Introduction

Part 1

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Introduction to Group Practice

Chapter 1

As helping professionals working in different types of agencies, it is essential to be well versed in both direct and indirect practice. Developing skills in individual, family, group, and community work is essential. Becoming skillful in group work practice is especially important in today's competitive marketplace. Practitioners who are knowledgeable and experienced in group treatment are better able to meet the challenges of providing services to a variety of clients in a timely and cost-efficient manner. Group counseling is an increasingly popular and accepted form of treatment available in a variety of agency settings. Although group work practice has long been used with specific populations, such as individuals with mental health issues, even in these settings professionals are being challenged to develop new approaches in the prevention and treatment of psychological problems. In fact, the days of providing individual therapy alone are slowly dissipating. Notable authors in the fields of group counseling and group psychotherapy speak to this issue. For example, G. Corey (2004) states: "Group counseling offers real promise in meeting today's challenges. Group counseling enable practitioners to work with more clients—a decided advantage in these tight financial times—in addition, the group process also has a unique learning advantages" (p. 3).

Group psychotherapy is becoming as effective a treatment for a wide range of psychological problems as individual therapy. The benefits of therapeutic groups are being recognized increasingly in mental health settings, and group treatments are more widely used today than they were in the past. Yalom (2005) agrees, asserting that "a persuasive body of outcome research has demonstrated unequivocally that group therapy is a highly effective form of

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psychotherapy and that it is at least equal to individual psychotherapy in its power to provide meaningful benefit" (p. 1).

Group therapy is a powerful venue for growth and change. Not only do members receive tremendous understanding, support, and encouragement from others facing similar issues, but they also gain different perspectives, ideas, and viewpoints on those issues. Most group members, although somewhat apprehensive at first, report that the group experience was helpful far beyond their expectations.

Even when group counseling or psychotherapy is the preferred treatment modality, practitioners need to have specialized knowledge of group theory and practice in order to be effective. In addition, practitioners must be creative and spontaneous in applying group theory to real-life practice. In this chapter we begin by examining the various ways in which group work itself is defined. We explore the many different types of classifications, followed by a brief history of group work. Benefits and drawbacks of group work are to be delineated and current trends in the field are to be addressed.

Group Work

Group Work Defined

Definitions of the term *group work* vary. Often such terms as *group practice, group treatment, group counseling,* and *group therapy* are used interchangeably. In 1959, Olmstead authored a text titled *The Small Group* in which he defines a group as a

> *plurality of individuals who are in contact with one another, who take one another into account, and who are aware of some significant commonality. An essential feature of a group is that its members have something in common and that they believe what they have in common makes a difference. (pp. 21–22)*

Interestingly, despite the evolution of groups in these last 50-odd years, this definition still seems to hold true today. A more current definition proposed by the Association of Specialists in Group Work (ASGW), is similar:

> *A broad professional practice that refers to the giving of help of the accomplishment of tasks in a group setting. It involves the application of*

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> *group theory and process by a capable professional practitioner to assist an interdependent collection of people to reach their mutual goals, which may be personal, interpersonal, or task related in nature. (1991, p. 9)*

According to Toseland and Rivas (2001), group work is defined as "goal-directed activity with small groups of people aimed at meeting socio-emotional needs and accomplishing tasks. This task is directed to individual members or a group and as a whole within a system of delivery" (p. 12).

Groups can be categorized into two major types, *task groups* and *treatment groups*, which can then be further subdivided into more specific categories. We delineate the distinctions between these groups in further detail later in the chapter.

Task groups are developed to achieve a specific set of objectives or tasks; they are "focused on completion of a project or development of a product" (Hepworth, Rooney, & Larsen, 2002, p. 299). According to Hull and Kirst-Ashman (2004), in such groups, "concerted attention is paid to the tasks, and attainment of the desired ends assumes great importance. The objectives help determine how the group operates as well as the roles played by the members" (p. 361).

Treatment groups are more clinical and therapeutic in nature and are "aimed at enhancing the socio-emotional well-being of members through provision of social skills, education, and therapy using the vehicle of group process" (Hepworth et al., 2002, p. 299). Treatment groups are considered therapeutic groups in that they encourage behavior change in their members, serve to increase self-awareness and knowledge of others, help members clarify the changes they wish to make in their lives, and provide them with the necessary tools to make these changes. Through the group process, a trusting and accepting environment is created that allows members to experiment with new behaviors, take healthy risks, and receive constructive feedback that allows them to become aware of how they appear to others.

Treatment groups are composed of group counseling and group therapy or group psychotherapy. The major difference between group therapy and group counseling lies in goals. Whereas counseling groups focus on growth, development, enhancement, prevention, and self-awareness, therapy groups typically focus on remediation, treatment, and personality reconstruction (Brabender, Fallon, & Smolar, 2004; G. Corey, 2004; M.S. Corey & G. Corey, 2006; Jacobs, Masson, & Harvill, 2006).

Differences between group counseling and group therapy are examined further when we discuss the many different types of groups.

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In general, however, group counseling typically focuses on a specific problem, whether personal, educational, social, or vocational; treatment is generally oriented toward the resolution of specific and short-term issues. Group therapy is also a form of psychosocial treatment where a small group of individuals meets regularly to talk, interact, and discuss problems with each other and the group leader. A major purpose of group therapy is to provide members with a safe and comfortable place where they can work on more severe psychological and behavioral problems. Members gain insight into their own thoughts and behaviors, and offer suggestions and support to others. Additionally, members who may have difficulties in interpersonal relations can benefit from the social interactions that are a basic part of the group therapy experience. In group psychotherapy focus is on both conscious and unconscious awareness, present and past issues are explored, and reeducation occurs. Depending on the orientation of the group leader and his or her personality, some groups may be primarily aimed at problem solving and skill building, while others focus on more in-depth behavior and personality change.

Since therapeutic goals may be more complex, group therapy tends to be longer term in nature than group counseling as it deals with more severe emotional problems that are deeply rooted in past history. Brabender et al. (2004) add that group therapy "is designed to promote psychological growth and ameliorate psychological problems through the cognitive and affective exploration of the interactions among members and the therapist" (pp. 14–15).

