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# The art of groupwork practice with manualized curricula

Maeda J. Galinsky<sup>1</sup>, Mary A. Terzian<sup>2</sup> & Mark W. Fraser<sup>3</sup>

**Abstract:** *There is a growing trend in social work toward the use of group-based manuals. Occasionally considered to be opposing approaches, practice based on manualized curricula and practice based on group processes are – in our view – complementary to each other. In this paper, we examine the advantages and disadvantages of manuals as a basis for practice. We offer a series of design and practice principles intended to assist designers and users of manuals. We illustrate the application of these principles with a manualized program, Making Choices, whose aim is to decrease aggression and improve peer relationships in elementary school children.*

**Keywords:** *group work; manuals; evidence-based practice; practice curricula; practice; principles; school-based program*

1. Kenan Professor, School of Social Work, University of North Carolina, Chapel Hill

2. Postdoctoral Research Associate, Transdisciplinary Prevention Research Center, Center for Child and Family Policy, Duke University, Durham, NC

3. Tate Professor

**Address for correspondence:** *School of Social Work, University of North Carolina at Chapel Hill, 325 Pittsboro Street, CB 3550, Chapel Hill, NC 27599-3550, USA.*

## **Introduction**

Today's practice world has witnessed a growing trend toward the use of manuals in group work. With the accumulation of research evidence for particular interventions and the generation of practice wisdom with specific client populations, a variety of treatment manuals have become available to social group workers. Manualized curricula have been designed for the prevention and treatment of a wide range of problems and issues such as childhood aggression (Fraser, Nash, Galinsky, and Darwin, 2001; Ramsey and Beland, 1995); family stress (McDonald and Billingham, 1998); battering (Pence and Paymar, 1993); depression (Klerman, Weissman, Rounsaville, and Chevron, 1984); substance abuse (Roberts and Meece, 2002); needs of caregivers of persons with dementia (Toseland and Rizzo, 2003; Toseland and Wray, 2005); and HIV disease (Galinsky, Rounds, Montague, and Butowsky, 1993; Roffman et al, 1997). Many social workers choose to use these manuals because they perceive them as state of the art practice. In some instances, social workers are required to use published manuals by their agencies or by managed care administrators.

Understandably, social workers have had mixed reactions to the growing emphasis on curriculum-based practice. These reactions span a broad range, from those who are against the use of manuals to those who feel they are an asset to practice. In this paper, we begin with a review of some of the arguments made in the literature about the advantages and disadvantages of the use of manuals. For ease of illustration, we limit this discussion to manuals containing sequenced and prescribed content and activities, i.e., manualized curricula, rather than on more loosely structured manuals that outline broad practice principles (e.g., multisystemic therapy, Henggeler and Hoyt, 2001). Next, we attempt to distill design principles for manual developers and practice principles for direct practitioners in the art of group work practice with manualized curricula. Finally, we review in detail a manual that demonstrates these principles.

## **Arguments for and against the use of manuals**

Various arguments have been made for and against the use of manuals. Generally, advocates of manuals maintain that they offer helpful guidelines to practitioners, lead to more focused treatment, and encourage the continuous evaluation of practice (Wilson, 1996). They argue that manualized curricula give workers, and hence clients, access to a combination of the best available evidence. Advocates of manuals see curricula as a means of systematizing practice, so that practice standards may be consistently met across a variety of workers. Moreover, they believe that curricula, by articulating content clearly through exercises and activities, can broaden practitioners' repertoire of treatment skills (Wilson, 1996), and thereby increase the number of practitioners who are able to provide service in a particular area (Galinsky, 2003). Furthermore, manuals are often regarded as an essential feature of intervention research grants.

