the group selection is made, there is little planning needed. Additionally, there is no need for lesson plans that require specific materials, and gender and age can be mixed. As long as there is no more than one grade level difference, even grade levels can be mixed.

The population included in this study was primarily Caucasian (62%). CCGPC can be adapted to any environment by choosing appropriate toys and materials familiar to the participants. Further research should explore urban, rural, and even international populations using the CCGPC model to examine the effectiveness of these groups with diverse populations.

### Conclusion

In summary, the results of this study supported three of the four hypotheses, which suggests that CCGPC group counseling is as effective as the evidence-based psychoeducational model when used with children who have externalizing behavior problems or poor social skills as measured by teacher reports and classroom observations. As stated in the Discussion, the impact of the therapeutic relationship between the counselor and the child, especially as related to empathy cannot be overlooked. Various group counseling approaches could be used to show a decrease in externalized behaviors if there is an empathic counseling relationship. The third hypothesis was not supported, which suggests that the children who participated in the groups did not perceive that they had improved in their social skills with their peers, even though the teachers believed that the students had improved. This study gives impetus for more counselors to utilize the CCPT model in various settings including schools, agencies, hospitals, and independent practice.

### References

- Achenbach, T. M., & Rescorla, L. A. (2001). *Manual for the ASEBA school-age forms & profiles*. Burlington: University of Vermont, Research Center for Children, Youth, & Families.
- Adair, J. G. (1984). The Hawthorne Effect: A reconsideration of the methodological artifact. *Journal of Applied Psychology, 69*, 334–345. <http://dx.doi.org/10.1037/0021-9010.69.2.334>
- American Academy of Child & Adolescent Psychology. (2011). *Facts for families: Services in school for chil-*

- dren with special needs (No. 83; March, 2011). Retrieved from <http://www.aacap.org/page.wv?section= Facts%20for%20Families&name= Services%20In%20 School%20For%20Children%20With%20Special%20 Needs:%20What%20Parents%20Need%20To%20 Know>
- American School Counselor Association. (2012). *The ASCA national model: A framework for school counseling programs* (3rd ed.). Alexandria, VA: Author.
- American School Counselor Association. (2019a, May 7). *ASCA releases updated student-to-school counselor ratio data* [Press release]. Retrieved from [https://www.schoolcounselor.org/asca/media/asca/Press%20 releases/ASCA-Student-to-SC-Ratios-Press-Release-5\\_2019.pdf](https://www.schoolcounselor.org/asca/media/asca/Press%20 releases/ASCA-Student-to-SC-Ratios-Press-Release-5_2019.pdf)
- American School Counselor Association. (2019b). Retrieved from <https://www.schoolcounselor.org/school-counselors-members/careers-roles/state-school-counseling-mandates-and-legislation>
- Association for Play Therapy. (2019a). *Credentialing standards for the registered play therapist*. Retrieved from [https://cdn.ymaws.com/www.a4pt.org/resource/resmgr/credentials/2020\\_credentials/rpt\\_stand\\_22aug2019.pdf](https://cdn.ymaws.com/www.a4pt.org/resource/resmgr/credentials/2020_credentials/rpt_stand_22aug2019.pdf)
- Association for Play Therapy. (2019b). *Sample syllabus: Introductory graduate play therapy course*. Retrieved from [https://cdn.ymaws.com/www.a4pt.org/resource/resmgr/Education\\_and\\_Training/Sample\\_Play\\_Therapy\\_Course\\_S.pdf](https://cdn.ymaws.com/www.a4pt.org/resource/resmgr/Education_and_Training/Sample_Play_Therapy_Course_S.pdf)
- Baggerly, J. N., & Bratton, S. (2010). Building a firm foundation in play therapy research: Response to Phillips (2010). *International Journal of Play Therapy, 19*, 26–38. <http://dx.doi.org/10.1037/a0018310>
- Baggerly, J. N., Ray, D. C., & Bratton, S. C. (2010). *Child-centered play therapy research: The evidence base for effective practice*. Hoboken, NJ: Wiley. <http://dx.doi.org/10.1002/9781118269626>
- Baldwin, S. A., & Hoffman, J. P. (2002). The dynamics of self-esteem: A growth-curve analysis. *Journal of Youth and Adolescence, 31*, 101–113. <http://dx.doi.org/10.1023/A:1014065825598>
- Blanco, P. J. (2010). Impact of school-based child-centered play therapy on academic achievement, self-concept, and teacher-child relationships. In J. N. Baggerly, D. C. Ray, & S. C. Bratton (Eds.), *Child-Centered play therapy research* (pp. 124–144). Hoboken, NJ: Wiley. <http://dx.doi.org/10.1002/9781118269626.ch7>
- Bratton, S. C., Ray, D., Rhine, T., & Jones, L. (2005). The efficacy of play therapy with children: A meta-analytic review of treatment outcomes. *Professional Psychology, Research and Practice, 36*, 376–390. <http://dx.doi.org/10.1037/0735-7028.36.4.376>
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). New York, NY: Academic Press.
- DeRosier, M. E. (2004). Building relationships and combating bullying: Effectiveness of a school-based social skills group intervention. *Journal of Clinical Child and Adolescent Psychology, 33*, 196–201. [http://dx.doi.org/10.1207/S15374424JCCP3301\\_18](http://dx.doi.org/10.1207/S15374424JCCP3301_18)
- Elliott, R., Bohart, A. C., Watson, J. C., & Greenberg, L. S. (2011). Empathy. In J. C. Norcross (Ed.), *Psychotherapy relationships that work* (2nd ed.). New York, NY: Oxford University Press. <http://dx.doi.org/10.1093/acprof:oso/9780199737208.003.0006>
- Enderle, D. (2004). *Aesop's opposites: Interactive Aesop fables*. Carthage, IL: Teaching & Learning Company.
- Erford, B. T. (2010). *Group work in the schools*. Boston, MA: Pearson.
- Erford, B. T. (2015). Counseling individuals and groups in schools. In B. T. Erford (Ed.), *Transforming the school counseling profession* (4th ed., pp. 279–302). Boston, MA: Pearson.
- Faul, F., Erdfelder, E., Buchner, A., & Lang, A. G. (2009). Statistical power analyses using G\*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods, 41*, 1149–1160. <http://dx.doi.org/10.3758/BRM.41.4.1149>
- Gaskill, R. L., & Perry, B. D. (2014). Child sexual abuse, traumatic experiences, and their impact on the developing brain. In C. A. Malchiodi & D. A. Crenshaw (Eds.), *Creative arts and play therapy for attachment problems* (pp. 178–194). New York, NY: Guilford Press.
- Geroski, A. M., & Kraus, K. L. (2010). *Groups in schools: Preparing, leading, and responding*. Upper Saddle River, NJ: Pearson.
- Harter, S., & Pike, R. (1983). *Procedural manual to accompany: The pictorial scale of perceived competence and social acceptance for young children*. Denver, CO: University of Denver.
- Izawa, M. R., French, M. D., & Hedge, A. (2011). Shining new light on the Hawthorne illumination experiments. *Human Factors, 53*, 528–547. <http://dx.doi.org/10.1177/0018720811417968>
- Kim, S., & Choi, N. (2020). The relationships between children's ego function and fear of negative evaluation affecting academic failure tolerance in early school age: Analysis by grade level considering sustainability of academic motivation. *Sustainability, 12*, 1888. <http://dx.doi.org/10.3390/su12051888>
- Landreth, G. L. (2012). *Play therapy: The art of the relationship* (3rd ed.). New York, NY: Routledge. <http://dx.doi.org/10.4324/9780203835159>
- Landreth, G. L., & Sweeney, D. S. (1999). The freedom to be: Child-centered group play therapy.



