Engagement of men in group treatment programs: A review of the literature

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Abstract: *The goal of this paper is to arrive at a better understanding of the process of men's engagement in treatment groups. Given the low perseverance rate of men in such groups, engagement is crucial to program continuance and results. A number of treatment factors and strategies that can influence engagement in group therapy programs are drawn from a review of the literature. To gain a better understanding of the factors and how they interrelate, the literature was reviewed from the perspective of Bronfenbrenner's (1979) ecological model. The studies reviewed show that engagement is influenced by various factors associated with the characteristics of the participants, their family environment, treatment program, and cultural and social values. Current knowledge is discussed to highlight the main research and practice issues concerning men's engagement in treatment groups. The review underscores the importance of exploring the influence of male socialization on men's engagement, given that some traditional norms may curb their involvement and willingness to invest in group programs.*

Keywords: engagement, group, men, male client groups, treatment, ecological model

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Introduction

Since the late 1980s there has been a growing interest in masculinities and the realities experienced by men (Connell et al., 2005). Several studies have shown that men are especially affected by social problems such as domestic violence, substance abuse, suicide, and school dropout. For example, in 2007, over 40,000 incidents of domestic violence were reported to the police in Canada (Statistics Canada, 2009). While it is recognized that men, too, can be the victims of domestic violence, most victims are women, and the presumed perpetrators are generally men. Another example is substance abuse: 4.4% of Canadian men, slightly more than twice the proportion of women (1.6%), reported drug or alcohol dependence (Statistics Canada, 2002). Men are also more likely to report adverse consequences of their abuse: greater emotional distress, higher suicide risk, increased mental health problems, physical health problems and relationship difficulties (Adlaf et al., 2005; Institut de la statistique du Québec, 2008).

The challenges of adapting services to meet men's needs are therefore some of the central concerns of researchers and practitioners. Treatment groups are one of the main strategies for addressing men's problems: they help reduce isolation, promote the sharing of knowledge and contribute to the development of a feeling of hope (Rondeau, 2004; Sternbach, 2001). To continue with the example of domestic violence, in Canada and elsewhere, groupwork is generally included in the standards of practice and is widely used (Respect, 2004; Saunders, 2008; Maiuro & Eberle, 2008). Studies show, however, that men rarely ask for help, and when they do become involved in treatment programs, their attendance and perseverance rates are usually low (Buttel & Carney, 2008; Daly et al., 2001; Rondeau et al., 2001). In substance abuse programs, drop-out rates range from 25% to 80% and are especially high in the early stage of treatment (Passos & Camacho, 2000; Roffman et al., 1993; Amodeo et al., 2008).

It has been shown that engagement and perseverance have an impact on treatment outcomes (Hser et al., 2004; Huebner & Cobbina, 2007; Orford et al., 2009; Walitzer et al., 2008; Contrino et al., 2007). With regard to domestic violence and sexual assault perpetrators, the number of meetings men attend and whether or not they complete the program have a significant impact on recidivism (Bennett et al., 2007;

Hanson et al., 2002). Yet attendance at meetings is only a start; in Orford et al. (2009), participants identified their engagement as one of the most influential factors in the changes they made. Engagement and perseverance therefore both have an impact on program effectiveness, and engagement appears to be a condition that fosters perseverance. In this respect, Rondeau et al. (1999) reported that non-engagement was one of the main reasons men gave for dropping out of their group program.

On the basis of a review of the literature on engagement in group treatment programs, this paper seeks to gain a better understanding of the process by which men engage in groups. Although domestic violence and substance abuse are used as examples in this paper, with regard to our research in domestic violence (Roy, 2009-2012; Roy et al., 2005; Roy, 2010) and work with practitioners in substance abuse (Lindsay & Roy, 2010), this paper is not specific to these problems and may address concerns in other groups for men (for example, sex offenders, young fathers). It first briefly examines the debate about the different ways to conceive of engagement in groups and sets out the review method. It then presents the results of the review in terms of the factors that influence the engagement of individuals in group therapy programs and the strategies used to foster engagement. Current knowledge about the factors and strategies is discussed to highlight the main research and practice issues concerning men's engagement in treatment groups.

Engagement as a concept

Since 2000 the concept of engagement has been examined in several studies in the field of groupwork. A number of researchers have assessed the engagement of group members on the basis of their attendance at meetings (Comfort et al., 2000; Daly et al., 2001; Fiorentine et al., 1999a; Prado et al., 2006; Terra et al., 2007). Considering attendance alone as an indicator of engagement is a major limitation. Indeed, group members could attend every meeting without becoming actively involved in the treatment. This would be a case of pseudo-engagement rather than real investment in a process of change (Staudt, 2007). While attendance at meetings is a minimum condition of engagement, stating the condition in this way does not allow for external factors, such as transportation problems, that can interfere with a person's ability to

attend (Laudet, 2003). Mere attendance therefore cannot be regarded as the sole indicator of engagement (Staudt, 2007).

