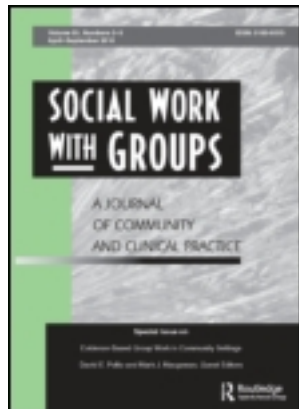


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Publisher: Routledge

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Social Work With Groups

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/WSWG20>

The Group Topic Evaluation Scale: Preliminary Validity, Reliability, and Use in Psychoeducational Groups

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Published online: 09 Jul 2013.

To cite this article: L. Georgi DiStefano, Melinda Hohman & Melanie Barker (2013) The Group Topic Evaluation Scale: Preliminary Validity, Reliability, and Use in Psychoeducational Groups, *Social Work With Groups*, 36:4, 292-303, DOI: [10.1080/01609513.2013.773410](https://doi.org/10.1080/01609513.2013.773410)

To link to this article: <http://dx.doi.org/10.1080/01609513.2013.773410>

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The Group Topic Evaluation Scale: Preliminary Validity, Reliability, and Use in Psychoeducational Groups

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Process measures are important for evaluation of client reaction to psychoeducational group topics. Few scales have been created for measuring client responses in this setting. This study utilized secondary data to determine the initial validity of a Group Topic Evaluation Scale. Group members (N = 190) in a large, urban Driving Under the Influence program evaluated six different group topics using a created scale for a total of 623 responses. Principal component analysis found one factor comprising six items with good reliability. Two of the six topics scored significantly higher, indicating more meaningfulness to the clients. Implications are discussed.

KEYWORDS *psychoeducational groups, evaluation, group topics, group work, evaluation scale*

BACKGROUND

Within the field of alcohol and other drug (AOD) treatment, group therapy has been utilized since the 1940s and continues to be the main intervention

Received: December 21, 2012; Revised: February 1, 2013; Accepted: February 2, 2013.

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used today (Hanson, 2009; Kominars & Dornheim, 2004; Miller, Forcehimes, & Zweben, 2011). Typically, counseling groups comprise individuals who come together to receive a particular kind of intervention method and to learn from each other's experiences. Often those who are battling addiction issues feel isolated, and the group setting allows clients to not only learn but also to connect with others who are facing the same problems. This connection, within a group setting, can produce a sense of hope, optimism, communality, and belonging (Corey & Corey, 2006; Miller et al., 2011; Northen & Kurland, 2001; Yalom & Leszcz, 2005).

One type of group that is commonly used in AOD settings is the psychoeducational group. Psychoeducational groups "go beyond imparting information or teaching specific skills to using the group process to help members better understand and cope with the emotional reactions to the information and apply the learning to their life situation" (Northen & Kurland, 2001, p. 126). Usually some sort of educational topic or information is presented in this type of group which participants are asked to respond to and discuss, as well as perhaps to participate in structured or skill-building exercises (Jones & Robinson, 2000; Turner, 2009). This is particularly relevant for those with alcohol abuse or addiction problems who are working on learning new methods of coping and preventing relapse to the AOD behavior. Groups that utilize skill-building methods have been found to be particularly effective in addiction work (Carroll & Rounsaville, 2005).

In developing psychoeducational curriculum, it has been suggested that leaders sequence group topics based on the stage of the group process. Issues to consider include group member readiness to self-disclose and the amount of anxiety a topic can induce. Other important areas in curriculum design include the overall goal of the group, its context, cultural aspects, and group membership (Jones & Robinson, 2000). Typically, the sequencing aspect would apply to a closed group that has a beginning, middle, and end. Psychoeducational groups that are open may utilize a set curriculum but group members move in and out, and a cycle of topics is presented. Ideally, group topics within a set psychoeducational curriculum should be comprehensive and address clients' various stages of readiness for change. For instance, a group topic should be presented with the understanding that clients are in different places and will respond to the topic from different perspectives. A topic on anger management may be helpful to those who have not understood the connection between AOD abuse and emotional coping. The topic may also help to support new changes that other clients have recently initiated or can reinforce longstanding changes made by clients in recovery.