- In D. Sweeney & L. Homeyer (Eds.), *The handbook of group play therapy: How to do it, how it works, whom it's best for* (pp. 39–64). San Francisco, CA: Jossey-Bass Inc.
- Larkin, R., & Thyer, B. A. (1999). Evaluating cognitive-behavioral group counseling to improve elementary school students' self-esteem, self-control, and classroom behavior. *Behavioral Interventions, 14*, 147–161. [http://dx.doi.org/10.1002/\(SICI\)1099-078X\(199907/09\)14:3<147::AID-BIN32>3.0.CO;2-H](http://dx.doi.org/10.1002/(SICI)1099-078X(199907/09)14:3<147::AID-BIN32>3.0.CO;2-H)
- McConaughy, S. H., & Achenbach, T. M. (2009). *Guide for the ASEBA Direct Observation Form*. Burlington: University of Vermont, Research Center for Children, Youth, & Families.
- Muro, J., Ray, D., Schottelkorb, A., Smith, M. R., & Blanco, P. J. (2006). Quantitative analysis of long-term child-centered play therapy. *International Journal of Play Therapy, 15*, 35–58. <http://dx.doi.org/10.1037/h0088914>
- National Association of Social Workers. (2018, March 27). *NASW highlights the growing need for school social workers to prevent school violence* [Press release]. Retrieved from <https://www.socialworkers.org/news/news-releases/id/1633/nasw-highlights-the-growing-need-for-school-social-workers-to-prevent-school-violence>
- Nelson, J. R., & Dykeman, C. (1996). The effects of a group counseling intervention on students with behavioral adjustment problems. *Elementary School Guidance and Counseling, 31*, 21–34.
- Norcross, J. C. (Ed.). (2011). *Psychotherapy relationships that work* (2nd ed.). New York, NY: Oxford University Press. <http://dx.doi.org/10.1093/acprof:oso/9780199737208.001.0001>
- Piers, E. V. (1984). *Piers-Harris Children's Self-Concept Scale: Revised manual*. Los Angeles, CA: Western Psychological Services.
- Ray, D. C., Armstrong, S. A., Balkin, R. S., & Jayne, K. M. (2015). Child-Centered play therapy in the schools: Review and meta-analysis. *Psychology in the Schools, 52*, 107–123. <http://dx.doi.org/10.1002/pits.21798>
- Santrock, J. W. (2009). *Life-span development* (12th ed.). New York, NY: McGraw-Hill.
- Shechtman, Z., & Ifargan, M. (2009). School-based integrated and segregated interventions to reduce aggression. *Aggressive Behavior, 35*, 342–356. <http://dx.doi.org/10.1002/ab.20311>
- Simmonds, J. (2003). *Seeing red: An anger management and peacemaking curriculum for kids*. Gabriola Island, BC, Canada: New Society Publishers.
- Smith, C. E., Blake, P. R., & Harris, P. L. (2013). I should but I won't: Why young children endorse norms of fair sharing but do not follow them. *PLoS ONE, 8*, e59510. <http://dx.doi.org/10.1371/journal.pone.0059510>
- Steen, S., & Kaffenberger, C. J. (2007). Integrating academic interventions into small group counseling in elementary school. *Professional School Counseling, 10*, 516–519. <http://dx.doi.org/10.5330/prsc.10.5.u4023v1n8402337v>
- Webb, L. D., & Myrick, R. D. (2003). A group counseling intervention for children with attention deficit/hyperactive disorder. *Professional School Counseling, 7*, 108–115.

Received September 6, 2019

Revision received March 31, 2020

Accepted April 10, 2020 ■