Those who reject manual-based practice argue that manuals ignore the historical roots of social groupwork practice, which place the highest value on the evolution of a system of mutual aid and empowerment of clients and the group. Practitioners taking this stance are skeptical of the burgeoning use of manuals and believe they encourage a rote and often mechanistic or 'cookie-cutter' approach to practice that ignores the important and unique interplay between practitioner and client (Bohart, 2000; Garfield, 1998). From this perspective, groupwork practice should be based on the dynamic needs of group members as they present themselves in current situations and during the unfolding of group processes (Caplan and Thomas, 2003; Piper and Ogradniczuk, 1999). In addition, critics state that, all too often, untrained practitioners are handed manuals and expected to work directly from them, frequently without supervision or guidance, in their groups.

The authors believe, in deciding the appropriateness of manuals for clinical use, one must consider both the advantages and disadvantages of manual-based practice. In addition, one must attend to the specific client population and the organizational and community context within which one works. Unfortunately, there are some who take an extreme view, seeing intuitive practice at one pole and standardized practice at the other. At one extreme, manualized practice is seen to devalue clinical judgment and lead to ineffective practice (Garfield, 1996). At

the other extreme, intuitive practice is seen to place too much emphasis on practitioners' judgments about individuals and group processes and ignore systematically-derived information about effective practice. Our perspective is that neither viewpoint addresses the needs of groupwork practice. Like many practitioners, we believe that both the use of evidence and the employment of groupwork wisdom, consisting of leaders' current perceptions, intuitions, and experiences, can comfortably coexist. Thus, rather than focusing on the shortcomings of manuals, we seek to better understand how manuals can be used in a way that maximizes group knowledge and skills. In essence, we choose to ask: How can we employ the art of groupwork practice with manualized curricula? Toward this end, we offer a series of practice principles for designers and consumers of manuals that we believe will help inform a more group-oriented approach to manual design and use.

## **Design and practice principles**

Manualized curricula constitute an emerging and important resource for social groupwork. It is critical, however, that these resources be used in conjunction with knowledge of groupwork practice. Both designers and users of the manuals should follow principles that ensure responsiveness to client needs and reliance on current theory and evidence. Manuals need to be flexible enough so that they can be implemented in real world circumstances, yet be specific enough so that core content and activities are articulated. Based on our knowledge of groupwork practice, our experience with developing and using manualized curricula, and our supervision of practitioners, we offer the following design principles for developers of manuals and practice principles for group leaders.

### **For Designers/Developers**

Knowledge of practice theory, including an understanding of group dynamics and research relating to factors that give rise to and maintain client problems, is essential for the design of interventions. Further, when designing manuals for group interventions, attention must be paid to the context of practice. For instance, manuals must be written for practitioners with varying levels of experience and be adaptable for

use in multiple practice settings and situations. Given the challenges faced in constructing manuals, we have grouped design principles for the development of manuals into four categories:

1. use of the most current knowledge;
2. engagement of consumers and of practitioners;
3. inclusion of information about group processes; and
4. flexibility in application and sensitivity to culture, gender, and other issues of difference.

#### *Use of the most current knowledge*

Designers of manuals must have comprehensive knowledge about the subject of interest of the manual. Thus, if the manual focuses on substance abuse, childhood aggression, or anger management, developers must have knowledge of specific risk and protective factors and of methods of prevention and treatment. A complete literature review is essential to understand the latest theoretical approaches and empirical findings. Empirical studies, integrative literature reviews, meta-analyses, and systematic reviews of evidence compiled by organizations such as the Cochrane Collaboration ([www.cochrane.org](http://www.cochrane.org)) or the Campbell Collaboration ([www.campbellcollaboration.org](http://www.campbellcollaboration.org)), serve as important sources of information. Later editions of manuals should incorporate new data that have appeared since the previous edition.

The use of current knowledge is closely related to the topic of evidence-based practice (EBP). EBP entails the explicit use of current best information about a problem or condition integrated with practice expertise and consumer preferences (Fraser, 2003; Gambrill, 2003; Gibbs, 2003; Rosen and Proctor, 2003; Sackett, Rosenberg, Gray, Haynes, and Richardson, 1996). EBP is increasingly sought in social work and several sources have specifically addressed EBP in groupwork (Meier and Comer, 2005; Pollio, 2002). In fact, the value of EBP to social work practice is stated in the social work code of ethics:

Social workers should critically examine and keep current with emerging knowledge relevant to social work ... Social workers should base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics. (NASW, 1997, Section 4.01)

The continued employment and evaluation of manual-based interventions should further contribute to the body of groupwork knowledge.