One important task in any kind of group work is evaluation, after individual group sessions and at a group's completion (Brown, 2004; Corey & Corey, 2006; Thomas & Pender, 2008). The Association for the Advancement of Social Work with Groups, Inc.'s (AASWG; 2010) standards state that social

workers should “systematically evaluate the achievement of individual and group goals. Routine and systematic evaluation of the group experience should occur over time rather than in the ending alone” (p. 19). Evaluation can cover a number of areas, including outcome measures regarding changes in client behavior, skills, learning, or attitudes (Brown, 2004; Macgowan, 2009). Process measures can also be helpful, such as feedback regarding curriculum content, instructional strategies, group leader skills, and client satisfaction. In designing psychoeducational content for group work, it is useful to know how clients respond to the group as a whole as well as to individual sessions. This helps determine what is particularly meaningful to them. Without this information, group workers can only make assumptions based on what they observed during the group session as to the relevance of the group content and process in that particular session (Corey & Corey, 2006).

The need for evaluation is particularly true in Driving Under the Influence (DUI) programs where groups are used extensively. Little is known however about the content of the groups or clients’ reactions to these groups (Cavaola & Wuth, 2002). Psychoeducational groups in this setting are often combined with individual counseling with the goal of stopping further impaired driving episodes. Secondary goals of DUI and other AOD psychoeducational programs include decreasing AOD use, increasing coping skills, and encouraging those who may need further treatment for dependency to access resources (Center for Substance Abuse Treatment, 2005). Psychoeducational groups, in and of themselves, are not a treatment for AOD dependency but help clients make “responsible and informed choices” (Kominars & Dornheim, 2004, p. 568).

Several scales have been developed to measure various aspects of group process from the clients’ perspectives including those that focus on group climate, engagement, cohesion, therapeutic factors, and impacts (Burlingame, Fuhrman, & Johnson, 2004; Macgowan, 2008). For instance, Kivlinghan, Multon, and Brossart (1996) developed the Helpful Impacts Scale to measure the therapeutic impact of the group or how clients sense how they have been helped by a group experience. In their study, college students in a group work class and community group therapy rated 32 items using a Likert scale after each group counseling session. Principal component analysis found 28 items that loaded on four factors: Relationship-Climate (e.g., “I felt supported or encouraged”), Other versus Self (e.g., “I realized something new about someone else”), Problem Solving-Behavior Change (e.g., “I made progress toward knowing what to do about my problems”), and Emotional Awareness-Insight (e.g., “I realized something new about myself”) (p. 351).

Another often-used scale to evaluate group process is the Group Climate Questionnaire-Short Form (GCQ) that measures group members’ perceptions regarding engagement, conflict, and avoidance (MacKenzie, 1983).

Respondents are asked to rate 12 items (e.g., “The members liked and cared about each other”) on a 6-point Likert scale (0 = *not at all* – 6 = *extremely*). Research has shown that group climate is related to outcomes in therapy groups including for those with AOD dependency (Ryum, Hagen, Nordahl, Vogel, & Stiles, 2009).

Group cohesion has been measured by the Group Cohesion Scale–Revised (Treadwell, Lavertue, Kumar, & Veeraraghavan, 2001). This is a 25-item scale using a 4-point Likert scale (1 = *strong disagree* – 4 = *strong agree*). Items include “Group members are receptive to feedback and criticism,” and “Many members engage in ‘back-biting’ in this group” (p. 5). Research found that this scale has good reliability and is sensitive to changes in cohesiveness.

In another study, Patterson and Basham (2002) asked graduate social work students to rate each session of a group psychotherapy training process using a modified version of Reid’s (1979) Evaluation of Today’s Group Session Scale. Using a 9-point Likert scale (1 = *very dissatisfied* to 9 = *very satisfied*), the modified version contained eight items to measure satisfaction. Sample items asked how satisfied participants felt on, “The amount of time I had to share my personal issues” and “The honesty during the group.” No validation of this measure was reported in this study.

PURPOSE OF THE STUDY

Although all of these evaluation scales measure some sort of group process, other than some factors of the Helpful Impacts Scale, most do not apply to psychoeducational group tasks, which are to provide education, stimulate contemplation of change, and begin to give skills and resources for how to address the specified problem. The purpose of this study was to determine if a simple, easy-to-administer scale regarding clients’ overall reactions to psychoeducational groups regarding these tasks could be validated, and if so, to use this scale to evaluate group topics that are described below.

