There was a noticeable buzz in the room when the group leader walked in and took her customary seat. Clearly, the dozen or so adolescents in attendance were excited about the scheduled session, yet there was also a hint of apprehension in the air. The leader felt a little anxious as well: No matter how many groups she ran, or how much time she spent at the helm, she still felt uncertain about what would unfold. Would the group members be in a mood to disclose themselves in any sort of authentic and honest way? What if they wouldn’t talk at all? Or worse yet, what if someone shared a problem so serious that everyone else was scared off?

The leader took a deep breath and went through a mental checklist of things to consider before she called the group to order. Remember to talk to them about confidentiality and how impossible it is to guarantee it. Discuss boundaries and ground rules. Warn them about the ways people can get hurt, and tell them that they always have the right to pass. Mention the problem of having limited time to divide equitably among all the participants. Oh yeah—most important of all—inspire them to take risks so the work of building cohesion and intimacy can begin. And through it all, try to normalize the anxiety and curiosity that accompanies the first session. Remember to pace things in a way that keeps everyone engaged but doesn't scare anyone away. And remember to breathe.

This group hasn't even started yet, she thought to herself with a shake of her head, and already I feel a headache coming on. . . . but I also feel the rush of adrenaline.
For Reflection

Take a moment to think back to the feelings and thoughts you experience when you come to a group for the first time. What are you excited about? What is most scary? What are the first things you notice when you come into a new group? What are the things you typically do to help yourself feel more comfortable and less anxious?

The Challenge of Leading Groups

Welcome to the world of group leadership, a helping activity that is among the most powerful structures available to promote lasting changes in behavior. This is a therapeutic environment that is so fertile, enriched, stimulating, and laden with learning opportunities that often people can make dramatic progress within relatively short periods of time. This potent atmosphere, however, does not come without certain risks (Argyrakouli & Zafiropoulou, 2007; DeLucia-Waack & Donigian, 2004; Moreno, 2007; Rapin, 2014; Sadr, 2006). Some of these risks are as follows:

1. Casualties can occur far more easily in group sessions than in individual sessions, because the leader has considerably less control over the proceedings.
2. Peer pressure increases the likelihood that participants may be coerced to do or say things for which they do not yet feel ready.
3. Confidentiality cannot be guaranteed, and so personal disclosures could be compromised.
4. One member who demands disproportionate attention, or who exhibits a highly manipulative or abusive behavior, can cloud the whole experience for others.
5. It is difficult to monitor closely how each participant is responding to circumstances during any given moment.
6. Safety is more difficult to maintain. Scapegoating can easily occur.
7. It is easier for someone to hide and not be helped. Quieter members may be shortchanged.
8. Members of minority cultural groups may be forced to conform to majority values that are dominant in the group.

Whereas there is most likely an appropriate group for almost everyone, it just might not be the one you are leading. That is our way of saying that there are some people for whom groups may not be the best fit at that time; rather, they may benefit from individual treatment. Thus, providing appropriate referrals to help
people find the best setting and screening group members for goodness of fit becomes paramount (Rapin, 2014; Riva, Wachtel, & Lasky, 2004). Those coping with acute distress, feeling actively suicidal, and/or with narcissistic or psychotic features may not be the best candidates for a community-based group experience, but they might find a better fit with another form of group, such as those offered in an inpatient setting (Emer, 2004; Yalom & Leszcz, 2005). Furthermore, groups are often not the best setting for certain people, especially those who are interpersonally prone to manipulation, control, dominance, intellectualizing, or game playing. Others who are unusually vulnerable or shy may feel too inhibited to use the structure effectively (Table 1.1). Of course, those with low motivation and an inability to follow group rules may also find groups difficult (MacNair-Semands, 2002).

**Table 1.1  Avoiding Casualties in Groups**

Think of a time you participated in a group experience in which you or someone else felt hurt. What happened in that encounter that most contributed to the negative effects? Protecting members is an ethical obligation, a part of the ethical codes of all helping professions. This often means discussing the impact of exploring concerns in a group setting and assessing one’s ability to cope with new changes. Safeguards can be used to protect clients from potential negative effects:

1. Adequately prepare all group members before the first session so that they understand the expectations of the group and the advantages and disadvantages of the group setting.
2. Don’t pressure anyone to do anything for which he or she does not feel ready.
3. Don’t allow anyone in the group to speak or act disrespectfully toward others.
4. Check in frequently with each member to see how interactions and events are being interpreted and experienced.
5. Make sure that permission is secured before anyone is invited or encouraged to reveal himself or herself.
7. Stress the importance of confidentiality, and talk about how to handle transgressions.
8. Negotiate clear ground rules of appropriate behavior; enforce these boundaries consistently.
9. Note that confrontation is a natural interpersonal process and a useful tool in a group, but not if it is used to harm or attack another group member. Group leaders can model appropriate ways to confront others and can look to focus on specific behaviors rather than making complete judgments about another group member.
10. Don’t attempt any intervention unless you have a clear, defensible rationale for what you wish to accomplish.
11. Work under the supervision of or in collaboration with a more experienced colleague.
The Joys of Leading Groups

We don't wish to begin our journey together by instilling in your mind a great fear for all the harm you might inadvertently cause through your inexperience, neglect, misjudgments, or mistakes. It is a good thing to have a healthy respect, even awe, for the potential power of therapeutic groups. However, it is also important to keep the cautions in mind so you proceed carefully and sensitively in your leadership efforts.

Student Voice

I Love Group

I entered the graduate program just to learn about leading groups. Without a doubt, the most significant events in my life have happened in groups, and I want to be a part of that. Even at work, I tend to always feel better in group settings. Maybe it is because culturally I am used to working with others like my family and neighborhood to get things done. Usually, I am a rather cautious and reserved person, but something feels right in group settings to the point where I thrive in the unpredictability and crave the immediate real interactions. The other part that I absolutely love is the live emotions that are so raw and real.

In spite of the limitations and side effects previously mentioned (or possibly because of them), groups are also ideal places for change to take place (Kottler, 2014).

1. Perhaps more than ever, people hunger for intimacy and closeness with others. Groups provide a surrogate family of support and nurturance.

2. Groups provide simulated experiences for participants to practice new behaviors in safe settings and then receive constructive feedback that can be incorporated into future efforts.

3. Not only do group members receive help in groups, but they also have the chance to help other group members. In that sense, people can feel as though the group environment allows opportunities to provide for the social welfare of others.

4. Vicarious learning, modeling, and observational learning occur readily in groups where members can grow as a result of witnessing others do work.
5. Participants learn leadership and helping skills at the same time as they work on their own personal issues. They are able to practice helping others.

6. Groups tend to be emotionally charged environments, sparking the kind of arousal that often leads to change if processed constructively.

7. After experimenting with new ways of thinking, feeling, or behaving in the group, participants receive feedback and suggestions for improvement.

