

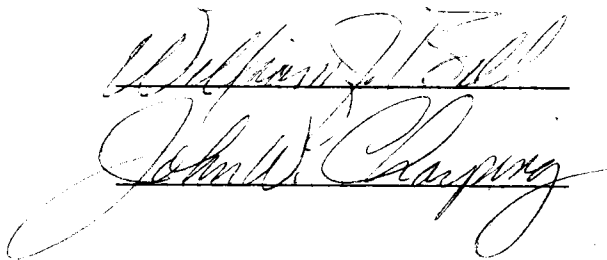
To the Graduate Council:

I am submitting herewith a thesis written by Kathryn Woodcock Rhodes entitled "Content Analysis of the Periodical Literature on Activity Group Therapy from 1965 to 1980." I recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science in Social Work.

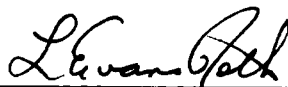


Eldon Marshall, Major Professor

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Vice Chancellor
Graduate Studies and Research

CONTENT ANALYSIS OF THE PERIODICAL
LITERATURE ON ACTIVITY GROUP
THERAPY FROM 1965 to 1980

A Thesis
Presented for the
Master of Science in Social Work
Degree
The University of Tennessee, Knoxville

Kathryn Woodcock Rhodes

June 1982

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ABSTRACT

This study sought to determine the current patterns and trends in activity group therapy with latency-age children. Based on a content analysis of periodical literature from 1965 to 1980, thirty-eight reports of activity group therapy were analyzed along the following dimensions: (1) stated group purposes, (2) social service setting, (3) duration of treatment, (4) group size, (5) leadership arrangements, (6) group composition, (7) group processes attended, (8) degree of structure, (9) activities used, (10) activity setting characteristics of activities used, (11) leadership interventions, (12) methods of evaluation, and (13) experimental designs used.

The following practice trends emerged. Most activity therapy groups were oriented toward increasing behavioral control, improving peer relationships, or attaining a sense of mastery. Activity groups were mostly conducted in elementary schools, residential treatment centers, and child guidance clinics. Groups tended to extend beyond four months in duration and were typically composed of five to six members. Analysis of leadership arrangements revealed a predominant use of co-leaders. More group leaders were social workers compared to other professions. Practitioners tended to select members who were homogeneous with regard to descriptive attributes, heterogeneous in relation to behavioral attributes, or homogeneous in both. Activity group leaders appeared to give more, although limited, attention to

the group processes of norms, cohesiveness, leadership structure, and communication patterns compared to other group dynamics. Substantial variation existed in the degree of structure provided for activity therapy groups. Groups emphasized the use of a variety of games and activities familiar to latency-age children to reinforce rules, promote cooperation, and facilitate interaction among members. While activity group leaders tended to use direct and indirect strategies of intervention, analysis also revealed the use of extragroup interventions. Methods for evaluation of outcome of activity groups included the combined use of observational methods along with standardized behavioral ratings, interviews, and questionnaires. Pre-experimental designs were the most popular research models used with activity therapy groups.

Recommendations offered to advance the practice of activity group therapy included: (1) improved clarity of group purposes and treatment objectives, (2) use of graduate students and paraprofessionals in co-leadership roles, (3) exploration of the potential uses of co-educational groups, (4) identification of small group theory most applicable to treatment groups, (5) exploration of the potential leader intervention with significant others, (6) implementation of more systematic program evaluation, and (7) improvement in the dissemination of information about activity group programs through the reporting of minimal information pertaining to underlying theory, group purpose, group processes attended, methods used, and evaluation procedures.

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CHAPTER I

INTRODUCTION

As children reach school age, they begin to expand their world of relationships previously limited to the family and draw together to play and work in groups. The significance of peer groups at this age is readily observable. As children move into the new environments of school and play groups, they begin to see themselves as others see them. The value of children's social experiences, of organized games and of physical activities is recognized in children's striving for mastery and independence in their expanding social environment.

The acknowledgment of the importance of peer groupings combined with observation that groups hold a greater attraction for elementary school-aged children than one to one counseling experiences has lead to the popularity of treating children in groups (Rose, 1972). Among the major forms of group counseling for latency-age children are the activity oriented approaches (Gazda, 1971). The literature on activity therapy groups presents a diversity in practices using this mode of therapy. The following discussion focuses on the theoretical rationale for activity therapy groups, the nature of traditional activity therapy group models, the diversity of prevailing group practices, and the purpose for this study of activity therapy groups.

Theoretical Rationale for Activity Therapy Groups

The play activities of latency-age children serve as a natural medium for expression. At this age play is usually an attempt on the part of children to master or to clarify their position in relation to the world around them. Erikson (1964) regards play activities as a microcosm through which children deal with the adult world. Axline (1969) takes a similar view when she describes play as helping children become individuals through a medium which can be ordered as children need it to be. Boyd (1971) views children's play activities as attempts to develop social adaptability, ethics, emotional control, and imagination by requiring that children continually adjust to new mental, physical, and social situations to gain satisfaction from the play experience.

Adults use language for expression, but latency-age children are seen to need play as a representation of a configurational reality. Woltman (1964) sees that games and activities give children the means to express themselves and to gain insight through a process of trial and error learning. Thus children are allowed to act out situations which are confusing or disturbing to them. Conceptions of the value of activities for children are expanded by Axline (1969) who views activities as a playing out of accumulated feelings.

By playing out these feelings he brings them to the surface, gets them out in the open, faces them, learns to control them, or abandons them. When he achieves emotional relaxation, he begins to realize the power within himself to be an individual in his own right, to think for himself, to make his own decisions, to become psychologically more mature, and, by doing so, to realize selfhood (p. 16).

Amster (1964) advocates the use of play and action techniques in therapy when she states that:

Provisions of play materials means the provision of a natural means of communication, through which the child's problems may be expressed more readily and treatment more likely to succeed.

In treatment of children, play is always a medium of exchange, and it is comparable to words, the adult's medium of exchange. It is not a therapy in itself anymore than words can be. All therapies require a therapeutic relationship and a medium of exchange. The purpose of the play activity determines its role and importance in treatment. Therefore, play as a medium differs from play as a technique even as words differ from any purposive use of them. Play is a technique when it is used in treatment for definite diagnostic and therapeutic purposes (p. 12).

The therapeutic values of play are highlighted by Amster (1964).

Play can be used to gain a diagnostic understanding of children.

Through play activities, one can observe children's capacities to relate to themselves and to others, their abilities to cope with new situations, their attitudes and feelings, and their perceptions of themselves, all helping to promote an understanding of children's problems and how they see them. Play can be used to establish a working relationship with younger children who lack the facilities for verbal expression and with older children who demonstrate an inability to articulate thoughts and feelings. Play is useful in breaking an impasse in treatment as children resist discussion of conscious materials and feelings. Play is seen to have a cathartic usefulness in dealing with symbolic material important to children. Finally, play can also be used therapeutically to develop children's activity interests which can carry over into their daily lives and which will strengthen them for future life experiences.

Thus far, discussion has focused on the value of play without regard to its use in treatment groups. Slavson (1947) contends that the importance of play in activity oriented group therapy resides in its provision for the:

Spontaneous discharges of drives, diminution of tensions and reduction of anxiety through physical and emotional activity in a group setting. . .and through free interaction with fellow members that leads to a variety of relationships. Interpersonal situations constantly arise through which each discharges tensions, expresses emotions, discovers limitations, builds ego strengths, finds some status for self, develops relationships and a limited degree of derivative insight (p. 34).

To accomplish these tasks within the activity group, children are provided with a tangible social reality with which they can deal in accordance to their expanding abilities. Through experience in a therapeutic group, modifications may occur in children's behaviors. They can gain the strengths and facilities for dealing with others and themselves.