Yatchmenoff (2005) assesses engagement according to the client's willingness to accept help, his mistrust regarding the treatment, the therapeutic alliance, and his investment in, and expectations about, the program. Stein et al. (2006) emphasize the fact that participation must be evaluated on the basis of the program objectives. They accordingly distinguish between negative engagement (for example, glorification of drug use) and positive engagement (for example, discussion of the consequences of drug use). A member who, for instance, takes an active part in group discussions, but who seeks to legitimize violence, could not be regarded as being truly engaged in treatment. This conception of engagement is consistent with research showing that there must be active involvement in the group to learn non-violent behaviour (Contrino et al., 2007) and reduce the risks of recidivism (Taft et al., 2003).

Some authors therefore assess engagement on the basis of not just attendance at meetings, but also certain aspects of member participation (Levin, 2005; Gragg, 2006; Howells & Day, 2006; Staudt, 2007). These ways of conceiving of engagement are more inclusive. The components chosen to evaluate engagement vary significantly, however, from researcher to researcher. Ward, Day, Howells and Birgden (2004), for instance, define engagement in terms of attendance, participation, therapeutic alliance and attrition. The model developed by Macgowan (2006) has seven dimensions: attending, contributing to group discussions, relating to worker, relating with members, contracting, working on own problems and working with others' problems. In light of the wide range of aspects of groupwork it takes into account, this way of conceiving of engagement – that is, active involvement of the group member in the seven dimensions – would appear to be the most fully developed and most complete.

Method

The review of the literature was conducted in 2007 and updated in the spring of 2010. Seven databases were consulted (*Social Sciences Abstracts, Social Work Abstracts, PsycINFO, Dissertation Abstracts, Current*

Contents, ERIC, Francis) using the following keywords: *engagement, men, participation, involvement, group, factors*. Research that examined women and families was included in order to ensure better representation of the knowledge on engagement in groups. The review focused primarily on research on group treatment programs. Only studies conducted since 1999 were included, with the exception of Brekke (1989), which concerns male client groups in particular.

To ensure a better understanding of the factors that influence men's engagement and how they are interrelated, the reviewed literature was examined from the perspective of the ecological model (Bronfenbrenner, 1979). This model views the individual as developing in an environment consisting of a set of interdependent systems: the ontosystem, microsystem, mesosystem, exosystem, macrosystem and chronosystem. More specifically, the ontosystem represents all of an individual's characteristics that can have an influence on engagement (for example, sociodemographic characteristics). The microsystem is the individual's immediate living environment. In this case, the group treatment program is the central microsystem. It encompasses the influence of the relations between the participant, the other group members and the groupworker on the individual's engagement. The mesosystem corresponds to the interactions between the microsystems and the group as a place of engagement, such as the influence of the family on a member's engagement in the group. The exosystem represents the environment that influences the individual even though he is not directly involved in it. The macrosystem consists of the values and beliefs of the society in which the individual lives. This system draws attention to the influence of male socialization on members' engagement in the group. Lastly, the chronosystem represents the influence of time, which in our case corresponds to the treatment process. The chronosystem will therefore be discussed as part of the group's microsystem.

State of knowledge on engagement

The review was conducted from the perspective of the factors associated with engagement and the strategies used to foster its development and maintain it, which are presented here in terms of Bronfenbrenner's (1979) ecological model.

Ontosystem factors: Participants

A number of studies have tried to determine whether people's sociodemographic characteristics mediate their engagement. They have shown that the least-engaged individuals often have an income below the poverty line (Prado et al., 2006), are unemployed (Daly et al., 2001) or belong to a minority ethnic group (Staudt, 2007). Daly et al. (2001) hypothesized that the unemployed had more trouble keeping a regular schedule. People with mental health problems seem to be less engaged and more likely to drop out (Amodeo et al., 2008; Graff et al., 2008, Terra et al., 2007). Engaged individuals, on the other hand, generally have a higher level of education (Daly et al., 2001; Terra et al., 2007).

