

Group vs. Individual Counseling: Treatment Mode and the Client's Perception of the Treatment Environment

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ABSTRACT. The impact of treatment mode (group versus individual counseling) on the client's perception of the treatment environment was examined with a sample of institutionalized female delinquent offenders. The delinquents' perceptions of the treatment environment were measured by the Correctional Institutions Environment Scale (CIES). This instrument measures the client's perceptions of three environmental dimensions: (1) the treatment program, (2) the degree of interpersonal relationships, and (3) the emphasis on institutional order and control within the correctional environment. The findings indicate significant differences between the consensual ratings of the treatment environment by the delinquents in group treatment and those in individual treatment. The consensual ratings of those in group counseling units were significantly higher and more positive on two environmental ratings: perceptions of interpersonal relationships and perceptions of the treatment program.

ONE COMPONENT OF COUNSELING EFFECTIVENESS that has been identified by research is the client's perception of the treatment milieu. A positive perception of the therapeutic relationship and climate has been found to relate to more successful treatment outcome (Moos, 1970; Wenk & Halatyn, 1973; Truax, 1971). Many studies on the effectiveness of therapeutic interventions have focused on personality variables, but few studies have focused on environmental variables such as the client's perception of the treatment milieu (Moos, 1970; Wenk & Halatyn, 1973). Carl Rogers (1957) stressed the importance of the client's accurate perception of the therapeutic relationship as an integral component of treatment effectiveness. With institutionalized clients (mental patients, penal inmates, in-patient alcoholics, and institutionalized delinquents) the accuracy of their perceptions of the therapeutic environment may be questioned. In studying the relationship between perceived therapeutic conditions and therapeutic outcome, Truax (1971) focused on two institutionalized populations: mental patients and juvenile delinquents. A

strong positive relationship was found between the perceived therapeutic environment of the delinquents and successful treatment outcome. There was no such relevant relationship with the mental patients. This finding suggests that the delinquent group was capable of assessing the therapeutic environment and responding with successful behavioral change. Jesness (1975) found that institutionalized male delinquents who had positive perceptions of the treatment staff's involvement and fairness showed greater improvement in psychological and behavioral variables. Using the Correctional Institutions Environment Scale (CIES), Moos (1970) found that boys in units that were rated high on CIES dimensions of relationship and treatment program showed more positive change on withdrawal and social anxiety variables.

Research on effective offender treatment is particularly needed because of the controversy regarding the value of traditional treatment methods with offender populations. Martinson's (1974) evaluation of the effectiveness of offender treatment and his resulting conclusion that "nothing works" was tempered with the cautionary probability that correctional programs may be ineffective because they were not "yet good enough." Later research indicates that "appropriate" offender treatment is effective in reducing recidivism. Andrews et al. (1990) defined appropriate offender treatment by listing three elements that are necessary in matching offender to treatment. These three elements of appropriate offender treatment include adequate needs assessment, targeting of service delivery to high risk offenders, and the match between treatment, client need, and client learning style.

Regarding the match between treatment and client, some studies indicate that group counseling is related to lower recidivism rates (Truax, Wargo, & Volkendorf, 1970) and the commission of less serious offenses (Taylor, 1967). Yet, other research reports that certain types of offenders (males psychopaths) who were treated by group therapy committed twice as many offenses upon release as did a matched group who received individual therapy (Craft, Stephenson, & Granger, 1964). The conflicting research findings suggest that there may be more sophisticated interactions of variables that determine the potential effectiveness of any one treatment mode. Studies need to examine the interaction of several variables that may affect treatment effectiveness. Factors such as offender type and personality, congruence of therapy group members, and counselor skills may influence the client's perception of the treatment environment and treatment outcome.

The study reported in this article examined the bivariate relationship of treatment mode and the client's perception of the therapeutic environment at a state institution for female delinquent offenders. The independent variable, treatment mode, was defined by the dominant form of therapy (either group or individual counseling) used in the contained cottage units. The dependent variable, clients' perception of the treatment environment, was based on con-

sensual ratings of environmental factors. The research question asked whether there were significant differences in the environmental perception ratings of those assigned to group counseling and those assigned to individual counseling.

