

# A School-Based Group Activity Therapy Intervention With At-Risk High School Students as It Relates to Their Moral Reasoning

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*The main goal of this study was to examine whether group therapy is useful for developing moral reasoning in at-risk youth. This research compared the impact of 10 weeks of group activity therapy (n = 27) and group talk therapy (n = 34) on the moral reasoning of at-risk ninth grade students. Group activity therapy is the developmentally appropriate extension of child centered play therapy for adolescents. Using pretest and posttest scores on the Maintaining Norms Schema subscale of the Defining Issues Test 2 (DIT-2; Rest, Narvaez, Thoma, & Bebeau, 1999), an analysis of covariance indicated significant difference between groups. Implications for counselors who work with this population are discussed.*

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**Keywords:** group activity therapy, play therapy, group counseling, moral reasoning

High school is a vulnerable time, particularly for ninth graders as they transition from a smaller middle school environment to a larger high school setting. These new high school students must learn to navigate a campus setting, larger buildings, and interact with a larger number of students. Freshmen initial concerns that often surface center around basic questions of survival: Where's my locker? When is lunch? Will I get lost? Students

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who fail to succeed in this new environment are deemed “at-risk.” At-risk students are defined as those who meet one or more of the following criteria: failure to acquire the requirements necessary for promotion to the next grade level or graduation from high school; educational attainment below other students of his or her age or grade level; potential to drop out; failure of two or more courses of study; grade retention; or reading below grade level (Ojeda, 2003). Providing students with group counseling that focuses on academic achievement during this transition period may be helpful (Bringmann & Webb, 2007).

School-based group counseling has been noted as an effective method for working with at-risk adolescents facing issues of academic and behavioral problems (Bauer, Sapp, & Johnson, 2000), and risky behaviors (Zinck & Littrell, 2000). Traditionally, group counseling with adolescents focused on talk therapy or the use of activities within the group setting. The current project, however, focuses on the use of group activity therapy (GAT), a design based on the work of Bratton and Ferebee (1999) that stems from traditional child centered play therapy and the work of Landreth (2002).

The purpose of the current study is to examine whether group activity therapy has a greater impact on the moral reasoning of at-risk students than group talk therapy. Providing students with activities to advance moral reasoning may increase awareness of challenges that they and their peers face. One way to accomplish this is to provide opportunities for regular social interaction through group counseling sessions. The researchers selected the domain of moral reasoning as it has been identified as a vehicle for working with at-risk students (Kuther, 2000; Kuther & Higgins-D’Alessandro, 2000).

## MORAL REASONING

Although it is imperative to stress student academic performance in the school setting, it is also important to understand the whole child, including the development of character, social justice, and moral reasoning, and recent research has targeted this area. For example, studies have investigated the relationship between academic misconduct and moral reasoning (Cummings, Maddux, Harlow, & Dyas, 2002), the moral atmosphere at school and its effect on students (Brugman et al., 2003), and improving moral reasoning through moral education (Bebeau, Rest, & Narvaez, 1999; Cummings, Maddux, Maples, & Torres-Rivera, 2004; Loe & Weeks, 2000; Yeap, 2000). In an older study, Hurt (1977) taught counseling skills to education students to attempt to promote empathy through activities.

*Moral reasoning*, according to Kohlberg (1981), is the formation of an underlying system of values on which decisions concerning right and wrong are based. Adolescents formulate moral ideas through organized patterns of thought learned from society, their families, and peers (Kohlberg, 1981). Through their experiences, individuals develop an understanding of moral concepts such as justice, rights, equality, and human welfare. When adolescents comprehend moral concepts, they are able to see all sides of situations and are able to develop empathic relationships at school, at home, and with their peers and adults.

Kohlberg's (1981) theory consists of six stages of moral development: (a) obedience and punishment orientation, (b) individualism and exchange, (c) good interpersonal relationships, (d) maintaining the social order, (e) social contract and individual rights, and (f) universal principles. Kohlberg believed that progressing through the stages of moral development occurs in an invariant succession; no stages are skipped and stages are mastered consecutively. Individuals progress forward, not backward, through stages unless there is brain injury, psychological trauma, or physiological trauma (Kohlberg, 1980). According to Rest, Narvaez, Thoma, and Bebeau (1999), the majority of adolescents typically reason at the fourth stage of moral development, suggesting that they make decisions based on how their peers will perceive their choices. During this stage, adolescents try to balance their own quest for autonomy while simultaneously recognizing the rules of those in authority. Successful advancement through this stage requires the individual to reconcile these competing needs and to display appropriate social behaviors.

