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Leaders' Experiences and Members' Perceptions of Therapeutic Factors in Three Types of Group Interventions by the ASGW Classification System: A Comparison

ASGW 分類系統下三種類型團體之領導者經驗與團體成員治療因素知覺：一個比較研究

Chi-Wei Lin*, Peter J. D. Pan**, Yu-Jen Wang***

This study examined leaders' experiences and members' perceptions of therapeutic factors in three types of group treatment in Taiwan: task, psychoeducational, and counseling groups, as classified by the ASGW Classification System. One hundred and thirteen college students and seven counselors participated and completed one of these three types of groups. Qualitative and quantitative results regarding leaders' experiences and members' perceptions of therapeutic factors in each group type were collected and discussed. Analyses revealed that similar therapeutic factors could be produced in three types of groups. However, the differences in the perceived therapeutic factors were found between groups. Overall, the participants in the counseling groups perceived greater therapeutic factors than those in the psychoeducational and the task groups. Meanwhile, the participants in the psychoeducational groups perceived more on certain factors than the task group members. Finally, no gender difference was found on therapeutic factors. The Results reflected both commonality and uniqueness of the three types of groups. It may provide a framework for further establishing the professional standards for group workers training. The implications for future research and group work were suggested.

Key words: ASGW classification system; therapeutic factor

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本研究旨在檢視 ASGW 分類系統下三種類型團體：任務、教育心理與諮商團體之領導者經驗與團體成員治療因素知覺。113 位大學生和 7 位諮商員參與並完成三類型中的一個團體。依據 ASGW 分類系統下的三類團體之領導者經驗與團體成員治療因素知覺的質性與量化資料被蒐集並討論。分析結果顯示同樣的治療因素產生在三類型團體中。然而團體間，也發現治療因素的差異。整體而言，諮商團體的成員比教育心理、任務團體的成員覺知更多的治療因素。同時，在某些因素上，教育心理團體的成員比任務團體的成員覺知更多治療因素。最後，治療因素在性別上並未顯示差異。研究結果顯示三種類型團體的共通性與獨特性。上述結果，為建立團體工作者的訓練，提供進一步建立專業標準的一個參考架構。對未來研究與團體實務工作的應用上，本研究亦提出建議。

關鍵詞：ASGW 分類系統、治療因素

I. Introduction

As a professional organization, the Association for Specialists in Group Work (ASGW) recognized the need for a uniform definition of different types of group work and, correspondingly, educational and training standards for each of the four types: task, psychoeducational, counseling, and therapy group (DeLucia-Waack, 1998). The training standards were developed to provide an organizational structure within which group workers and group educators could define and clarify different types of group work. Mastery of the core competencies details in the ASGW training standards will prepare counselors to understand group process phenomena and to function more effectively in groups. Moreover, mastery of basic knowledge and skill for group work provides a foundation to extend to related group work specialty (ASGW, 2000). Basically, the ASGW training standards are extremely useful to the field of group work. However, little or no group research has compared leaders' experiences in the different types of group interventions as classified by the ASGW classification system. Therefore, the professional training standards for group-type corresponded counselors has ever been established. Knowledge about leaders' experiences in these groups will contribute to the establishment of the consensus for the training standards, which are defined as basic knowledge and foundational skills necessary for leaders to be aware of group phenomena and

his or her own behaviors in groups. However, neither anecdotal reporting nor empirical studies supporting the use of the ASGW classification system has been seen in Taiwan. This research is the first step toward establishing a link between group practice and empirical research in terms of the ASGW Classification System.

In general, four group specializations, addressing the anticipated needs of profession, are very compatible with the knowledge and skill in group work. Clearly, the definition of the four types of groups is understandable and acceptable (Conyne, Wilson, Kline, Morran, & Ward, 1993). Due to the fact that the most practiced group formats on college campus are task, psychoeducational, and counseling groups, which jointly serve the function of curriculum and extra-curriculum activities, these three types of interventions were chosen in this study. Based on the literature review (ASGW, 1991, 1992, 2000), the definitions for each of these group interventions are as follow:

Task Groups. Group workers who specialize in promoting the development and functioning of task groups seek to assist such groups to enhance or correct their function and performance. Task group specialists use principles of group dynamics, organization, and team building to enhance group members' skills in group task accomplishment and group maintenance. The scope of practice for these group work specialists includes normally functioning individuals who are members of naturally occurring task or work groups typically functioning within an organizational context.