Method

Subjects

The subjects were 96 institutionalized female delinquents. The age range of the girls was from 13 to 18 years, with a mean of 15.4 years and a mode of 16 years. There were 63 (65.6%) Whites and 33 (34.4%) Blacks in the sample. The range of IQ scores of the sample was 73 points, with a minimum score of 54 and a maximum score of 127. The mean IQ score was 96.6 with a mode of 100 and standard deviation of 14.5 points. The distribution of IQ scores of the sample conforms to the normal distribution of IQ scores in the general population. The range of educational levels (defined as last grade completed) was between Grade 6 and Grade 12. Most subjects (73.9%) were placed in Grades 9 through 11 at the time of the study. The subjects' length of time in counseling ranged from 1 month to 11 months, with a mean time in counseling of 4.77 months.

Treatment Environment

The youth institution was organized by contained cottage units. Nine cottage units participated in the study, but two of these cottages had fewer than 35% of their client population completing the research instrument. It was decided that the small percentage of residents completing the instrument in the two cottages did not constitute representative samples from those units. Therefore, Cottage 4 and Cottage 6 were excluded from the analysis of differences between cottage groups. The client environmental ratings of the other seven cottages were analyzed. The population of each cottage (and thus the cell size of the multiple analysis of variance) was roughly equivalent with a minimum of 13 and a maximum of 16 girls in each cottage living unit.

Of the seven cottages that participated in the study, five employed individual therapy as a primary mode of treatment and two used group therapy. In group counseling cottages, there were two groups, with six to eight girls assigned to each group. The groups were open groups, meaning that discharge of a group member from the institution resulted in replacement with a girl who had newly arrived at the institution into the group vacancy.

Group counseling was labeled positive peer culture (PPC) and adhered to a guided group interaction model. The girls used the PPC designation for their

assigned treatment group, and there is reason to believe that the label may, in itself, have had an effect of shaping the expectations and perceptions of both those assigned to the group counseling cottages as well as those assigned to individual counseling cottages. This possible limitation is considered at greater length in the discussion section.

A fundamental precept of guided group interaction is that group members have the responsibility for therapeutic change. The group uses peer pressure and attacks on defense mechanisms that inhibit the change and growth of the group members. The group leader sets the boundaries of group behaviors and attitudes but otherwise adopts a nonauthoritarian role and allows the group members to be the change agents (Lester & Braswell, 1987).

The basic commonality of individual counseling was the one-on-one therapeutic relationship between counselor and client. Although treatment approaches in individual therapy included psychoanalytic, person-centered, and cognitive approaches, the study focused not on these variations but rather on the dyadic therapeutic relationship in individual counseling versus the multiple therapeutic relationships in group counseling. There was one counselor assigned to each cottage unit.

Cottage assignment was based on the available bedspace when the girl was admitted to the institution. Cottage assignment was a variable that the researcher was unable to control because of the practical limitations of the study. Even though cottage assignment based on available bedspace is not random assignment of subjects to treatment, time of admittance that mandated cottage assignment is a chance variable. The girls' demographic factors of age, race, IQ, educational level, and length of time in counseling were statistically treated as covariates to control for any initial differences that may have occurred between the girls assigned to group counseling cottages and those assigned to individual counseling cottages.

The only girls selected out of either group or individual counseling cottages were those judged to be too emotionally disturbed or mentally disabled to benefit from these counseling approaches. The girls who were selected into this exclusionary set comprised less than 10% of the total population at the institution. They were assigned to a self-contained cottage that employed behavior modification therapy and became part of one of the two cottage units that were excluded from the study.

Instrumentation

The Correctional Institutions Environment Scale (CIES) (Moos, 1974) was used to assess the clients' perceptions of the treatment environment. This instrument is divided into three dimensions that describe the environment of a correctional institution: (1) the relationship dimension scale, which measures

the degree of involvement, support, and expressiveness within the environment; (2) the program dimension scale, which measures the degree of autonomy, practical orientation, and personal problem orientation of the treatment environment; and (3) the system-maintenance dimension scale, which measures the degree of order and organization, clarity, and staff control within the institutional environment. The CIES is a 90-item questionnaire in true-false format. Content and criterion-related validity have been assessed, and test-retest reliability values range from .65 to .80.