A study by McGillicuddy- De Lisi, Sullivan, and Hughes (2003) tested the effects of character gender on adolescents' responses to moral dilemmas. They found that male adolescents were most often able to reason at Kohlberg's stage four when the character of the moral dilemma was male, whereas female adolescents were able to reason at stage four regardless of the character's gender. They claimed that their findings are consistent with past research on moral reasoning and the influence of moral development of male and female adolescents.

### **GROUP TALK THERAPY VERSUS GROUP ACTIVITY THERAPY**

Group activity therapy (GAT) consists of three phases that include a structured, developmentally appropriate activity, free or self-directed play, and a snack time (Bratton & Ferebee, 1999; Packman & Bratton, 2003). The use of structured activities provides a secure venue for self-expression

of emotions; this allows youth to express interpersonal feelings from a safe distance, increasing the ability to communicate in a less threatening way with their peers. The introduction of structured activities provides a microcosm for everyday experiences, encourages group interaction, and provides a means to reduce anxiety related to having to talk in group (Bratton & Ferebee, 1999).

Group talk therapy is traditionally used in high school groups (Gladding, 1999). The counselor uses group talk therapy, which is a component of the comprehensive guidance program (Gysbers & Henderson, 2000), to discuss topics such as family issues (Lopez & Bhat, 2007), academic success (Bauer et al., 2000), and social issues (Zinck & Littrell, 2000). Group experiences can lead to deep self-expression, self-exploration, self-understanding, and growth (Yalom, 1995), but challenges of these groups may include lack of communication or expression by group members, erratic attendance patterns, and disrespectful/negative interactions between group members (Aronson, 2004).

GAT differs from traditional group talk therapy through its emphasis on activities and free play, rather than dialogue, as a facilitative technique for change. Although adolescents are cognitively able to communicate through talk, sometimes they may find it difficult to express what they are trying to say through words. On the other hand, GAT provides adolescents the opportunity either to speak or express themselves in other venues, such as an expressive arts activity (Bratton & Ferebee, 1999).

### **RATIONALE FOR GAT WITH ADOLESCENTS**

When adolescents are asked to discuss issues that are bothering them or what is going on, they often respond with a shrug of the shoulders or an abrupt “nothing.” Although they have entered the abstract thought stage (formal operations), adolescents continue to have difficulty when faced with these simple questions (Piaget, 1969). When peers are present, this awkwardness is magnified despite the adolescent’s desire to connect with peers and establish an association with a group.

Providing adolescents with structured activities in a group format using expressive arts and play allows them the opportunity to safely express themselves. The group format provides adolescents the opportunity to see their peers’ strengths and to see other perspectives of problem solving (Ripley & Goodnough, 2001). In addition, the group environment enables adolescents to establish interpersonal connections that would otherwise not be made. Through these new perspectives, problem-solving skills, and interpersonal connections, students may be more likely to take responsi-

bility for their actions and to become more engaged in the school community (Ray, Armstrong, Warren, & Balkin, 2005). By developing a better understanding of differing perspectives, adolescents may increase empathy that will facilitate close, meaningful relationships (Landreth, 2002; Sweeney & Homeyer, 1999).

Although there has been a noteworthy amount of research done on traditional play therapy, there is a dearth of research on GAT. Specifically, past studies have shown the positive impact of play and activity therapy on a variety of childhood and preadolescent problems including self-esteem (MacLennan, 1977), grief (Roos & Jones, 1982), speech development and verbalization (Lev, 1983), sexual abuse (Celano, 1990; Gil, 2003), delinquency (Madonna & Caswell, 1991), and internalizing and externalizing behavior problems such as depression and aggression (Packman & Bratton, 2003).

Packman and Bratton (2003) conducted a single study research project in which the use of GAT was utilized with preadolescents and found GAT to be an effective mode of working with this age group. In addition, Packman and Bratton found that GAT increased empathy skills and the ability of preadolescents to solve problems creatively. With these new skills, preadolescents learned to form new relationships and make better choices.

The current project was designed to be a developmentally appropriate intervention for at-risk adolescents. Specifically, the intervention was designed to advance moral reasoning of adolescents, including the ability to use moral reasoning, including empathy, when solving problems. As a component of the study, students learned and practiced social and problem-solving skills in groups with other students and trained facilitators.

