

# The Effect of Structured Feedback on Goal Attainment, Attraction to the Group, and Satisfaction With the Group in Small Group Counseling

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**ABSTRACT.** Recent literature examines the effects of goal attainment, cohesion, and feedback in group counseling, but relatively little work examines the direct effects of structured feedback on goal attainment. Fifty-one clients participated in a 6-week small group counseling experience. Clients in the experimental condition set goals and participated in structured feedback exercises at the end of each session. Clients in the control condition set goals but did not participate in structured feedback exercises. At the last session, members completed the attraction scale and the reflective questionnaire and assessed their own and other members' level of goal attainment. The results indicated a significant relationship between participation in structured feedback exercises and goal attainment.

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MUCH RESEARCH on the effectiveness of group therapy relates positive outcome to such variables as goal setting, cohesion, the precursors to cohesion of self-disclosure, and feedback. That goal setting has a positive effect on achievement and performance has been well established in the literature. Wing (1990, p. 119) states that "the importance of goal setting in performance seems inarguable." The benefits of goal setting in industrial settings include higher productivity, fewer injuries, lower absenteeism, and improvement in performance (Latham & Baldes, 1975; Latham & Kinne, 1974; Ronan, Latham, & Kinne, 1973). Kim and Hamner (1976) studied the combined effect on goal attainment of setting goals and receiving feedback. They found that this combination is superior to goal setting alone on improving performance and on measures of cost and safety in an industrial setting.

Scholars have also studied goal attainment from a mental health perspective. Childers (1987, p. 362) identified goal setting as "the central

point of the counseling process," and Hart (1978) found that patients who set goals and reported on their progress during weekly therapy sessions showed greater success than those patients who received therapy but had not set goals. Two studies of group counseling suggest that appropriate goal setting enables members to enhance their group experience. Flowers and Schwartz (1980) reported on a successful goal-setting procedure: At the beginning of the sessions, group members listed on an index card two problems on which they wanted to work. These researchers found that participation of group members who completed the exercise increased more than did participation of those who did not. Kivlighan and Jauquet (1990) examined the relationship between session quality and how group members approached the session. They found that when group members set realistic goals early in the course of the session, group members seemed to be more involved in productive work.

Cohesion is another variable that has been repeatedly linked with achievement and positive outcome. Rogers (1961) likened attraction to the group, or cohesiveness, to the "relationship" in individual therapy and maintained that it is fundamental to the therapeutic process. Wheelless, Wheelless, and Dickson-Markman (1982) found significant correlations between group solidarity and goal attainment, group satisfaction, and quality of interaction. In 1986, Wright and Duncan reported that measures of attraction to group as well as measures of cohesion were related to self-reports of individual outcome. Earlier, Stockton, Barr, and Klein (1981) indicated that such negative outcomes as premature termination occurred in groups in which cohesiveness did not develop adequately.

Many researchers, however, feel that cohesion is not an end in itself but is a factor that mediates other intervening outcome variables. Yalom (1975, p. 53) stated that "increased group cohesiveness produces many results that may be considered as intervening therapy outcome factors." Among these factors, he listed better attendance, increased participation, and greater influenceability.

The development of cohesion in groups has been thought to be influenced by a number of factors. Bednar, Melnick, and Kaul (1974) viewed risk-taking behaviors (behaviors with such uncertain consequences as self-disclosure and interpersonal feedback) as precursors to cohesion. Stokes, Fuehrer, and Childs (1983) concluded that groups in which members made disclosures about intimate topics appeared to be more cohesive than those in which members' disclosures dealt with less intimate matters. In addition, they reported a curvilinear relationship between cohesion and risk-taking, indicating that too much self-disclosure too soon could be detrimental to the formation of cohesion. Both Bednar et al. (1974) and Stokes et al. (1983) suggested that self-disclosure is more desirable early in the life of the group, whereas later interpersonal feedback among members is more beneficial because it is riskier.