Data Collection

The researcher met with each individual cottage unit and administered the CIES. The researcher informed the subjects that the purpose of the study was to examine their views about the institutional environment and the treatment services provided in the institution. Both the girls and counselors were told that the results of the study would be used in the correctional treatment staff's ongoing efforts to measure treatment impact.

As previously explained, there was one counselor assigned to each of the six cottage units. Each of the six counselors was present when the purpose of the study was explained to their cottage unit, and the counselors remained in the cottage during the administration of the research instrument. The girls and counselors were assured that feedback on the consensual ratings would be presented to them at the completion of the study. To insure confidentiality, instruments were coded by cottage units, and the girls were instructed to give no identifying information on the test instrument.

Data Analysis

First, Pearson correlation analysis was used to examine the bivariate relationships between the clients' perceptions of the treatment environment and the demographic variables of age, race, IQ, length of time in counseling, and educational level. Next, I used analysis of variance to assess the differences between the consensual ratings of the relationship, program, and system-maintenance dimensions of the treatment environment. Consensual data were analyzed according to groupings of the two treatment types. Because of the linear hypothesis approach underlying analysis of variance, the analysis can appropriately handle the unequal cell sizes that were characteristic of the population studied (Ferguson, 1976). Analysis of covariance was used to assess the extraneous variation of environmental ratings that could be due to the client's IQ, age, educational level, race, and the length of time in counseling. Analysis of covariance helped to insure that reasonable departure from assumed homogeneity and normality of the variance between groups might oc-

cur without serious impact on the findings of the study and the validity of the conclusions (Ferguson, 1976). The pattern of differences between the two treatment types was assessed by multiple classification analysis.

Results

Pearson correlation analysis indicated three significant relationships between the girls' demographic characteristics (age, educational level, IQ, race, and length of time in counseling) and their perceptions of the treatment environment (Table 1). The client's race related to the clients' perceptions of the program and system-maintenance dimensions of the treatment environment. The negative correlation ($-.242$) between race and perception of the program dimension was significant at the .009 level of confidence. There was also a negative correlation between race and perception of the system-maintenance dimension ($-.219$). The race of the client was coded as a dichotomous variable, with White = 1 and Black = 2. The negative relationship means that the White clients had higher ratings of the program and system-maintenance dimensions of the treatment environment. There was also a significant negative relationship between length of time in the treatment environment and rat-

TABLE 1
Pearson Correlation of Demographic Variables and the
Clients' Perception of the Treatment Environment

	AGECL	IQ	RACECL	CLIETIME	EDCL
RELATION (CIES I)					
<i>r</i>	-.044	.027	-.112	-.108	.065
<i>p</i>	.34	.39	.14	.15	.26
PROGRAM (CIES II)					
<i>r</i>	.027	.116	-.242	-.102	.160
<i>p</i>	.40	.13	.009	.16	.06
SYSTEM (CIES III)					
<i>r</i>	-.132	.156	-.219	-.241	-.065
<i>p</i>	.09	.06	.02	.00	.26

Note. Control variables: AGECL = age of client; IQ = IQ of client; RACECL = race of client; CLIETIME = client's length of time in counseling; EDCL = educational level of client.

ings of the system-maintenance dimension. The inverse relationship means that those with shorter lengths of stay in the institution rated the system-maintenance dimension higher than those who had resided in the institution longer.

The analysis of variance of the clients' perceptions of the treatment environment indicated significant differences between the ratings of clients in individual counseling cottages and group counseling cottages on two dimensions, the relationship dimension and the program dimension. There was no significant difference between the two groups in their ratings of the perceptions of the system-maintenance dimension.

With an F of 12.86, the variation of the ratings of the relationship dimension between group and individual counseling cottages was significant at the .001 level of confidence. With an F of 10.55, the variation between the two cottage types on the program dimension was significant at the .002 level of confidence. Multiple classification analysis was then used to indicate the pattern of the consensual ratings. The effects of the covariates—client's IQ, age, educational level, race, and length of time in the treatment environment were controlled for in the multiple classification analysis. On the program dimension, the group counseling units scored 1.86 points above the grand mean, and the individual counseling units averaged .77 of a point below the grand mean. With the effects of the covariates adjusted for, the mean score of the group counseling units increased to 2.04 points above the grand mean. The individual counseling units mean increased in a negative direction, to $-.84$ from the grand mean.