*Engagement of practitioners and consumers/clients*

It is critical that program developers partner with practitioners and consumers in order to utilize practice wisdom and incorporate consumer preferences. Involvement of practitioners and consumers in interviews, focus groups, and pilot testing can add to the relevance and utility of material included in the manual. Once the program is ready for dissemination, practitioners must be trained in the use and organization of the manual. Trainers should convey the theoretical rationale for program content and may also offer information about research findings and evidence for program effectiveness. In order to monitor program implementation and improve manual design and use, developers should provide feedback materials to which practitioners can respond. Continuous assessment of the manual will improve its usability and relevance.

*Group concepts*

Though many manualized interventions take place in group settings, they often fail to address group factors, such as group rules and stage of development. Consequently, groupwork practice principles are not given proper attention. Because the group is the major means of intervention in group-based manuals, it is imperative that practitioners have knowledge of group factors and how to apply them in groupwork practice. Therefore, incorporating information regarding group dynamics and practice into manualized curricula is critical for promoting group-sensitive practice (e.g., Forsyth, 1999; Garvin, Gutierrez, and Galinsky, 2004; Northen and Kurland, 2001; Toseland and Rivas, 2005). For instance, manuals may include material on how to monitor group structure and processes, note strengths and problems in group functioning, and identify interventions that will maximize the use of the group. It may also be important to note ways in which the manual can be used with groups of differing sizes, age-levels, and composition. Information about group concepts can be included in one section of the manual and/or dispersed throughout the manual. (see, for example, Fraser et al, 2001; Galinsky et al, 1993).

### *Flexibility*

Whenever possible, manuals should include flexibility with regard to activities and exercises (Barth and Price, 2005), so that practitioners may tailor exercises to group context and composition accordingly. For example, manuals should include content on organizational and group variations (e.g., availability of organizational resources, stage of group development) as well as provide guidelines for assessing and addressing the concerns/needs of individual group members. In addition, content should consider cultural elements (e.g., language, beliefs and values, affective processes, socially sanctioned behaviors and customs) that are associated with different racial, ethnic, socioeconomic, and immigrant groups, in order to better address the needs of diverse populations (Lum, 2003). To encourage flexibility, lessons could include a series of alternative exercises and/or information on how to adapt the manual for different populations. It is also necessary for designers to note what is important to retain (e.g., program objectives) and what may be altered. There may be instances in which flexibility is not appropriate. For example, it may be imperative, given the best available evidence, to conduct lessons in a particular sequence or to cover the material within a prescribed period of time. Particular content or activities may be important to retain because of the evidence that supports their effectiveness. Thus, the manual should contain guidelines to identify content that may be integral to the effectiveness of the program, as well as point to areas of flexibility where content may be tailored to conform to the needs of the group.

### **For Users/Practitioners**

Practitioners are often encouraged, or even required by their employers, to use manualized curricula. This prescribed and structured way of approaching practice may be quite different from the manner in which many have been trained; however, it is consistent with changes occurring in nearly all fields of practice, including medicine, nursing, psychology, and public health. Because so many manuals lack content on group practice but provide for the provision of services in a group format, it is crucial that practitioners use their knowledge of group dynamics and draw on their prior experience with groups. The following practice

considerations are intended to aid practitioners with the process of utilizing manualized curricula. Four areas will be discussed:

1. selection of manuals;
2. use of group theory and practice;
3. adaptation and adjustment of content and process; and
4. training for use of the manuals.