8. Groups are often the most efficient use of available resources and tend to be cost-effective.

9. Groups can provide one of the rare situations in life where members can ask for and receive honest and truthful feedback on how others see and experience them.

10. Group settings provide for a diversity of viewpoints and maximum resources that may be harnessed during the process of helping people develop new alternatives.

For a Class Activity

With several partners, talk to one another about the best group experience you ever had. Each of you should take a few minutes to describe what happened and what effects you experienced in that group and afterward. As with any group exercise, make sure that each person gets a fair share of time and that no one person dominates the discussion.

Make a list of the variables and characteristics that appear commonly throughout all your stories. What was it about these groups that seemed to provoke the most constructive changes? Be prepared to talk to the larger group about what you discovered as the most important ingredients of effective group experiences.

The World of Groups

Although so far we have been looking at particular kinds of groups that are designed, by their very nature, to be educational or therapeutic for participants, human beings experience group structures on a daily basis. The moment we are
born, we enter a family group that is designed to offer protection and safety and to teach us the skills we need to survive in the world. Our species is often described as “social organisms,” meaning that we are actually built to function as part of tribal units (Glantz & Pearce, 1989). At least historically, our very survival has depended on the strength of our kinship bonds (Wright, 1994). Evolutionary science confirms that interpersonal relationships are adaptive and necessary. Without deep, reciprocal bonds with others, human beings would not survive.

Similar to ants, termites, and herd animals, humans cannot live very well on their own; we have evolved as group creatures whose well-being depends on cooperation, division of labor, and reciprocal favors (Buss, 2011; Dugatkin, 1999). In this regard, we cannot really understand an individual person without taking the time to consider how that person functions within a matrix of interpersonal relationships.

Social cooperation is certainly a part of the different ways people earn a living and contribute to the gross national product. Almost all our work is connected to the activities of others; all our efforts are synchronized within the context of a larger group system that has its own hierarchy of authority and control.

Just imagine what we would look like to aliens observing our actions from above. We commute to work in “herds,” congregate together in meetings and consultations, and go out to lunch or for coffee in small units. Even when we appear to be alone, we are actually connected to others through computer or television screens, telephones, faxes, and even our fantasies.

Not only do we spend most of our lives working in groups, but we also choose to spend as much discretionary time as possible in the company of others. We live with families, composed of immediate kin or perhaps chosen as roommates. Depending on cultural background, some individuals live as part of larger extended families, sometimes in the same home but often in the same vicinity. Neighborhoods become the next level of tribal affiliation, as do memberships in clubs and organizations, churches, temples, and synagogues.

It is important also to note that group and communal interaction is a long-standing form of healing and surviving that has been a critical part of numerous indigenous cultures. As opposed to the more individually focused cultural identities, many cultures have more of a communal or group-focused orientation to life and mental health. During healing rituals, not only is the whole community present for support but so, too, are all the ancestral spirits, who are invited to lend their guidance and the wisdom of the ages (Kottler, Carlson, & Keeney, 2004).

Humans join dozens of groups as part of their work, social, or leisure activities. Take an inventory of your own group memberships and you will notice that you are part of various teams, committees, and clubs. You go to parties for fun.
Even now, as part of your commitment to learn group leadership skills, you are part of a community setting, a group that exists to promote learning.

The inescapable conclusion here is that most people are dependent on groups. We often learn best in groups, especially through direct experiences in which we can (1) interact with others, (2) observe others modeling new behaviors, (3) find support and encouragement, (4) take risks and receive constructive feedback, and (5) feel a sense of cohesion, intimacy, and strong connection to others. If you think about it, those are exactly the conditions that ideally will operate in this group class.

**For a Field Study**

Look at the ways you spend a typical day. Keep a log of how much time you spend in the company of others—as part of a group. Note the roles you play in these various groups. Monitor how others' behavior affects your moods, choices, and actions.

Observe others you know going about their daily business, functioning as part of many different groups. Initiate discussions with family members, classmates, and friends about the ways their lives are controlled by various groups.

**Kinds of Groups**

Although the generic term *group work* describes the therapeutic process of helping people learn about themselves for the purpose of making constructive behavioral and life changes, some specific varieties of group treatment are uniquely geared toward special goals, situations, and client populations. If many different kinds of groups are part of daily existence, the same is true for the variety of groups for which you may someday serve in a leadership role. Depending on your career goals, desired work setting, and preferred specialty, you may be required to lead any of the following groups.

**EXPERIENTIAL GROUPS**

In the history of the group movement, the discipline developed primarily from two main sources: vocational-guidance groups that were begun in schools by pioneers such as Jesse Davis and Frank Parsons and personal-growth groups that emerged in the 1940s from the work of Kurt Lewin, Wilfred Bion, and Carl Rogers (Barlow, 2014; Gladding, 2012). It is this second force that spawned the
concept of growth groups, or experiential groups, that became so popular in the 1960s. Images might immediately come to mind of a bunch of hippies sitting around in an encounter group, spilling their deepest secrets, confronting one another, and perhaps even ending up in a hot tub together.

Historically, growth groups were divided into three main types: training, encounter, and marathon. Used primarily in business and educational settings, the training groups were designed to develop greater interpersonal sensitivity and skills in participants. Encounter groups were developed as an extension of Rogers's person-centered theory and evolved from a training format to include growth opportunities for people in all settings. Rather than concentrating on skill development, the goal was to increase genuineness and authenticity. These groups are often called personal-growth groups. In the marathon structure, prolonged time periods (over a weekend) permitted more intense, in-depth interactions that broke down defenses and promoted greater intimacy (Stanger & Harris, 2005; Weigel, 2002).

In one sense, all groups are experiential in that they provide participants with direct experience—hence the focus of this text. That is why the group course is often taught in such a way that you can (1) study the ways groups operate, (2) increase awareness of your own reactions to various incidents and interventions, (3) analyze and make sense of experiences in light of the theory and research presented, and (4) increase the resources available for later learning. In other words, you find out what works and what does not work based on your own personal observations and experiences. While these data are certainly limited, biased, and prone to “sampling error,” they provide a legitimate source of information to complement what you read, study, and hear in lectures and discussions.

Since the encounter group movement in the 1960s and 1970s, experiential or growth groups have gained a degree of respectability even for mainstream settings (Barlow, 2014). Many members of the clergy, for example, lead growth groups in their churches and temples to build greater cohesion and intimacy among congregants.

If guidance/educational groups are on one end of a continuum that concentrates on content and intellect, then experiential groups are on the other end, emphasizing affect and interpersonal engagement. They stress (1) learning through doing instead of merely talking about issues, (2) role-playing and rehearsal of new skills, (3) the primacy of direct experience that comes from increased awareness and action, and (4) structured practice until new skills become part of one's normal functioning (Johnson & Johnson, 2012).