Group Classifications

Literature on the different types of group treatment prevalent today is vast. Various authors have classified groups differently. The ASGW, a national division of the American Counseling Association, provides training for four kinds of groups: (1) task/work groups; (2) guidance/psychoeducational groups; (3) counseling/interpersonal problem solving; (4) psychotherapy/psychoeducational. (M. S. Corey & G. Corey, 2006; Jacobs et al., 2006) In addition to these, support groups, brief groups, and self-help groups are well known in the field of group practice.

Task/Work Groups

Task groups, also known as facilitation groups, are common in many organizations and agencies. These groups are designed to achieve a

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specific task, such as consulting regarding a patient on a psychiatric ward, resolving conflicts among house residents in a group home, or deciding policies in a school setting (Jacobs et al., 2006). Different types of task groups include committees, planning groups, staff development groups, treatment conferences, community organizations, social action groups, task forces, discussion groups, and learning groups.

Task groups use the principles and processes of group dynamics to improve practices within organizations and to achieve specified goals. Basically, task groups are intended to meet clients' needs, organizational needs, and community needs (Corey & Corey, 2006; Toseland & Rivas, 2009). Task groups are considered most effective when these nine characteristics are in place:

1. The group purpose is clear.
2. A balance of process (dynamics) and content (information) exists.
3. Culture building is encouraged and differences are both recognized and appreciated.
4. Cooperation, collaboration, and mutual respect exist.
5. Conflict is addressed.
6. Clear and immediate feedback is exchanged.
7. "Here-and-now" group issues are addressed.
8. Group members are encouraged to be active participants.
9. Time is given to both leaders and members to reflect on their work (M. S. Corey & G. Corey, 2006; Gladding 2004; Hulse-Killacky, Killacky, & Donigan 2001).

Task groups are useful in a variety of settings, such as athletic departments, employment settings, businesses, and counseling agencies. Task groups are used whenever professionals work in teams to resolve internal and/or external situations and to plan and implement ideas. Community workers, especially, will find the use of task groups essential in their daily functioning. According to G. Corey (2004):

> *Working in the community usually means working with a specific group or in a situation in which competing or collaborating groups are dealing with an issue or set of issues in a community. Most of the work in community change will be done in a small group context, and skills in organizing task groups are essential. (p. 12)*

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Group workers need to be aware of and understand how sociopolitical influences impact various racial and ethic minority groups. Arredondo et al. (1996) address such concerns as immigration issues, racism, stereotyping, poverty, and powerlessness further in their discussion of multicultural counseling.

Guidance/Psychoeducational Groups

"Psychoeducational groups, also known as guidance or educational groups, are a large force in group practice today. These types of groups are structured by a central theme, are usually short term in nature, and are often preventive and instructional; focus is on teaching and learning. Neukrug (2008) specifies that "psychoeducational groups attempt to increase self-understanding, promote personal and interpersonal growth, and prevent future problems through the dissemination of mental health education in group settings" (p. 169). Through involvement in psychoeducational groups, members can gain knowledge about specific issues, share common concerns, receive and provide needed support within the group, learn necessary problem-solving skills, and are encouraged to develop healthy support systems outside of the group setting. Since there is both an instructional and self-development component, these groups are both educational and therapeutic in nature. Psychoeducational groups often are found in educational settings as well as in hospitals, mental health centers, social service agencies, and universities (Jones & Robinson, 2000).

The purpose of psychoeducational groups may vary, from helping participants learn skills to reduce depression or to deal with a potential threat such as AIDS or a terminal illness; to deal with a developmental life event, such as entering adolescence or growing older; or to cope with an immediate life crisis, such as the death of a loved one or a pending divorce. Generally, psychoeducational groups involve training individuals in psychological skills or knowledge that is either preventive or remedial in nature. Specifically, these types of groups have been helpful in providing general coping skills and guidance during transitional times; reducing anxiety, anger, aggression, and other emotional stressors; improving interpersonal skills; and strengthening study skills. In general, the ultimate goal is to enhance self-awareness of group members and teach them a repertoire of healthy coping skills that they can use when needed.

Many psychoeducational groups are based on a learning theory model and incorporate behavioral and cognitive techniques, such as social skills training and assertiveness training, stress management, cognitive therapy, and multimodal therapy (Gladding, 2004). Page

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and Jencius (2009) emphasize that a psychoeducational group must "highlight the fact that the group's primary focus is on teaching and learning" (p. 28). They encourage using words 'teaching' and 'learning' in the purpose statement, along with other relevant information. Several examples of group purpose statements are as follows:

- *Children's learning disabilities support group*. This is an 8-week support and psychoeducational group focused on helping children with disabilities share their struggles with feeling different, learn appropriate social skills, recognize maladaptive behaviors, and learn proper coping skills.
- *Teen anger management*. This is a 12-week psychoeducational group for teens ages 13 to 17 who have experienced mild problems with anger and want to learn skills to be able to manage their anger in more positive ways.
- *Adult substance abuse group*. This pyschoeducational group is designed to help individuals suffering from substance abuse learn about addiction, stress management, problem solving, and relapse prevention.
- *Alzheimer's caregiving support group*. This group is aimed at providing a safe environment for caregivers to vent their frustrations and possible ambivalent feelings and to educate them on a variety of matters including the disease process of Alzheimer's, caregiving techniques, community resources, and self-care.
- *Breast cancer support group*. This is a 12-week psychoeducational support group designed for women who have been recently diagnosed with similar forms of breast cancer. Group goals include helping women to: learn how to cope with the physical, emotional, and lifestyle changes associated with cancer; deal with medical treatments that can be painful and traumatic; assist with choosing the right hospital and medical treatment; learn how to control stress, anxiety, or depression; learn problem-solving strategies in a supportive environment; and assist women to cope with such issues as fears about reoccurrence.

An important aspect of the process in such groups revolves around group discussions of how members will personalize the information presented in the group context. Often in the beginning of such groups, a questionnaire is given to members to determine how well they are coping with the particular area of concern. Structured exercises,

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readings, homework assignments, and contracts are typically used to help group members learn and practice specific skills. Watching certain films or movies can be especially useful in bringing to life a specific issue or concept discussed in groups (e.g., *Ordinary People* to deal with loss; *Kramer versus Kramer* to illustrate the impact of divorce on children; *The Notebook*, which demonstrates how Alzheimer's disease affects family, etc.). Some therapists may also invite guest speakers to a group session in an effort to solidify or enhance group learning. For instance, someone from public health may be invited to speak to a teen group regarding high-risk behavior, such as sexually transmitted diseases or the dangers of drug use; in a support group for parents of children with Attention Deficit Hyperactivity Disorder(ADHD), a guest might be a parent who has been successful in using behavior modification techniques at home; and in a group for chronic pain, a physical therapist might be invited to help teach body-mechanics and the use of specific exercises to alleviate pain.