Psychoeducational Groups. Education and prevention are critically important goals for the contemporary counselors. Psychoeducational group specialists seek to educate group participants who are normally functioning individuals but may be informatively deficient in some area, perhaps because of inadequate family or cultural teachings about how to cope with external threats, developmental transitions, or personal and interpersonal crises. The scope of practice of psychoeducational group leaders includes essentially normally functioning individuals who are "at risk" for but currently unaffected by an environmental threat, who are approaching a developmental transition point, or who are in the midst of coping with a life

crisis. The overarching goal in psychoeducational groups is preventing future development of debilitating dysfunction.

Counseling Groups. Group workers who specialize in group counseling seek to help group participants to resolve common, yet often difficult, problems of living by stimulating interpersonal support and group problem solving. Group counselors help participants to develop their existing interpersonal problem-solving competencies so that they may be better able to handle future problems of a similar nature. The scope of practice of group counselors includes non-severe career, educational, personal, interpersonal, social, and developmental concerns of essentially normally functioning individuals.

In examining differences and similarities among the four types of groups, Gazda (1989) placed them on a continuum from task group to psychotherapy group while suggesting they have overlapping goals. Although some overlaps between any two of the three continual groups are expected (Gazda, 1989) in the group process perspective, each is nevertheless unique. In fact, each of these group formats may and probably must involve elements of the others. That is, both different and similar elements may be found in any two types of groups on the continuum.

Trotzer (1989) also acknowledged that these group processes were not mutually exclusive entities and urged leaders to maintain a fluid perspective related to the group categories. Waldo and Bauman (1998a) suggested that at least five dimensions of group work might be important in categorization: goals, process, members, setting, and leaders. Within each dimension, it is possible to describe a continuum that ranges from a more disordered or pathological orientation in a more restrictive environment to an ordinary or normal condition. Practically, these categorizations may reflect most of the differences and similarities between any two types of groups on the continuum. Furthermore, Dye (2002) pointed out that a group could be designed by making decisions based on each of these elements: goals, membership, roles, methods, and interaction. Such variation in analyzing group dimensions may be attributed to different types of groups and related to the severity of the problem area. According to the ASGW training standards (ASGW, 1991; 1992; 2000; Waldo & Bauman, 1998a) and the literatures (Pan & Yu,

2000; Shechtman, Bar-Ei, & Hadar, 1997; Shechtman & Perl-Dekel, 2000), different types of group interventions would accentuate the importance of specific therapeutic factors and group contextual environment. However, clients' (members') perceptions are drawn from their own subjective experiences and therapists' (leaders') perceptions are stimulated by professional knowledge and colored by selected theories and methods (Shechtman & Perl-Dekel, 2000). The differences between leaders' perceptions of group experiences and members' should be examined more carefully and systematically. It seems that addressing leaders' and members' perceptions from various perspectives in one study may be appropriate for conforming these issues (Shechtman et al., 2000).

Therapeutic factors, formerly called curative factors, were first conceptualized by Corsini and Rosenberg (1955). Yet, Yalom (1985) was the first to systematically and empirically investigate the factors that led to change in group counseling. He identified eleven therapeutic factors in group therapy: altruism, group cohesiveness, catharsis, imparting of information, interpersonal learning, imitative behavior, family reenactment, instillation of hope, universality, self-understanding, and existential factors. Based on clients' perceptions, the differences in the therapeutic factors were linked to the type of group, and the stage of group development (Bultler & Fuhrman, 1983; Kivlighan & Goldfine, 1991; Yalom, 1985). He further indicated that, based on clients' perceptions, interpersonal learning and catharsis were the most important factors, whereas guidance and imitation of behavior were the least important. In short-term counseling groups, cohesiveness and hope were the most recognized factors and altruism was the least important (Pan & Yu, 2000). Although this knowledge has been generated in a variety of settings with various populations and for different purposes, mostly it refers to therapy groups. Conversely, the comparison of therapeutic factors in the counseling group, psychoeducational group, and task group has rarely been addressed in theoretical or empirical studies. Hence, the present study attempted to respond to the shortage and concentrated on therapeutic factors in different types groups in college.