The researchers attempted to answer the following two questions: Is group activity therapy more effective than group talk therapy for changing at-risk students' levels of moral reasoning? Also, does gender influence the impact of the type of therapy on changes in moral reasoning?

## **METHOD**

### **Participants**

The participants consisted of 61 at-risk ninth-grade students, ranging in age from 13 to 16, attending a public school located in an urban city in the northwestern United States. The school has been identified as at-risk because it is designated as a school with the highest level of unsuccessful students in the district; therefore, all students attending the school are categorized as at-risk.

Students were invited to participate in the study at an informational meeting during school. At the informational meeting, a description of the study was provided along with the understanding that all participants would be randomly assigned to either the talk or activity group. All students interested in participating provided contact information; subsequently, the parents of these students were contacted and the project was explained to them as it had been done for their children. Those students whose parents gave verbal consent for the child to participate received a packet further describing the study including informed consent and student assent. All students returning the consent/assent forms ( $N = 106$ ) were randomly assigned to the treatment group ( $n = 47$ ) or the comparison group ( $n = 59$ ). The groups were further broken down into smaller groups of three to four. Given the high transient rate at this school, at the end of the study, 61 students remained. Of the 61 remaining students, 27 were in the treatment group and 34 were in the comparison group.

Participants in the treatment group ( $n = 27$ ) consisted of 14 males and 13 females. They reported their ethnic background as follows: 16 Latinos (59.3%), 7 White (25.9%), 3 Asian/Pacific Islanders (11.1%); and 1 African American (3.7%). For the comparison group ( $n = 34$ ), there were 10 males and 24 females. Participants identified their ethnic background as follows: 22 Latinos (64.7%), 7 Caucasians (20.6%), 3 Asian/Pacific Islanders (8.8%), 1 Native American (2.9%), and 1 African American (2.9%).

### Instrumentation

The Defining Issues Test-2 (DIT-2; Rest et al., 1999) was used to measure the moral reasoning of ninth grade at-risk high school students. The DIT-2 is a self-administered paper-and-pencil measure of moral judgment based on Kohlberg's moral reasoning theory; it takes approximately 40 to 45 min to complete. Internal and test-retest reliability of the DIT-2 in past research reports Cronbach's alpha in the upper .70s to low .80s.

The DIT-2 (Rest et al., 1999) consists of five dilemmas that represent modern social problems that can be used with adolescents and adults with at least a 12-year-old reading level.

The DIT-2 classifies results into three schemas: Personal Interest, Maintaining Norms, and Postconventional. The schemas encompassed by the DIT-2 have a close relationship to Kohlberg's (1981) stages of moral reasoning, and measure the development of concepts of social justice as well as moral reasoning.

Each of the five dilemmas is followed by 17 questions. The first question requires participants to select whether an action (a) *should*, (b)

*can't decide*, or (c) *should not be taken*. The second through thirteenth questions ask the respondent to rate each statement in terms of its importance (*great, much, some, little, or none*) The final four questions ask the respondent to select and rank order the four most important statements. The ranking is done in terms of its relative importance in making a decision. Instruments were scored by computer at the Center for the Study of Ethical Development at the University of Minnesota.

### **Design**

A pretest–posttest treatment/comparison group design was used to determine the effects of group therapy (activity vs. talk) on the moral reasoning of at-risk high school students. The treatment group participated in 10 sessions of developmentally appropriate group activity therapy for 50 min weekly whereas the comparison group participated in 10 sessions of group talk therapy for 50 min weekly.

### **Facilitators**

There were six group activity facilitators and five talk group facilitators. All facilitators were advanced master's and doctoral level counseling students who had taken at a minimum 3 hr of graduate level coursework in advanced human growth and development, group counseling, and group dynamics. Group activity facilitators also had taken at least one course in play therapy. Each facilitator ran between one to six groups, depending on their availability. There were three male facilitators and eight female facilitators.

### *Training for Facilitators*

Prior to the start of the study, a 2-hr training session included a review of client-centered approach (taking particular care to review that all of the facilitators were able to create congruence, unconditional positive regard, and empathy with the students in their groups), an understanding of moral reasoning, a review of Kohlberg's theory of moral development, and an understanding of the DIT-2. In addition, all group facilitators were trained in the protection of human research participants as mandated by the university. Group activity facilitators were also required to complete an advanced training in activity therapy, which included a review of the

child-centered approach, taking particular care to review reflections of behavior, content, feelings, returning responsibility, and setting limits.