Examples of psychoeducational groups prevalent today include:

- Anxiety, depression, and bipolar groups
- Bereavement groups for children and spouses
- Groups for children of divorce, alcoholics, and domestic violence
- Incest survivors and post traumatic stress groups
- Social skills and relationships groups for children, teens, men, and women
- Support groups for HIV/AIDS, Alzheimer's caregivers, breast cancer
- Teen pregnancy and parenting groups

Clearly, psychoeducational groups vary in theme and content and can be structured in a multitude of ways. Perhaps most noteworthy is the flexibility that these types of groups offer. Not only can they be designed for use with many different client populations, but they can be tailored to meet the specific needs of group members. Furthermore, because psychoeducational groups offer treatment in an efficient and cost-effective manner, they are becoming a most popular type of group treatment used by practitioners today.

Counseling/Interpersonal Problem-Solving Groups

Counseling groups, also known as interpersonal problem-solving groups, strive to help group members "to resolve, the usual, yet often difficult, problems of living through interpersonal support and problem

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solving" (ASGW, 1992, p. 143). Counseling groups are similar to psychoeducational groups, and sometimes distinguishing between the two can be difficult. Normally, group counseling is more direct than a psychoeducational group in its attempt to modify attitudes and behaviors. For example, the affective involvement of group members is stressed in group counseling; members' cognitive understanding is emphasized in a psychoeducational group. Group counseling is generally conducted in a small, intimate setting; a psychoeducational group can be conducted in a larger, room-size environment (Gazda, Ginter, & Horne, 2001). Additionally, in counseling groups, interaction among group members is greater than in psychoeducational groups (Gladding, 2004).

Counseling groups also vary in their purpose and populations they serve. Personal, education, career, social, and developmental concerns are commonly addressed. Unlike psychotherapy groups, which are discussed in the next section, counseling groups focus on "interpersonal process and problem-solving strategies that stress conscious thoughts, feelings, and behaviors" and are "geared toward resolution of specific short-term issues," not the treatment of more severe psychological and behavioral disorders (M. S. Corey & G. Corey, 2006, p. 12).

Members attend counseling groups because of certain problems in their lives. Interactive feedback is used among members, and here-and-now support methods are central to helping participants deal with developmental concerns or to resolve problems relating to daily life. Group members may be dealing with situational crises and short-lived conflicts or may be working on changing self-defeating behaviors. Group members often determine the focus of the group and with the group leader's guidance are encouraged to help one another. Members are generally well-functioning individuals who are encouraged to discover internal resources and strengths. The premise is that by helping other group members discover their inner resources and learn to deal constructively with barriers preventing their optimal functioning, they will learn interpersonal skills that can help them better cope with both existing difficulties and future problems. Self-exploration is fostered by a supportive group atmosphere that challenges members to engage in honest self-exploration.

Counseling groups may vary in terms of how they are structured; some are open, while others have a more specific focus. There is no consensus on how these groups should be conducted. Opinions vary regarding the role of the members and of the leader, the appropriate tone, and the theoretical orientation to be used. However, three goals are common to all counseling groups:

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1. Helping individuals develop more positive attitudes and improved interpersonal skills
2. Using the group process to facilitate behavior change
3. Helping members transfer newly acquired skills and behaviors learned in group to everyday life (M. S. Corey & G. Corey, 2006, p. 13)

In essence, then, the group leader is assigned the task of developing a favorable climate for productive work to take place. Engendering an open and trusting group environment allows members to feel safe in giving and receiving feedback and in exploring different ways of relating and problem solving. Ideally, the group leader guides members into translating general goals into more concrete behavioral changes and encourages active participation. As the group becomes more of a microcosm of society, group process provides a sample of reality. Essentially, when the struggles that people experience in group mirror those conflicts faced in their daily lives, group members can learn to respect differences and to recognize that they are often more alike than different. As we discuss later, this sense of universality offers support and hope. When these conditions are met, group members feel most empowered to accept their situations and/or to make changes for the better.

Psychotherapy/Personality Reconstruction Groups

Psychotherapy groups differ from task, psychoeducational, and counseling groups in that they are often more long term in nature and group members typically are dealing with more severe problems. Psychotherapy groups are sometimes called personality reconstruction groups, given their emphasis on helping individual group members to remediate in-depth psychological problems (Gladding, 2004, p. 252). G. Corey (2004) contends that the difference between group therapy and group counseling is rooted in their goals:

> *Whereas counseling groups focus on growth, development, enhancement, prevention, self-awareness, and releasing blocks to growth, therapy groups typically focus on remediation, treatment, and personality reconstruction. Group psychotherapy is a process of reeducation that includes both conscious and unconscious awareness and both the present and the past. (pp. 8–9)*

According to the ASGW (1992), "because the depth and the extent of the psychological disturbance is significant, the goal [of personality reconstruction groups] is to aid each individual to reconstruct major personality dimensions" (p. 13).

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Because the focus is on helping individual group members resolve deeply rooted psychological problems, treatment can take a long time. Group members may present with acute or chronic emotional conditions. They are likely to feel extreme emotional distress and impairment in their daily functioning level. Since a major goal of this group is to help individual members to reconstruct major personality dimensions, emphasis is often on connecting past history to current-day issues. Group leaders use interpersonal and intrapersonal assessment, diagnosis, and interpretation to assist them; they are usually clinicians of some type (e.g., psychologists, licensed mental health counselors, and licensed clinical social workers) and are well versed in psychotherapeutic interventions.

Group therapists often encourage regression to earlier experiences that require exploring the unconscious and the reexperiencing of traumatic events. Theoretically, as catharsis occurs, these past experiences are relived in the group, helping individual members to gain awareness and insight into the past and its impact on current functioning. A primary characteristic of group psychotherapy is this working through unfinished business from the past in an effort to reconstruct one's personality. Past exploration, delving into unconscious territory, and promoting new behavior patterns requires both insight and patience on behalf of both group members and therapists, and can be a long-term endeavor.