The benefits of group treatment for latency-age children are similar to those of group treatment with other client populations. Gazda (1971) describes group treatment as presenting children with a wide range of relationships providing many sources of feedback regarding attitudes and behaviors. Through the context of the group, children can explore different styles of friendship and can experiment with new forms of communication with others. The variety of problems presented in the group by other members allows children an opportunity to observe these as well as the procedures to cope with them. This provides children with increasing possibilities for problem resolution and a relatively safe environment in which to try

out new behaviors and experiment with possible changes. Group treatment gives children an outlet for experimenting with leadership roles and for learning how to give as well as to receive help.

The group may also provide a vehicle through which children can see changes in themselves and in their behavior. Slavson (1950) refers to the concept of derivative insight where children are able to gain "the understanding of one's self and one's own behavior and impulses through the spontaneous psychologic evolvement of the individual" (p. 61). Through the process of the group, children experience critical events which integrate and reinforce their newly acquired capacity to cope with situations. As children gain a feeling of status in the group and social success through their manual skills, they begin to develop an understanding of their problems and see themselves in a new light.

The group therapy process forces children to become aware of social stimuli and provides a stimulus for the development of more socially acceptable and personally rewarding behaviors. Treatment activities provide a creative outlet for the expression of feelings and allow children the opportunity to demonstrate how adequately they are dealing with the demands of their world. Activities are seen as an important factor in changing the behavior of both the individual group members and the behavior of the group (Redl and Wineman, 1957).

Traditional Activity Therapy Group Models

Activity group approaches recognize that group games and activities are a natural medium through which latency-age children

can communicate with spontaneity. Traditional forms of activity therapy groups are closely aligned with the model described by Slavson (1947). In its traditional form, an activity group stresses the expression of feelings through play and action and a permissive atmosphere with an accepting adult to promote regression. The child's attraction to social interaction and the desire to be accepted by peers are seen as potent determinates of cohesiveness and group identification. The interaction of children with the therapist and with each other constitutes the major therapeutic ingredient. A typical group is composed of five to eight children carefully selected to achieve a favorable group balance. Thus, an activity therapy group is likely to be composed of children demonstrating a variety of behavioral problems. Activities used typically include art and crafts, table games, and outdoor activities such as field trips. Activities must be appropriate to the age and sex of the child who can then engage in purposeful, experimental, and creative interests.

The goals of more traditional forms of activity therapy groups are to give children an opportunity to achieve substitute satisfactions through acting out of impulses, to experience sublimative activity, to gain group status and recognition for achievement, and to experience unconditional love and acceptance from an adult. Treatment is concerned with increasing self esteem, dealing with problems of authority and sibling rivalry, accepting success and defeat, coping with competing individual demands inevitable in the group setting,

reinforcing positive self-identification, and overcoming social fears (Slavson and Schiffer, 1975).

One way that children learn is through modeling the behaviors of others. In traditional forms of activity therapy groups, identification is exerted through the group leader, the group members, and through a combination of both as a recapitulation of the child's family. The group leader develops a warm trusting relationship with the group members and demonstrates a preferred way of behaving, relating, and problem solving in the group (Rosenthal, 1977). As the group matures, the child begins to learn that rewards of acceptance from a trusted adult and positive inner feelings are greater than those of selfish behavior (Slavson and Schiffer, 1975). Peers are chosen for attributes of mutual helpfulness so that each child may be involved in the process of identification to help other group members overcome their difficulties (Slavson, 1947). In addition to the modeling opportunities available through the behavior of the group leader and group members, the group itself serves as a symbolic representation of the child's family (Slavson, 1947). Regression is promoted through the accepting attitude of the group leader which allows group members to express themselves without fear of retaliation. The child in an activity therapy group comes to view the group leader as an ideal parent and the other group members as siblings. Through the symbolic family of the group, a child is seen to re-live and successfully resolve early life experiences.

Modifications in the Activity Therapy Group Model

The concept of using group games and activities as a medium for exchange has been adopted by practitioners for use in groups with diverse purposes in a variety of settings serving different populations of latency age children.

Scheidlinger (1965) designed an activity therapy group model for children who have suffered emotional deprivation in their early lives. These children exhibit deficiencies in reality testing, in judgment and in impulse control. After an initial stage of "guided gratification" these groups are noted as going through a period of controlled "regression" where pathological perceptions and behaviors are re-lived to be followed by a final stage of "guided-upbringing" where reality oriented behaviors are fostered.

Groups for aggressive children with a wide range of disruptive behaviors and inadequate impulse control require modifications in the application of an activity therapy group approach. Epstein and Altman's "Common Sense Club" (1972) and Ganter and Yeakel's (1965) "Intermediary Group Treatment" provide a structured group environment by the group leader establishing physical and verbal limits for group behavior. Aggression can be expressed without fear of retaliation and identification with authority is fostered. The teaching of specific problem solving skills serves to build self esteem and a sense of mastery. The goal of these groups is to replace action with emotionally meaningful discussion.

Slavson and Schiffer (1975) present an activity-interview model of group therapy designed as an insight oriented treatment for

neurotic children. Activities used in these groups allow children to experience the surfacing of internalized thoughts and feelings through play. The group leader intervenes with verbal observations, reflecting the child's remarks by relating the child's momentary feelings, attitudes, and behavior to similar responses which may have occurred at other times. Slavson and Schiffer note that a co-educational group with male and female co-leaders can be helpful to latency-age children in working through oedipal problems.

Other reports describe the combined use of activities and discussion in structured formats for short term treatment groups. Lewis and Weinstein (1978) used activities followed by discussion of what happened during the activity to promote skills in peer relationships. Dannefer, Brown, and Epstein (1977) found that activities provide a means for learning basic social skills while discussion allows for immediate reinforcement for more functional types of behaviors in interpersonal situations.

Van Scoy (1976) designed a modified activity therapy group for children in residential treatment centers. Rather than trying to achieve a balance in group composition, these activity groups addressed a single problem area similar among group members. The group members were aware of the specific focus of the group including the particular problem area to be addressed.

Activity groups have been used in elementary school settings to help children learn decision making skills, accept responsibility, and improve peer relationships (Hillman, 1975; Komechak, 1971). In these groups activities are usually task oriented in nature. Groups

are divided into time for play and discussion and there is an increased use of interpretation and confrontation by the activity therapy group leader.

Churchill (1965) reported the use of short term play and activity groups for diagnostic purposes. In a series of four sessions, six children, no more than two years apart in age and of the same sex are observed to assess how the children react to new situations with other children and adults, what they use to help them cope with their anxieties and how they deal with verbal discussion and activity.

Diversity in the Practice of Activity Group Therapy

As the preceding summary documents, there have been a number of adaptations of the traditional model of activity therapy groups. Adaptations in activity therapy groups have been designed to meet the needs of specific populations served by the group. The specific modifications made vary in kind and are influenced by a number of factors.

Activity therapy group models have been used in a variety of social service settings. The institutional setting dictates what modifications in the model are viable for a given group (Frank and Zilbach, 1968).

Traditional activity therapy groups are considered to be long term with groups continuing from eighteen months to two years. Churchill (1965) describes a modified form of activity therapy for diagnostic purposes lasting four weeks. Other reports discuss the use of short term groups eight to ten weeks in duration (Dannefer et al., 1975;

Lewis and Weinstein, 1978) indicating that the duration of activity therapy groups is widely varied.

The size of the group should be considered in terms of the group leaders' need to control group interaction. A large number of children presents fewer opportunities for the development of close relationships among children and with the group leader. Gazda (1971) recommends that activity groups be comprised of five to seven members but others have reported using groups with as few as four members (Clement and Milne, 1967) and as many as ten (Wodarski, Rubeiz, and Feldman, 1974).

Activity groups are typically conducted by professionals trained in psychotherapy working either individually (MacLennan, 1977; Slavson and Schiffer, 1975) or conjointly (Dannefer et al., 1975; Issacs, 1977). Other studies report the successful use of paraprofessionals as aides in a co-leadership configuration (Marshall and Pawlak, 1979; Van Scoy, 1976).