### *Supervision of Facilitators*

The role of the researcher was to guide, not direct, the facilitators through the process with their individual groups. The researcher was a doctoral level graduate counseling student with advanced training. Weekly supervision consisted of checking in with the facilitators, processing the week's group sessions and lesson plan, discussing any significant concerns, and aiding the facilitator with the selection of the following week's topic.

### **Procedure**

Group counseling sessions ran for 10 weeks. Students in both the treatment and comparison groups completed the DIT-2 before and after the 10 weeks of counseling sessions. For the first 5 min of each session, both the treatment and comparison groups were presented a moral dilemma. The dilemmas were created by the researchers and specifically targeted topics similar to the dilemmas presented by the DIT-2. The researchers found that the DIT-2's dilemmas were focused around five topics: (a) stealing versus honesty, (b) right to know versus privacy, (c) freedom of speech versus violence, (d) murder versus euthanasia, and (e) freedom of speech versus violation of rules/laws.

The treatment group was divided into 12 smaller groups of three to four students and participated in group activity therapy for 50 min per week for 10 weeks. Students in the comparison group were divided into 15 smaller groups of three to four students and participated in group talk therapy for 50 min per week for 10 weeks.

Criteria for group formation were determined by gender and age and individual needs and coping skills, similar to Packman and Bratton's (2003) approach. Similarly, early work by Ginott (1961) also indicated the need for small, similar groups to create an effective atmosphere for activity groups, and this procedure was also recommended by Bratton and Ferebee (1999). The small group size allows students an opportunity to express themselves more openly than they would in a larger setting and allows the facilitator the chance to respond to each individual.

The treatment format, procedures, and materials followed the suggestions of Packman and Bratton (2003) and Bratton and Ferebee (1999), however a 5-min introduction of a moral dilemma was presented, and the

activities were specifically geared to facilitate personal growth and moral development. Modifications were necessary to accommodate the school setting. The school schedule was set up on a six period, 50-min schedule each day, so the students met on a rotating basis throughout the course of the study. The students' meeting time varied to minimize time away from academics. Because the school day was structured this way, the groups met for 50-min, similar to groups in the Packman and Bratton study, rather than the 90- to 120-min sessions typically recommended (Bratton & Ferebee, 1999).

### *Treatment Group*

The specific format for the students in the activity groups included a 5-min introduction of the moral dilemma, a 20-min semistructured activity led by the facilitator, a 15-min block of time for self- or group-directed activities, and a 10-min snack time. After reading the moral dilemma, the facilitator introduced the semistructured activity. The activity was designed to help the students process the moral dilemmas presented at the beginning of the session.

The purpose of the structured activity was to facilitate self exploration, group collaboration and cooperation, and to facilitate group members' comfort level when interacting with each other. In addition, the activities were designed to facilitate thought on social and moral dilemmas. Students always have the right to not participate in the structured activity if they so choose. Examples of structured activities include: Rosebush (Oaklander, 1988); Sentimental Songs (Jones, 1998); New Newspapers (Jones, 1998); and Fantastic Frames (Jones, 1998). The structured activities chosen for this study were done so to provide alignment to the moral dilemma presented at the start of the sessions. Following the physical/creative portion of the structured activities, facilitators would process the activity with the group members that allowed them the opportunity to share their thoughts and feelings surrounding the activity with other group members.

Following the structured activity was the self-directed, group directed, or free play activities. These types of activities can provide group members the opportunity to freely make decisions, learn self-control, and learn about themselves as well as others. Through free play, adolescents learn acceptable ways of coping with emotions and they have the opportunity to practice these new coping skills, such as contact, collaboration, empathy, and cooperation (Bratton & Ferebee, 1999). Students also have the opportunity to try new behaviors such as accepting responsibility for actions, initiating connections with peers and adults, and being understanding and sensitive to others' perspectives. By using a variety of toys and expressive

arts materials provided (e.g., crayons, basketballs, Legos, etc.), the adolescents independently or cooperatively determined what they wanted to do during the free play part of the session. The facilitator responded to the group by reflecting feeling, content, and behaviors and by setting therapeutic limits when necessary. Setting limits was used to assist adolescents in learning self-control. The facilitator also pointed out themes and made connections among the students.