Much of the negative publicity surrounding this type of group during the encounter group era was attributed to casualties that occurred as a result of
poorly trained leaders, little screening of participants, and unchecked coercion of members (Stanger & Harris, 2005; Yalom & Leszcz, 2005). Nowadays, in any group, efforts are made to safeguard members through appropriate screening, informed consent (letting members know the risks involved), defining clear boundaries, preventing dual relationships, and protecting the rights of individuals to pass.

Experiential types of growth groups tend to have certain characteristics that distinguish them from others. They are more focused on the present than the past. Members tend to be reasonably well-adjusted and working on general growth issues rather than specific problems. The focus is on interaction among members, providing opportunities for feedback and practice of new behaviors. Members are invited to concentrate on self-disclosure, risk taking, and being as authentic and genuine as possible with one another. The emphasis in the group is often on “processing,” which is the action of group members examining and reflecting on their own behavior and the behavior of the group as a whole to finding meaning, knowledge, and awareness about what is happening and why (Brown, 2009; Ward, 2014).

One experiential growth group might look something like this:

Leader: We were talking earlier about our fears of being closer to one another and how this pattern plays itself out in other relationships.

Tomas: Yeah. Well, it’s just not part of my culture for men to be that intimate, if you know what I mean.

Carole: [Laughs] Yeah, that’s our loss.

Tomas: Hey, back off!

Leader: Tomas, talk to Carole about how you’re feeling right now after that comment.

Tomas: It’s just that she always jumps on me . . .


Tomas: Why are you digging at men like that? I never did anything to you before.

Carole: No, you misunderstand, Tomas. I like you. I really like you. I’m just frustrated because you won’t let me get close to you.

Leader: Kia, I noticed you nodding your head while Carole was talking to Tomas. Perhaps you could talk to Tomas as well about how you see him.

You can see quite readily that the emphasis in this type of group is helping participants learn more about themselves and about the ways they interact with
others. In this interaction, group members are encouraged to speak directly to each other about their experience with each other in the present moment. While the interaction above could easily have occurred in other types of groups we will discuss, it illustrates the main ingredients of an experiential growth group in which members work on becoming aware of issues in themselves, others, and their interactions.

**TASK GROUPS**

Just like it sounds, some groups come together to accomplish rather specific goals. Such groups include staff meetings, task forces, committees, community organizations, and similar structures that are designed to complete mutually determined tasks. They also involve the sort of informal study groups you might organize to prepare for class projects or exams.

In task groups, while attention may be paid to member needs and the process developing among participants, the main focus is on completing some assignment or objective that is related to the world outside of the group. In effect, the main goal is getting down to the business at hand (Levi, 2011). This could involve solving a problem, reaching a consensus, or developing a plan to be implemented.

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**For a Classroom Activity**

Try completing some complicated, stressful, and challenging assignment in which there is diversity of opinion about the best way to proceed. For example, meet in groups of six to eight to determine a new procedure for assigning grades in the class. With a volunteer leader, take about 10 or 15 minutes to discuss various options.

Debrief one another afterward, talking not just about your relative effectiveness in completing your assigned task but also about how members felt during the experience. Did each person feel heard, acknowledged, and understood? How satisfying was the experience for each member? It is not only what you do that is important but also how you do it.

Now reconvene your group to continue your discussion for another 15 minutes. This time, however, identify two individuals to serve as coleaders. While one leader will perform the task of the facilitation role attempted earlier, making sure that people stay focused on the assignment, the other leader will closely monitor the extent to which members are being heard and understood.

Discuss the differences between the two group experiences.
The percentage of task groups in the workplace has been increasing over time (Levi, 2011). More and more often, companies and organizations are interested in hiring group leaders or “process consultants” who can help various work groups function more effectively, not only developing better “products” but also helping participants feel more valued and supported. One of the main reasons for the rise in workplace task groups is the increasing complexity of work tasks and uses of technology to form online communities. Since product development or process improvement is increasingly requiring more knowledge and skill than what one can handle on one’s own, most work tasks are being undertaken by teams. Collaboration and effective communication between employees and managers is essential and often requires effective group membership and leadership skills (Wheelan, 2004b).

The most common interventions used to help task groups become more effective and productive involve team-building strategies (Burke et al., 2009). This involves trust building, communication, decision making, and other aspects of effective group dynamics. Leaders who work with task groups tend to be skilled not only in therapeutic-type skills designed to help members develop trust, cohesion, and close affiliations but also in those interventions needed to keep the group productive to reach the stated objectives (Komives, Lucas, & McMahon, 2013). Traditionally, leaders work to balance between traditionally male-gendered activities that are focused on content, goals, objectivity, and measured performance, and traditionally female-gendered values that emphasize process, feelings, communication, and quality of experience. The best task-group leaders borrow the strengths of each approach so the team members develop characteristics demonstrating commitment to the group goals, involvement in and support of the process, a sense of pride and recognition in the contributions, and a feeling of personal satisfaction in the efforts. Other innovative leadership models with task groups involve the use of emotional intelligence, which is the ability to recognize and understand emotions and the skill to use this awareness to manage self and relationships with others, as a means of creating a cooperative and effective group (Blattner & Bacigalupo, 2007).

EDUCATIONAL GROUPS

The purpose of an educational or psychoeducational group is often to disseminate specific information to participants (Rath, Bertisch, & Elliot, 2014). You are most likely in this type of group right now. Similar to task groups, there tends to be a balance between content and process (Brown, 2011). In other words, your job in this classroom group is not only to learn the theory, research, and skills of group leadership but also to experience the process of constructive groups. Your
attitudes, thoughts, feelings, interactions, and very personal reactions to the content of the course (and this text) are just as important as the material. The objective of educational groups is to help participants meet desired learning objectives, while also addressing distinctly emotional/social needs.

Almost every helping professional leads some group in this category. Social workers, psychologists, addiction counselors, and mental health counselors run groups designed to inform participants about the dangers of alcohol and drugs. People court-ordered due to engaging in spousal or child abuse, as well as convicted drunk drivers, are often mandated to participate in groups that are structured to educate them about the consequences of their behavior. Private practitioners and other psychological educators offer courses for the public on themes related to self-esteem, assertiveness, weight loss, and eating disorders. Elementary school counselors run a whole curriculum of guidance/educational groups for younger children, covering themes of conflict, sharing, self-confidence, and values clarification. High school counselors organize similar groups structured around career guidance, college planning, study skills, sexually transmitted diseases, decision making, relationship skills, and divorce adjustment. College counselors offer dozens of educational groups as well, customizing the themes to their audience. Family counselors might present short courses on effective negotiating skills, marital satisfaction, parenting, or sex education.

Regardless of the setting and specialty area, educational/guidance groups tend to be rather content oriented, with specific lesson plans and learning objectives. They rely on questionnaires, multimedia presentations, group discussions, role-playing, panel presentations, mini-lectures, and other strategies that combine the delivery of information with opportunities to personalize the content. Education groups also allow members to learn in a group environment and receive some emotional support, and this often occurs in a cost-effective manner (Rath et al., 2014).