Techniques used in group psychotherapy are numerous; the most common involve exploration of dreams, interpretation of resistance, management of transference issues, and assisting individual group members to consider alternate viewpoints on unfinished business with significant others. Involvement in group psychotherapy requires specialized training beyond what is necessary for task, psychoeducational, and counseling groups. In-depth knowledge regarding abnormal psychology, psychopathology, and diagnostic assessment is a prerequisite.

Other Groups

Brief Groups

Brief groups differ from group psychotherapy in terms of duration and focus. The term *brief group therapy* (BGT) refers to groups that are structured and time limited. In the literature, there is no consensus regarding the specific time span for a brief group. In our experience, such groups can last from 2 to 4 months and consist of 8 to 16 weekly sessions. Mackenzie (1995) distinguishes between brief groups and short-term, time-limited groups in this way: Brief groups meet for up to 8 sessions

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and are tailored to help individuals successfully negotiate a crisis, while time-limited groups have a lifespan from 6 weeks to 6 months and are designed to treat persons with more severe or complicated problems or move them to a higher level of psychological functioning.

Despite the different opinions regarding the exact number of sessions required for a brief therapy group, there is agreement that in today's era of managed care, brief interventions and short-term groups have become essential. Due to economic pressures and a shortage of resources, the mental health delivery system has seen major changes. With the advent of managed care, the trend in mental health is for briefer forms of treatment, including group treatment. Piper and Ogrodniczuk (2004) advocate brief therapy. Besides being cost effective, brief group therapy is more effective and applicable to a wide range of client problems than long-term group approaches. Likewise, Rosenberg and Zimet (1995) found evidence that behavioral and cognitive behavioral approaches were particularly effective when used in a brief group therapy format. Certain populations for which brief group therapy has been successful in treating include: cancer patients; those with medical illnesses, personality disorders, trauma reactions, or adjustment problems; and those dealing with grief and bereavement (Piper & Ogrodniczuk, 2004). Despite these positive findings, caution should be taken in considering brief group therapy for all types of clients; some individuals are best suited for longer-term group psychotherapy. Furthermore, it is imperative that group leaders engaging in brief group therapy be well trained in both group process and brief therapy. As a fast-paced, specific form of treatment, brief therapy requires leaders to possess specialized skills in goal setting and treatment planning.

Support Groups

A support group consists of members who share something in common and meet on a regular basis for support. Group members share similar thoughts and feelings and help one another examine issues and concerns (Jacobs et al., 2006). Support groups enable members to learn that other people struggle with the same problems, feel similar emotions, and think similar thoughts. Brabender et al. (2004) highlight the use of support groups for the medically ill:

> *Support group psychotherapy can be effective for patients through the experience of universality in reducing the feelings of stigma and isolation often associated with medical illness. Across many medical diagnoses,*

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> *outcome studies have demonstrated the reduction in psychological morbidity and, in some, a change in the primary disease process. (p. 267)*

Additional support groups that have proven to be effective through the years include groups for staff members, for chronically ill psychiatric patients, and groups for families of psychiatric and medically ill patients. Actually, a support group can occur any time clients who share a similar condition gather together for support. As with the other groups described, support groups benefit from professional group leadership. Brabender et al. (2004), Rutan and Stone (2001), and Yalom (1995) all emphasize the importance of group leadership. Group leaders with knowledge of the etiology of the illness or condition and who understand the many intricacies of group dynamics are often better equipped than those with limited knowledge of the specific population they are treating, or of group dynamics, to lead effectively. Yalom (1995) highlights such existential concerns as personal struggles with death, isolation, meaning of life, and freedom that often become the focus of certain support groups as an environment of trust is built.

Spira (1997) has identified three fundamental approaches to support groups with the medically ill:

1. The deductive approach, whereby the group leader acts as a health educator whom group members pose questions to.
2. The interactive approach, whereby the group leader introduces a theme that group members are encouraged to discuss.
3. The inductive approach, whereby the floor is open for group members to raise their own themes.

Today many support groups combine these different approaches in a way that is most conducive to the specific issue for which the support group is developed for (Abbey & Farrow, 1998; Allan & Scheidt, 1998).

Self-Help Groups

The self-help group has become increasingly popular in the last 25 years. Self-help groups enable individuals with a specific problem or life issue to create a support system that provides them with encouragement to begin working on positive life changes. Basically a self-help group is made up of laypeople with similar concerns who meet on a regular basis to help and support one another. Perhaps the most popular of self-help groups is Alcoholics Anonymous (AA), which follows a 12-step

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program. Many other types of self-help groups follow the AA model, including Narcotics Anonymous, Gamblers Anonymous, and Overeaters Anonymous. Additionally, with the Internet, individuals can develop a supportive network online that provides them with needed support and validation.

Common to both self-help groups and therapy groups is the notion that individuals suffer from unexpressed feelings and thoughts and can benefit from expression of these feelings/thoughts or catharsis. Both these types of groups bring together people with similar issues, encourage support, emphasize group connections, and strive for behavioral change.

Despite these commonalities, differences between self-help groups and therapy groups also exist. According to G. Corey (2004) and Riordan and Beggs (1987), self-help groups focus on a single topic, such as addiction or illness, whereas therapy groups consider more global goals, such as improving general mental health, increasing self-awareness, or enhancing self-esteem and interpersonal functioning. A further difference is in their leadership. Self-help groups are typically led by a group member who suffers from the same condition as the others. In group therapy, the leader is a professional who is trained in group practice and promotes a therapeutic atmosphere in which change results through group process.

Self-help groups and therapy groups both provide a vital function. It is important to understand the role of both in working with clients.

Historical Roots of Group Work

Group work has a long and interesting history that highlights the enduring quality of group practice. A brief look at the historical roots of group work is valuable in understanding how today's group practice came to be.

Brief History

In the late 19th century, group work followed early casework within charity organizations. Toseland and Rivas (2009) note that group work emerged in England and the United States in settlement houses as an outcome of casework in charity organizations. Early writers such as Brackett (1895) and Boyd (1935) chronicle group work as evolving primarily from the leaders of socialization groups, adult education

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groups, and recreation groups in settlement houses and youth service agencies.

In the early part of the 20th century, various other workers—adult educators, recreation leaders, and community workers, among others—began to recognize the potential of group work to help individuals participate in their communities, enrich their lives, obtain support, and learn needed social skills and problem-solving strategies. The first therapy group was conducted by a Boston internist, Joseph Pratt, with patients who suffered from tuberculosis. Pratt became "impressed with the power of the interactional components of group" (Brabender et al., 2004, p. 2). Pratt is considered a "trailblazer" in the area of group work and prepared the pathway for future group treatment with the medically ill (Gladding, 2004).