Fiorentine, Nakashima and Anglin (1999a) note that women have a greater tendency than men to engage in group programs. It has also been shown that men's engagement is not influenced by the same factors as women's. Transportation services, for instance, are more important to men's engagement than to women's. While engaged women reported more pre-treatment arrests, this variable was not significant for men. Fiorentine et al. (1999a) do not propose any explanation for these differences. Indeed, few studies have explored the differences between men and women with respect to group engagement.

Research also indicates that the type of problem affecting a group member and his attitude towards treatment mediate his engagement. Negative attitudes towards the problem, such as low motivation to change, tend to hamper engagement (Gragg, 2006; Laudet, 2003; Levenson and Macgowan, 2004; Levin, 2005; Joe et al., 1999). Levenson and Macgowan (2004) note that the more that sexual violence perpetrators deny their problem, the less they tend to engage. In contrast, Dakof et al. (2001) found that engagement was higher among adolescents who thought they had a serious substance abuse problem. Moreover, for a member to engage, the perceived benefits of treatment must be greater than the costs (Howells & Day, 2006; Staudt, 2007; Gragg, 2006). Perceiving the group as useful will therefore foster engagement (Fiorentine et al., 1999a), whereas viewing it as too demanding will constitute an obstacle (Kazdin & Wassell, 1999, in Littell et al., 2001).

Group engagement is also related to a member's emotional state and behaviour. People who are experiencing moderate to high distress appear to be more engaged (Howells and Day, 2006; Ward et al., 2004). Prado et al. (2006) note that the families shouldering the most stress are

also the most engaged. Other types of behaviour, such as alcohol use during treatment, can also limit engagement (Daly et al., 2001; Laudet, 2003; Ting et al., 2009).

Microsystem factors: Treatment programs

Among treatment program factors, the therapeutic alliance between client and practitioner plays a major role in fostering engagement (Comfort et al., 2000; Fiorentine et al., 1999a; Gragg, 2006; Prado et al., 2006; Joe et al., 1999). In a study of drug addicts, Joe, Simpson, Greener and Rowan-Szal (1999) report a positive relationship between the therapeutic alliance and attendance at meetings. The quality of the initial contact between the worker and the client would appear to be the chief factor mediating program engagement (Prado et al., 2006). Groupworker skills and attitudes also have an enormous influence on engagement (Littell et al., 2001; Prado et al., 2006). In this respect, men respond better to treatment when the worker adopts a counselling style that emphasizes problem-solving (Fiorentine et al., 1999) and when he is perceived as empathic (Fiorentine and Hillhouse, 1999b).

Group dynamics also have a significant impact on engagement (Levin, 2005; Plasse, 2000; Prado et al., 2006; Gragg, 2006). A reciprocal relationship between group members can be observed: the engagement of one participant is fostered by that of the other members of the group and, by helping the others, the participant becomes more engaged himself (Gragg, 2006). At the same time, however, the group can have an adverse effect on participants' engagement if they feel they are being judged or if fears associated with therapy (for example, fear of criticism) are reinforced by the other members of the group (Gragg, 2006; Wangsgaard, 2000). Gragg (2006) also reports that some participants may feel misunderstood by the other members because their ethnic background is not that of the majority.

Engagement is generally considered to be a continuous process that develops over the course of groupwork (Comfort et al., 2000; Gragg, 2006; Levin, 2005). The first few meetings are nevertheless crucial to fostering engagement (Brekke, 1989; Prado et al., 2006). Achieving results early appears to have a favourable impact on member participation, among other things (Littell et al., 2001).

Mesosystem factors: Family environment

The studies reviewed highlight the influence of family environment on participants' group engagement (Gragg, 2006,; Peled & Edleson, 1998; Prado et al., 2006). Prado et al. (2006) found that if the facilitator communicates with all family members at the time of the initial contact, the parents are more likely to engage in their intended program. People with significant others who are involved in self-help groups tend to have higher attendance at meetings (Davey-Rothwell et al., 2008). Gragg (2006), on the other hand, reported mixed outcomes: while parents' involvement can foster adolescents' engagement, it can also dampen it because of difficult family relations.

Mesosystem factors: Legal system

Given that for some people, participation in a group can be a legal obligation, some studies have sought to determine the impact of such a constraint on engagement. In groups for domestic violence perpetrators, men who are court-mandated to participate in the group have a better meeting attendance record (Daly et al., 2001). Stein et al. (2006) report that it seems to be harder to engage incarcerated adolescents if they have not accepted their incarceration. An individual's attitude towards group participation as a legal obligation should therefore also be taken into consideration. The length of an inmate's sentence appears to mediate his engagement in available programs. Inmates who can take part in a program in the near future with a view to reducing the length of their sentence engage more easily than others with longer sentences, who prefer to wait before engaging (Ward et al., 2004).