For Reflection or a Classroom Activity

Pick some topic that you know quite a bit about. It should be a subject that has an emotional component, as well as a content area.

Design a short course that you could teach to a group of people. Include a specific outline and lesson plans to cover eight sessions.

Build into your structure not only the information that you want to impart but also how you intend to help participants personalize and integrate the material in their lives. You might want to consider including focused discussions, reflective activities, skills practice, role plays, small-group exercises, and similar structures.

If possible, present a part of your unit (5 minutes) to your class or work group. Solicit feedback from the participants on how you could improve your program.
Chapter 1: The World of Groups

**PROCESS GROUPS**

If the emphasis of some educational groups is on content, another type stresses the process of learning. In a process group, the focus is rarely on the educational content germane to the topic, although this content is important. Rather, the focus is more on the psychological and social issues that are generated around the content or topic (Rath et al., 2014). A commonality among these groups is their emphasis on processing, which helps participants reflect on their behavior and that of other members present. Processing can be defined as an “activity in which individuals and groups regularly examine and reflect upon their behavior in order to extract meaning, integrate the resulting knowledge, and thereby improve functioning and outcome” (Ward & Litchy, 2004, p. 104). Not only can such a focus address underlying issues, and increase productivity and outcomes, but it can also help people feel heard and validated (Ward, 2014). In running effective meetings, for example, it is necessary that leaders understand and focus not only on the content (e.g., agenda, goals, discussion topics) but also on the interpersonal process components. This might involve asking questions such as, “What is going on right now?” “What is the meaning of the long silences?” “How can more people become actively engaged?”

As another example, imagine that a teacher is introducing to a group of ninth-graders a unit on the American Civil War. The content of this presentation would, of course, be on the facts of the historical record as they are currently known: What precipitated the conflict? What were the turning points in the war? Who were the notable protagonists in the struggle? Which battles were most significant, and what were their outcomes? This is the traditional introduction of content material that is deemed important.

For Reflection

For new group leaders, getting an understanding of process can often be tricky. As noted above, in group interactions, there are two major ingredients: content and process. The first deals with subject matter or the task on which the group is working. In most interactions, the focus of attention of all persons is on the content. The second ingredient, process, is concerned with what is happening among and to the group members while the group is working. Group process deals with items such as morale, feeling, tone, atmosphere, influences, participation, styles of influence, leadership struggles, conflict, competition, cooperation, and so on. These can often be sensed in an emotional moment. The process component of any interaction can often be understood as what is not being said or conveyed in the content. In that sense, it communicates the true nature of the relationship among those involved.

In most of the usual interactions in life, very little attention is paid to process, even when it is the major cause of ineffective group action or the very thing that makes you
feel uncomfortable. In many cultures, drawing attention to the process is viewed as rude or socially inappropriate behavior. However, in group settings, being able to detect and being sensitive to group processes will better enable you to diagnose group problems early and deal with them effectively. Since these processes are present in all groups, awareness of them will enhance your worth to a group and enable you to be a more effective group leader. Below are some guidelines to help you observe and analyze group process. At the group level, which is looking at the unit as a whole, consider the following:

- What are the themes that have emerged?
- What is the energy in the group like?
- Where are there tensions in the group?
- When do the group members seem particularly tense?
- What precedes tense moments?
- What are the repetitive patterns of behavior in the group (e.g., what is the order of speaking, what members always support/attack each other, who breaks the silences, who takes risks, who rescues the group)?
- What is the emotional tone of the group?
- How do members react to distressed members?
- How do members respond to one another’s self-disclosure? The leader’s self-disclosure?
- What are the incongruences between verbal and nonverbal messages?
- What is the body language of the members? Are they excited, bored, agitated?
- What is the tone of voice being used? Focus less on what is being said and more on how things are being said.
- What did group members carefully avoid talking about? In short, what things were not said?
- What does the group look to the leader for? Direction? Affection? Answers?

Whether you ever work as a teacher or become responsible for introducing some sort of content material to group members, another facet of the learning includes attention to process dimensions in addition to cognitive mastery. In the preceding example discussing the Civil War, for instance, the teacher might direct attention in quite a different direction from the original lesson plan on the causes of the war.

Teacher: Megan, I notice you seem a little bored during this talk on the causes of the Civil War.

Megan: No, it’s not that . . .

Teacher: That’s okay. Some of this material can be boring if you don’t see how it means something to your life.

Timmy: [Blurts out] You mean like sex?
Teacher: Exactly. So let’s think of a way that what we’ve been doing can be related to what’s important to you.

Megan: But how could this history stuff . . . ? You know.

Teacher: Well, let’s all think of a time when each of us got into a huge fight with someone over something that started out seemingly small and, over time, became a very big deal.

The teacher moves the discussion from one level of engagement to quite another that involves the students’ own experiences, feelings, and values. It takes the engagement from a discussion of facts and content from the past to a present encounter of how the content is being experienced at the moment. One could say that this is what all good teaching is about, regardless of the setting and context. We would have to agree. In fact, both of us overwhelmingly teach our courses from a process perspective.

**Student Voice**

Learning About Process

Without a doubt the best lesson I learned about groups was understanding the process level of interaction. It was hard to figure out, but I remember my light bulb moment. During an early group I was feeling and appearing rather anxious and frightened, but nobody was saying anything about it. At that point, the group leader made a joke about how he believed that at this point everyone must have memorized what shoes others were wearing. This was a time when all of us were quiet and looking down at the floor. At first, I was taken aback, then I laughed because he was right. I could name the shoes each person was wearing since I was trying so hard not to make eye contact with anyone. And in fact, each group member was doing the same thing to hide his or her anxiety and tension. This is when it all started to make sense to me as the leader was speaking about what was not being said but was fully present in the room. The group chuckled and then got into the felt pressure and fear that was alive in the group at that time.

Traditional classroom groups become process oriented when the leader takes the following steps (Kottler & Kottler, 2006).

1. The focus changes from specific information to an exploration of underlying processes that are experienced. Let’s stop for a moment and look at what has been happening these past few minutes. What have we really been talking about?

2. The learning environment changes from a focus on correct answers to an expression of opinions, feelings, and beliefs. “I know that’s why the battle
started,” the teacher might say, “but how do you feel about people trying to kill one another over their disputes?”

3. Participants are urged to own their personal reactions. “I know that’s what the book says, but what do you think is going on?”

4. Small talk and rambling are reined in more than ever. Don’t let the participants digress, intellectualize, or ramble. Keep them focused on their own internal processes, as well as those of the group. Anticipate that there will be some resistance to this; what you are asking people to do is not only difficult and strange but also threatening.

5. Structure discussions to be member rather than leader centered. In traditional learning environments, most communication is filtered through the teacher. If the room has been arranged in a circle, if members are directed to speak to one another, if the leader downplays authority functions and instead encourages people to talk to one another, the atmosphere becomes more open and egalitarian.