THE GROUP SETTING AND THE CURRICULUM

The setting for this study is a large DUI program located in an urban area in the southwest where approximately 3,000 court or Department of Motor Vehicle (DMV) mandated clients are seen in biweekly individual and weekly group therapy per month (DiStefano, Hohman, & Ruyle, 2010). Clients can be sentenced for 3, 4, 6, 9, or 18 months of weekly group and bimonthly individual counseling sessions, depending on the nature of the offense and whether it was a first or subsequent conviction. Clients can be convicted based on impaired driving from either alcohol or drug use. The legal blood

alcohol content (BAC) limit in the state of this study is .08% (DeYoung, 1997). Research of DUI clients has found high levels of alcohol use disorders in clients (91% of men, 85% of women) and the rate is even higher among multiple offenders (100%). Clients may also be likely to have a co-occurring mental health disorder as well (Lapham et al., 2001; Lapham, C'de Baca, McMillan, & Lapidus, 2006).

The primary program goal, based on state law, is to decrease the prevalence of driving under the influence, thereby reducing the incidence of premature death, disability, and property damage related to impaired driving. The secondary goal is to assist participants in identifying and seeking solutions to their alcohol and other drug problems.

Clients are assigned to individual social workers or other AOD counselors who lead an average of two groups per week. Clients can select which group they are assigned to, based on their own scheduling needs. Groups are open ended, comprising first- and multiple-conviction offenders, and the clients are fairly mixed regarding their perspectives on their AOD use. Some may come in upset about their situation and be ready to change their drinking patterns; others are still angry at the arresting officer, the judge, and so on, and do not believe that being sent to the program was fair or necessary.

A new group curriculum for this study was written by the first author (DiStefano, 2012). It is based on the paradigm developmental model of treatment that posits that clients move through various stages of thinking or paradigms (with corresponding behavior changes) regarding their AOD use (DiStefano & Hohman, 2007). For instance, those in the first paradigm are contemplating their relationship with alcohol and other drugs. Some may be disinterested in exploring their AOD issues, whereas others may recognize that they have a problem and initiate action to change. Those in the second paradigm, have initiated abstinence, have begun a program of recovery, and are implementing change. Occasionally, the DUI program will have clients in the third paradigm. Typically, these individuals received their DUI several years prior and for various personal or legal reasons delayed program entry. These individuals have achieved a sustained recovery process and are utilizing rituals, routines, and resources to maintain their recovery.

Group topics were developed with the intention of encouraging clients to examine their relationship with AODs in the context of examining their own strengths, resiliencies, life management skills, and social supports (DiStefano, 2012; Miller et al., 2011). Because clients are usually court mandated to attend self-help recovery meetings, with clients typically attending Alcoholics Anonymous (AA), and because the AA framework is common in substance use treatment, topics were developed that were congruent with this model. Topics explore the clinical themes inherent in the 12 Steps of AA, speaking to a developmental recovery process (DiStefano & Hohman, 2007). Topics address critical areas necessary to sustain recovery, such as

skill development, emotion regulation, self-control, and other life management coping skills. As the author pointed out, however, these are common life themes as well and do not have to be associated with AA involvement in treatment to be useful (DiStefano, 2012). All group modules were designed for open-ended use. The following are the group topics evaluated in this study. The topics included the following overarching goals:

Self-Examination: to increase clients' awareness of the benefits of self-examination, improve their ability to manage self-defeating behaviors, and recognize personal strengths.

Mindfulness: to increase clients' awareness of mindfulness, and their understanding of how mindfulness enhances wellbeing and contributes to stress management and gratitude.

Letting Go: to introduce clients to the concept "letting go" as a process for releasing old thoughts and behavior patterns that are no longer useful.

Forgiveness: to increase clients' awareness of the benefits of forgiveness, and their understanding of how the concept of forgiveness relates to the emotional health and the process of recovery.

What Drives You: to assist clients in recognizing the detrimental aspects of human drives that can create emotional, physical, and psychological imbalance in one's life, including the drive to accumulate wealth or power.

Continuum of Use: to assist clients in developing the ability to discriminate between responsible use, problem use/abuse, and dependence indicators related to alcohol or other drugs, and to enable clients to utilize objective and subjective criteria in evaluating their relationship with alcohol and other drugs.