The group facilitators would announce snack time and place the snack items in the designated eating area and then allow the adolescents to choose whether to partake. When possible, the students were allowed the opportunity to be active participants in making the snack. For example, the students could bake cookies or they could decorate cupcakes. Packman and Bratton (2003) chose to follow the snack procedure of Slavson (1950) and Schiffer (1969) who recognized the importance of snack time as a part of the treatment and viewed it as an opportunity for adolescents to share their experiences from the session as well as things that occurred outside of the session either at home or in school. As the adolescents ate snacks and talked, the facilitator continued to reflect feeling, content, and behavior as the group members interacted with one another. In addition, snack time provided the adolescents time to prepare to go back to the classroom setting (Nickerson & O'Laughlin, 1980).

### *Comparison Group*

The talk group format and procedures follow suggestions by Gladding (1996) and Yalom (1995). The specific format for the students in the comparison groups included a 5-min introduction of the moral dilemma, and a 45-min verbal processing time. During the processing time the facilitators used designated prompts to encourage discussion.

After the introduction of the moral dilemma, the facilitator used open-ended questions to encourage exploration of the dilemma. The use of group talk therapy produces interpersonal learning by allowing each group member to hear differing perspectives, alternative coping skills, and different solutions to common problems (Gladding, 1996; Yalom, 1995). Talk therapy is traditionally the type of group counseling found in a high school setting (Gladding, 1996).

## **RESULTS**

The main goal of this study was to determine if GAT had a greater impact on students' gain in moral reasoning than group talk therapy. This

study also examined the influence of gender on the differential impact of the two types of therapy. An analysis of covariance, utilizing pretest Maintaining Norms Schema scores on the DIT-2 as a covariate, was utilized to compare the impact of GAT and group talk therapy on posttest scores on the DIT-2; gender effects were also examined. Results indicate significant differences in changes in moral reasoning between the two therapy groups, and examination of the partial eta-squared values revealed a small effect size. As noted in Table 1, approximately 9% of the variability in posttest scores can be attributed to participation in the two different therapy groups. Gender differences were nonsignificant, with a minimal effect size. See Table 2 for descriptive data for each group.

## DISCUSSION

The main purpose of this study was to compare the impact of GAT and group talk therapy on the moral reasoning of at-risk adolescents. Initial examination of the analysis of covariance (ANCOVA) results shows a significant overall effect as well as differences between treatment groups. As noted by Armstrong and Henson (2004), however, merely examining *p* values may exaggerate actual differences. Using criteria suggested by Green and Salkind (2008), .01 is considered a small effect size, .06 medium, and .14 large. Further examination of the data indicated a large (.163) overall effect for the model, and between a medium and large (.088) effect for the treatment groups. Gender differences were nonsignificant. The results of this study, therefore, clearly demonstrate the impact of GAT on at-risk students' moral reasoning, and the use of partial eta squared provides an accurate effect size by parsing out the amount of variability attributed to error.

The researchers in the present study elected to use the Maintaining Norms Schema scale, rather than the Post Conventional Schema score (P score) that has typically been used in prior research (Cummings, Dyas,

**Table 1.** Analysis of Covariance of Impact of Type of Group Therapy On Moral Reasoning, Controlling for Pretest Scores

Source	<i>df</i>	<i>F</i>	<i>p</i>	Partial $\eta^2$
Corrected model	4	2.74	.038	.163
Pretest	1	4.52	.038	.075
Gender	1	2.81	.099	.048
Therapy type	1	5.42	.024	.088
Therapy $\times$ Gender	1	0.67	.415	.012
Error	56			

**Table 2.** Descriptive Statistics

	Pretest			Posttest		
	<i>M</i>	<i>SD</i>	<i>SEM</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Group talk therapy ( <i>n</i> = 34)	37.41	9.98	1.71	36.69	8.89	1.52
Group activity therapy ( <i>n</i> = 27)	37.33	13.67	2.63	32.37	9.64	1.85

Maddux, & Kochman, 2001; Cummings et al., 2002). The Maintaining Norms Schema scale was selected because it represents stage four of Kohlberg's theory; the scale focuses on maintaining the existing legal system, roles, and formal organizational structure, and typical adolescents' reason at level four. This was selected in contrast to the P score, which reflects reasoning at stages five and six of Kohlberg's stages.

The decline in the Maintaining Norms Schema scores can be explained and interpreted as possibly indicative of an increase in moral reasoning. The decrease in the Maintaining Norms schema scores among students in group activity therapy may represent a positive shift in moral reasoning that would be reflected in an increase on the P score. However, this study did not investigate changes in the P score because the P score reflects stages five and six, and this study focused solely on the Conventional level of moral reasoning. Perhaps there may have been some upward movement within this Postconventional scale that was not investigated.