Activity therapy groups are often used in settings which do not have a client population of sufficient number or variation to allow for a range of personality types for balanced group composition (Frank and Zilbach, 1968; MacLennan, 1977). Activity therapy groups lacking a balanced composition may be modified to increase controls for the group through the addition of a co-leader (Epstein and Altman, 1972; Pasnau, Williams, and Tallman, 1971), dividing play and discussion, increasing the use of confrontation and interpretation (Epstein and Altman, 1972), and through the selection of activities (Virshup, 1975).

The structure of the group provides boundaries and rules for group members. Through structuring, children learn that certain situations require specific behaviors, attitudes and roles. Models for activity therapy groups range in level of structure provided. At one end of the continuum are unstructured groups where group leaders have generalized goals for the group, generate a degree of ambiguity as to roles and expectations, and hold members responsible for their own behaviors (Anderson and Marrone, 1977). In contrast, highly structured groups are considered to be those where group leaders have specific goals for each member, define the roles of children in the group, and have an agenda for the life of the activity therapy group (Wodarski, Feldman and Pedi, 1976).

A wide range of games and activities are used in activity therapy groups. In addition to activities such as arts and crafts and field trips traditionally associated with activity therapy groups, reports indicate the use of team sports (Wodarski et al., 1976), table games such as cards, chess, and checkers (Egan, 1975); role plays (Mishne, 1971), videotape recordings (Van Scoy, 1972), and simulation games (Anderson and Marrone, 1977).

Several factors are taken into consideration when selecting activities for use in groups. Vinter (1974b) demonstrates that predictions regarding expected member behavior can be made by noting the internal structure of an activity. Activities requiring a high degree of order in behavior for participation tend to be less attractive, constrict behavior, and result in fatigue. An emphasis on formal rules is likely to increase group pressures to conform, decrease

innovative behavior, and increase dependency on one or two members. Activities which require greater physical movement lead to the increased likelihood of participant interaction. A high degree of competence required for participation in the activity shifts rewards from external to intrinsic sources, increases task orientation, and decreases participant interaction. Increasing the requirement for interaction between group members results in high involvement in the activity. Facilitating interaction may lead to cooperation while hindering interaction may result in competition. The reward structure of an activity determines attraction to the activity, competition among group members, and the degree of group cohesiveness. Whittaker (1976) illustrates how the internal structure of activities relates to individual variables in the selection of activities for the group. The level of a child's competence to participate in the activity, including physical coordination, as well as specific athletic, mechanical and craft skills needs to be assessed to focus on what the child is capable of doing. The child's motivational level affects how successfully the activity will be completed. The youngster's ability for self control of behavior at a given time also determines the type of activity used. Here activities may be chosen for the specific purpose of increasing control of the child's behavior within the context of the group.

Reports on activity therapy group models indicate some variation in leadership interventions used. Most activity therapy group leaders attempt to effect change through interaction with the members of the group and by modifying group conditions which subsequently

affects one or more members. Other reports emphasize the group leader's role in attempting to influence the child's environment (Egan, 1975; Epstein and Altman, 1972; Wodarski et al., 1976).

Rose (1972) cites a major concern with activity therapy groups is that they do not lend themselves to evaluation. There are some examples, however, of attempts to evaluate the outcome of activity therapy groups on a more indepth level, moving beyond descriptions of process (Barcai, Umbarger, Pierce, and Chamberlain, 1971; Hillman, 1974; Issacs, 1977; Pasnau et al., 1971).

While activity therapy groups continue to be an established mode of treatment with latency-age children, there is a wide range of variation in practice as the modality is applied to varied populations of children. Given the prevailing diversity in practices of activity therapy group models over the past fifteen years, there is a need for a systematic analysis of the literature to determine more precisely the emerging patterns and trends that exist in the use of these groups.

Purpose of the Study

While the literature reflects a variety of prevailing models of activity therapy groups and substantiates variability in the conduct of these groups, there has been no clear study to date that attempts to systematically analyze the diversity in practice with activity therapy groups to determine more precisely variations in the use of this treatment modality. This study seeks to determine and analyze patterns and trends in the practice with activity therapy groups through a content analysis of the reported application of activity therapy groups found in periodical literature spanning the years 1965

to 1980. The analysis serves to highlight the direction of activity therapy group approaches used in the treatment of latency-age children as well as appraise strengths and weaknesses in the application of this modality of treatment. Additionally, the literature survey will hopefully serve to stimulate adaptations and innovations in group counseling practice and research.

Questions for Study

Focusing on activity therapy groups with latency-age children, the survey seeks to determine patterns and trends in practice along the following dimensions:

1. Stated group purposes.
2. Social service setting of the group.
3. Duration of group treatment.
4. Group size.
5. Leadership arrangements.
6. Group composition.
7. Group processes attended.
8. Degree of structure used.
9. Activities employed.
10. Activity setting characteristics of activities used.
11. Leadership interventions.
12. Methods of evaluation of outcome.
13. Experimental designs used.

Definitions

The preceding dimensions have been defined as follows:

1. Activity group refers to a therapeutic group composed of four to ten children, six to twelve years of age, in which activities are used as the context and/or means of furthering behavioral change and attainment of treatment goals for individual members.
2. Group purposes consist of the explicitly stated overall objectives for activity therapy groups and individual members.
3. Duration of the group refers to the length of time that members participate in the group. This includes both open ended groups where the life of the group continues while membership changes and closed groups where the membership remains the same from the beginning to termination of the group.
4. Social service setting refers to the type of agency in which activity therapy groups are conducted.
5. Size consists of the number of members in the activity therapy group.
6. Leadership arrangements refers to whether there are one or co-leaders for the activity therapy group and to the professional discipline of the group leader defined as the educational training and/or job title of the group leader(s).
7. Group composition refers to whether group members are homogeneous or heterogeneous in regard to both behavioral and descriptive attributes.

8. Group processes refer to specific interchanges of group members that are related to goal attainment and group maintenance.
9. Degree of group structure is defined as the extent to which group leaders engage in leadership activities to influence specific group processes.
10. Activities consist of games and materials used in groups and considered to be integral to the therapeutic process.
11. Activity setting refers to the five dimensions including the competence required to engage in a given activity, the extent of physical movement required, the degree of institutionalized controls, the extent to which participant behaviors are ordered, and the degree to which an activity provokes interaction among participants.
12. Leadership interventions are defined as specific actions taken by the activity therapy group leaders to move groups toward goal attainment and group maintenance.
13. Methods of evaluation refer to means and the specific instruments used to measure outcome and group effectiveness.
14. Research designs refer to the experimental models used in evaluating a given activity therapy group program and includes pre-experimental, quasi-experimental, and true experimental designs.

CHAPTER II

RESEARCH DESIGN AND ANALYSIS

This chapter describes the research design, presents the framework used for analysis of the literature, and outlines the system for presentation of the data.

Research Design

This study seeks to determine the nature of patterns and trends in the use of activity group therapy with latency-age children as reflected in the periodical literature. The analysis is based on a survey of thirty-eight reports (Appendix A) from twenty-two periodicals (Appendix B) spanning 1965 to 1980. Although the body of literature dealing with activity group therapy predates 1965, the reporting of adaptations and modifications in traditional models of activity group therapy begins to accelerate during the mid-1960's. For this reason, 1965 was chosen as the starting date for the literature survey. The journals surveyed consist of those with a publication emphasis on group treatment and treatment with children.

Thirty-eight reports that described the application of activity group therapy were found appropriate for inclusion in the analysis. Reports were selected based on the description of a group modality of treatment for latency-age children where activities were emphasized as a primary therapeutic agent for change. Included in the survey were articles describing groups composed of four to ten children, six to

twelve years of age in which activities were used as a major context and/or means for furthering behavioral change and the attainment of treatment goals for individual members. Groups utilizing behavior modifications techniques as a primary mode of treatment were excluded from the survey since these approaches constitute a modality distinctly different from more traditional forms of activity group therapy (Scheidlinger, 1977).