METHOD

This is a secondary analysis of group evaluation data that were gathered for internal program evaluation use. Permission to utilize and publish these data was provided by the second author's university Institutional Review Board.

Sample

The evaluation survey instrument was administered to 190 group members who were participants of a large DUI program located in an urban city in the Southwest. Group enrollment data indicated that 62% were male. The majority were White (61%), followed by Latino (16%), Asian American (8%), African American (4%), and Native American (1%). Nine percent indicated that their race was "other." Their mean age was 34.33 ($SD = 10.68$, range 20–69). Overall they were highly educated with a mean education of

15.2 years ($SD = 3.72$; range 4–25 years). The BAC of 179 members of the sample at arrest was .17 ($SD = .07$, range .01–.45). The other 11 sample participants were convicted of driving under the influence of a substance other than alcohol. The sample was almost evenly divided with 45% sentenced to the 3-month program, 42% sentenced to the 18-month program, and 12% sentenced to the 9-month program. The rest (1%) were in the 4-month program.

Measures

Items reflecting possible experiences of group members and the authors' knowledge of group process were drafted into a pool of questions. These items were then reviewed by the DUI group workers for their feedback regarding applicability, redundancy, and comprehension for group members. The final item pool was narrowed to 12 items. Items selected included relevance of the topic, a focus on relationships, skill development, optimism, and impact on drug/alcohol use and driving. Answered on a 5-point Likert scale (1 = *strongly disagree* – 5 = *strongly agree*), sample items included, "the topic . . . was not something I could apply right away", "helped me think about drinking and driving," and "helped me identify areas I want to change in my life." Demographic data that were collected included gender, race, age, and education. BAC at arrest and program assignment was also collected.

Data Collection

Six group topics from the new curriculum were selected to be evaluated. They were chosen as the DUI counselors/group workers had been trained in their use and had some experience implementing them. Five group workers were asked to administer the 12-item survey at the end of each of their group sessions. They explained to their clients that the purpose of the survey was to evaluate how group members liked the group curriculum content and that all participation was voluntary and anonymous. Group members were asked to write on the form which topic was covered, who their group worker was, and to answer the 12 items. These surveys were collected by a designated client acting as monitor and placed in a sealed envelope which was subsequently given to the agency's associate director. These data were entered into an SPSS (v. 19) file by an agency staff member for analysis for an internal program evaluation report.

Demographic data of enrolled group members, without names, were collected by an agency staff member from client records and were entered into an SPSS file. Unfortunately, because data were collected anonymously and separately from the actual group survey form, we can only use

them for descriptive purposes and cannot link them to individual client answers.

Analysis

To determine the validity of a scale using the 12 evaluation items, a principal component analysis using a varimax (orthogonal) rotated component matrix was conducted. Items were kept in the scale that had high loading scores of .5 and above. Internal reliability scores using Cronbach's alpha were computed for the overall scale as well as for the individual group topics. The resulting scale score was calculated by summing all responses and dividing by 6 with higher scores indicating more impact. Mean scores were calculated for each group topic and analysis of variance with Tukey's Honestly Significant Difference (HSD) post hoc test determined differences in group topic scores. Percentage scores were calculated to determine how many clients "agree" or higher on the individual topics to provide a more in-depth analysis for evaluation purposes.

RESULTS

A principal component analysis using varimax rotation of the 12 evaluation items found that six items loaded $>.5$. The Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy was .86 indicating that factor analysis was appropriate. Bartlett's Test of Sphericity ($\chi^2 = 1474.41$, $df = 15$, $p < .000$) suggested the data adequately fit the model. The eigenvalue for this single factor was 3.39 with the 6 items accounting for 59% of the variance. The scale demonstrated excellent internal reliability ($\alpha = .86$).

Overall, clients rated the topics fairly highly. Mean scores of the six topics ranged from 3.89 ($SD = .81$) to 4.41 ($SD = .69$) with 61% to 84% scoring 4 or above. ANOVA and a post hoc test of the six group topics found that clients were significantly more likely to rate the topics of self-examination and mindfulness higher as compared to the continuum of use (Sum of Squares (SS) = 9.03, 299.99, $df = (5, 606)$, $F = 3.76$, $p < .01$). Internal consistency of the scale was also high across all group topics. See Tables 1 and 2.

