GROUP COUNSELING IN THE SCHOOLS: LEGAL, ETHICAL, AND TREATMENT ISSUES IN SCHOOL PRACTICE

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School psychologists are interested in providing effective and efficient direct services to children. With a wide spectrum of psychological problems impacting children, group counseling represents one viable and valuable intervention. Given the complexity of group counseling, many schools and school psychologists are interested in legal and ethical issues impacting group interventions. From the attainment of appropriate consents for counseling to ethical dilemmas, the challenges involved in direct services are large. This article reviews mental health issues transforming children’s mental health, considers differing group counseling models and stages of group development, and examines contemporary legal and ethical dilemmas inherent in school practice. Uniquely, a question-and-answer format is used to highlight legal issues for practice.

Psychological problems are widespread in children. Tolan and Dodge (2005) noted a serious crisis in children’s mental health. Elsewhere, Ringel and Sturm (2001) noted that approximately 75% of children with emotional disorders do not receive services. Family discord, child abuse, attention disorders, and violence are examples of key issues negatively impacting children (American Psychiatric Association, 2000). Illustrating the problems facing children, 3%--7% of children have Attention-Deficit/Hyperactivity Disorder (Root & Resnick, 2003). Sixty-seven percent of children experience sexual abuse (Pope & Hudson, 1992), and more than 8 million children are generally identified as needing psychological services (Carnegie Council on Adolescent Development, 1996).

Unfortunately, large numbers of children simply are not receiving direct services. In an earlier work it was noted that as many as 1 in 7 adolescents has no health insurance and is unable to receive third-party reimbursable mental health services in the private sector (Crespi & Howe, 2002). At the same time, more than 52 million children attend public schools (Jamieson, Curry, & Martinez, 2001). Fortunately, school psychologists are in a key position from which to offer assistance. More than a decade ago, for example, Crespi and Rigazio-DiGilio (1996) noted that school-based early intervention programs can decrease delinquent behaviors in youth, and schools can truly function as a vital resource for psychological services (Crespi & Fischetti, 1997).

Group counseling initiatives are one important service that can help children. This article provides an overview on psychological issues impacting children and reviews major models and stages of group counseling for practitioners interested in developing group initiatives. The intention is to provide a resource and reference for practitioners interested in developing school group counseling initiatives. A particular emphasis is placed on those ethical and legal dimensions impacting group initiatives. This article is generally intended as a reference and resource.

PSYCHOLOGICAL ISSUES SUPPORTING GROUP COUNSELING INITIATIVES

Children at school present an array of problems. Huang et al. (2005) noted that, generally, 1 in 5 children has a diagnosable mental disorder. From home to school, such issues are impacting daily life. Of particular relevance to schools and school psychology, children receive more services through schools than through any other system (Hoagwood & Erwin, 1997). As such, school-based mental health providers can provide immeasurable assistance. Still, what issues might appropriately be used in school groups?

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More than a decade has passed since Crespi (1997) noted that marital dissolution, parental alcoholism, depression, suicide, and physical, sexual, and emotional abuse represented a sampling of contemporary problems faced in the home which children bring to school and which can be appropriately addressed in school-based counseling. In fact, Fergusson, Horwood, and Lynskey (1994) noted that children who display problems seem to come from families with problems. Farrell, Guerra, and Tolan (1996) observed that children bring aggressive behavior learned at home to school. As such, family issues are one important topic for group counseling.

In a basic way, school psychologists facilitating group counseling have an array of issues that can nicely serve as topics for group counseling. From divorce groups to group counseling for social skills, school-based groups can be formed around a large number of topics. Looking at family issues, as example, Crespi and Howe (2002) noted that only 7% of youth live in traditional families, with varying family configurations including stepfamilies, single-parent families, and families with grandparents raising children. With approximately one third of children interacting with fathers less than a few times annually (Seltzer, 1991), divorce groups alone can represent one important topical area impacting home–school relationships. Still, this only glimpses the issues. Approximately 80% of children witness spousal abuse, and issues including sexual abuse and aggression highlight a picture of families in turmoil (Crespi & Howe, 2002). As such, these issues are fertile ground for group counseling.