6. As the leader, attend to the dynamics and process of the group. The specifics of what this means will be discussed in the following chapters. For now, understand that you will be looking closely at the underlying meanings of behavior and the interactive patterns that emerge.

If you could listen in to the internal dialogue of a leader who is thinking in this way, you might hear the following reflections:

- Interesting that most of the boys are hanging back and the girls are more actively involved.
- I wonder what we are not talking about right now that is important in the discussion.
- The coalitions that have formed seem to discourage some people from talking. I’ve got to figure out a way to get more students involved.
- They seem to be staying with safe comments, afraid of revealing too much of themselves.
- There’s a lot of approval seeking going on right now, not just toward me but toward those who are perceived as the leaders.

**SELF-HELP/MUTUAL-HELP GROUPS**

While, strictly speaking, you won’t be leading this type of group, it is still important to know how they work so you can make use of their resources. This is
particularly the case considering that more than half a million such groups are currently operating in North America alone. There are more than 800 self-help organizations that focus on almost every major chronic condition and leading cause of mortality. Some estimates indicate that 7% of adults in America participate in some sort of self-help group (Klaw & Humphreys, 2004). In fact, visits to self-help groups represent the majority of group help seeking.

Perhaps the most well-known of all such groups are Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). Capitalizing on the same powerful factors that operate in any group—sense of belonging, mutual support, altruism, and sharing—self-help groups are blossoming in almost every community and setting. There are groups for the recently divorced, frustrated parents, those suffering from cancer or HIV, people learning to express emotions, people learning not to horde things, and people trying to lose weight, to mention just a few.

Self-help groups do not have professional leaders present, although they may rotate the leadership role. In addition, they differ significantly from other, therapeutic kinds of groups that you will most likely be leading. Highlighted in Table 1.2 are several distinctions to remember (Corey, 2013).

**Table 1.2  Distinctions Between Self-Help and Therapeutic Groups**

<table>
<thead>
<tr>
<th>Self-Help Groups</th>
<th>Therapeutic Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotated leadership among members</td>
<td>Professional leaders</td>
</tr>
<tr>
<td>Leader role as peer facilitator</td>
<td>Leader role as consultant and expert</td>
</tr>
<tr>
<td>Single issue as focus (addictions, divorce, etc.)</td>
<td>Multiple issues are addressed</td>
</tr>
<tr>
<td>Homogeneous membership with shared problem</td>
<td>Heterogeneous membership</td>
</tr>
<tr>
<td>Emphasize inspiration and support</td>
<td>Emphasize understanding and action</td>
</tr>
<tr>
<td>Function as surrogate family and support</td>
<td>Function as catalyst for change</td>
</tr>
<tr>
<td>Tend to be open-ended and ongoing</td>
<td>Tend to be time limited</td>
</tr>
<tr>
<td>Accepting and supportive climate</td>
<td>Climate parallels real world</td>
</tr>
</tbody>
</table>

If you are ever called on to help guide some kind of self-help group or train others to do so, you might wish to keep the following guidelines in mind:

1. Determine what the group norms are, specifically focusing on the expectations of member participants and observing how, or if, the group members speak directly to each other during the meeting.
2. Balance the amount of structure so everyone participates constructively, but without ignoring the powerful moments.

3. Review the concept of safety so that everyone is respectful of one another and no one is cut off. Likewise, distribute the time equitably among each of the participants so no one feels cheated.

4. From the onset, use your own tone of voice and attending behaviors to model the kinds of disclosures and behaviors you want others to follow.

5. Most self-help groups are powered by members’ own stories; so offer support, connection, and help from your own experiences rather than from a position of authority or expertise.

6. Be sure to explore how the members are applying what they are learning in their day-to-day lives.

**For Personal Application**

Attend a self-help group in some area of interest or need to you. This could be related to lifestyle (Weight Watchers), addictions (AA, NA), behavior (hoarding, Clutterers Anonymous), support (Al-Anon), grief and loss, or even leisure and entertainment (book club).

During your visits, examine the ways the effective members make the most of the experience. See if you can answer the seemingly simple yet complex question: What brings the members back each week?

**COUNSELING GROUPS**

There is considerable debate in the field as to whether there are meaningful differences between counseling and psychotherapy. With respect to group work, it is generally accepted that counseling groups tend to be relatively short-term, focused on adjustment issues, and designed for relatively normal-functioning individuals, whereas therapy groups are suited for inpatient settings or more severely disturbed populations that require long-term care. Historically, counseling groups tended to focus on development, enhancement, prevention, self-awareness, and growth, whereas group psychotherapy appeared more clinical and focused on reeducation through insight and a focus on the past and present (Corey, 2013). These distinctions become quite complex when you consider the varied professional training of the group leaders, who may come from social work, psychology, nursing, counseling, family therapy, psychiatry, human services, organizational development, or education.
Chapter 1: The World of Groups

and, thus, may have preferences for what they call their work. That is one reason why in this text we have been using the term group leader (rather than group therapist or counselor) so as to be inclusive of different fields. Furthermore, regardless of whether the activity is called counseling or therapy, virtually identical processes are usually going on within them.

Counseling groups (and most therapy groups as well) create an environment that is designed to simulate the real world as much as possible. Members work on specific problems they are experiencing, often in concert with others who may be experiencing similar difficulties. Counseling groups are aimed not only at “fixing” current problems but also preventing others in the future.

As far as what you might expect in such a group, the experiences often begin with a “check-in,” in which each member briefly talks about what has transpired during the preceding week and reports on the progress made, keeping in mind the previous sessions. Depending on the length of the sessions (40 to 50 minutes in a school, 1 hour in some community agencies, or 90 minutes to 3 hours in other settings), several members receive specific help in the group working on their identified difficulties. Typically, groups are co-led by two trained leaders, but in some settings members act as coleaders, being guided by the leader to the appropriate behaviors that are most useful. Often, members identify strongly with the person receiving attention and may choose to share their own experiences or reflections related to the theme. Sometimes, a core theme may evolve in a given session, and many individuals may talk about their issues related to love, rejection, failure, or a similar subject. The session usually ends with members doing a “go-around,” taking turns talking about what they are leaving with and what they intend to do during the next week to apply what they have learned.

Ideally, counseling groups are designed to be as heterogeneous as possible, with the greatest possible diversity in cultural background and experience so that more varied resources are available for members. Screening is usually done to make sure that each member is suitable for the group and will be a compatible team member. Such groups are often limited to a specified period of time—for example, 10 weeks, one semester, or 6 months.

Peering into a counseling group in action, we join them during the fifth session, smack in the middle of the “working stage.”

*Myra:* My father doesn’t listen to me at all. My mother . . . I wish she didn’t listen at all, ’cause she’s just a pain in the butt.


*Leader:* Wait a sec, Cal. I don’t think Myra was finished yet.
PART I: FOUNDATIONS OF GROUP WORK

Myra: That’s okay. I was pretty much done. It’s just that . . . I don’t know . . . it’s just that I was thinking about maybe leaving home.