Around that time, group work was beginning to be used for therapeutic purposes in state mental institutions. L. Cody Marsh is credited in developing a group treatment format for those suffering from psychiatric disorders. As the founder of milieu therapy, Marsh "recognized that members could act altruistically toward one another, find common ground in their thoughts and feelings, experience acceptance, and enjoy an esprit de corps, all of which would ameliorate suffering" (Brabender et al., 2004, p. 2). Marsh too can be credited for setting the stage for today's use of psychoeducational techniques in group therapy. During this time, psychiatrist Edward Lazell used a group approach in the treatment of schizophrenic and manic-depressive populations. Lazell, March, and Pratt were pioneers of group therapy and believed in tracking members' progress, again foreshadowing today's emphasis on empirical evidence of treatment success.

In the 1920s a French scholar used the term *contagion* to describe the readiness of members to take on the psychological elements manifested by those around them. The term *group psychotherapy* was introduced into the counseling literature during this time by Jacob L. Moreno (Gladding, 2004). In 1921, Sigmund Freud published *Group Psychology and the Analysis of the Ego*, which primarily focused on the role of the leader as an important determinant of group development. As early as 1921, Alfred Adler and his coworkers used a group approach in their child guidance centers in Vienna (Dreikurs, 1967). Many practitioners of this era introduced group therapy to save time but quickly recognized that it was an effective means of encouraging change in clients. For instance, it was found that feelings of inferiority can be effectively challenged in groups. The group itself becomes influential in changing concepts and values that are believed to be at the root of social and emotional

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problems. This emphasis on group leadership skills remains prevalent today. The role of identification, empathy, and aggression were also beginning to be explored in relationship to groups.

During the 1930s and 1940s, Kurt Lewin's field theory concepts led to Tavistock small study groups in Great Britain and the Training (T)-group movement in the United States (Gladding, 2004). Kurt Lewin was instrumental in developing a metatheory of group life. His position was that "the group possesses properties that transcend those of any individual" (Agazarian & Janoff, 1993; Brabender et al., 2004, p. 10). In the 1930s, the first psychoanalytic group was conducted by Louis Wender, who emphasized the importance of cognition and foresaw the concept of interpersonal learning and strategies used by modern-day cognitive therapists. Samuel Slavson was the first to use group therapy in the treatment of children and adolescents. He valued each member's individualism within the group progress and believed that treatment needed to be tailored to the individual's specific needs. This focus on developing specialized groups based on age or theme remains prevalent today (Anthony, 1972; Brabender et al., 2004; Yalom, 1995, 2005).

The American Group Psychotherapy Association (AGPA) was founded by Slavson in 1943 and remains an important organization. Also, in the early 1940s, Jacob Moreno founded the American Society for Group Psychotherapy and Psychodrama. Both psychoanalytic and action-oriented approaches to group treatment were developed (Brabender et al., 2004).

The 1940s and 1950s were considered an age of expansion in regard to group treatment. During this era, group work was credited with positive therapeutic results in the area of juvenile delinquency and rehabilitation for those who suffered from a mental illness. The trend of using groups in a curative capacity in mental health settings continued. The emphasis of groups during this era changed from a recreational and educational focus used earlier in settlement houses to a more insight-oriented focus on diagnosis and treatment of members' problems (Alle-Corliss & Alle-Corliss, 1999; Reid, 1981).

The increase in curative groups in the mental health arena likely resulted from the influence of Freudian psychoanalysis and ego psychology, which was burgeoning during this time, and the shortage during World War II of personnel trained to provide individual therapy to disabled war veterans. Brabender et al. (2004, p. 9) note that "whereas World War I created an interest in group psychology, World War II precipitated the establishment of group therapy as a major treatment modality."

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At the same time that the use of group work grew within child guidance, mental health, and psychiatric settings, group work was increasingly used in recreational, educational, and community arenas, as for example in Jewish community centers, in youth organizations such as Girl Scouts and the YMCA, and in the area of community development and social action. As this interest in the use of group work spread, so did the examination of small groups as a social phenomenon. This era during the 1950s was aptly coined the golden age of the study of groups (Alle-Corliss & Alle-Corliss, 1999; Hare, 1976). During this time, many theoretical approaches to group work were expanded and the existence of group dynamics received added attention.

The 1960s continued to see growth in the community mental health movement that led to widespread group practice. Since group therapy was considered a cost-efficient treatment modality, much as it is today, many human service professionals without specific training began to conduct groups. More generic and less specialized types of practice began to dominate, resulting in fewer professionally trained group practitioners (Toseland & Rivas, 2009). It was during this time that the need for group therapy training became increasingly apparent.

During this period of growth in the group movement, many new techniques and methods were introduced. Some of the more nontraditional groups of this time include: T-groups (*T* for training), sensitivity groups, encounter groups, and marathon training groups. William Schultz and Jack Gibb are other pioneers in the group movement who are known for emphasizing a humanistic approach to T-groups that focused on personal growth as a legitimate goal (Gladding, 2004). Carl Rogers, well known for his humanistic approach to counseling and psychotherapy, is noted for devising the basic encounter groups in the 1960s that became the model for growth-oriented group approaches that followed (Corey, 2004; Day, 2004; Gladding, 2004). All of these groups tended to focus more than previous groups on the here-and-now and used a variety of experimental techniques, some which are still used in today's group practice.

Gestalt therapy, which originated in the 1940s, was used extensively during the 1960s in the form of group therapy at the famous Esalen Institute in Big Sur, California. Fritz Perls and his wife, Laura, developed this "existential-phenomenological approach" that emphasized helping clients understand their interactions with their environment (Corey, 2005; Day, 2004). Grounded in field theory, Gestalt therapy assumes that individuals have the capacity to regulate themselves when they are aware of the interaction between their internal states and their

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environment. Groups were often short term in nature with one member at a time sitting in what was called the "hot seat" to work with the therapist while others observed and participated when called on by the therapist. Even silent members were believed to benefit by "spectator learning," as they had the opportunity to identify with the interaction and became aware of their own inner responses to the session (Day, 2004). Gestalt therapy also encouraged use of body awareness, experimentation, role playing, empty-chair techniques, dream work, and psychodrama, which allowed for a lively experience that promoted direct experiencing versus a more abstract style of merely talking about situations.