Newcomb, Galaif, and Locke (2001) observed that drug abuse and drug dependence in adults typically began earlier. With at least 1 in 6 families stained by parental alcoholism, and with 28 to 34 million individuals being raised in, or having grown up in, an alcoholic family, the negative consequences of parental alcoholism are notable. Drug and alcohol abuse, and the implications for development, can be an important group counseling topic. In a larger framework, 1 in 7 children has been punched, kicked, or choked by a parent (Moore, 1994). Parental abuse is also an important area of focus. Fortunately, children can be socialized to different behaviors to decrease the emulation of aggressive and violent behavior learned at home (Dworetzky, 1996).

Overall, then, with the average child spending approximately 6 hours each day in school, and given that academic performance and behavioral adjustment are correlated with conflict in the home, the repercussions of family difficulties on school performance is notable. Group counseling programs targeted at an array of family issues are one viable intervention model.

**GROUP COUNSELING: AN OVERVIEW**

Group counseling represents an important intervention for addressing children’s psychological needs. In fact, group counseling can positively impact children on an individual perspective and also serve a useful role for the school. Littrell and Peterson (2002) observed that groups afford the opportunity to positively impact the school. Unfortunately, Fleming (1999) observed that, although the National Association of School Psychologists addresses a need for counseling training, specialty training in group counseling is not required. (Note: The Professional Standards for Training of Group Workers, articulated by the Association for Specialists in Group Work [ASGW, 1991], supports a minimum of 10 hours of training with 30–45 hours of training for specialists.)

Schaefer (1999) observed that, on an individual level, short-term group treatment can be most effective in helping children develop adaptive processes for coping with a range of problems. Overall, groups can be positive. Still, what types of groups are generally used? What “stages” characterize group process? What legal issues need to be considered?

**Group Types**

Group interventions can be quite helpful for children (Gladding, 1999; Littrell & Peterson, 2002). In fact, groups can assist children individually as well as with larger issues (Schaefer, 1999).
Shechtman (2002) outlined three major group types:

1. Educational/Guidance Groups

   Typically groups are targeted toward the normal population and may address social skills issues including classroom behavior, school performance, and peer relations.

2. Counseling Groups

   Typically these groups are targeted toward children with developmental challenges, with these groups often addressing self-esteem and social challenge issues.

3. Therapy Groups

   Typically these groups are targeted at severe adjustment and behavioral difficulties in children, ranging from aggressive and violent behavior to eating disorders and severe psychological disorders including depression and suicide.

*Group Stages*

Tuckman (1965) identified four stages that characterize group process. For professionals involved in facilitating groups, these stages can serve as a theoretical foundation for understanding group development. These stages follow:

The Forming Stage

This stage is characterized by an initial orientation to the group with initial dependence and structure formation. Polite discourse, rules, and silences are typical of this stage.

The Storming Stage

This stage is characterized by conflict and competition, as group members interact and struggle with individual and group dynamics. Disagreements over process, anger, discourse on rules and ideas, and basic hostility often mark this stage.

The Norming Stage

This stage is characterized by a beginning sense of cohesiveness as members experiment with new roles. Basic harmony, established rules and roles, and a beginning sense of support are characteristic of this stage.

The Performing Stage

This stage is characterized by a supportive process as basic conflicts have been resolved and as members are able to “perform.” High task orientation, productivity, decreased emotionality, and enhanced problem solving mark this stage.

Maples (1988) suggests a fifth stage: The Adjourning Stage, involving task completion and termination. She identified key characteristics for each stage. These 20 “sub-stages” can provide an encompassing foundation for group work:
Stage 1: The Forming Stage

- Courtesy: Meet, greet, and develop rapport.
- Confusion: Following basic instructions, members operate with little direction.
- Caution: There is concern about statements outside boundaries.
- Commonality: Bonds of similarity among members emerge.

Stage 2: The Storming Stage

- Concern: No member should harm another.
- Conflict: As bonds of similarity arise, dissimilarity appears.
- Confrontation: Members learn how to confront others.
- Criticism: As lack of progress occurs, criticisms emerge.

Stage 3: The Norming Stage

- Cooperation: Members address basic rules.
- Collaboration: As rules emerge, agreement is needed on process.
- Cohesion: Togetherness emerges.
- Commitment: As a group unit, they move forward.

Stage 4: The Performing Stage

- Challenge: Members feel increased responsibility for the group.
- Creativity: New methods of communication emerge.
- Consciousness: With increased openness, member self-recognition increases.
- Consideration: Increased awareness of self and others emerges.