Institutional culture also has an influence on engagement. For instance, the support for inmate rehabilitation provided in a correctional setting fosters the engagement of inmates in group programs (Ward et al., 2004). Additional services offered by an organization (for example, day care) also promote group member engagement (Littell et al., 2001;, Fiorentine et al., 1999a,; Laudet, 2003).

Macrosystem factors: Cultural and social values

Many participant- and family-related factors are part of the broader context of social and cultural values (Gragg, 2006; Staudt, 2007; Prado

et al., 2006; Howells & Day, 2006). Gragg (2006), for instance, notes that family rules (for example, don't wash dirty linen in public) can be an obstacle to engagement in groups. Howells and Day (2006) maintain that traditional male socialization can also interfere with engagement. For example, the norms of competition and independence ingrained by traditional masculine values can hamper the development of trust in initial group meetings (Sternbach, 2001). Men can also find it hard to identify and express their emotions because during their development, they have learned to be stoic and to deny their feelings. These norms of masculinity make it more difficult for men to participate actively in a group where self-disclosure is often a therapeutic requirement (Brooks, 1998; Greif, 2011).

Treatment strategies

Strategies used to promote member engagement in groups focus primarily on factors associated with the treatment programs and the family environment. How the strategies are implemented is chiefly a function of groupworker conduct and skills.

As mentioned earlier, in certain situations family involvement in an individual's treatment can help foster his engagement (Gragg, 2006; Peled & Edleson, 1998; Prado et al., 2006). Peled and Edleson (1998), for instance, note that children exposed to domestic violence have more chance of completing a group program if their parents receive services at the same time. De Civita, Dobkin and Robertson (2000) reported that providing significant others with educational and therapeutic support fostered participant engagement. A treatment strategy would accordingly consist in offering services to significant others or in involving them, at least by communicating with them about the problem being addressed, in the participant's treatment program.

Most of the strategies we reviewed focus, however, on factors related to the treatment program itself. Three studies examined the effectiveness of pre-treatment strategies (Comfort et al., 2000; Plasse, 2000; Prado et al., 2006). Brekke (1989) reported that pre-therapy meetings helped get men ready for treatment and fostered their engagement. Comfort et al. (2000) noted that pre-treatment services (for example, transportation to and from assessment meetings) provided

over too short a time period did not have the expected impact. When implementing strategies, the environment of the group members should also be taken into consideration: the same authors observed that the women participants in the group were reluctant to avail themselves of the day-care services offered because they were afraid of being reported to child protective services. Comfort et al. (2000) came to the conclusion that the quality of the participant's relationship with the group and with the social worker was more significant than whatever measures were implemented.

A number of authors assign special responsibility to groupworkers for fostering member engagement (Littell et al., 2001; Staudt, 2007; Prado et al., 2006). At the start of the program, workers can take the following recognized steps to promote engagement: clearly explain the treatment objectives and what the program will entail (Gragg, 2006; Levin, 2005; Plasse, 2000; Prado et al., 2006; Chovanec, 2009); set modest objectives that are attainable and will give participants a feeling of hope (Brekke, 1989; Gragg, 2006; Plasse, 2000); and identify potential obstacles to therapy and the means to overcome them (Gragg, 2006). Gragg (2006) notes that the most effective strategies for fostering engagement are those that promote participant involvement (for example, joint development of treatment plan). Another important issue is confidentiality, especially at the beginnings of the group (Greif, 2011). Considering male norms of competition and emotional isolation, confidentiality will help to create a safe climate where men can take the risk to talk and, eventually, to express emotions (Greif, 2011; Sternbach, 2001). Prado et al. (2006) also point out that within the group, the social worker should not take a dominant role (for example, talk too much) but, should instead facilitate interactions between members and support group leadership (Chovanec, 2009).

Certain groupworker skills and attitudes have also been identified as having a positive effect on engagement, notably believing in group members' strengths (Gragg, 2006; Levin, 2005) and validating the men's experience (Chovanec, 2009). However, groupworkers would gain by looking at their own socialization and stereotypes towards men. Men are often perceived as the bad ones and it could be difficult for some groupworkers to perceive and to understand the distress behind their behaviours (Dulac, 2001; Tremblay and L'Heureux, 2010; Greif, 2011). This seems essential given the importance of therapeutic alliance and

the perception of the worker as empathic for men (Fiorentine and Hillhouse, 1999b; Fiorentine et al., 1999a).