In 1970 the famous text *The Theory and Practice of Group Psychotherapy* written by IrvinYalom (2005) introduced interpersonal theory, which emphasized enabling the individual group member to improve his or her capacity to have positive relationships with others. Additionally, Yalom coined the term *therapeutic factors*, referring to factors intrinsic to groups. We elaborate on these later within the chapter. Outcome research during the 1970s became more rigorous in nature and suggested that group therapy was at least as effective as other modalities (Brabender et al., 2004).

From 1985 to the present time, the helping field has seen continued growth in the use of group work as a major form of treatment. With the emergence of managed care systems that control reimbursements for health care services, including mental health, short-term group therapy has flourished. Basically, since group treatment tends to be more cost effective and short term in nature, it has become increasingly popular during today's push for fiscal restraints. Accordingly, MacKenzie (1994) asserts that the managed care industry has positive regard for group therapy, as it enables the provision of cost-effective treatment.

Besides the trend toward using cost-reduction modalities, practitioners are also being held more accountable for the usefulness of their intentions. "Vaguely defined goals pursued through unspecified processes and measures" are no longer an option for group therapists. "Third-party payers require clear treatment plans. Goals must be operationalized, methods clearly detailed, and outcomes explicitly identified. Group therapists are expected to use validated approaches" (Brabender et al., 2004, p. 13).

Another notable change seen in the provision of group therapy today is the support for a multiplicity of approaches. The use of a more integrative style is encouraged; practitioners draw from a variety of therapeutic approaches in an effort to provide more comprehensive and effective services. This emphasis on integration has led to a more

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collegial atmosphere among practitioners, yet specialized training for group leaders remains a must. Training and credentialing opportunities for group leaders are greater. The American Group Psychotherapy Association (2001), for instance, has taken greater responsibility in this capacity. Legal and ethical issues tied to group work are being scrutinized more closely. Additionally, today's emphasis on diversity-sensitive practice requires that practitioners consider such issues as race, culture, gender, religion, and geography in their preparation and treatment.

Group therapy, which developed as a response to diverse needs for educational, recreational, mental health, and social services, has an eclectic base that continues to foster diversity within group practice. In short, "group therapy continues to be widely used across different psychological populations and settings" (Brabender et al., p. 16).

Benefits and Drawbacks of Group Work

Benefits

The benefits of group work are numerous. Jacobs et al. (2006) ask the basic question, "Which is better, group counseling or individual counseling?" Their honest and succinct response sums up our views as well.

> *This is difficult to answer because people and situations are so different. Sometimes one or the other is best, and sometimes the combination of individual and group counseling produces the most benefit. For most people, groups can be quite valuable. For some people, group counseling is better because members need the input from others, plus they learn more from listening than talking. (p. 19)*

Simply put, why does group therapy work? Consider that all of us have been raised in group environments, either through our families, schools, organized activities, or work. These are the environments in which we grow and develop as human beings. Group therapy is no different; it also provides a place where individuals can come together with others to share problems or concerns, to better understand one's situation and to learn from and with each other. Group therapy helps individuals learn about themselves and enrich their interpersonal relationships. Group therapy can address feelings of isolation, depression, and anxiety and can help members make significant changes so they can feel better about the quality of their lives.

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When individuals enter a group and are able to interact freely with other group members, they often re-create those difficulties that brought them to group therapy in the first place. Under the skilled direction of a group leader, the group is able to give support, offer alternatives, or gently confront the person. In this way the difficulty becomes resolved, alternative behaviors are learned, and the individual develops new ways of socializing. During group therapy, members often recognize that they are not alone. Since many individuals feel they are unique because of their problems, it is encouraging to hear that others experience similar difficulties. In the climate of trust provided by the group, group members often feel free to care about and help each other.

The benefits are obvious to anyone who has conducted group therapy and witnessed the positive outcome of group process at work. These benefits are also well outlined in the literature. Jacobs et al. (2006), for example, identify nine reasons for leading groups: efficiency, experience of commonality, greater variety of resources and viewpoints, sense of belonging, skills practice, feedback, vicarious learning, real-life approximation, and commitment.

Efficiency

"Having several clients meet as a group for a common purpose can save considerable time and effort" (Jacobs et al., 2006). There are many situations where clients can be well served using a group format. The psychoeducational group discussed is a great example, as are developmental-type groups, such as those conducted with children, teens, and the elderly.

Experience of Commonality

Typically clients believe that their problems are unique and believe they are helpless to make any changes. Group therapy helps members recognize that they are not alone with their problems; others also struggle with similar issues. Many group members are comforted knowing that others have the same anxieties and emotional issues they have; this realization tends to reduce the sense of isolation and shame that is common. "Groups provide a natural laboratory that demonstrates to people that they are not alone and that there is hope for creating a different life" (M. S. Corey & G. Corey, 2006, p. 5).

Greater Variety of Resources and Viewpoints

Groups, by their very nature, provide a greater variety of viewpoints and resources. "Whether they are sharing information, solving a problem,

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exploring personal values, or discovering they have common feelings, a group of people can offer more viewpoint and, hence, more resources" (Jacobs, et al., 2006, p. 3). Shulman (1984) calls this cooperative element of sharing multiple resources in group "sharing data"; it has proven very useful, because many individuals on their own have very limited resources at their disposal.

Sense of Belonging

Many in the field have pointed out the powerful human need to belong (Adler, 1927; Berne, 1964; Kottler, 1994; Maslow, 1962; Trotzer, 1999; Yalom, 2005), and group provides this sense of belonging. This need is especially valuable with certain populations, such as veterans; those who suffer from substance abuse, eating disorders, or mental illness; or incest survivors. "Members will often identify with each other and then feel part of a whole" (Jacobs et al., 2006, p. 3). G. Corey (2005) adds: "The group provides the social context in which members can develop a sense of belonging and a sense of community" (p. 113). Sonstegard (1998b) writes that group participants come to see that many of their problems are interpersonal in nature, that their behavior has social meaning, and that their goals can best be understood in the framework of social purposes."

Skills Practice

Group therapy members benefit by working through personal issues in a supportive and confidential atmosphere and by helping others to work through their issues. When the group environment is safe and nurturing, members can practice new skills and behaviors in a supportive environment before trying them in real-world situations. Essentially, the group provides a safe forum in which to practice new behaviors.