#### *Selection of manuals*

Because manuals are often developed in light of or as a part of recent research, they may challenge more traditional approaches to tackling practice problems. Practitioners given the tasks of integrating manuals into their practice may feel challenged by unaccustomed ways of addressing issues and problems. In order to make the best use of manuals, they should be selected based on the best available knowledge and research evidence. Users will want to consider the feasibility of use in their particular group setting and indications that the manual will be effective with the targeted population (for example, practitioners will want to check whether the manuals have been tested with the intended population in terms of age, race, ethnicity, gender, or other pertinent variables). If manuals have not been used in these settings or with intended populations, groupworkers need to examine whether they can be adapted for use in their practice situation.

The nature and type of manuals are other important aspects to consider. The authors focus in this paper on manualized curricula that have clearly structured content and activities. Other manuals may be more loosely structured and offer a series of topics to the practitioner. These two types of manuals call for different approaches to implementation. Thus, practitioners may wish to consider this as they evaluate different manuals. In addition, not all of the manuals are based on best available evidence. Some are built almost entirely on practitioner experience; some rely heavily on research findings. Users of manuals should be aware of the evidence on which they are based and use evidence as one of their selection criteria. Overall, the process of manual selection should be integrated into a comprehensive case-based intervention plan that is grounded in client assessments and available resources.



### *Group considerations*

When implementing manualized curricula with groups, it is essential that practitioners apply groupwork practice principles. Though information about group development, process, and structure may not be provided in the manual, practitioners must incorporate knowledge of group dynamics and groupwork theory from their reading of the literature and from their own experiences (see, for example, Garvin, 1997; Gitterman, 2004; Northen and Kurland, 2001; Toseland, Jones, and Gellis, 2004; Toseland and Rivas, 2005). When practitioners use manuals but have not had experience with previous group practice, consulting the literature and obtaining necessary training and supervision are essential. The group will not just develop by itself in a positive direction without skilled groupwork guidance; indeed group processes can go awry and have a negative impact on group members (Galinsky and Schopler, 1994; Schopler and Galinsky, 1981; Smokowski, Rose, and Baccallao, 2001).

### *Adaptation and adjustment*

Not all manuals are suitable for all populations with a given problem. If practitioners are expected by supervisors or administrators to use a particular manual but do not consider the manual suitable for their intended use, they must communicate their opinions and preferences accordingly. However, once an acceptable manual is identified, it is important that practitioners address core elements specified in the manual to achieve objectives. At the same time, they must conduct a continuous assessment of client and group needs. If a given manual lacks sufficient attention to particular member needs, cultural variations, or group characteristics, practitioners must adapt the material in a way that preserves the essential content and guidelines for use of the manual. In addition to a creative and focused adaptation of the manual, supplementary interventions and/or materials may be required.

### *Training*

As noted above, in order to ensure the proper use of manuals, practitioners should be trained in groupwork practice and theory (Letendre and Davis, 2004). It is also important that practitioners be trained in the use of the particular manuals through supervision and formal training (Howard, McMillen, and Pollio, 2003), so that they may master the

content of the manuals and be aware of how to adapt content to different populations. An introductory section to the manual describing how the manual is to be used can be a helpful adjunct to training. Practitioners must be alert to the directives of the designers/developers of the manuals so that essential content is covered, needed sequencing is maintained, and adequate time is allowed for implementation. At times, it may be necessary to contact experts on a particular manual or the developers themselves, about concerns pertaining to the use of manuals or any other issues that arise.

### **Example: Making Choices**

To illustrate design principles, the authors describe the *Making Choices* (MC) manual (Fraser et al, 2001). The MC program was designed to reduce aggression and improve social competence in elementary school children. Aggression and social skill deficits in middle childhood are seen as precursors of later antisocial behavior, including drug abuse and delinquency (Loeber, Farrington, Stouthamer-Loeber, and Van Kammen, 1998; Miller-Johnson, Coie, Maumary-Gremaud, & Bierman, 2002). By increasing social skills, this program seeks to prevent these negative developmental outcomes.