With these considerations in mind, a set of open-ended questions was generated to collect

data about leaders' experiences in groups. In addition, measures of therapeutic factors were administered to examine the members' perceptions in each group.

The literature on adolescents suggested gender differences in respect of group work. Adolescent boys, compared with adolescent girls, are usually less comfortable, less involved, and less likely to achieve as positive an outcome in groups that emphasize relationships (LeCroy, 1986). The present study also examined gender difference on therapeutic factors. Based on the rationale that female students are more in need of emotional support, it is possible that they would report more therapeutic factors than male students.

A more recent study (Chase, 1991) on inpatient adolescents indicated that different factors – hope, cohesiveness, and universality – were perceived as the most important factors. These results are congruent with the adult literature (Shechtman et al., 1997). Thus, it appears that the severity of patients' problems, more than the age factor, contributes to the differences in the perceptions of the therapeutic factors in group therapy.

In sum, there are a number of reasons for conducting the present study. First, knowledge about leaders' experiences in the three types of groups is particularly useful for trainers in preparing trainees to master the skills needed to lead different types of groups. Second, if more therapeutic factors can be identified in a goal-oriented task group or in a psychoeducational teaching class, the results will highlight their preventive functions for students' mental health on campus. Finally, since this study was conducted with a fairly large sample size, the results would be helpful for the applications of group work under the ASGW classification system and for the merit of the generalization of results.

The purpose of this study was, then, to examine the commonality and the uniqueness of task, psychoeducational, and counseling groups comprised of college students. The present study, with its exploratory nature, aimed to provide initial scientific knowledge for planning a more sufficiently controlled study as suggested by Shavelson (1988). Based on the literature review, it was hypothesized that differences in the perceived therapeutic factors would be found among the three types of groups. Moreover, gender differences of perceived therapeutic

factors across groups are also expected. Finally, an interaction effect of group intervention and gender was anticipated.

The first question referred to the number of therapeutic factors perceived in the three types of group interventions. It was hypothesized that there would be more therapeutic factors reported in the counseling group than in the psychoeducational group. In addition, it was also hypothesized that there would be more therapeutic factors perceived in the counseling and psychoeducational groups than in the task group, respectively. With respect to gender differences, it was hypothesized that female students would report more therapeutic factors than male students. An interaction effect of treatment (types of group interventions) and gender on therapeutic factors was also statistically proposed.

II. Method

1. Participants

The participants were 113 college students and 7 leaders (counselors) from a private university in Taiwan. There were 51 students in the psychoeducational groups (two classes), 30 students in the two task groups, and 32 members in the three counseling groups. The task groups involved 13 males and 17 females. For the psychoeducational groups, 25 were male and 26 were female. The counseling groups comprised 9 males and 23 females. The participants' ages ranged from 20 to 26 years with most between 22 and 24 (68%). Of all participants, 12.5% were freshmen, 20.6% were sophomores, 29.3% were juniors, and 37.6% were seniors. The three counseling groups were implemented within the Student Counseling Center's schedule as part of the counseling services. Participations in the three types of groups are voluntary. Moreover, students' self-selection of class (group) enrollment is more of a norm in college settings. Therefore, random sampling and assigning was not feasible in this study.

Each group (class) was led by one of the 7 leaders. The leaders ranged from 32 to 55

years of age. They gave consent to complete the Group Experience Questionnaires in the end of the last group session in accordance with their experiences of here and now interaction with members during group process. All leaders had received master's degree in guidance and counseling and had had at least 400 hours of experience as a group leader. There were 2 male leaders in the psychoeducational groups, 2 female leaders in the task groups, and 3 female leaders in the counseling groups.