Stage 5: The Adjourning Stage

- Compromise: Members recognize unresolved issues and strive for balance.
- Communication: An awareness of changes through communication occurs.
- Consensus: Members deal with conflict through compromise.
- Closure: Reluctantly at times, members face closure and termination.

LEGAL AND ETHICAL CONSIDERATIONS FOR THE SCHOOLS: QUESTIONS AND ANSWERS

This section overviews key legal and ethical issues impacting group counseling.

What Is Consent?

Consent, informed consent, involves a patient or legal guardian’s consent to treatment or for release of treatment information. All minors must have parental permission to participate in counseling. Furthermore, group facilitators might consider securing consent from both participants as well as legal guardians, thereby securing emotional commitments from both parties.

What Is Confidentiality?

Confidentiality involves the legal obligation not to disclose information surrounding treatment. Adults in counseling own “privilege” and thus, confidentiality, so parents, not minors, own privilege.
As such, participants should be appropriately informed about limits of confidentiality and disclosure issues. Appropriate safeguards should be implemented to maximize confidentiality through careful selection of setting and through participant and parent contracts.

**Breaching Confidentiality: When Is It Appropriate to Breach Confidentiality?**

School psychologists need to be mindful that practitioners must breach confidentiality when a student poses a risk to him/herself or others. Discussed as “duty to warn or protect,” schools should develop policies necessitating breaches to confidentiality.

**Group Membership: How Will Members Be Selected?**

Determining group membership is critical to group counseling. How will members be selected? Will teacher referrals and parent requests be considered? Will self-referrals be accepted? Will questionnaires or assessment tools be used to select members? Screening and selecting members should be approached thoughtfully. Schools need to consider use of consents in gathering referrals and the use of notification procedures as group membership is explored.

**Topical Groups: What Topics Will Focus Groups?**

What will be the focus of the group? Because of the wide array of issues impacting children and youth, there is no shortage of topical issues well suited for group counseling. Familial alcoholism? Parental divorce? Physical abuse in the home? Sexual abuse? Depression? Aggression? Leaders need to consider group focus prior to forming a group. At the same time, certain topical home issues may elevate parental discomfort and prevent consent unless leaders approach parents/guardians with thoughtful preparedness. Schools might consider multiple groups to enhance appeal and decrease parental concern.

**Notification: Is It Adequate to Provide Notification Regarding Membership and Confidentiality?**

Notification is generally a lower standard for practice than is the acquisition of informed consent. Do students actually read all the various handouts provided by teachers and administrators? Unfortunately, many students do not read student handbooks, student handouts, or all the various mailing provided in the course of a school year. Because many students do not read such materials, written notification alone may not be adequate. Classroom announcements can be a useful adjunct, and parental consents are the most preferred method to adequately ensure that confidentiality issues are adequately addressed.

**Dangerous Behavior: How Should One Proceed if a Concern Arises Regarding Danger to Self or Others?**

It would be reasonable that occasionally a student will demonstrate words and/or actions that raise a concern regarding danger to self or others. Ideally, the school should develop policies and procedures for such situations to adequately protect both group counseling participants as well as practitioners. Although there may be situations in which suicidal risk may seem so eminent that an emergency room visit may be required, or a risk to safety so evident that police must be contacted immediately, more commonly a student may simply make a comment worthy of concern but not evidenced by behavior necessarily supportive of a concurrent threat. How can one proceed? An immediate consultation and interview by another school mental health professional is one viable option with a consensus guiding decision making.
Parental Disclosure: How Should a Practitioner Proceed if a Parent Requests Details from Counseling?

After a group counseling session, a parent calls and asks for details on his or her child’s thoughts and comments in counseling. Must a practitioner disclose confidential information? Unfortunately, although disclosure may compromise therapeutic progress and basic trust, parents “own” privilege related to a minor’s confidentiality. Although it makes sense to explain to a parent that breaking confidentiality may compromise a child’s trust and progress, it is also true that a school psychologist must share counseling content details if requested as the parent, not the child, owns privilege and confidentiality.

Dual Relationships: How Should a School Psychologist Proceed if Asked to Counsel a Relative’s Child?

It may not be uncommon that a school psychologist be asked to provide counseling for relative or close neighbor. Although not uncommon, providing such services would constitute a dual relationship, whereby a school psychologist must delicately balance two relational issues. A practitioner should consider other service providers, such as a school counselor or school social worker who may be able to provide such services. School mental health service units should consider alternative treatment options for such situations.