Framework for Analysis

The framework used in analyzing the literature consisted of an adaptation of the analytic system used by Gazda and Larsen (1968) in their appraisal of group counseling research. Accordingly, each report on the application of activity therapy groups was analyzed along the following dimensions: (1) stated group purposes, (2) social service setting of the group, (3) duration of group treatment, (4) group size, (5) leadership arrangements, (6) group composition, (7) group processes attended, (8) the degree of structure, (9) activities used, (10) activity setting characteristics of activities used, (11) leadership interventions, (12) methods of evaluation, and (13) experimental designs used.

Presentation of the Data

Information from each report was abstracted in accordance with a prescribed format along the given dimensions. The discussion that follows presents the framework used in analyzing information from each report surveyed.

Stated group purposes. Each explicit statement of group purpose

was classified in relation to whether the statement of purpose referred to anticipated improvements in the areas of: (1) behavioral control, (2) peer relationships, (3) attaining a sense of mastery, (4) academic performance, (5) relationships with adults, and (6) diagnosing individual problems.

Social service setting. Designated social service settings for the implementation of activity therapy groups were recorded and ranged the following kinds of organizations: (1) elementary schools, (2) residential treatment centers, (3) child guidance clinics, (4) family and children's services, (5) outpatient psychiatric clinics, (6) mental health centers, and (7) community centers.

Duration of group treatment. Duration of the group was analyzed in relation to the following categories: (1) 104 to fifty-two weeks, (2) fifty-one to thirty-five weeks, (3) thirty-four to nineteen weeks, (4) eighteen to eight weeks, (5) seven to four weeks, and (6) no reference.

Leadership arrangements. Leadership arrangements were analyzed in relation to whether activity therapy groups surveyed had one leader or a co-leadership configuration. The professional discipline of the group leader(s) was listed and included the following: (1) social workers, (2) child psychiatrists, (3) child psychologists, (4) guidance counselors, (5) psychiatric nurses, (6) child care workers, (7) activities workers, (8) teachers, (9) art therapists, (10) psychiatric residents, (11) social work students, (12) counseling students, and (13) no reference. The frequency of reference for each

category of professional discipline was noted in relation to the group leadership roles of group leader, or in the case of a co-leadership configuration, primary leader and co-leader.

Group composition. Group composition was analyzed in relation to whether the mix of group members was: (1) homogeneous for descriptive attributes--homogeneous for behavioral attributes, (2) homogeneous for descriptive attributes--heterogeneous for behavioral attributes, (3) heterogeneous for descriptive attributes--homogeneous for behavioral attributes, (4) heterogeneous for descriptive attributes--heterogeneous for behavioral attributes, and (5) no reference. Descriptive attributes classified an individual as to age, sex, grade level, socioeconomic status and race. Behavioral attributes referred to the predicted way a group member would act based on past actions such as underachievement, social isolation, or the exhibition of antisocial or psychotic behaviors.

Group processes attended. The nature of group process given attention by leaders of activity therapy groups was determined by the frequency of references to the following group process categories as defined by Rose (1972). Cohesiveness referred to the personal liking of group members for each other and for the group. Group norms consisted of the explicit or implied statements made by members of the group which indicated that members should behave in certain ways under certain circumstances. Leadership structure consisted of the patterns of distribution of a set of behaviors assumed by the group members which facilitate group maintenance or

attainment. Communication patterns referred to the distribution of verbal and non-verbal interactions of members within the group.

Degree of structure. The degree of structure used in activity therapy groups was determined by ranking each group as having either a low, moderate, or high degree of structure. Groups considered to have a low degree of structure had generalized goals for the group, allowed for a degree of ambiguity in the roles and expectations of the group members, and held members responsible for setting limits on behavior in the group. A moderate degree of structure was reflected in activity therapy groups with specified group goals, a defined leadership role for setting norms and behavioral limits through confrontation of group members, and the use of a predefined format for the group. Activity therapy groups considered to have a high degree of structure evidenced specific goals for the group and for individual members of the group, had defined roles and behavioral expectations for group members, used a predefined format, and had an agenda for the life of the group.

Activities used. The frequency of references to activities used was classified into the following categories: (1) drawing projects, (2) role plays, (3) videotape recordings, (4) crafts, (5) field trips, (6) competitive sports, (7) individual sports, (8) table games, (9) simulation games, and (10) unstructured play.

Activity setting characteristics of activities used. In order to learn more about the unique characteristics of activities used, each activity was subjectively rated by the researcher as high,

moderate, low, or variable for five categories of activity setting characteristics (Vinter, 1974b). Prescriptiveness referred to the degree to which behaviors for participation in an activity require order. Institutionalized controls indicated the degree to which rules for an activity influence participants behavior. Provisions for physical movement referred to how much the participant must move about during the activity. Competence required consisted of the minimal level of skill required to perform an activity. Participant interaction indicated the degree to which an activity promotes verbal or nonverbal contact among group members.

Leadership interventions. The analysis of leadership interventions was based on the frequency of references to the activity therapy group leaders use of three major categories of intervention (Vinter, 1974a). Direct interventions consisted of those leader actions intended to effect change through immediate interactions with group members. Indirect interventions consisted of leader actions oriented to modify specific group processes which would in turn affect one or more group members. Extragroup interventions were leader actions taken to influence nongroup members whose behavior affects one or more members of the group.

Methods of evaluation. Methods of evaluation employed by leaders of activity therapy groups were analyzed in terms of the frequency of references to the following evaluation methods: (1) behavioral observations, (2) behavioral ratings, (3) interviews and questionnaires, and (4) assessment of academic performance.

Experimental designs used. Experimental designs used in the studies surveyed were classified in relation to the following framework established by Campbell and Stanley (1964). Pre-experimental designs were those in which either a posttest or pre- and posttest was obtained for a group undergoing treatment. Quasi-experimental designs were those in which groups were neither matched or nor formed through randomization but a pretest posttest measure of one or more control groups was employed. True experimental designs were characterized by the matching or randomized selection of subjects for experimental and control groups. In addition, there was a category for no reference to experimental design used.

CHAPTER III

PRESENTATION OF RESULTS

This chapter presents and discusses the analysis of data and findings from those reports on activity therapy groups included in the survey.

Stated Group Purposes

As seen in Table 1, among the references to group purpose the most frequently stated purpose of activity therapy groups referred to increasing members' abilities for behavioral control. The fourteen reports indicating behavioral control as a group purpose were aimed toward increasing prosocial behaviors or decreasing anti-social behaviors exhibited at home or in the classroom. Improving peer relationships accounted for ten references to stated group purpose. The remaining references to group purpose centered on attaining a sense of mastery, improving academic performance, improving relationships with adults, and using activity groups as a tool for diagnosing individual problems.

Social Service Setting

Reflecting the social service setting in which activity groups were conducted, Table 2 reveals that most activity therapy groups were conducted in either elementary schools, residential treatment centers, or child guidance centers. Of the remaining references to social service setting, outpatient psychiatric clinics and community

mental health centers were each noted in three reports. Three reports noted that activity therapy groups held in elementary schools were actually sponsored by community mental health centers. The remaining reports cited either family and children's services or community centers as the social service setting.

TABLE 1. Stated Purposes of Activity Therapy Groups

Nature of Stated Group Purpose	Frequency of Reference
Increasing Behavioral Control	14
Improving Peer Relationships	10
Attaining a Sense of Mastery	7
Improving Academic Performance	4
Improving Relationships with Adults	2
Diagnosing Individual Problems	1
Total	38

TABLE 2. Social Service Setting of Activity Therapy Groups

Social Service Setting	Number of References
Elementary Schools	10
Residential Treatment Centers	9
Child Guidance Clinics	9
Outpatient Psychiatric Clinics	3
Mental Health Centers	3
Family and Children's Services	2
Community Centers	2
Total	38

Duration of Treatment

As seen in Table 3, the duration for activity therapy groups ranged from 104 to four weeks. Eleven reports did not specify the duration. Among those activity therapy groups surveyed, there was a tendency to extend beyond four months in duration. References as to the use of closed- or open-ended groups were noted for the reports surveyed. An obvious preference for the use of closed- over open-ended groups was found, with only five reports indicating the use of the latter.