2. Instruments

Selecting instruments to conduct group research can be important for practitioners and researchers (Delucia-Waack, 1998). What appears to have been most therapeutic for members is evident in "significant events." In this study, the members were asked to record their perceptions of therapeutic factors, which resulted from these critical events. Why are certain events so significant to members? Moreno (1998) pointed that it was because they promote self-awareness, universality, and relationships with others that are meaningful to the members (Moreno, 1998). However, the events members perceived as critical and therapeutic may differ from those leaders perceive as. An article mentioned earlier (Shechtman et al., 2000) pointed out that members' perceptions are drawn from their subjective experiences, whereas leaders' perceptions are stimulated by professional knowledge. Moreover, Pan and Yu (2000) indicated that members' perceptions of leader behaviors could effectively predict therapeutic factors.

Demographic Questionnaire. A brief questionnaire was designed to collect demographic information from the participants. This information included grade points average, gender, and type of group (or class).

The Therapeutic Factors Scale (TFS; Lee, 1992). The TFS was originally developed by Yalom (1985) and then revised by Lee (1992). The TFS was employed to assess therapeutic factors the group members experienced in the group. The TFS is a 7-point Likert-type measure (1 = not helpful at all, 7 = extremely helpful) consisting of 55 items, 11 subscales. The Cronbach's alpha was .95 for the total score and .62-.88 for the subscales. The inter-rater reliability, using

Kappa coefficient of agreement, was $Z=26.423$ ($p<.05$) (Lee, 1992). A careful expert review process obtained the content validity (Lee, 1992). Four counseling scholars who were familiar with Yalom's therapeutic factors were invited to classify items into the critical incident questionnaire. The results indicated all items were congruent with Yalom's therapeutic framework. The four counseling scholar raters were split into pairs and scored half the questions according to the 11 therapeutic factors. The first pair had an agreement rate of 98%, and the agreement between the second pair was 95%. The raters then discussed the remaining 7% until 100% agreement was reached on their final classification (Lee, 1992).

The Group Experience Questionnaires (GEQ). Although categorizing groups according to Waldo's and Bauman's (1998) five dimensions could provide thorough descriptions of group work, this categorization could prove cumbersome in practice. When considering requiring specific numbers of hours of training within each category, the difficulty with using all dimensions is obvious. Therefore, the problems with categorizing group work could be ameliorated through the use of multiple dimensions in describing groups. In the spirit of proposing this classification, the researchers adopted the term Group Function for the Goals. Besides, the term Group Characteristics was used for group setting and context. Finally the term Others was used to describe group process and events happening in the groups. A set of open-ended questions was developed by the researchers to gather leaders' perceptions of the functions performed by themselves. The leaders were asked to fill out the GEQ in accordance with their interaction experiences with each group. The open-ended items called for brief responses in the following five dimensions: group characteristics, members, group function, leaders and others. According to these areas, the leaders were encouraged to share some of their ideas and comments related to experiences that they had sensed in the group process; the most satisfying aspect of their own and the group's performance; the group phenomena they had observed; the most critical incident that promoted the group's development; and the group roles description.

The TFS and the GEQ were administrated immediately after the final session.

3. Procedures

The basic premise of the treatment conditions is based on Shechtman et al.'s (1997) findings. They suggested that classrooms can become therapeutic settings with group processes similar to those evidenced in small groups. Although there were major differences between the groups: the extent to which the groups were structured and the size of them. But these two factors did not seem to affect the participants' perceptions of the group process (Shechtman et al., 1997).

Treatment Conditions. Three short-term group interventions were conducted in this study: (1) two psychoeducational groups, each with 15 weekly 100-minute sessions; (2) two task groups, each with 2 consecutive weekend workshop, 14 hours per weekend; and (3) three counseling groups, each with 10 weekly 150-minute sessions. Each group was led by a counselor and was stressed the importance of positive group climate and supportive relationships. However, there were some organizational and contextual differences described in the following sections.