The manual was developed and tested using a six-step intervention research process of designing, testing, and disseminating intervention (Fraser, 2004; Rothman and Thomas, 1994). During this process, the authors reviewed the literature and relevant theoretical work, and engaged social workers and other practitioners for ideas on content, activities, and application to small group and classroom settings. The authors pilot tested the manuals in different settings across the state of North Carolina, including small groups in schools and in after care programs, and larger groups in whole classrooms. This feedback informed the development of the manual, contributing especially to ideas for program activities and implementation (Nash, Fraser, Galinsky, and Kupper, 2003).

Particularly important in the review of the literature was current evidence about the etiology and course of aggression in childhood. Strong support was found for an association between aggression and deficits in social information-processing (SIP) and emotional regulation

(Crick and Dodge, 1994; Lemerise and Arsenio, 2000). SIP deficits have also been linked to social aggression, a form of aggression that is designed to harm another's social relationships and has been related to negative emotional and psychological outcomes (Arsenio and Lemerise, 2001; Crick and Grotpeter, 1995; Crick, Grotpeter, and Bigbee, 2002). Thus, the program attempted to build skills in these areas (Fraser et al, 2001).

The MC manual consists of seven units and twenty-nine lessons (Fraser et al, 2001; Fraser, Day, Galinsky, Hodges, and Smokowski, 2004). The seven units of *Making Choices* correspond to the following emotional regulation and social information processing skills:

1. learning about emotions and feelings;
2. encoding: identifying social clues;
3. interpretation: making sense of social cues;
4. goal formulation and refinement: setting social goals;
5. response search and formulation: inventing options;
6. response decision: making a choice; and
7. enactment: acting on the choice.

For example, students are taught to use self-talk as a technique to cope with emotions and they learn how to 'look for the clues' that will help them interpret whether others' intentions are hostile or friendly. Each lesson contains a list of objectives, a review of previous material, a reminder about materials needed, group process tips, and a series of culturally-sensitive exercises, from which the practitioner can choose, to reinforce the content of each lesson. Group leaders are trained and supervised in the use of the manual, and informed of required content.

Although group leaders were urged to follow the sequence of content as stated in the manual, they were also encouraged to adapt activities in light of their experience and of the cultural characteristics of the client population. Cultural factors have been important to consider with the classroom groups, which are composed of Caucasian, African-American, and Latino students. To ensure the cultural relevance of manual content and exercises, for example, graphics and text that represent a range of ethnic groups and portray stories that engage both girls and boys were included. As research is conducted to develop

*Making Choices*, the authors also ask group leaders to fill out a treatment fidelity form for each lesson. This form indicates what material they covered and provides space for suggestions they have for improving the lesson. The forms have aided in the subsequent training of group leaders and in revising the manual.

Because the rich knowledge of social groupwork practice is the major source of intervention and constitutes our 'theory of change,' groupwork material is provided throughout the manual. The introduction to *Making Choices* contains a section on working with groups that includes a review on the stages of group development, discussion about the complexities involved in group development, and advice for leaders about common groupwork practice strategies, such as use of go-arounds, calling on reticent members, fostering positive interactions among members and planning activities and sub-groupings so that all members are accepted. Throughout all twenty-nine lessons, the group 'tips' describe more detailed, specific behaviors related to group process or to content of that session. For example, leaders of *Making Choices* groups are advised in Unit 4, Lesson 2 to:

Encourage participation by all members. Be sure to call on quiet members when you're soliciting student ideas during this lesson. Do so in a non-threatening encouraging manner. Praise students for attempts to contribute. Ask them to praise each other. Also, remind students of group rules, such as no put-downs, and of their agreement to monitor rules. (Fraser et al, 2001, p. 121)

Though some of this information may be quite obvious to trained groupworkers, the repetition of group content in manuals is helpful to practitioners who have had less experience with leading groups. Group material is also emphasized in trainings for new group leaders who conduct the *Making Choices* groups and in supervision.