Based on the results of the statistical analysis, findings provide preliminary support for the use of GAT as a developmentally appropriate method for working with adolescents. This study provides some evidence that GAT has the potential to produce positive effects in the moral reasoning of adolescents, which extends the body of literature (Breen & Daigneault, 1998; Gaines, Berkovitz, & Kohn, 2000; Kottman, Strother, & Deniger, 1987; Madonna & Caswell, 1991; Nickerson & O'Laughlin, 1980; Packman & Bratton, 2003; Ray, Bratton, Rhine, & Jones, 2001; Wilde, 1994; Wilson & Ryan, 2001) indicating that play therapy is an effective mode of treatment for children and preadolescents. Results of this study suggest that GAT is more effective than group talk therapy as it relates to the moral reasoning of at-risk high school students. Further research is warranted to determine the impact of GAT on both conventional and postconventional reasoning and to determine why GAT had a greater impact than group talk therapy on adolescents' moral reasoning.

Although play therapy research has demonstrated that it is an effective way to work with children (Ray et al., 2001), research on the impact of individual activity therapy and group activity therapy with adolescents has been limited to settings outside of school (Celano, 1990; Lev, 1983; MacLennan, 1977; Roos & Jones, 1982; ). This project begins to bridge the gap in the literature by implementing GAT with adolescents in a school setting.

## CONCLUSIONS AND IMPLICATIONS

This study suggests that GAT may be an effective and appropriate intervention for at-risk high school students. The overall findings showed a significant difference between the GAT and group talk therapy on changes in moral reasoning, indicating that GAT may be a more effective method for enhancing moral reasoning.

Moral development speaks to moral concepts such as justice, rights, equality, and human welfare (Kohlberg, 1980). When adolescents comprehend these moral concepts, they are able to see all sides of situations and are better able to develop meaningful relationships at school, at home, with adults, and with their peers. Through GAT, students gained moral reasoning by processing dilemmas in an experiential way. There was evidence to support that students in GAT were able to morally reason at a higher level at the conclusion of the study than they were at the start.

Erikson (1980) indicated a need for connecting with peers, establishing identity, and interacting on a concrete level. Students reported not only having a positive connection with other group members, but with their facilitator as well. At-risk adolescents cope with a magnitude of challenges such as adult responsibilities, language barriers, low self-esteem, low self-confidence, poor school and community demographics, and low socioeconomic status (Gleason & Dynarski, 2002). This project allowed students to interact with others through GAT and talk therapy who were facing similar challenges. Students were able to make connections based on similarities in the challenges that they face in and outside of the school setting. GAT meets these developmental needs by providing a setting in which group members can explore their own identity and explore how others see them through the expression of feelings, thoughts, hopes, and dreams in a respectful and safe environment. By participating in GAT, the students were able to perceive ideas through new and different eyes and make connections with their peers. Implications of this study point toward group activity therapy as a positive outlet for at-risk high school students.

### Limitations

The following limitations are offered as possible confounding issues in this study. First, the sample sizes were small and unequal (treatment group  $n = 27$ , comparison group  $n = 34$ ). A larger sample size would increase the power and validate findings. Another consideration is that the Defining Issues Test is a very complex test. Although the test states that it is appropriate for participants with a 12-year-old reading level, the vocabu-

lary was difficult for the students to comprehend; therefore, it is possible that the students did not understand all of the questions and responded randomly rather than reading and accurately processing the material. In addition, the study had limited English proficient (LEP) participants in the talk groups. The facilitators involved in the study were not bilingual, perhaps creating a language barrier for students who had limited English skills. The facilitators were not blind to the study. They were aware that the researchers were testing students on moral reasoning before and after the intervention. However, all lessons used during the intervention were aligned with the concept of moral reasoning. A final limitation of the study is that the researchers in this study also neglected to collect data on noncompleters, which challenges the representation and generalizability of the final sample.

### Recommendations for Further Research and Practice

Based on the results of this study, the following recommendations are offered to future researchers. Conduct a replication study using a larger sample size to increase the power of the statistical measures. In addition, a longitudinal study in which students participating in group were followed throughout their high school career to determine the impact of the group sessions would persevere. Although this study specifically encompasses ninth grade students, this type of research could be extended to include all grade levels in high school.

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