The counseling groups. The group counseling was performed in small groups as part of counseling service offered by the Student Counseling Center, with no more than 13 members per group. The focus of the counseling was on here-and-now relationships, as well as relationships outside the group. These were explored within a supportive and constructive climate. The participants were encouraged to express feelings and to share personal concerns. Based on the developmental models of group counseling, the group process incorporated the fundamental therapeutic elements of small groups therapy (e.g., group cohesion, catharsis, interpersonal learning, and altruism). In the initial stage, structured activities such as ice-breaker activity, paired introduction, group discussion, and group formation were used to establish group rules, to connect the members, and to set up a climate of open communication. The transition stage was usually characterized as a stage of defensiveness, resistance, and withdrawal. This phase was usually stormy, focusing on issues of trust and confidentiality. The working stage, in contrast, was non-structured; the participants initiated self-disclosure of facts and

problems, while the group members usually dealt with these disclosures with acceptance and care. The responses from the leaders tended to be empathetically understanding and supportive. Constructive feedback was presented. The group leaders encouraged the members to try new ways to make changes for their lives. The termination stage focused on personal and group gains and on separation issues.

The psychoeducational groups. The psychoeducational groups were conducted in classrooms as part of the school program. They aimed to build a therapeutic social climate. A series of human relation activities were used at first to enhance group cohesiveness and solid interpersonal support throughout the group sessions. The individuals were guided to become familiar with one another on a personal level, especially to discover the positive aspects of each member in the group, and were trained to provide encouragement, support, and positive feedback. After a secure climate had been achieved, the leader moved on to discuss concepts and ideas related to stress management. The topic issues regarding stress management included: stress reactivity, stress and illness, crisis and opportunity, coping strategies for Chinese families, relaxation techniques, meditation, family stress, stress and college students, and changing stressful behaviors.

The task groups. The task groups dealt with members of naturally occurring task or work groups operating within a specific organizational context. The group content included lectures, group tasks and activities, training sessions, handouts, and open discussions. The two groups were conducted at the Student Counseling Center, as part of the volunteer training program. However, the specific content of the task groups were organized to prepare the members to accomplish their designated duties such as a development camp and leisure activities. The main issues related to task preparation and performance included task objectives and responsibilities, team-building activities, skill training, program design, work ethics, interpersonal communications, group discussions, and rehearsals. To assist the participants to understand more about the group task goals, the group leaders chose to conduct a series of icebreaker activities before the core content across all sessions. The topics discussed and

processed throughout the group sessions were diverse and ranged from here-and-now interaction to the accomplishment of group task goals.

4. Procedures for Coding the GEQ Open-Ended Responses

Upon termination of the groups, each leader filled out the GEQ as an immediate feedback to the group he or she led. The GEQ open-ended items targeted to the leaders' experiences of here and now interaction with the groups. The leaders' responses to these open-ended items were analyzed with a qualitative research method (Fong & Chien, 2001; Patton, 1991). The process of extracting valid and relevant meaning from the rich and messy load of information was a tedious but necessary one. Each of these responses was written on an index card. Two research team members then read these cards and clustered responses into meaningful categories through careful discussions. The five dimensions this classification was based on included: members, group characteristics, group function, leadership, and others. As a validity check, this process was repeated 2 weeks later where adjustments were made to ensure that the data were appropriately represented in the five classifications. This process helps to control for the potential research bias. The possibility of biased analysis was further reduced by the fact that the qualitative analysis was not designed to test whether the leaders' perspectives supported the researchers' theoretical beliefs.

III. Results

1. Preliminary Analysis

The response to the GEQ open-ended questions demonstrated the leaders' perceptions in the three types of group interventions in term of the five dimensions: group characteristics, members, group function, leaders, and others. Table 1 shows the essential descriptions of the five dimensions, which were based on the frequencies of the leaders' responses. The accumulated results of the qualitative data are summarized below.

The task groups were characterized by goal-oriented problem solving with a clear learning motivation. The task group members were generally motivated that was manifest on their openness in discussion. Cooperation seemed to be the essential spirit growing up with the group process. The psychoeducational groups displayed somewhat different pictures by adding more interpersonal and affective elements in group dynamics such as warm and sense of being. Meanwhile, their members were permitted to express their personal thoughts and opinions. Unlike the task groups and the psychoeducational groups, the counseling groups were minimally structured to allow the maximum opportunities for the sharing of significant personal issues. With the same ground of support and warm, the counseling groups further developed here-and-now intimate relationships. Certain therapeutic factors such as hope and universality revealed in the members' feedback during group sessions.