TABLE 3. Duration of Treatment for Activity Therapy Groups

<u>Duration of Treatment</u>	<u>Frequency of Reference</u>
104-52 Weeks	6
51-35 Weeks	6
34-19 Weeks	5
18-8 Weeks	9
7-4 Weeks	3
No Reference	11
Total	38

Group Size

The size of activity therapy groups included in the analysis ranged from ten to three members. As shown in Table 4, a clustering around three to five members was prevalent with the mode found to be five to six members. Six reports made no mention of group size.

TABLE 4. Size of Activity Therapy Groups

Group Size	Frequency of Reference
Three to Four Members	10
Five to Six Members	15
Seven to Eight Members	5
Nine to Ten Members	2
No Reference	6
Total	38

Leadership Arrangements

Of those reports surveyed, twenty indicated that the group was conducted by one leader; and eighteen groups used a co-leadership arrangement. An analysis of the professional discipline of the group leader(s), presented in Table 5, reflected trends in the use of activity therapy groups by those in the helping professions. With a few exceptions, most group leaders represented professional disciplines requiring post-graduate training. Social workers were found most frequently in all three roles of group leader, primary leader and co-leader. The co-leadership role was typically filled either by graduate students or by paraprofessional staff who had direct day to day contact with group members. Of the former, social work students were more likely to be co-leaders than those receiving post-graduate training in other professional disciplines. Of paraprofessional staff, child care workers were found to most frequently occupy the co-leader role. Five reports did not specify the professional discipline of the group leader.

TABLE 5. Leadership Roles and Arrangements and Professional Discipline of Activity Therapy Group Leaders

Professional Discipline	Leadership Roles			Total
	Group Leader	Primary Leader	Co-Leader	
Social Workers	6	9	6	21
Child Psychiatrists	2	2	1	5
Child Psychologists	3	1		4
Guidance Counselors	3	1		4
Psychiatric Nurses		1		1
Child Care Workers			3	3
Activities Workers			1	1
Teachers			1	1
Art Therapists			1	1
Psychiatric Residents		1	1	2
Social Work Students			3	3
Counseling Students			1	1
No Reference				5
Total	16	15	18	53

Group Composition

Table 6 illustrates patterns in selection of membership for activity therapy groups. The composition of groups included in the survey tended to be either homogeneous in regard to descriptive attributes and homogeneous for behavioral attributes or homogeneous with respect to descriptive attributes and heterogeneous for behavioral attributes. There appeared to be a slight preference for composing groups of members with complementary behavioral strengths and weaknesses as opposed to selecting members based on similarities of behavioral problems. A consistent trend toward the selection of group members based on similar descriptive attributes emerged. Four reports surveyed made no references to group composition.

TABLE 6. Composition of Activity Therapy Groups in Relation to Descriptive and Behavioral Attributes of Group Members

Behavioral Attributes of Group Members	Descriptive Attributes of Group Members			Total
	Homogeneous	Heterogeneous	No Reference	
Homogeneous	14			14
Heterogeneous	17	3		20
No Reference			4	4
Total	31	3	4	38

The descriptive attributes taken into consideration in the composition of activity therapy groups were found to be age, sex, and socioeconomic status. The most predominant trend revealed was for groups to be composed of children of the same sex. As seen in Table 7, twenty three reports surveyed described activity therapy groups composed of latency-age boys, while only one report discussed a group for girls. Seven reports presented models described as applicable for either boys or girls. Only three reports discussed activity therapy groups composed of both male and female children.

TABLE 7. Sex Composition of Activity Therapy Groups

Sex of Group Members	Frequency of Reference
Male	23
Female	1
Male or Female	7
Male and Female	3
No Reference	4
Total	38

Group Process Attended

There was variation as to the extent to which reports of activity therapy groups discussed matters pertaining to group process. Ten reports made no mention of group processes. Those that did varied in the specific processes singled out for discussion. Cohesiveness was discussed in thirteen of the reports. Ten reports noted that group attraction and identity were established by referring to the group as a club to promote a sense of "weness." In some groups cohesiveness

was also promoted through members' attraction to the materials and activities provided in the group. Group norms were discussed in seven reports and were reportedly established by the setting of initial limits which were later adopted by the group. A variety of group norms were listed pertaining to the following: no fighting, respecting property, sharing with other group members, staying in the room, staying seated during discussion, participating in activities and discussion, listening while others were speaking, and providing feedback for other group members. Four reports described how members set their own limits for behavior by developing rules for behavior during activities. Four reports recognized group members' abilities to assume positive leadership roles with peers and referred to operating procedures within the group which promoted democratic decision making. Seven reports referred to communication patterns within the group by focusing on the formation of subgroups, competition between subgroups, and individual levels of verbal participation. The nature and frequency of references noted in the eighteen reports attending to group processes are presented in Table 8. Though reports tended to mention more than one category of group process, no patterns emerged as to whether reports addressing one type of group process would also place emphasis on another.

TABLE 8. The Nature and Frequency of References to Group Processes

Group Processes	Frequency of References
Group Norms	7
Cohesiveness	13
Leadership Structure	4
Communication Patterns	7
Total	31

Degree of Structure

Table 9 represents an analysis of the degree of structure used in activity therapy groups. There was a tendency for groups to cluster at either end of the continuum in regard to the degree of structure provided. Sixteen reports described groups with a low degree of structure. These groups were characterized by having generalized goals for the group, a degree of ambiguity as to the roles and expectations for group members, and holding group members responsible for setting limits on behavior in the group. Fifteen reports discussed groups with a high degree of structure. These groups were seen to have specified goals for the group and for individual group members, defined roles and behavioral expectations, a predefined format for the group, and an agenda for the life of the group.

TABLE 9. Degree of Structure Provided in Activity Therapy Groups

<u>Degree of Structure</u>	<u>Frequency of Reference</u>
Low	16
Moderate	7
High	15
Total	38

Activities Used

Table 10 reflects the kinds of games and activities used in the variety of activity therapy groups surveyed. Drawing projects and crafts accounted for one third of the activities referenced. Table games and role plays were discussed in eight of the reports. Competitive sports and simulation games were each mentioned in six reports. Individual sports and field trips were discussed in three and four reports, respectively. One report utilized videotape recordings as a group activity. Unstructured play was presented as a group activity in only one report.

Activity Setting Characteristics of Activities Used

The framework for analysis of activities developed by Vinter (1974b) was applied in analyzing the characteristics of activities used in activity group therapy. The model assumes that individual and group behavior stimulated in a given activity is influenced by specific properties or characteristics unique to that activity.

TABLE 10. Frequency of References for Activities in Activity Therapy Groups

Activities Used	Frequency of Reference
Drawing Projects	9
Role Play	8
Puppets	
Dramatic Plays	
Pantomime	
Videotape Recordings	1
Crafts	10
Plastic Models	
Leather Kits	
Enamel Jewelry	
Field Trips	4
Airports	
Restaurants	
Nature Hikes	
Competitive Sports	6
Pingpong	
Bowling	
Pool	
Basketball	
Football	
Hockey	
Individual Sports	3
Swimming	
Push Ups	
Table Games	8
Cards	
Puzzles	
Chess	
Checkers	
Simulation Games	6
Unstructured Play	1
Total	56

Table 11 presents a profile of the characteristics of each activity rating the different activities as either high, medium, low, or variable for each of the five dimensions. As can be seen, many of the activities used reflected a high level of institutionalized controls governing participant activity. Controls were exercised by the group leader or by the rules and shared norms relevant to the activity. Activities typically provided for a high degree of physical movement. Drawing projects, crafts, and table games promoted movement of the upper body parts while other activities required movement of the whole body. Many activities utilized tended to require a low to medium level of competence for participation. With the exception of the use of videotape equipment, most activities used were considered to be familiar to latency-age children. Most children of this age would typically have some ability to participate in the given activity based on experience acquired in natural peer play groups. In some cases games were modified to decrease the level of competence required. Most activities also promoted a medium to high level of verbal and nonverbal interaction among members. Drawing and craft projects, typically requiring a low level of interaction, were conducted with limited materials to initiate sharing behaviors. There was variation seen in the prescriptiveness of the activities used. Activities were considered to be either high or low in relation to the degree of order of behavior for participation.