Counseling Notes: Must School Psychologists Maintain Detailed Counseling Records?

State and federal laws require appropriate records. Insurance companies involved in reimbursement may require documentation for reimbursement. Schools securing reimbursement from third-party payers, including Medicaid, for example, must maintain records consistent with professional “standards of care” and “professional standards of practice.” The depth and breadth of documentation, though, can vary. A school psychologist should consider record-keeping practices appropriate to the task and minimally comparable to those used in neighboring districts. A school attorney as well as a State Department of Education Legal Department may offer guidance on this issue. Some form of documentation is required, but the extent is often specified.

Ethical Risks: What Particular Risks Should Be Considered in Reviewing Ethical and Legal Standards?

Ethical standards exert a degree of contextual instability often not fully considered by practitioners. A 24-year-old female school psychologist who hugs an emotionally upset 3-year-old male preschool child may encounter different reactions from a parent if found hugging an emotionally upset male 18-year-old high-school senior. Yet, standards do not address age and developmental differences. In general, blind adherence to professional standards does not serve a school psychologist as well as a preventive, thoughtful, problem-solving approach. Practitioners should regularly consider changing social standards, age differences, gender issues, as well as changing ethical and legal guidelines changing the overall context of professional practice with children and youth.

Professional Boundaries: What Approach Is Suggested as Professional Boundary Issues Emerge?

Professional boundary issues can provide a challenging array of issues for practitioners. How might a practitioner handle a child who conducts a tantrum in group? What of an aggressive outburst? Should gifts be accepted from children? Because groups may appropriately be conducted at different ages across a school district, with different developmental age groups, and with an array of issues, ethical and legal ambiguities can quickly emerge. School psychologists must recognize a need for...
flexible guidelines for practice that take into account the wide array of developmental and contextual issues inherent in counseling children. Ideally, a collegial group might consider writing a practice handbook that will be periodically updated to address issues as they emerge across the district. This can be nicely accommodated through group supervision.

SUMMARY AND CONCLUSIONS

Behavior, adjustment, and psychological problems have increased in children. Sadly, issues including family discord, parental neglect and abuse, sexual abuse, attention disorders, and violence in the home all impact children’s adjustment (American Psychiatric Association, 2000). Unfortunately, large numbers of children exhibit multiple disorders. Riddle and Bergin (1997) noted, for instance, that 28.6 million children live within an alcoholic family, Pope and Hudson (1992) estimated that as many as 67% of children may experience sexual abuse, and more globally, the Carnegie Council on Adolescent Development (1996) reported that there are more than 8 million children in need of psychological services.

Crespi and Howe (2002) note that only 7% of youth actually live in traditional families, with varying family configurations including stepfamilies, single-parent families, gay families, and families with grandparents raising children. In addition, home-based issues are impacting child development. From spouse abuse witnessed by approximately 80% of children to drug abuse, sexual abuse, and aggression, families are increasingly in crisis (Crespi & Howe, 2002).

In a basic way, then, school-based groups have ample issues and topics from which to develop group counseling programs. With 1 in 7 children having been punched, kicked, or choked by a parent (Moore, 1994), with children from violent homes demonstrating violent behavior at school (Crespi & Howe, 2002), and with the knowledge that school professionals can socialize children to different behaviors to decrease the chances of emulating aggressive and violent behavior learned at home (Dworetzky, 1996), group counseling programs are of increasing importance.

In a broad way, it makes sense to offer comprehensive group counseling programs in the schools. Crespi and Rigazio-DiGilio (1996) noted that school-based early intervention programs can decrease delinquent behaviors in youth, and universally it has been noted that schools function as a vital resource for psychological services. Yet, group counseling often is not the focus of training in school psychology graduate education.

This article has been constructed to serve as a resource. Initially, critical issues were reviewed that can serve as topical areas for group counseling. Following this section, the five stages of group process were outlined. Finally, using a question-and-answer format, structural and legal issues involved in developing a group counseling program were provided to help capitalize on the unique components involved in developing a group counseling program.

In a broad way, while children are coping with an extraordinary array of family problems and stressors, school psychologists have the opportunity to offer students an array of positive interventions. Group counseling is one illustration of a useful intervention model that can positively impact children. The challenge, from this point forward, is helping practitioners and schools begin to implement the model.

REFERENCES


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