Higher scores on the CIES program dimension indicate that the residents perceive a higher degree of autonomy, practical orientation, and personal problem orientation in the treatment environment. Lower scores indicate a lesser degree of the aforementioned environmental components. The findings indicate that the girls involved in group counseling had more positive perceptions of the elements that related to the treatment program.

Multiple classification analysis of the relationship dimension indicated that group counseling cottages scored 1.94 points above the grand mean, and individual counseling cottages averaged .80 of a point below the grand mean. When the effects of the covariates were adjusted for, the mean score of the group counseling units increased to 2.55 points above the grand mean, and the mean score of individual counseling units increased in a negative direction to 1.05 from the grand mean.

Higher scores on the CIES relationship dimension indicate that clients' perceive a higher degree of involvement, support, and open expression within their environments. Lower scores on the relationship dimension indicate a lesser degree of the aforementioned environmental components.

TABLE 2
Analysis of Variance by Cottage Unit of Clients' Perceptions of the Relationship, Program, and System Maintenance Dimensions of Treatment Environment

Source of variation	SS	df	MS	F	Signif. of F
<i>Relationship dimension</i>					
Covariates	43.77	5	8.75	0.58	.71
IQ	4.26	1	4.26	0.28	.59
AGECL	4.71	1	4.71	0.31	.58
CLIETIME	12.55	1	12.55	0.84	.36
EDCL	4.32	1	4.32	0.29	.59
RACECL	16.22	1	16.22	1.08	.30
Cottage	346.64	6	57.77	3.85	.002
Explained	390.40	11	35.49	2.36	.01
Residual	1261.32	84	15.02		
Total	1651.72	95	17.39		
<i>Program dimension</i>					
Covariates	95.20	5	19.04	1.55	.18
IQ	0.04	1	0.04	0.00	.96
AGECL	0.05	1	0.05	0.00	.95
CLIETIME	5.30	1	5.30	0.43	.51
EDCL	9.99	1	9.99	0.82	.37
RACECL	47.44	1	47.44	3.87	.05
Cottage	193.27	6	32.21	2.63	.02
Explained	288.47	11	26.23	2.14	.02
Residual	1029.35	84	12.25		
Total	1317.82	95	13.87		
<i>System-maintenance dimension</i>					
Covariates	158.42	5	31.68	2.88	.02
IQ	5.79	1	5.79	0.53	.47
AGECL	4.96	1	4.96	0.45	.50
CLIETIME	49.60	1	49.60	4.51	.04
EDCL	24.23	1	24.23	2.20	.14
RACECL	44.12	1	44.12	4.01	.05
Cottage	178.22	6	29.70	2.70	.02
Explained	336.64	11	30.60	2.78	.004
Residual	923.34	84	10.99		
Total	1259.98	95	13.26		

Note. Covariates: IQ = IQ of client; AGECL = age of client; CLIETIME = client's length of time in counseling; EDCL = educational level of client; RACECL = race of client.

Discussion and Conclusions

Previous research findings have indicated that positive perceptions of the treatment environment relate to successful treatment outcome, improved psychological and behavioral indices, greater satisfaction measures, and less hostility. This study did not examine the summative measure of treatment outcome but rather focused on the intermediate and formative level concerning perceptions of the treatment environment and the impact of treatment mode on these perceptions. Therefore, it is speculative, at best, to conjecture that treatment outcomes are enhanced by positive perceptions of the treatment environment. A subsequent study is recommended to examine the relationship between the client's perception of the treatment environment and summative measures of treatment outcome.

The study's several limitations need to be addressed. The inability to assign subjects randomly to treatment mode, although controlled for statistically by analysis of covariance, presented a methodological limitation. The narrow demographic slice of subjects (female adolescents), although important because of the sparse amount of literature on female delinquents, limited generalizability of the findings to other populations. The adolescent age cohort, with its natural affinity toward overemphasis on peer relations, may have also skewed the results in favor of group treatment.