TABLE 11. Activity Setting Dimensions Characterizing Activities Used

Activity Setting Dimensions					
Activities	Prescriptiveness	Institutional- ized Controls	Provisions for Movement	Competence Required	Participant Interaction
Drawing Projects	High	High	High	Variable	High
Role Play					
Puppets	Low	Low	High	Low	High
Dramatic Plays	Low	Low	High	Low	High
Pantomime	Medium	Low	High	Low	High
Videotape Recording	High	Medium	High	Medium	High
Crafts					
Plastic Models	High	High	High	Variable	Low
Leather Kits	High	High	High	Variable	Low
Enamel Jewelry	High	High	High	Variable	Low
Field Trips					
Airports	Low	Medium	High	Low	Medium
Restaurants	Low	Medium	High	Low	Medium
Nature Hikes	Low	Medium	High	Low	Medium
Competitive Sports					
Pingpong	High	High	High	Medium	High
Bowling	High	High	High	Medium	High
Pool	High	High	High	Medium	Medium
Basketball	High	High	High	Medium	High
Football	High	High	High	Medium	High
Hockey	High	High	High	Medium	High

TABLE 11 (continued)

Activities	Activity Setting Dimensions				Participant Interaction
	Prescriptiveness	Institutional- ized Controls	Provisions for Movement	Competence Required	
Individual Sports					
Swimming	Low	Low	High	Low	Variable
Push Ups	Low	Low	High	Low	Low
Simulation Games	Low	High	Variable	Low	High
Table Games					
Cards	High	High	High	Low	High
Puzzles	High	High	High	Low	Variable
Chess	High	High	High	High	High
Checkers	High	High	High	Moderate	High
Unstructured Play	Low	Low	High	Low	Variable

Leadership Interventions

An analysis of leadership interventions was conducted by applying the frame of reference developed by Vinter (1974a). This framework notes that the interventions of the group leader can be broadly categorized as direct, indirect and extragroup related. As Table 12 reveals, there is a fairly equal emphasis on direct and indirect leadership interventions, cited in twenty-six and twenty-nine reports, respectively. The twelve reports describing extragroup interventions included eight references to contact with parents, five interventions with school personnel, and three with other social service staff. Sixty percent of the reports surveyed discussed using more than one category of leadership intervention. The most prevalent combination was the use of both direct and indirect leadership interventions as referenced in seventeen reports. Of these, seven reports described group leaders using all three categories of intervention. Three reports cited the group leaders intervening both directly and on an extragroup level. Two reports indicated a combination of extragroup and indirect interventions. Thus, there was a tendency for extragroup interventions to be referenced more frequently in reports of activity therapy groups describing the use of both direct and indirect means of intervention as opposed to reports referring to only one or the other.

TABLE 12. Leadership Interventions Used in Activity Therapy Groups

Leadership Interventions	Frequency of Reference
Direct	26
Indirect	29
Extragroup	12
Total	67

Methods of Evaluation

As seen in Table 13, inferences concerning the outcome of activity therapy groups were made using a variety of methods of evaluation. There was a trend toward the use of behavioral observation as an evaluation method. Thirty-seven reports indicated the use of behavioral observation of the group leader. Forty-two percent of the reports surveyed relied exclusively on this method. Two reports indicated the use of independent observers. The remaining reports surveyed reflected the use of behavioral observation in combination with other evaluation methods. Interviews with teachers were used in six programs. Three reports referred to the use of interviews with parents. Self evaluation of group members was a method reportedly used in three activity therapy groups. Behavioral ratings completed by parents were discussed in three reports. Three reports inferred change in behavior due to participation in activity therapy groups based on assessment of academic performance. Four reports referred to the use of established instruments for measuring group member

change: the Witchita Behavioral Checklist, grade point averages, and an IQ subtest. The remaining reports referred to the use of self designed standardized instruments in the evaluation of activity therapy groups.

TABLE 13. Methods Used in the Evaluation of Outcome for Activity Therapy Groups

<u>Methods of Evaluation</u>	<u>Frequency of Reference</u>
Behavioral Observations	
Observations of the Group Leader	37
Observations of an Independent Observer	2
Behavioral Ratings	
Parent Ratings	1
Parent Ratings after Six Month Interval	1
Witchita Behavioral Checklist	1
Interviews and Questionnaires	
Teacher Reports of Classroom Behavior	5
Teacher Questionnaire on Group Effectiveness	1
Parent Reports	1
Parent Reports after Time Interval	2
Self Evaluation by Group Members	3
Assessment of Academic Performance	
Grade Point Averages	2
IQ Subtests	1
Total	57

Experimental Designs Used

The experimental designs used are presented in Table 14. There is an obvious trend toward the use of pre-experimental designs. Sixteen reports employed a one shot case study design in which a single

experimental group was studied only once following treatment through an activity therapy group. Three reports used a one group pretest posttest design. Here a single experimental group was assessed both before and after exposure to an activity therapy group. The two references to the use of quasi-experimental designs described a non-equivalent control group design in which both the experimental and control groups were assessed before and after treatment but the pre-experimental sampling was done from previously established groups. One report relied on the use of a true experimental design. In the posttest only control group design, subjects were randomly assigned to experimental or control groups. The remaining sixteen reports did not specify the use of an experimental design. These reports referred to the use of group leaders' descriptions of behavioral change in evaluating group outcomes.

TABLE 14. Experimental Designs Used in Activity Therapy Groups

Experimental Designs Used	Frequency of Reference
Pre-Experimental Designs	
One Shot Case Studies	16
One Group Pretest Posttest Designs	3
Quasi-Experimental Designs	
Non-Equivalent Control Groups Designs	2
True Experimental Designs	
Posttest Only Control Group Designs	1
No Reference	16
Total	38

CHAPTER IV

SUMMARY AND CONCLUSIONS

The analysis of descriptive reports of activity therapy groups reveals some of the prevailing patterns and trends in the practice of activity group treatment with latency-age children. This chapter summarizes major findings from the survey, addresses implications for practice, and discusses limitations in the study.

Summary and Practice Implications

The survey of reports along the dimensions outlined for analysis demonstrates the diversity in practice with activity therapy groups. The following discussion highlights the findings from the analysis and suggests implications for practice with activity therapy group modalities.

Stated group purposes. Analysis of stated purposes indicates that activity therapy groups address a variety of problems facing preadolescent children. The most commonly stated group purposes are those oriented toward increasing behavioral control, improving peer relationships, and developing a sense of mastery. Most references to group purpose tend to be stated in general terms such as "decreasing antisocial behaviors" or "learning to behave in a more socially appropriate manner." In addition, not all statements fully reflect the focus of the group. For instance, the stated purpose might indicate a group is oriented to increasing behavioral control through

the adoption of socially rewarding behaviors, yet this same group may also deal with issues concerning peer and adult relationships. The fact that some activity groups lack clear statements of group purpose reflects a limitation in practice with this modality of treatment. Practitioners should strive to set goals that are clear and operational. Clear statements of group purpose can give the leader direction in planning intervention strategies and provide a basis for evaluating treatment outcome.

Social service setting. In addition to indicating that activity therapy groups are most frequently conducted in elementary schools, residential treatment centers, and child guidance clinics, the analysis of social service setting also illuminates several considerations for practice. First, the duration of the group tends to coincide with the projected length of time that the client continues with the agency. Secondly, activity groups in settings where children are already assembled in groups can broaden available treatment resources when offered through agencies having on-going or continuous contact with children. Finally, many of the agencies providing treatment groups have specified norms for behavior and may be less tolerant of the behavioral disruption that can occur in activity therapy groups. Programs in these settings may require modifications in methodology such as increasing the structure provided by the group leader or using a co-leadership arrangement as means for facilitating behavioral control and assuring conformity to agency rules and expectations.