Midge: Way to go, girl! Don’t take any crap from them!

Leader: Myra, you’re getting a lot of support from Midge and Cal and others. If you look around the room, you’ll see almost everyone is with you right now. I guess my concern for you is what the consequences will be if you move out of the house right now. Maybe we could spend a few minutes looking at that. Anyone have some input for Myra?

It appears as if this group is problem solving on behalf of one member who apparently is prepared to leave home without much of a plan. But there is actually far more than that going on in the group. Almost all the adolescents in attendance can relate to Myra’s problems with her parents. Even those who are getting along with family at home can still identify with the experience of not feeling understood and valued. While they are helping Myra sort out her problem at home, they are looking at their own lives and thinking about what they can do to make things better for themselves. Furthermore, they are developing a level of trust and intimacy with one another that feels wonderful during these times when they often feel so alone.

For a Field Study

Interview several different people who have participated in counseling or other therapeutic/growth groups. Find out what it was about the experience that made the maximum difference to them. Why did they go, and what did they gain? Ask them to describe in detail some of the most memorable moments of the time they spent with the group.

INPATIENT THERAPY GROUPS

Therapy groups, whether led in outpatient or inpatient settings, are usually suited for those with more severe disorders. In some cases, the members may have essentially the same problems as those in the counseling groups (e.g., depression, anger, anxiety, physical complaints), only the severity of their symptoms is more pronounced and their duration may be more chronic (Emond & Rasmussen, 2012).

Therapy groups are longer-term treatments than the other groups that have been presented here, often lasting several months, if not longer. They are generally led by professionals who have more advanced training, since they often deal with disorders that may require medication, hospitalization, or other medical
interventions. In more remote settings, sometimes those with paraprofessional training are called on to lead groups with the most disturbed populations.

Inpatient groups are an integral part of most mental health programs, whether for those patients with mental disorders, chronic addictions, or other severe emotional disturbances (Emond & Rasmussen, 2012). The groups are often structured so as to provide support daily (or at least a few times per week) and to complement the work being done during the individual sessions.

Just as in other forms of group work, many different models are employed in inpatient groups. Some approaches help participants learn coping or interpersonal skills; others attempt to create a surrogate family to work through issues from the past; still others teach problem-solving strategies (Brabender, Fallon, & Smolar, 2004; Emer, 2004). Others work to engage group members, reduce their sense of isolation, help address anxiety caused by being in an inpatient setting, and provide the experience of universality and of being helpful to others (Hajek, 2007).

When working with members who are diagnosed with “personality disorders” or “psychotic symptoms,” it is more important than ever to enforce firm boundaries and limits to make sure that things remain under control. While most texts advise against group therapy as the treatment of choice for those who act out in dramatic ways, the reality is that many institutions use these structures because of a staff shortage and cost-effectiveness. It is possible, however, to accomplish a number of limited goals with this population, as illustrated below:

*Leader:* Who would like to tell us about something you did since our last meeting that made you feel really good?

*Kimba:* I whacked off.

*Tanya:* Gross!

*Michael:* Whacka . . . whacka . . . whacka . . .

*Leader:* Okay, guys. Enough of that.

*Tanya:* But that idiot . . .

*Leader:* Remember our rules about no name-calling and no sex talk just to shock people?

*Kimba:* But it did feel pretty good. And that’s what you asked us.

*Leader:* All right. Listen up, everyone. One person talks at a time. Kimba, you volunteered first so you get to tell us about one thing you accomplished since our last session.

*Kimba:* [Sulks and looks down]

*Leader:* Your feelings are hurt now. Say what you’re feeling like we practiced earlier.
While this might seem like a scene out of a situation comedy, leading therapy groups with more disturbed populations does present some volatile, unpredictable, and chaotic situations. In fact, many of the popular motion picture depictions of group work are of inpatient groups (e.g., *The Dream Team; Girl, Interrupted; One Flew Over the Cuckoo’s Nest*). Goals are kept modest. Lots of structure is introduced. Members are held accountable for their behavior. Lots of work is done on social skills and learning more appropriate ways of communicating (Emond & Rasmussen, 2012).

**For Reflection**

Before reading the next section, consider on your own what you believe are the most important elements in life-changing groups. Based on your own experiences during which you have made the most transformative changes, as well as based on the observations you have made about others, what factors concerning group experiences do you think contribute to life changes in people?

**Universal Therapeutic Factors in Groups**

Before you start to feel overwhelmed with all the types of groups, theories, and styles of group leadership, you should know that efforts have been made to look at some of the common factors that operate in groups to understand how group works. Among all the various formats just reviewed, there are some obvious differences in their intent, structure, process, and leadership style, yet almost all groups contain similar ingredients. In fact, the most effective groups have a common identity and sense of shared purpose. This research has explored the factors that group leaders and members have identified as important (Barlow, Burlingame, & Fuhriman, 2000; Burlingame, McClendon, & Alonso, 2011a, 2011b; Lau, Ogrodniczuk, Joyce, & Sochting, 2010). Yalom and Leszcz (2005) outlined therapeutic factors that warranted attention: cohesion, altruism, catharsis, family reenactment, hope, universality/identification, imparting information, developing socializing techniques, vicarious learning/modeling, and interpersonal learning. Barlow et al. (2000) noted additional factors as feedback, reality testing, and role flexibility. Research has found a link between group-related therapeutic factors and outcomes (Cheung & Sun, 2001; Johnson, Burlingame, Davies, & Olsen, 2002; Kivlighan & Kivlighan, 2014; Ogrodniczuk & Piper, 2003; Robbins, 2003; Shechtman & Gluk, 2005). Further, Lemmens, Eissler, Dierick, Lietaer, and Demytenaere (2009) found that therapeutic factors increased as the groups developed over time. Below, we examine some of these factors and add a few of our own:
Cohesion: A foundation of group work is the notion that the process of the group is not the sum of its parts but that, instead, it has properties of its own. This supports the idea that it is not the individual members of a group but, rather, the connection among the members that forms a crucial therapeutic factor (Lepper & Mergenthaler, 2005). Yalom was one of the first to examine group cohesion, and he compared it to the concept of the therapeutic alliance in individual treatment (Yalom & Leszcz, 2005). In many ways, cohesion speaks to all the relationship constructs in a group (e.g., alliance, group climate, group atmosphere, etc.), and it tends to be one of the most predictive variables in terms of good outcome across multiple settings (Burlingame et al., 2011a; Joyce, Piper, & Ogrodniczuk, 2007), meaning that cohesive groups fare better than disjointed ones (Burlingame, Fuhriman, & Johnson, 2001, 2011). Cohesion often occurs on three different levels: member to member, member to leader, and member to group (Burlingame et al., 2011b). Practically speaking, cohesion is about
members being drawn to group to accomplish a given goal or task, or feeling connected to one another due to emotional support of the group. Cohesion is more prominent in groups that encourage member interaction (Burlingame et al., 2011a).