DISCUSSION AND IMPLICATIONS

This study validated a short, easy-to-use scale to measure client response to topics in psychoeducational groups. Analysis of the six group topics found good reliability scoring as well. Items in the Group Topic Evaluation Scale (GTES) cover topic relevance, usefulness, hope, skill building and change,

TABLE 1 Principle Component Analysis of Group Topic Evaluation Scale (GTES) (*N* = 623)

Today's Group Topic:	Loading	<i>M</i> (<i>SD</i>)	Range
1. Was relevant to my life.	.677	4.41 (.74)	1.00–5.00
4. Increased my confidence to utilize positive skills.	.740	4.01 (.96)	1.00–5.00
8. Will help me improve my relationships.	.807	4.05 (.95)	1.00–5.00
9. Has given me a sense of optimism or well-being.	.810	3.98 (.97)	1.00–5.00
10. Will influence how I communicate and interact with others.	.803	4.00 (.94)	1.00–5.00
12. Helped me identify areas I want to change in my life.	.762	4.09 (.90)	1.00–5.00

TABLE 2 Analysis of Variance of Evaluation Scores of Group Topics and Reliability Scores

Topic	<i>N</i>	<i>M</i> (<i>SD</i>)	Range	% Rating ≥ 4	α
Self-examination ¹	107	4.22 (.61)	2.33–5.00	84%	.89
Mindfulness ¹	104	4.22 (.70)	1.83–5.00	77%	.88
Letting go	104	4.14 (.69)	1.50–5.00	75%	.87
Forgiveness	105	4.08 (.73)	1.00–5.00	73%	.90
What drives you	99	3.97 (.61)	2.00–5.00	61%	.74
Continuum of use	93	3.89 (.81)	1.00–5.00	62%	.86
Total	612	4.09 (.70)	1.00–5.00	72%	.86

¹Significantly different from continuum of use; *SS* = 299.99, *df* = (5, 606), *F* = 3.76, *p* < .01.

all considered aspects of psychoeducational groups (Brown, 2004; Turner, 2009). Combining these items into a validated scale can provide a quick examination of the group session as a whole. The GTES could be used for process evaluation purposes after each session to provide feedback to group workers and program administrators.

Using the scale to examine six different group topics found significant differences in ratings among them indicating sensitivity of the scale. Most likely, clients rated the self-examination and mindfulness groups more highly than the continuum of use because the topics in and of themselves did not challenge the clients to evaluate their AOD use but rather encouraged self-reflection from a strength-based perspective. Although the continuum of use topic is necessary in the curriculum, most groups focus on skill building and life management skills, congruent with the work of Miller et al. (2011) who posit that “some of the most strongly evidence-based treatment methods do not focus primarily on the addiction itself” (p. 132). The paradigm developmental model of treatment includes avoidance of high-risk situations as a useful strategy in early recovery, although to sustain recovery, one needs strong coping skills (DiStefano & Hohman, 2007; Miller et al., 2011).

Limitations and Future Research

Limitations of this study are mainly due to the nature of secondary analysis and the variables that were available. We were unable to match individual

client responses to demographic information; nor was another scale tested to provide concurrent validity. These items were tested in a sample of DUI drivers who were at various stages of their perspectives or paradigms regarding their drinking and driving as well as overall drinking habits, which may have affected response to the scale items. Also, we have no way of determining the impact of this curriculum in terms of changed behavior. The GTES has only been testing in an AOD setting, and any use in other types of psychoeducational groups should be done carefully.

Future research could address these limitations by matching client characteristics to the GTES to determine predictors of response to the curriculum topics, such as gender, stage of readiness to change drinking (paradigm), and number of DUI offenses. Group worker characteristics and experience may also affect how the topic is delivered that in turn can cause differential responses from clients. Further, similar items from the Helpful Impacts Scale could be utilized for concurrent validation. Linking impacts or responses to the GTES to drinking-and-driving outcomes would determine predictive validity. Finally, testing this scale with other types of clients who are members of psychoeducational groups will increase its generalizability.

Summary

This study tested a new measure developed to provide an evaluation tool for group workers who facilitate psychoeducational groups. The results of this study determined a short, easy-to-administer scale. Group workers who wish to learn what their group members think of various topics regarding their relevancy may use this for quick feedback at the end of each group. Further testing will determine the utility of the Group Topics Evaluation Scale across various practice areas.

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