Duration of treatment. Traditional activity therapy group models

recommend that groups meet from one to two years. Analysis of treatment duration reveals that activity therapy groups surveyed tend to extend beyond four months, though vary considerably in length beyond this time period. The wide variance found in duration of treatment may in part be a function of group purpose. For example, groups aimed at altering longstanding behavior problems of members may need to extend for longer periods of time than groups oriented to furthering improved cooperation with peers or those used only for diagnostic purposes.

Activity groups tend to be closed ended. This practice may be popular since closed ended groups are more apt to promote a secure atmosphere and to avoid disruption of already established group processes by the addition of new members. Consistent membership also supports the therapeutic concept of the group as a symbolic representation of the child's family as emphasized in more traditional activity therapy group approaches.

Group size. The analysis of group size indicates that activity therapy groups are typically composed of five to six members. Small sized groups have some distinct advantages over larger ones. Small groups afford an atmosphere that facilitates member participation, individual involvement, and peer pressures toward conformity. In addition, leaders can more easily cope with serious problems and acting out behaviors in small groups. In contrast, larger groups tend to require greater adult control, the use of co-leaders to assist with management, and a higher degree of structure.

Leadership arrangements. Analysis of leadership arrangements reveals a predominant trend toward the use of co-leaders in activity therapy groups. As previously noted, factors influencing the decision to use a co-leader tend to be the group size, degree of structure, and problems presented. Larger groups of more disturbed children and those requiring high degrees of structure are more apt to use co-leaders. For example, activity therapy groups for psychotic children, children with strong dependency needs, or those who act out aggressively tend to require greater adult controls possible only through a co-leadership arrangement.

Activity therapy group leaders represent a variety of professional disciplines, though more are trained in Social Work than in any other profession. The fact that many social workers practice with activity therapy groups points to the importance of graduate schools of social work adequately preparing students for work with groups. In addition, the number of students serving in co-leadership roles suggests that activity therapy groups may constitute a viable educational context for the development of group work skills.

There are several advantages in the trend toward using paraprofessionals as co-leaders. First, training opportunities in the sponsoring agency can be enhanced through supervised experiences for paraprofessionals in a group treatment context. Secondly, paraprofessionals may transfer the understanding of children's behavior gained in the group experience to their work in other aspects of the agency's program. Finally, the perspective that paraprofessionals bring to the group from their day to day contact with members in other

contexts enhances ecological assessments of problems and behaviors.

Group composition. Activity therapy groups typically have been used to treat diverse problem areas that may range from underachievement, social isolation, learning problems, psychosis, exhibition of antisocial behavior, to family adjustment difficulties. Analysis of group composition practices reveals that, in regard to behavioral attributes, groups tend to be either heterogeneous, as recommended in traditional models, or homogeneous. For instance, some reports surveyed recommend that composition for groups serving socially isolated or physically aggressive children be heterogeneous with regard to behavioral attributes in order to provide these children with alternative models for behavior. Children exhibiting underachievement, psychosis, or problems adjusting to family transitions tend to be served in more homogeneously composed groups. The practice of selecting group members for homogeneous behavioral attributes may be the result of several considerations. First, it may be due to the similarity of client population in the social service setting. Secondly, homogeneous composition suggests an expressed intention to treat children with like problems, such as underachievement, through activity therapy groups. Homogeneously composed groups have some major disadvantages. First, group leaders may restrict themselves to dealing primarily with those problems defined by the group purpose so that other problem areas emerging after treatment begins may be overlooked. Secondly, because of the similarity of members' problems, group members may be denied the opportunities to learn from the diverse role models provided in heterogeneously composed groups.

Activity groups tend to be composed homogeneously in regard to certain descriptive attributes including sex, age, and socioeconomic status. The most predominant trend is for group members to be of the same sex. From the reports surveyed, activity therapy groups tend to be used primarily as a treatment modality for latency-age boys. This may be due in part to the fact that activity therapy groups are typically oriented toward expression through action, a sex role stereotype traditionally assigned to boys. In light of current views on sex role development where boys and girls are seen as benefitting from the incorporation of both traditional male and female sex role characteristics into behavior, a case can be made for the greater use of action-oriented therapy techniques for girls. Both boys and girls can benefit from the modeling opportunities available in co-educational groups composed of children at the same level of development. Since girls mature more rapidly than boys at this age, it is recommended that such groups be short in duration. Co-educational groups require the selection of activities relevant to the interests of all members of the group.

Group processes attended. Analysis directed to determining the nature and extent to which activity therapy group leaders give attention to group processes reveals that less than one half of the reports make any mention of group process. Of those reports giving attention to this area, only group norms, cohesiveness, leadership structure, and communication patterns are discussed. The limited reference to group processes may indicate that group leaders place little or insufficient emphasis on important therapeutic mechanisms

operating in groups. Certainly the findings pertaining to group processes raise questions concerning the nature and quality of attention given the area of group dynamics. In addition to those mentioned, other important processes warranting attention include, group participation patterns, emotional climate, procedures for task accomplishment, and mechanisms for conflict resolution.

In addition to the lack of emphasis given group process, the reports surveyed did not give sufficient reference to enable indepth analysis of group development. Group development refers to the changes in the external structure, processes, and culture of the group over time (Sarri and Galansky, 1974). Phases of group development are characterized by events within the group unique to each development phase including exploration, transition, action, and termination phases of the group (Gazda, 1971). Some reports of activity therapy groups discuss leader actions at the exploratory phase with efforts to establish individual treatment goals and foster group cohesiveness. Other reports discuss how leaders guide group members in a review of group successes and failures at the point of termination. However, none of the reports address the middle phases of group development. It is essential for group leaders to be knowledgeable of group development and the phases through which groups pass in order to understand group behavior at a given point in time and to establish realistic expectations for group performance.

Degree of structure. Traditional activity therapy group models usually evidence a low degree of structure, however, analysis of the literature reveals substantial variation in the degree of structure

provided. Groups for girls and older children tend to have more structured activities combined with discussion. The more structured groups tend to be shorter in duration and employ co-leaders. The variation found in the degree of structure used in groups may in part be a function of the theoretical orientation of the group leader. Traditional activity group therapy is an ego oriented approach which maintains that children change at their own pace through freely acting out impulses, gaining substitute satisfactions, and having gratifying experiences in accordance with their existing and expanding capabilities. Recent adaptations of activity therapy group models assume a more eclectic orientation, incorporating knowledge about child development and learning theories. These programs place an increased emphasis on structuring the group environment to bring about behavior change. In some cases, the degree of structure provided is influenced by practitioners conception of the role of the group leader. Leaders of groups evidencing a low degree of structure typically view the leadership role as one of neutrality where by the leader remains outside the interpersonal, emotional, and physical activities of the group. In groups offering high degrees of structure, leaders typically perceive their role as one of mediating the values and norms of the group, motivating individual members toward specific ends, and controlling the roles and responsibilities of group members.

Activities used. Activity therapy groups make use of a wide variety of games and activities familiar to latency-age children. There is a tendency for groups surveyed to rely on arts and crafts projects and table games as is typical of more traditional activity

group models. In addition to the cathartic effect of action-oriented techniques, games and activities are found to be useful in stimulating discussion, eliciting feedback from group members, establishing norms for group behavior and promoting cohesiveness. The trend toward the use of role plays and simulation games may stem from the fact that these activities give leaders the opportunity to flexibly focus on interpersonal issues deemed important to the purpose of the group. For example, role plays and simulation activities may be structured to help children experiment with new ways of dealing with conflictual situations and indirectly verbalize attitudes and feelings. The limited use of team sports may be due to the larger number of members required to play a given sport, the lack of availability of another team with which to compete, and the difficulty in controlling factors for the physical safety of group members.