Another possible contaminant of the study was the label used for the group counseling mode (positive peer culture). The name implies positive demand characteristics that may well have affected the perceptions of all of the institutionalized delinquents in a favorable direction for group counseling.

TABLE 3
Multiple Classification Analysis of the Clients' Perceptions of the Program and Treatment Dimensions of the Therapeutic Environment by Treatment Mode

	<i>n</i>	Program dimension (grand mean = 16.21)		Relationship dimension (grand mean = 15.89)	
		Unadjusted deviation ETA	Adjusted for covariates	Unadjusted deviation ETA	Adjusted for covariates ^a
Group counseling	28	1.86	2.04	1.94	2.55
Individual counseling	68	-.77	-.84	-.80	-1.05

^aCovariates = client's IQ, age, race, educational level, and length of time in treatment.

The significant differences in clients' perceptions of group counseling versus individual counseling environments raise interesting questions. One may question whether the girls in the group counseling units differed substantially from girls in individual counseling units and whether the differences in environmental ratings were a result of this initial difference. Yet, with the effects of the client's race, age, educational level, IQ, and length of time in the treatment environment controlled for with analysis of covariance, the differences between group counseling clients and individual counseling clients remained highly significant.

One might question the qualities of the group treatment mode that may have contributed to the higher ratings. The advantages of group therapy over individual therapy, as described by Lester and Braswell (1987), include information sharing, role modeling, recognition of similarities with others, reciprocal helping and being helped, support for emotional catharsis, and intimate connection with a family substitute. With the leadership of a competent group counselor, the social learning and bonding that occurs within the group counseling setting may have a positive effect on the girl's perception of reality. The combined advantages of group support, modeling, and socialization may result in a higher degree of involvement, connectedness, and expressiveness (as measured by the CIES relationship dimension). The sense of belonging that is promoted in a counseling group and the feelings of worth that one realizes when able to help others may have positive consequences on the self-esteems, attitudes, and positive outlooks of group members.

The significant relationship between the client's race and perceptions of the program and system-maintenance dimensions of the treatment environment also raises interesting questions. A third of the clients and a third of the counselors were Black, and there was no disproportionate pairing of Black clients with Black counselors (or vice versa). There is no immediate explanation of why White clients have significantly higher ratings of the degree of autonomy, practical orientation, and personal problem orientation that are measured by the program dimension subscale. Neither is it readily apparent why White clients view the institutional environment as having more order, clarity, and staff control, as measured in the system-maintenance subscale. It is recommended that further research examine the impact of race, as well as other demographic variables, on perception and effectiveness of treatment. The other significant relationship between length of time in the institutional setting and perception of the system-maintenance dimension seems more apparent. After the initial adjustment period, institutionalized delinquents probably see the environment as more malleable and informal than they conclude it to be at first blush.

The outcome of this study will, I hope, encourage others to examine more complex interactions between treatment modes, personal factors, and envi-

ronmental factors as they relate to treatment effectiveness. Treatment modes such as social-learning therapies (behavior modification, social skills, and assertion training, etc.) have been found to be effective with some institutionalized youth (Stumphauzer, 1986) and warrant further investigation. These and other treatment approaches need to be compared with individual and group counseling in future studies that evaluate differences in clients' perceptions of the treatment environment and also differences in postrelease outcomes. Interactive studies of independent variables (e.g., the interaction of offender type and treatment mode) on dependent variables such as recidivism, severity of offense patterns, absconding rates, and frequency of delinquent behavior are needed to guide treatment planning. Interactive studies that assess multivariables may have a profound impact on future correctional rehabilitation of delinquent offenders and thus improve the record of correctional treatment that is "not yet good enough."

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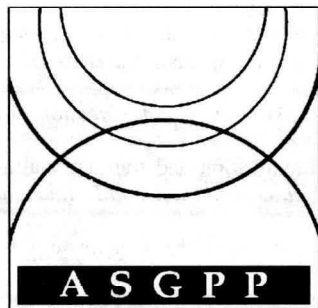
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