Learning to reflect on the "process" in relationships and handle conflict successfully are very important process skills that group members acquire. Many group members have avoided conflict and have not known how to resolve conflict in relationships. As a result, they have missed out on intimacy, closeness, and commitment.

Reiter (2008) highlights the opportunity for skills practice that groups afford. Through group process, members can "gain a sense of how other people perceive them and can, in the moment, work at developing better relating skills. They are then able to take this interpersonal learning and apply it to their life outside of the therapy room" (p. 304).

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Feedback

Group therapy offers an opportunity to give and receive immediate feedback about concerns, issues, and problems affecting one's life. It has been well documented that by providing help to others, clients are also helped to feel good about themselves (Yalom, 2005). By helping others in the group work through their problems, group therapy members often gain more self-esteem.

Group feedback is often more powerful than individual feedback. It is easier to dismiss one person's feedback than when six or seven individuals are saying the same thing. Also, some individuals behave and react more like themselves in a group setting than they would one to one with a therapist. Group therapy clients gain a certain sense of identity and social acceptance from their membership in the group. Members learn how to relate on an emotional level to peers, not just to a therapist who is a trained listener. The transfer of skills to outside relationships is potentially greater in group therapy than in individual psychotherapy.

Vicarious Learning

Group therapy provides the opportunity to benefit both through active participation and through observation. The opportunity for vicarious learning exists when group members actually learn from observing how others resolve their personal conflicts. Seeing how others deal with these issues may give group members new solutions to their problems and provide new options.

Group therapy is an interpersonal learning environment; clients learn in vivo about healthy relationships. Peers model effective communication styles and healthy behavior. As members learn these more effective patterns, they receive increasingly positive feedback from their peers, and this feedback increases self-esteem. Effective group therapy is a team approach and a truly cooperative effort. Individuals learn about problem solving, trusting their peers, and community spirit.

Real-Life Approximation

Group therapy allows the exploration of issues in an interpersonal context that more accurately reflects real life. It has been said by Yalom (1975), for one, that group therapy is a microcosm of the client's interpersonal world. Interpersonal difficulties (i.e., projections and distortions) may emerge in the relationships with others. Often a member's habitual ways of relating are reproduced in the group setting. This gives the group the opportunity to examine and understand the difficulties

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that arise, which in turn allows the member to develop and establish new, more productive patterns of relating. Group therapy may also simulate members' family experiences and allow family dynamic issues to emerge. Clients may experience an increased need to resolve the underlying relationship issues as they come to understand how these interpersonal difficulties create barriers. Group therapy provides the opportunity to observe and reflect on one's own and others' interpersonal skills; it also provides an opportunity for a group of people to develop an intimate, social, interactive environment without having to commit emotionally to members outside of the group. A skilled group leader can assist members in learning how to interact with others based on how they interact in the group. The assumption is that individuals respond in the therapy group in much the same manner as they respond in other groups (family, friends, and work).

Commitment

Group members are often more committed toward goal attainment than they would likely be if in individual therapy. "The combination of support, subtle expectations, and the desire not to let down the group is often a powerful motivation for behavior change" (Jacobs, Masson, & Harvill, 2006, p. 5). The group process fosters empowerment.

In addition to the benefits just outlined, groups can be most effective with certain age groups, such as children, adolescents, and elderly persons. Group members can learn appropriate social skills and to develop identity, self-esteem, and character formation through interaction with their peer groups. Developmental tasks can be addressed best in a group format.

Group therapy can be a corrective emotional experience, especially if many past relationships have been painful and difficult. Individuals often replicated childhood patterns in their adult relationships. In group therapy, members often become part of a community that is more like a healthy family and have the opportunity to experience positive and healing relationships.

Despite these well-identified values of group work, many misconceptions about group work exist. Some of these misconceptions include:

- *Group therapy will take longer than individual therapy as members have to share time with others*. Group therapy can be more efficient than individual therapy for two reasons. First, even during sessions when members say little, they gain from group work by listening carefully to others. Members may find that they have much in common with

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other group members, and as they work on a concern, they can learn more about themselves. Second, group members often bring up issues that will strike a chord with others, although the others might not have been aware of the issue or brought it up themselves.

- *Individual members will be forced to tell all their deepest thoughts, feelings, and secrets in the group*. Ideally, no one will be forced to do anything in group counseling. Each member can control what, how much, and when to share with the group. Members do not have to share when they are not ready to disclose. Members can be helped by listening to others and thinking about how what they are saying might apply to them. When a member feels safe enough to share, then the group will likely be helpful and affirming. If there is pressure to disclose, the group leader should deal appropriately with this issue.
- *If individual members struggle with talking to others in general, they will never be able to share in a group*. Most people are anxious about talking in group. Almost without exception, within a few sessions individuals find that they do begin to talk in the group. Group members remember what it is like to be new to the group, so they will likely give newcomers a lot of support for beginning to talk openly.

Prior to joining a group, prospective members often are given a handout identifying the benefits of group. Such a handout might say:

Group therapy can help you

- Form goals.
- Increase self-awareness and self-esteem.
- Gain insight into the ways others perceive you.
- Discover effective patterns of relating to others.
- Develop more satisfying relationships.
- Receive support for sharing common problems.
- Learn how to apply new behaviors to situations outside the group.

Drawbacks to Group Therapy

As we have seen, engaging in group work can be very advantageous for those participating. Nonetheless, group therapy or counseling is not a

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cure-all. According to Gladding (2004), "Groups are not a panacea for all people and problems. They have definite limitations and disadvantages" (p. 250). Clear counterindications for group therapy include:

- Certain client concerns and personalities are not well suited for group.
- The problems of some individuals may not be dealt with in enough depth in groups
- Group pressure may force a client to take action, such as in self-disclosure, before being ready.
- Groups may also lapse into a *groupthink* mentality, in which stereotypical, defensive, and stale thought processes become the norm and creativity and problem solving are squelched.
- Individuals may try to use groups for escape or for selfish purposes and disrupt the group process.
- Groups may not reflect the social milieu in which individual members normally operate. Therefore, what is learned from the group experience may not be relevant.
- If groups do not work through their conflicts or developmental stages successfully, they may become more regressive and engage in nonproductive and even destructive behaviors, such as scapegoating, group narcissism, and projection (McClure, 1994).
- Agency mandates may require clients to enter group treatment despite their lack of readiness or desire to do so. "Individuals who do not want to be or are not ready to be in a group can disrupt it or be harmed because group pressure may cause them to take some action or self-disclose before they are ready" (Jacobs et al., 2006, p. 19).
- At times, a specific group member's concerns are not dealt with adequately in a group setting due to constraints of time.