Feedback is an important variable that leads to the development of cohesion. Bednar and Kaul (1978, p. 804) reported that "it has been commonly accepted that the exchange of personal impressions among individuals committed to candid and responsible communication may constitute one of the most powerful facets of group treatment." Extensive research has showed the effectiveness of feedback on outcome (Hart, 1978; Kolb, Winter, & Berlew, 1968; Myers, Myers, Goldberg, & Welch, 1969; Soeken, Manderscheid, Flatter, & Silbergeld, 1981). Much research, thereupon, has considered the various elements of feedback and their usefulness in the counseling process. Positive feedback is generally more readily accepted than negative feedback (Lundgren & Schaeffer, 1976; Morran, Robison, & Stockton, 1985; Robison, Morran, & Stockton, 1986; Schaible, 1970; Schaible & Jacobs, 1975). It is also found to be more desirable and to have more impact (Martin & Jacobs, 1980; Morran & Stockton, 1980; Robison et al., 1986), be more credible (Martin & Jacobs, 1980; Robison et al., 1986), be more accurate (Epperson, 1979; Martin & Jacobs, 1980; Morran et al., 1985), and be of higher message content quality (Morran et al., 1985). Positive-negative sequences have been shown to be superior to those that are negative-positive (Jacobs, 1974; Rose & Bednar, 1980), and immediate feedback to be superior to delayed feedback (Benne, Bradford, & Lippitt, 1964; Hansen, Warner, & Smith, 1976; Schein & Bennis, 1965). Some efforts have sought to link acceptance of feedback to personality variables, and there is some support for the thesis that members with high self-concept scores find negative feedback more desirable than members with scores lower on self-concept (Morran & Stockton, 1980). There has been no support, however, for the idea that acceptance of feedback is related to defensiveness (Robison et al., 1986).

Although many studies have provided information about valence and other elements specific to the giving of feedback, relatively little work has examined the direct effects of structured feedback upon goal attainment. Our study, therefore, was designed to examine the effects of structured feedback in a group counseling setting on group members' levels of goal attainment, levels of attraction to the group, and on satisfaction with the group experience. We hypothesized that group members who experienced structured feedback exercises as part of their group experience would attain their goals to a significantly greater degree, would be more attracted to the group, and would be more satisfied with their group experience than would members who did not have structured feedback.

## Methods

### *Subjects*

The sample consisted of 51 university students and community residents who requested group counseling at the center affiliated with the Depart-

ment of Counseling and Educational Psychology at a large midwestern university. The sample consisted of 29 women and 22 men who were from 19 to 45 years old.

### *Instrumentation*

Clients were assisted in choosing their goals for counseling through the use of a survey that listed 20 items group members often mention or choose as issues they would like to work on in counseling. Space was also provided for additional goals. Clients indicated how much or how little each of the items was an issue for them and then chose the three goals that they viewed as most important to them.

Each client's goals from the survey were listed on a sheet of paper and rated according to how well each member achieved the goal. The achievement rating was based on a 6-point Likert format, as follows: (1) this person is much farther away from attaining this goal, (2) this person is a little farther away from attaining this goal, (3) this person has experienced little or no success in attaining this goal, (4) this person has had a moderate amount of success in attaining this goal, (5) this person has experienced a great deal of success in attaining this goal, (6) this person completely attained the desired goal.

We used the attraction scale to measure cohesion or attraction to the group. Clients responded to 14 items in a Likert format. We obtained a reliability coefficient of .89 (internal consistency) for the 51 subjects in this study.

To measure satisfaction with the group experience, we used the reflective questionnaire, which consisted of 21 items in a Likert format. On this measure, we obtained a reliability coefficient of .90 (internal consistency) for the 51 subjects.