Results of pilot testing the *Making Choices* program have been promising, showing improvements in teacher-rated social competence, cognitive concentration, and social aggression (Fraser et al, 2004; Fraser, Galinsky, Day, Terzian, Rose, and Guo, 2005; Smokowski, Fraser, Day, Galinsky, and Baccallao, 2004). The manual has been the basis for effective intervention when it has been used in small groups and in larger classroom groups. It is important to emphasize,

however, that the manual, by itself, is only one component of a multicomponent intervention that includes work with families and classroom environments.

## **Conclusion**

Manualized curricula are an important aspect of current social groupwork practice. Evidence-based manuals offer content and programming aids that are appropriate for particular social and health conditions and utilize the latest theoretical and empirical knowledge. Countering the view that manuals are mechanistic, they can be employed in a way that is sensitive to group dynamics and the tenets of groupwork practice.

To promote the utility of manuals, the authors have offered principles for both developers and users of manuals. Clearly, the interweaving of group practice with a manualized approach calls for a collaborative process between researcher and practitioner. In addition, manuals must be anchored in the framework of evidence-based practice, including attention to practitioner experience and client preferences, as well as to empirical findings. Manuals should offer didactic content and activities that are feasible for users and have cultural, contextual, and practical relevance. Finally, flexibility may be essential given the diversity of the populations with whom manuals are used. Administrators or care planners who oversee the use of manuals should be receptive to needed adaptations and not mandate a rigid following of written material. Practitioners should use manuals in the way they are intended and ensure that adaptations they make do not result in the loss of core content and effectiveness. By specifying elements of intervention, manuals contribute to treatment fidelity and thus the implementation of evidence-based practice. In some cases, manuals should not be used because practice conditions do not allow for them to be applied as intended.

Tensions between manual prescriptions and current practice demands will continue to exist and group leaders will need to thoughtfully consider how to resolve these tensions. In this paper we have focused on use of manuals in their entirety. However, we are in the early stages of developing manuals and do not have evidence-based manuals for many situations. Given these limitations, a variety of manual uses

may be warranted, including use of separate educational modules or exercises from the manual. This selective approach to implementation of manuals can be helpful to practitioners looking for program content and activities. However, the ultimate goal is the production of manuals with well-defined, sequenced topics and appropriate exercises. We need to support the development of such comprehensive approaches.

The profession of social work must be continuously involved in the design of manuals to ensure their utility in practice and to apply evidence accumulating through research. Current knowledge from the social sciences, social work and other human services professions, including information on risk and protective factors and intervention strategies, must be utilized. In addition, the social work profession should produce new knowledge to inform the development of manuals. Schools of social work can facilitate this by developing intervention research programs, encouraging doctoral students to engage in intervention research, and training students in the appropriate use of manuals. Attention to manuals by social work programs, as well as continuing education programs, can also meet agency needs. Professional staff are increasingly confronted with reimbursement schema requiring manual-based interventions but often lack knowledge of relevant examples. Furthermore, we need structures in the profession, such as the Campbell Collaboration ([www.campbellcollaboration.org](http://www.campbellcollaboration.org)), that support and maintain the accessibility of knowledge about practice evidence to administrators, practitioners, and organizations.

We believe that extreme views on the use of manualized curricula are detrimental to effective practice. Manuals should not be eschewed because some developers ignore the need for flexibility and exclude group content, nor disregarded because some users engage in rote practice and do not take account of immediate client concerns or group processes. Conversely, manuals should not be accepted blindly as state of the art practice, when there is limited evidence to support their feasibility and effectiveness. Because manuals are important resources and are a vital component of evidence-based practice, we need to find ways to make them an integral part of our practice repertoire.

In this paper, the authors have advocated for the development of guidelines for both developers and users of manuals. Developers must ensure that manuals are attentive to the voices of practitioners and consumers, that high quality groupwork practice is promoted, and that

recommended activities are feasible in agency practice. Practitioners must select appropriate manuals and follow guidelines for ethical and effective groupwork practice, while also delivering the core elements of the manuals. With attention to both design and implementation, we can work toward making the art of groupwork practice with manualized curricula a reality.

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