group facilitator style and outcome

group therapy: ancestors & cousins

✦ 1905 – Joseph Pratt developed group therapy for tuberculosis patients; group approaches evolved in the 1920's & 30's e.g. Adler, Lazell, Moreno, etc

✦ 2nd WW – increased need accelerated group therapy development

✦ 1946 – Kurt Lewin & T (training) groups with a focus more on organizational development & education

✦ 1960's & 1970's the heyday of "encounter groups" and cross fertilisation with traditional group therapy – note earlier fuller chapter on encounter groups from 1995 edition of Yalom's book is freely viewable on the internet – go to www.yalom.com/books/, click on "The theory and practice of group psychotherapy" and then, in the left column, click on "encounter groups"

✦ classic encounter groups have largely come & gone but they have had a considerable influence on how group therapy has developed – both in the huge multi-headed self-help movement and in the more traditional psychiatric/psychological environment

Yalom I.D & Leszcz M. *The theory and practice of group psychotherapy (5th ed).* New York: Basic Books, 2005

major experiential group research

"the most extensive controlled research inquiry into the effectiveness of groups"

✦ 210 stanford university students were randomized to groups and compared with 69 matched controls

✦ 18 different groups for 30 hours over 12 weeks

✦ expert facilitators from 10 different schools
  encounter/personal growth; gestalt; TA; sensory awareness; NTL group process training; psychodrama; Synanon; psychoanalytic; marathon; encounter-tape

✦ assessment by participants, observers, group leaders, significant others – during and at the end of the group, and also at six month follow-up

major experiential group research

key finding:

"In some groups, almost every member underwent some positive change with no one suffering injury; in other groups, not a single member benefited, and one was fortunate to remain unchanged."

leader assessment: methods

all meetings were observed (and tape recorded) – trained raters analyzed and coded all leader behaviours/statements; participants also completed questionnaires about the leaders

the therapeutic school that the leader represented (e.g. gestalt, psychodrama, transactional analysis, etc) had very little bearing on their behaviours/statements in the group

factor analysis of what the leaders said and did highlighted four important leadership functions which had clear and striking relationships to outcome – these are emotional activation, caring, meaning attribution & executive function

leader assessment: cluster analysis

✦ **emotional activation**
  challenging, confronting activity; intrusive modelling by personal risk taking and high self-disclosure

✦ **caring**
  offering support, affection, praise, protection, warmth, acceptance, genuineness, concern

✦ **meaning attribution**
  explaining, clarifying, interpreting, providing a cognitive framework for change; translating feelings and experiences into ideas

✦ **executive function**
  setting limits, rules, norms, goals; managing time; pacing, stopping, interceding, suggesting procedures

leader assessment: best outcomes

✦ **emotional activation**
  challenging, confronting activity; intrusive mod by personal risk taking and high self-disclos *moderate*

✦ **caring**
  offering support, affection, praise, protection, warmth, acceptance, genuineness, concern *high*

✦ **meaning attribution**
  explaining, clarifying, interpreting, providing a cognitive framework for change; translating feelings and experiences into ideas *high*

✦ **executive function**
  setting limits, rules, norms, goals; managing pacing, stopping, interceding, suggesting p res *moderate*