### *Procedures*

Each subject participated in a 30-minute intake interview before the group experience. The subject was informed about the general nature of the research and gave his or her consent. Subjects were then randomly assigned to either the feedback condition or the control condition, with six groups in each treatment condition. Pairs of advanced graduate students in the Department of Counseling and Educational Psychology were co-leaders of the groups. All group leaders were enrolled in a group leadership course and received feedback from an advanced doctoral student after each group session. During the first group session, participants began their

group experience by completing the goal-setting survey and identifying their most important goals. After completing the survey, all group members shared their goals with the other members in their group. All then participated in the same basic small group counseling experience, with the following deviations.

Participants in the feedback condition restated their goals orally at the beginning of every subsequent session. Leaders provided the group members with a typed list that indicated the three goals they had selected on the first evening. Members also participated in a structured feedback exercise during the last 20 minutes of every group session. Each member received one piece of positive feedback and one piece of corrective feedback about what he or she had done in that session to help or hinder attainment of individual goals. Either the leaders or two randomly selected group members provided the feedback.

Members in the control condition participated in exactly the same counseling experience, except that they did not end their session with a structured feedback exercise.

At the beginning of the last session, all members in all groups completed the Likert scales to assess how well they had achieved their preset goals. Participants did a self-rating and also rated every member in their group. Group leaders also rated each participant. Group members in all conditions completed the attraction scale and the reflective questionnaire. The total experience consisted of six 2-hour sessions for each group.

## Results

With limited variability among the goal attainment ratings, we could not use a parametric procedure to analyze the data (the assumptions for parametric statistics were not met). We therefore dichotomized the data and used a nonparametric statistic. We classified clients with composite goal attainment scores of 3.50 and above as having attained their goals, and those with composite goal attainment scores below 3.50 as not having attained their goals.

Results indicated a significant relationship existed between type of treatment and goal attainment for self-rated goal attainment and member-rated goal attainment (both  $p < .04$ , Fischer's exact test), but we found no significant relationship for leader-rated goal attainment.

For attraction to group or satisfaction with the group experience, we found no significant differences between the experimental and the control conditions.

## Discussion

The results we obtained provided support for the hypotheses that structured feedback contributes to client goal attainment in small group therapy. There was a significant relationship between participating in a group that incorporated structured feedback exercises and achieving stated goals. This is consistent with Hart (1978), who showed that subjects who set goals and monitored them at each therapy session showed greater success in attaining their goals than did subjects who did not monitor their goals weekly, and with Stockton and Morran (1984), who indicated that the development of cohesion and risk taking is facilitated by incorporating structure into the initial meetings of the group.

It is interesting that there were no differences between groups on leader-rated goal attainment. This may be because it would have been difficult for counselors in training to know whether their clients had not benefited from the group experience. Further research is needed to assess the perceptions of more-experienced group leaders.

We had also hypothesized that subjects in the structured feedback conditions would be both more attracted to the group and more satisfied with the group experience. Results, however, indicated no significant differences between the two treatment conditions for either attraction or satisfaction. This could be because attraction and satisfaction are dimensions based on factors completely independent of goal setting or receiving feedback. Such other curative factors as altruism, universality, or catharsis may be the precursors to attraction to the group and satisfaction with it, and attraction and satisfaction may be unaffected by short, structured feedback sessions. It is also possible that 6 weeks may not have been long enough for large variations in levels of satisfaction or attraction to develop. With groups of longer duration and the subsequent development of group stages, differences in attraction to and satisfaction with the group may be detectable.

This study provided support for the use of structured feedback exercises in small group counseling. Incorporating short feedback exercises may provide an effective intervention that affects group members' attainment of goals. For maximum therapeutic benefit, group leaders who incorporate these exercises should do so in the context of the research reviewed in this article. Further study should analyze on-going groups rather than those limited to 6 weeks. This would help determine whether time and the stage of group development are mediating factors in the effectiveness of structured feedback sessions in encouraging attraction to the group and satisfaction with the group experience. Last, participants in the feedback condition in this study received feedback from others in

the group (either other members or group leaders). We need additional research in which the members themselves talk about what they have or have not done in the group (an internal rather than external process). This may have a different impact on goal attainment than receiving feedback has because it requires a different level of processing and taking responsibility for members' activities in the group.

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