Current Trends

Today, group work is being used by a wide variety of helping professionals and is becoming the treatment modality most effective with certain populations.

> *This emerging trend reflects the current emphasis in the human services field of providing needed therapeutic services to clients in the most cost-effective*

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> *and efficient manner possible. In an era when available funding is shrinking and the threat of budget cuts is ever present, many organizations are faced with the dilemma or providing quality and timely treatment while simultaneously limiting the high cost of case. (Alle-Corliss & Alle-Corliss, 1999, p. 194)*

Funding reductions that most human service agencies faced during the last few decades has resulted in efforts by administrators and human service professionals to explore more cost-effective treatment methods. Group work has a rich history. It has proven pivotal in providing sound therapeutic services to individuals in an array of settings, including educational, medical, community mental health, rehabilitative, and psychiatric settings. Cosby and Sabin (1995), who practice in a large health maintenance organization (HMO), write about the challenge of providing quality professional treatment to an ever-increasing number of clients with shrinking resources. Their HMO faced a problem familiar to virtually all organizations with limited budgets that serve large populations—increased demand for mental health services and unacceptably long waiting lists. One of the strategies pursued for "increasing efficacy and effectiveness of outpatient programs was to make increased use of therapy groups, especially time-limited groups" (Cosby & Sabin, 1995, p. 7). This plan provided needed services to more clients and was economical as well. Treatment outcomes from their work, as well as from other researchers, reflects that group therapy is becoming the treatment of choice.

Piper and Ogrodniczuk (2004) identify efficacy, applicability, and cost efficiency as the main benefits of group therapy: "Given that group therapy is as efficacious as individual therapy and requires less therapist time, it appears to be the more cost-effective treatment" (p. 642).

Groups are being designed for use in many different types of settings and for various client groups. Brief and short-term groups for specialized populations seem prevalent. Since the trend seems to be toward time-limited groups that are more cost effective, they may have narrower goals. Focus is likely to be on "symptomatic relief, teaching participants problem-solving strategies and interpersonal skills that can accelerate personal changes" (M. S. Corey & G. Corey, 2006, p. 5).

A number of researchers underscore the many possibilities of group work in the future (see Gladding, 2004; DeLucia-Waack, 1996; LaFountain, Garner, & Eliason, 1996; Shapiro, Peltz, & Bernadett-Shapiro, 1998). Increased emphasis is on developing new ways of working

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with groups that are grounded in a specific theory. For instance, there has been an increase in solution-focused counseling and brief therapy groups, which differ from problem-solving groups in their "focus on beliefs about change, beliefs about complaints, and creating solutions" (LaFountain et al., 1996, p. 256). Similarly, there is a trend toward creating more preventive-type groups.

Brabender et al. (2004) gathered abundant empirical evidence that suggests that "in most cases group therapy is as effective as individual interventions, and in some cases it is more effective. Insofar as group therapy is more cost efficient, it would seem to be the preferred modality when treatment must be limited" (p. 181).

Jacobs et al. (2006) specify specific problem areas of diagnostic criteria that have been found most conducive to group therapy. These include: depression and anxiety, grief therapy, substance abuse, eating disorders, childhood sexual abuse, and psychotic disorders. Groups are likely effective for developmental-type issues such as working with children, adolescents, or geriatric clients and for patients suffering from such medical conditions as heart disease, cancer, and gastrointestinal illness (pp. 165–174). As suggested, group may be the best treatment modality for certain clients and certain problems/issues.

Unlike individual therapy, group therapy offers "input from peers, multiple feedback, efficient use of therapist's time, and observational learning" (Sharf, 2008, p. 605) and is therefore likely to continue to remain an attractive alternative for today's practitioner.

Using an Integrative Approach in Group Work

Given our present-day managed care system, where treatment services are often limited to crisis and brief treatment, developing an integrative approach to helping is indispensable. According to G. Corey (2009, p. 448):

> *Since the early 1980s psychotherapy integration has developed into a clearly delineated field. It is now an established and respected movement that is based on combining the best of differing orientations so that more complete theoretical models can be articulated and more efficient treatment developed.*

Many authors advocate an integrated approach that embodies features from a number of theoretical models. "An integrative focus

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involves selecting concepts and methods from a variety of systems to create a model that is most suitable for working with specific clients in a way that meets agency demands for brief treatment" (Alle-Corliss & Alle-Corliss, 1999, p. 106).

Eight motives have been cited as being responsible for promoting this trend toward psychotherapy integration:

1. The greater number of therapies that are available
2. The fact that no one theoretical model is adequate to address the needs of all clients and all problems
3. The restrictions by insurance companies and healthcare companies that mandate short-term treatment
4. The increased popularity of short-term, perspective- and problem-focused therapies
5. The opportunity this climate affords clinicians to experiment with a variety of therapies
6. The deficiency of differential effectiveness among existing therapies
7. Increased awareness that therapeutic commonalities play a major role in determining therapy outcomes
8. The development of professional groups that foster this integrative movement (Dattilio & Norcross, 2006; Lazarus, 1986; Norcross, Beutler, & Levant, 2006; Norcross, Karpiak, & Lister, 2005).

Overall, one major reason summarizes this trend toward psychotherapy integration: "the recognition that no single theory is comprehensive enough to account for the complexities of human behavior, especially when the range of client types and their specific problems are taken into consideration" (Corey, 2009, p. 450).

In our own practice, we have found that an integrated approach is preferable in accommodating practitioners with different styles and practice preferences. An integrative approach allows practitioners to adopt the facets of various theories and treatment modalities they have found most effective with their particular clientele, allows them more opportunities to tailor treatment to meet specific client needs, and allows them to use the modalities with which they are most comfortable and confident. Chapter 4 presents a complete review of the most common therapies used by group therapists today.

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In Closing

This chapter introduced readers to group practice. We presented definitions of group work along with specific group classifications, including task, counseling, psychotherapy, brief, support, and self-help groups. We outlined the history of group, discussed the benefits and drawbacks of group, and presented the merits of an integrative approach. Chapter 2 begins Part II, "Developing Group Skills."