- **Support:** Above all else, groups make it possible for people to explore the unknown. There is a feeling that even if you fall flat on your face, there will be others to break the fall and help you recover. Since many people come into groups having recently suffered a decline in self-esteem, the presence of support within a group allows the members to maintain a more positive outlook about the group’s involvement (Brabender et al., 2004). Support is a crucial component of interpersonal relationships and has significant impact on both physical and mental health (Sarason & Sarason, 2009). Group members report that support is one of the most helpful experiences in a group, as far as good outcomes (Boutin, 2007; Cheung & Sun, 2001; Lieberman & Golant, 2002). In a supportive group, negative behaviors can be reduced (Harel, Shechtman, & Cutrona, 2012). Support in a group helps reduce the level of initial anxiety for participants, maintains the smooth development of the group process and group cohesion, and lays the groundwork for constructive feedback exchanges among members (Bernard et al., 2008; Burlingame, Whitcomb, & Woodland, 2014). A crucial aspect of support is the instillation of hope, which conveys to group members that being in the group will enhance their sense of well-being. A clear example of this can be found in AA groups, where veteran members receive chips that delineate the length of their sobriety. For a new member, witnessing someone receive a 10-year sobriety chip conveys the understanding that this group can support his or her recovery.

- **Sense of belonging:** Most people feel very alone with their situations and the corresponding feelings, especially when they are experiencing personal difficulties. Groups create a sense of cohesion and trust that make it much easier to feel safe. Cohesiveness has been described as one of the key foundational qualities of a good group experience (Burlingame et al., 2011a). Whereas there is little consensus on what exactly cohesiveness is, it is often described as feeling an attraction to the group, with a notion of identifying with the group or group members (Hornsey, Dwyer, & Oei, 2007). A key aspect of this is the feeling of universality in a group, where a group member recognizes that he or she is not alone with personal difficulties. Universality is a component of almost every group setting and is understood as one of the more important therapeutic factors (Argyrakouli & Zafiropoulou, 2007; Kivlighan & Holmes, 2004; Kivlighan & Kivlighan, 2014).

- **Catharsis:** Groups create a degree of emotional intensity, a condition that is often associated with positive changes (Cheung & Sun, 2001) if the arousal leads
to some sort of resolution. Catharsis is a release of feeling that brings with it a sense of relief (Brabender et al., 2004). Often, the emotions have been pent up for some time. But catharsis can have a double-edged quality to it; in spite of what was once theorized, it does little good (and some harm) to stir up feelings just for the sake of expressing them. In that sense, the release followed by validation from the group tends to lead to a better outcome. However, an unexpected emotional release of intensity may surprise or even frighten group members if a frame is not provided. In that situation, group members may not know how to respond, and the end result may be increased distress.

- **Vicarious learning and modeling:** Unlike other helping relationships, group members learn not just from direct experience but also from observation. The leader models effective behavior, and in groups that are co-led, the leaders demonstrate with each other effective ways to communicate and resolve conflicts (Lanza, 2007). At the same time, group members identify strongly with themes that others explore. Every time anyone in the group speaks, works, or is addressed, others take in what is happening, adapting the lessons for their own use. Modeling occurs in groups when members directly copy a particular behavior or set of behaviors. Group leaders might specifically supply behaviors to model (Gladding, 2012). Vicarious learning occurs when a group member privately applies the knowledge gained from seeing another’s behavior in group or from seeing other group members interact (Brabender et al., 2004).

- **Mutual influence:** Beyond observing other members, it is reasonable to assume that the outcome for the other members of a group will also be related to an individual member’s outcome (Lau et al., 2010; Paquin, Kivlighan, & Drogosz, 2013). This indicates the power of mutual influence between group members—namely, that the success of people making positive changes will rub off on those around them. Thus, as particular group members improve, the whole group benefits. The core of Yalom and Leszcz’s (2005) model is that group members have a direct effect on others; seeing other people’s progress helps group members realize that they, too, can feel better and change. Vicarious learning and modeling can occur only in the presence of others, and hope has to be instilled by others who are actually improving. Namely, mutual influence shows that successful groups are like a rolling snowball, gaining momentum and bringing all the members along with it.

- **Awareness:** Group experiences help participants become more aware of their behavior and the impact it has on others. Moreover, they also become far more sensitive to nuances in others’ behavior. Although such awareness is not enough, in itself, to promote lasting change, it does get people’s attention in such a way that they increase motivation to grow and learn.
PART I: FOUNDATIONS OF GROUP WORK

- **Family reenactment:** Groups provide an interpersonal context that is reminiscent of a family, complete with parental figures, sibling rivalries, and struggles for power and control. This environment makes it possible for participants to work through family issues, both past and present.

- **Public commitment:** There is nothing like telling a bunch of people, out loud, what you intend to do to increase the likelihood of your following through with your plans. It is so much harder to back down knowing that you have committed yourself in front of others. Some people elect not to return to the group because they are so ashamed by their failure to complete their self-declared tasks, and that should be avoided. Effective group leaders help members set and declare realistic goals, and still make it possible for them to return to the group without “losing face” should they not do what they said they would.

- **Task facilitation:** Because people receive less individual attention and time in a group, it is critical to help them translate new insights into constructive plans. It is not enough to talk about problems unless members do something to act on what they have learned. That is why many groups end with a final “go-around,” in which members declare aloud what they will do during the next week and begin by reporting on what they have done. This mutual accountability is what facilitates continued completion of therapeutic tasks that bring the participants closer to their desired goals.

- **Risk taking:** Various kinds of risking take place in group, all of which get the heart pumping at high volume. Imagine what is involved in revealing out loud one of your deepest, darkest secrets, something you have never told another human being. Picture the courage it takes to tell someone in the group how much you like him or her... or how irritating you find his or her behavior. Consider the level of risk involved in revealing yourself to others in the most authentic, honest, and genuine way possible. Feel your heart beating harder as you contemplate telling group members that you intend to go out during the next week and make some startling changes in the way you conduct your life. Risk taking is at the heart of group work.

- **Rehearsal:** One of the unique advantages of group work is that it acts as a real-life laboratory for practicing new behaviors. It is possible to experiment with new behavioral options, new ways of relating to other people, and then to get feedback on the impact of this action. Role-playing and other psychodramatic strategies also make it possible to rehearse confrontations in a reasonably safe setting and then refine the strategies in light of suggestions made by others.

- **Confrontation and feedback:** In a high-functioning group, it is safe to speak the truth. Groups are one of the few places where it is okay to be yourself and then hear how others honestly respond to you. You do not have to wonder how others react: You can ask. You do not have to second-guess what others might be
thinking: You simply ask. You do not have to hold back your own thoughts, feelings, and reactions to what is going on (assuming they are communicated sensitively and respectfully): You can say what you want. This is probably the most powerful learning tool of all in groups—the gift of others' honesty.