On the dimension Members, the task group members seemed to vary in their participation, when compared with the other types of groups. The results from the leaders' observations reported that some members became less involved and less active. Some even seemed to be ignored by other members. Such accounts were generally not seen in either the psychoeducational or the counseling groups. An important finding associated with the psychoeducational groups was that in the eyes of the leaders, the group members' relationship went beyond merely classmate level. They were closer and supportive. Without being limited in one-way communication, the members in the psychoeducational groups provided one another with feedbacks and peer consultation as well as acceptance. The members in the counseling groups showed higher level of expression and disclosure. Emotional nurturance were given and taken and that contributed to deeper connected group relationships.

The three types of groups carried specific yet certain overlapping functions. The task groups, by their nature, focused on preparing and accomplishing designated duties. Cooperation, education, and cohesiveness building became key factors to achieve such objectives. Similar to the task groups, the psychoeducational groups served as learning vehicles with vast opportunities of exchanging of knowledge and ideas. However, they focused more on personal

growth and development rather than organizational accomplishments. The counseling groups, on the other hand, engaged in deeper personal issues through developing self-awareness and generating positive changes. Building trust in self and others was a significant factor promoting such changes.

With respect to the dimension Leaders, the role of the task group leaders was more directed and structured. They used encouraging skills along with moderate high executive behavior. Usually, they had limited personal contact with the members. The psychoeducational group leaders also provided moderate amount of executive direction. Their role experience in the group process included being aware of the members' needs, clarifying their inner thoughts, and providing them with a cognitive understanding of group events. The counseling group leaders employed a wide range of group techniques in a non-directed fashion. These techniques included person-centered approaches, confrontation, interpretation, and self-disclosure, etc. They were more facilitators than executive directors.

The dimension Others denoted several miscellaneous group experience of leaders. The task groups highlighted team-building activities and spirit talks. Celebrations were common after task accomplishment. The psychoeducational groups were featured by their group format that set off their difference from traditional class teaching. Daily life tasks and concerns were addressed in the sessions. Also concerned with personal issues, yet the counseling groups focused more on hear-and-now relationships. The counseling groups attempted to facilitate the members with more personal changes tools in addition to cognitive aspect.

2. Main Results

The first question referred to the number of therapeutic factors perceived in the three types of group interventions. It was hypothesized that there would be more therapeutic factors reported in the counseling groups than in the psychoeducational groups. In addition, it was also hypothesized that there would be more therapeutic factors perceived in both the counseling and the psychoeducational groups than in the task group, respectively. With respect to gender differences, it was hypothesized that female students would report more therapeutic factors

Table 1: Classifications of responses generated from three types of group interventions

Dimension	Task	Psychoeducational	Counseling
Group Characteristics	<ul style="list-style-type: none"> •Instruction •Openness •Discussion •A lot of fun •Goal-orientation •Problem solving •Limitation of interaction at the initial stage •Learning-motivation •Being generally devoted •Cooperation 	<ul style="list-style-type: none"> •Support •Interaction •Warmth •Participation •Democratic climate •Sense of belonging •Providing encouragement •Increasing sense of security and trust •Permitting the freedom to present personal opinion, feelings, and uniqueness 	<ul style="list-style-type: none"> •Increasing sense of security and trust •Minimally structured, giving maximum opportunities for the members to communicate about issues they deem important •Helping each other •Here-and -now intimate relationships •Free expression of feeling, universality, and hope
Members	<ul style="list-style-type: none"> •Mutually supportive •Giving feedback •Some of the members become less active •Some become less involved in the group process •Giving advise •Some of the members are ignored •May have conflict and disagreement •Sometimes one-way communication 	<ul style="list-style-type: none"> •Offering feedback •Mutual support •Showing involvement •Giving advise and consultation •Talking about personal idea and experience •Accepting different ideas and comments •Members' relationship is closer than classmates 	<ul style="list-style-type: none"> •Self-expression •Self-disclosure •Group members being able to give and receive emotional support and nurturance •Listening to each other •Talking about problems and solutions •Intimate relationship •Connected deeply with others
Group Function	<ul style="list-style-type: none"> •Training •Exchange of information •Education •Acquisition of new knowledge and skills •Offering an opportunity to work together 	<ul style="list-style-type: none"> •Peer support •Accomplishment •Looking for ways to resolve interpersonal conflicts •The program did not affect the more seriously troubled students 	<ul style="list-style-type: none"> •Enhancing understanding of self and others •Developing social skills •Generating positive changes •Offering members new insight and knowledge