Activity setting characteristics of activities used. Analysis of activity setting characteristics reveals an emphasis on the use of activities to reinforce rules, promote interaction among members, increase physical dexterity and motor coordination, and to improve specific athletic, mechanical and craft skills. Understanding the way activities tend to influence participants not only provides a sound basis for the selection of activities but also directs the group leader's attention toward concrete features of activities than can be modified to further the attainment of treatment objectives. While activities may influence members in a variety of ways, it is possible to highlight some of the major uses and effects of given activities. Drawing and craft projects have been found useful for increasing manual

dexterity and creativity. These activities provide a safe context for nonverbal expression and interaction. Craft projects can be used to stimulate varying levels of interaction by changing from individual to group projects and by limiting supplies to promote sharing.

Field trips can provide occasions for group members to apply social skills learned in the group to real life situations. Table games can provide practice in adhering to rules, communicating with others, and developing skills for successful group participation. Competitive sports have been used to develop physical competence, further cooperation, promote interaction among members, and facilitate behavioral control. Individual sports tend to emphasize behavioral controls, physical movement, and competition among members. The selection of activities to bring about or reinforce desired behaviors may be enhanced by an awareness of group characteristics and behavior at a given phase of development (Ross and Bernstein, 1976). For example, games and activities resulting in increased competition may be detrimental if the leader's intent is to increase cohesiveness, but such activities may be helpful in facilitating members' disengagement from the group at the point of termination.

Leadership interventions. While activity group leaders tend to emphasize the use of direct and indirect strategies of intervention, the analysis reflects some recognition of the importance of leader interventions with significant others as a means for helping group members. This is often achieved through leaders' attempts to inform and alter attitudes of teachers and parents. Vinter (1974a) discusses the importance of attempting to change a child's social environment.

Modifying attitudes and behaviors of significant others may in turn lead to positive changes in the child's own attitudes and behaviors. Moreover, changes achieved through participation in the group can be reinforced and maintained by significant others until the child is functioning in more socially acceptable and rewarding ways.

Methods of evaluation. Examination of methods used to evaluate group therapy outcomes reveals that in a large number of activity groups assessments of change are based on leaders' subjective descriptions of members' progress. This method of evaluation is limited by its high degree of subjectivity. Attempts to secure more objective outcome data are evidenced in over half of the reports surveyed. The most common practice is the combined use of behavioral observation with either behavioral ratings, interviews, or questionnaires with parents or teachers. There is a tendency to rely on researcher designed standardized instruments. Greater use should be made of such evaluation methods to assure higher levels of reliability.

Experimental designs used. Given the claims made by practitioners concerning the effectiveness of activity group therapy, it is especially important to highlight the lack of rigorous and systematic research into practice with this group modality. Based on Campbell and Stanley's (1964) frame of reference as a standard, most research pertaining to this form of treatment can best be described as pre-experimental in nature since it consists primarily of one shot case studies lacking controls as well as pretreatment measures. Two reports refer to the use of quasi-experimental designs and only one report indicates the

use of a true experimental research model. Practitioners should strive toward assuring that activity therapy groups are put to the test of more rigorous evaluation and that practice in this area becomes more empirically grounded.

Limitations of the Study

This survey of the periodical literature on activity group therapy has been directed toward discerning some of the major practice trends in the use of activity groups. Some hazards and limitations are to be expected in conducting a content analysis of literature as varied and diverse as that encountered in this survey. Articles varied greatly in thoroughness and quality. In some case, discussions of activity group programs were brief and general. Others provided more detailed information concerning group purpose, methods, and evidence of effectiveness. The variability in the amount and quality of information provided has implications for the conclusions to be drawn from the survey. How well this analysis reflects the current trends in practice is certainly in part a function of the quality and completeness of information provided by practitioners concerning their respective group programs. Several other limitations should also be noted. First, some categories used in the analysis require higher levels of subjectivity in the abstracting process. Some information such as group size, duration of treatment, and professional discipline of leaders leave little room for interpretation and subjectivity in the classification process. However, information pertaining to such areas as group processes, degree of structure and activity setting characteristics requires more influences on the part of the author

which can only serve to lower the reliability of data acquired in these areas. Another limitation in the study pertains to the language and terminology used in the literature. In some cases, reports use different terms to refer to similar concepts, processes, or methods. This fact requires more inferences by the author in the classification process which likely heightens the probability that some information may have been misclassified. Lastly, some data may have been lost or left unclassified in cases where given content was not presented in a clear and understandable manner.

Conclusions

Analysis of the thirty-eight reports of activity therapy groups included in this survey demonstrates a great deal of diversity in practice with this modality of group treatment. Activity therapy groups have been used to serve a variety of treatment purposes relevant to the problems facing latency-age children. Current practice with these groups reflects variation in treatment focus, experimentation with creative adaptations of traditional models, and employment of a wide range of methods. Diversity is seen in practices pertaining to group duration, leadership arrangements, and the degree of structure used in the group. Decisions regarding these organizational aspects of activity groups may reflect attempts to compensate for factors which cannot be controlled such as social service setting, or when opportunities to dictate membership selection or group size are limited. For example, duration of the group may be dependent on the length of time clients are in contact with the social service setting and the types of problems presented by group members.

Practices regarding leadership arrangements may vary in relation to the group size and problems presented. Finally, decisions to use more structured approaches may be due in part to the theoretical orientation of the group leader but also may reflect an attempt to provide external controls for members of larger groups, or where the social service setting is less tolerant of the disruptive behaviors which typify less structured activity therapy groups. Comparing the range of groups in use, there appears to be less variation in practices related to group size, membership selection, and activities used. For example, most groups are composed of five to seven members selected either homogeneously for descriptive attributes and heterogeneously in regard to behavioral attributes, or homogeneously for both. Some major limitations in practice with activity therapy groups include insufficient attention to group processes and phases of group development, the lack of clear statements of group purpose, and limited systematic evaluation of group outcomes.

Activity group therapy is one model of treatment highly adaptable to the needs of latency-age children served in groups. To advance practice in activity group therapy, practitioners should give consideration to: (1) establishment of well defined group purposes and treatment objectives, (2) use of graduate students and paraprofessionals in co-leadership roles, (3) exploration of the potential uses of co-educational groups, (4) identification of small group theory most applicable to treatment groups, (5) exploration of the potential of leader interventions with significant others as a means for helping group members, (6) implementation of more systematic program evaluation,

and (7) improvements in the dissemination of information about activity group programs to assure that reports include minimal information pertaining to underlying theory, group purpose, group processes attended, methods used, and evaluation procedures.

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APPENDIXES

APPENDIX A

REPORTS OF ACTIVITY THERAPY GROUPS

SURVEYED FOR ANALYSIS

1. Anderson, N. & Marrone, R. T. Group therapy for emotionally disturbed children: A key to affective education. American Journal of Orthopsychiatry, 1977, 47, 97-103.
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APPENDIX B

PERIODICAL LITERATURE SURVEYED FOR
REPORTS OF ACTIVITY THERAPY GROUPS

1. American Journal of Orthopsychiatry
2. Archives of General Psychiatry
3. Behavior Research and Therapy
4. Child Care Quarterly
5. Child Welfare
6. Clinical Social Work Journal
7. ERIC Document Reproduction Service
8. Elementary School Guidance and Counseling
9. International Journal of Group Psychotherapy
10. Journal of the American Academy of Child Psychiatry
11. Journal of Community Mental Health
12. Journal of Human Relations
13. Journal of Social Work with Groups
14. Menninger Clinic Bulletin
15. Personnel and Guidance Journal
16. Psychiatric Quarterly
17. Psychotherapy
18. Small Group Behavior
19. Social Casework
20. Social Service Review
21. Social Work
22. Social Work Research and Abstracts

VITA

Kathryn Woodcock Rhodes was born in Pittsburgh, Pennsylvania on August 27, 1954. She graduated from Tullahoma High School, Tullahoma, Tennessee, in June 1972, and was awarded a Bachelor of Science Degree in Psychology for George Peabody College for Teachers in December, 1975.

After graduation she worked for Urban Observatory and then the State of Tennessee Department of Human Services until entering The University of Tennessee Graduate School of Social Work, Nashville Branch, in September, 1979. She received a Master's of Science in Social Work in June, 1982.

Ms. Rhodes currently resides in Nashville, Tennessee and is employed with Monroe Harding Children's Home.