Lastly, a few strategies that focus on the structural organization of treatment programs are also suggested in the literature. Some authors propose modifying the intensity of the program to suit the needs expressed by participants, as some clients prefer short, intense therapy to a treatment program that extends over a full year (Ward et al., 2004). The idea behind this strategy is consistent with the view on domestic violence of adapting group programs to match the perpetrators' motivational stage of change (Saunders, 2008, Chovanec, 2009).

Issues and conclusion

Our review shows that the knowledge base specific to men's engagement in treatment groups is fairly limited. Fiorentine et al. (1999) highlight certain factors that are more influential in determining men's engagement, such as transportation services, but their results contribute little to our understanding of the process of men's engagement in groups. More generally speaking, studies of engagement have identified a number of factors that influence engagement and that can help us gain a better understanding of the reality of male client groups.

Most of the influential factors identified in the literature are ontosystemic, meaning that they relate to an individual's personal characteristics, such as level of education or attitude towards treatment. At first glance, groupworkers' capacity to influence these factors would appear to be limited. However, knowledge about male socialization – that is, a reading that takes macrosystem factors into consideration – suggests we need to exercise caution in seeking to understand certain individual factors. It would be inappropriate to be too hasty in associating certain personal characteristics with more passive participation, such as relating reluctance about self-disclosure to a lack of engagement. In view of the link between types of behaviour associated with non-engagement and masculine norms, a more comprehensive vision is required in order to appreciate the significance of such behaviour and determine whether the group member is actually making progress towards change. This insight is important because, according to Littell et al. (2001), many groupworkers have the preconceived notion that ideal participation

in treatment must necessarily be active. Similarly, in Gragg (2006), some participants saw themselves as being engaged, even though their groupworkers did not. The meaning that men give to their investment and behaviour needs to be taken into consideration. Knowledge about the factors that mediate men's engagement can help groupworkers reach a more refined assessment of it.

A number of studies have examined the influence of the group treatment program itself on engagement. It is worth noting that men appreciate workers whose counselling style focuses on problem-solving (Fiorentine et al., 1999a), since it addresses the key masculine values of performance, success and work (David & Brannon, 1976). In itself, the groupwork method induces people to talk to other group members about their reality, concerns and emotions. It is important to note that expressing emotions in front of other men is not part of traditional male socialization, which puts greater emphasis on competitiveness (David & Brannon, 1976; Sternbach, 2001; Greif, 2011). A male participant might be less active in the group discussion and yet feel that he is engaged in the treatment process. Likewise, while the influence of time on engagement has been identified by some studies (Brekke, 1989; Littell et al., 2001; Prado et al., 2006), the various stages of development of a group should also be taken into consideration. Here again, some types of behaviour that could be associated with non-engagement are similar to those often observed in members in the initial stages, notably mistrust of the groupworker and of the other members (Garland et al., 1976; Sternbach, 2001).

Studies that have explored the influence of the social environment have focused primarily on the family. In cases of domestic violence, battered women play a key role in men's requests for help (Turcotte et al., 2002). It is thought that a person's social network, in addition to the family, can have an influence on engagement. In Orford et al. (2009), clients identified social support as a crucial factor in their efforts to change. Other related factors, such as friends and the workplace, also deserve exploration. For instance, it would be worth evaluating how employers might facilitate members' participation in treatment programs by allowing them to change their working hours.

Regarding treatment strategies aimed at fostering engagement, most studies highlight the influence of the social worker. Given his or her position within the group, the worker has a key role to play. However,

not all the factors that promote engagement concern the groupworker, and elements outside the treatment program as such must also be taken into consideration. In this respect, Staudt (2007) reports that the conditions under which practitioners can foster engagement are simply not met in many cases. That is why it is important to persuade organizations and government authorities to provide conditions that foster the engagement of members in groups. For instance, Allard, Kimpton, Papineau and Audet (2006) report much higher drop-out rates among outpatient groups than among groups in closed facilities for the treatment of substance dependence. These results show that it is worth pursuing research to devise programs better suited to the needs of various client groups by focusing on organisational factors.

Assessment on the basis of the ecological model helps to determine where the gaps lie between the factors associated with engagement and the strategies that have so far been used to foster it. Our review underscores the influence of factors associated with systems other than the groupworker. There are therefore good grounds for broadening the strategies followed to promote engagement. Strategies should be chosen so as to address the factors that are obstacles to engagement (Ward et al., 2004), and to strengthen those that foster it, taking client characteristics into account. Given that very few studies have been done on men's engagement in group programs, further research is needed to improve program efficiency by developing solutions to the drop-out and perseverance problems that still plague programs for various male client groups.

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