	<ul style="list-style-type: none"> •Building cohesiveness •Accomplishing designated duties 	<ul style="list-style-type: none"> •Transmitting and discussing information. •Acquisition of new knowledge from leader and members 	<ul style="list-style-type: none"> about themselves •Learning to know and respect each other and gaining trust in others as well as in self.
Leaders	<ul style="list-style-type: none"> •Providing direction, setting objectives and limits •Managing the group to achieve goals •Moderate high executive behavior •Coordination •Less personal contact with the members •Nonverbal behaviors are ignored by leader •Structuring the learning experience •Encouraging 	<ul style="list-style-type: none"> •Moderate amount of executive direction •Being aware of members' needs •Clarify inner thought •Focus on the issues of members' concerns •Providing members with a cognitive understanding of events in the group. •Promoting group development •Awareness 	<ul style="list-style-type: none"> •Expression of warmth, acceptance, genuineness and concern •Open and honest with group members •Seeking to facilitate the growth of trust •The use of confrontation, challenge, and self-disclosure. •Providing empathy, confrontation and interpretation •The focuses are on the each one of members •Establishing and maintaining safe atmosphere
Others	<ul style="list-style-type: none"> •Topics include team-building and skill-training activities, lots of informal discussion •Talks aiming to encourage the spirit of members •Group goals are to integrate idea, experience, and knowledge by teaching, discussion and modeling •Experience of conflict resolution •Celebration after the tasks have been accomplished 	<ul style="list-style-type: none"> •Issues concerned include relationship loss, test anxiety, current conflicts with parents, career indecision, stress management •There were some important key factors led members growth and development that were different from traditional class teaching 	<ul style="list-style-type: none"> •Group goals are to encourage and provide tools for changing •Group goals are to free members from maladjusted thoughts and feelings in terms of here-and -now interaction

than male students. An interaction effect of treatment (types of group interventions) and gender on therapeutic factors was also statistically proposed.

3. Differences of Therapeutic Factors in Three Types of Groups

A set of two-way multivariate analysis of variance examined the relationship of group format and gender with the linear combination of the multiple dependent variables: the TFS total and subscales. No interaction effect was found between group format and gender. The multivariate test indicated a significant multivariate main effect for group intervention, $F(22, 113) = 5.35, p < .001$ and for gender, $F(11, 113) = 1.90, p < .05$ (see Table 2). Group intervention accounted for 38% (Eta squared) of the variance in therapeutic factors, whereas gender accounted for 18% (Eta squared) of the variance.

The results of the univariate tests of between-subject effects (see Table 3) indicated that differences of therapeutic factors did exist among the three treatment modalities as follows: Cohesiveness, $F(2, 113) = 4.71, p < .05$; Universality, $F(2, 113) = 14.28, p < .001$; Interpersonal Learning, $F(2, 113) = 11.01, p < .001$; Information, $F(2, 113) = 8.24, p < .001$; Catharsis, $F(2, 113) = 8.57, p < .001$; Imitative behavior, $F(2, 113) = 4.80, p < .01$; Family Reenactment, $F(2, 113) = 40.67, p < .001$; Self-understanding, $F(2, 113) = 12.79, p < .001$; Instillation of Hope, $F(2, 113) = 7.35, p < .01$; Existential, $F(2, 113) = 7.28, p < .01$; Total, $F(2, 113) = 12.95, p < .001$. Altruism was the only one dependent variable found insignificant based on the univariate comparisons. Further analyses using Scheffe' posteriori test compared the three types of group.