- **Magic:** That's right. Magic! This is one of our additions to the list. Amazing things happen in groups, some of which defy description, much less explanation. In a matter of weeks, participants can dramatically change their lives in ways that would never have been possible in any other setting. The feeling of camaraderie and caring—yes, the feeling of love—becomes intrinsically healing. For the first time in people's lives, many participants feel heard and understood. They realize that they are not so alone after all. They learn things about themselves that they never believed possible. The hard part, of course, is making the changes last once the group ends.

Therapeutic factors play a critical role in successful group outcomes. Whereas the factors listed above are important, they may not be present in the same degree in all groups. Kivlighan and Kivlighan (2014) suggest that group leaders often decide which therapeutic factors to emphasize in their group. The emphasized factors may relate to the type of group offered and the goals inherent. For example, a support group would emphasize cohesion, support, sense of belonging, and catharsis, whereas an interpersonal-insight–focused group would additionally emphasize awareness, risk taking, confrontation, and feedback. Further, one's leadership style, the group climate, and the group structure can also be manipulated to emphasize specific factors.

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**Student Voice**

**My Family Coming Alive in Group**

*Being a part of a group allowed me to experience and work through some of my own family concerns and issues. I tend to worry over my adult children, and when I entered the group, right away I found myself worrying over a few men and women who were the same ages as my children. I found myself protecting and worrying about them. But then something happened. These same group members showed me something. I experienced the courage, intellect, tenacity, kindness, and a sense of purpose of fellow group members who are the same age as my own children. They appreciated my protecting and worrying, but also taught me that it was not necessary. As a result, I found myself able to let go of the worry and doubt that I had not prepared my adult children well enough to grapple with the volatile, harsh world that they are now a part of. I realized the capacity and competence of my children as a fact gained through interaction with their contemporaries in my group. I was given the opportunity to see my adult children as the world must see them.*
For Reflection

The previous section explores the curative factors in therapeutic groups that lead to growth and change. If you trace your own development from birth until the present moment, you will find that many of these variables have been major influences in your own growth. What are some of these dimensions that have been most influential in helping shape who you have become and even why you are taking this course right now? It is absolutely critical that you understand those factors that have been most significant in your own evolution as a group member and leader. In the next chapter, we look more deeply at your behavior in groups, with particular attention to the development of those personal qualities that would make you an optimal group leader.

Do Groups Work?

It is fitting that we end the first chapter of this book by addressing a question that is most likely on your minds: All this stuff about groups sounds good, but at the end of the day, do we know if groups actually work to help people? Early investigations into the effectiveness of group counseling concluded in the 1960s that group counseling was an effective adjunct to treatment but that its utility as a stand-alone intervention was not supported by existing empirical research (Burlingame et al., 2014). However, over the past 50 years, those who work in groups have intuitively perceived the benefits of groups, and recent efforts have empirically shown that group work is effective for general and specific factors (Barlow, 2012; Burlingame, Fuhriman, & Johnson, 2011; Burlingame, Fuhriman, & Mosier, 2003; Burlingame et al., 2011b; Burlingame, Strauss, & Joyce, 2013; Burlingame et al., 2014; Guimón, 2004; McDermut, Miller, & Brown, 2001; Stout & Hayes, 2005; Ward, 2004) and for a wide range of presenting concerns (e.g., eating disorders, social phobia, panic disorder, mood disorders, substance abuse; see Burlingame et al., 2014, for more information).

In terms of understanding which types of groups may show better outcomes, Burlingame et al. (2003) noted that those in groups of a homogeneous nature tend to be better off than those in groups whose members have mixed concerns. Furthermore, groups with a behavioral orientation in which the acquisition of information and practice of behaviors is a main goal tend to show more improvement than groups with a more eclectic orientation. The effectiveness of inpatient counseling groups has also been shown to be robust (Emond & Rasmussen, 2012; Kösters, Burlingame, Nachtigall, & Strauss, 2006); however, outpatient counseling groups tend to show more improvement than inpatient groups (Burlingame
et al., 2003). Some research has indicated that the longer the duration of the group, the better the outcomes (Tschushke, Anbeh, & Kiencke, 2007).

In terms of comparing the differences between individual and group treatments, it is important to note that group and individual treatments have demonstrated equivalent outcomes (Burlingame & Krogel, 2005; McRoberts, Burlingame, & Hoag, 1998). Yet some have questioned whether there are any real differences between individual and group modalities in terms of their underlying processes. It does seem clear that there are at least some apparent differences. It is obvious, for example, that additional competencies are required of group leaders in general and of advanced practitioners in particular, in much the same way as there are differences between tutoring and classroom instruction. In terms of the underlying processes that contribute to change, Holmes and Kivlighan (2000) found that the relational nature of group counseling—namely, the influence of others—helped create change. Furthermore, they noted that the focus on others that is inherent in groups, highlighted by the therapeutic factors of universality, altruism, and vicarious learning, also set the group outcomes apart from individual treatments. Even in self-help groups such as AA, it often is not the 12-step practices or content that most help people recover but, rather, the therapeutic elements: instillation of hope, interpersonal learning, universality, and altruism, to name a few (Kelly, Magill, & Stout, 2009). Yet, like individual counseling settings, positive ratings of the therapeutic alliance (i.e., relationship between group members and their group leader) are predictive of good outcome (Burlingame et al., 2011a, 2011b; Joyce et al., 2007; Piper, Ogrodniczuk, Lamarche, Hilscher, & Joyce, 2005). Furthermore, even children in groups have identified the relationship aspects of the group as the most useful (Shechtman & Gluk, 2005).

Group work has its own identity even though it does share a number of similarities with individual treatment—especially with family therapy (except that all members are related; Brabender et al., 2004). And although group work has a number of contextual and process similarities to family therapy, there are also some notable differences. For instance, whereas a family is a kind of group, it is also made up of people who have a long history together and who will be going home together after the session ends. There are also differences between the modalities in requirements for inclusion, degree of enmeshment, structural hierarchies, norm establishment, and ways therapists and counselors relate to members (Nichols & Schwartz, 2012). Nevertheless, systemic thinking and family theory have had a tremendous impact on group work, just as the notions of group dynamics and coalitions have influenced the work of family practitioners.
Review of What You Learned

- You cannot learn about group leadership merely by reading about it; you must find ways to personalize the content and apply the concepts to your daily life.
- People can change faster, but can also be hurt more readily, in group settings because of the enriched atmosphere.
- Many of the risks associated with group experiences can be minimized through protecting member rights, providing informed consent, and not pressuring people to do things for which they are not yet ready.
- Although there are many different kinds of groups—task groups, self-help groups, counseling and therapy groups, and others—they all share similar dynamics, processes, and stages. Although their intent and clientele are distinctly different, you can adapt sound leadership principles to any of these settings.
- The most important part of learning to be a group leader is not what you do in class or with the text but what you do in your own life to integrate the useful concepts.