Table 2: Multivariate Tests for Three Types of Group Interventions on TFS Total and Subscales

Source of variance	Hyp. Df	Value	F	Sig.
Group	22	.387	5.352	.000**
Gender	11	.823	1.899	.048*
Group \times Gender	22	.878	.59	.927

** $P < .001$ Eta Square= .378; * $P < .05$ Eta Square= .177

Table 3: Univariate Tests of Between-Subject Effects: TFS Subscales and Total by Group Type

Source	SS	DF	MS	F	P
Altruism	13.834	2	6.917	.452	.638
Group Cohesiveness	166.743	2	83.371	4.708	.011
Universality	749.474	2	374.737	14.283	.000
Interpersonal Learning	1218.706	2	609.353	11.005	.000
Information	592.170	2	296.085	8.228	.000
Catharsis	545.818	2	272.909	8.571	.000
Imitative Behavior	300.938	2	150.469	4.796	.010
Family Reenactment	1850.419	2	925.209	40.671	.000
Self-Understanding	731.347	2	365.673	12.794	.000
Instillation of Hope	376.783	2	188.392	7.351	.001
Existential Factors	430.069	2	215.035	7.284	.001
Total	56648.063	2	28324.031	12.945	.000

Table 4 presents the means and standard deviations for each of the dependent variables by group interventions.

Since the TFS is a 7-point Likert-type measure, the scores range from 1 to 7 for each item. The mean scores for each factor (adjusted by number of items) ranged from 2.92 to 5.18 for the task group; 4.39 to 5.18 for the psychoeducational group; and 4.95 to 5.85 for the counseling group. The mean scores of the TFS Total for the task group, the psychoeducational group, and the counseling group on therapeutic factors were 231.70, 266.67, and 291.84, respectively.

Table 4: Means and Standard Deviations for Three Types of Group Interventions on Therapeutic Factors Scale

	Task / Work Groups (N=30)		Psychological Groups (N=51)		Counseling Groups (N=32)	
Therapeutic Factor	M	SD	M	SD	M	SD
Altruism	4.75	1.12	4.75	0.87	4.95	0.94
Group Cohesiveness	5.18	1.18	5.13	0.91	5.85	1.10
Universality	3.97	1.26	4.82	0.85	5.63	1.01
Interpersonal Learning	4.23	1.01	4.72	0.80	5.34	1.02
Information	3.95	1.32	4.55	1.11	5.18	1.22
Catharsis	4.13	1.20	4.39	1.06	5.33	1.14
Imitative Behavior	4.29	1.27	4.85	1.01	5.13	1.16
Family Reenactment	2.92	1.40	5.18	0.89	5.21	1.33
Self-Understanding	4.12	1.26	5.13	0.88	5.36	1.13
Instillation of Hope	4.58	1.17	4.99	0.93	5.53	0.95
Existential Factors	4.25	1.23	4.98	1.03	5.13	1.10
Total	4.21	0.93	4.84	0.75	5.31	0.91

NOTE: Scores ranged from 1 to 7

Table 5 indicates the results of the paired comparisons. The results indicated that the counseling groups perceived significantly greater outcomes than the task groups on Cohesiveness, Universality, Interpersonal Learning, Information, Catharsis, Imitative behaviors, Family Enactment, Self-understanding, Instillation of Hope, Existential, and Total. In addition, the counseling groups also reported significantly higher factor scores than the psychoeducational groups on Cohesiveness, Interpersonal Learning, and Catharsis. Finally, the psychoeducational group members demonstrated significantly greater Universality, Family Enactment, Self-understanding, Existential, and Total scores than the task group members.

Table 5: A Posteriori Comparison within Three Types of Group on TFS

Therapeutic Factor	Task/work	Psychoeduca-	Counseling	Differences	P Value
	Groups (N=30) (G1)	tional Groups (N=51) (G2)	Groups (N=32) (G3)		
Altruism	19.00	18.92	19.81		
Group				G3>G1	.045
Cohesiveness	20.70	20.51	23.41	G3>G2	.011
				G3>G1	.000
Universality	19.87	24.08	26.78	G2>G1	.002
Interpersonal				G3>G1	.000
Learning	33.87	37.75	42.72	G3>G2	.015
Information	19.77	22.76	25.91	G3>G1	.001
				G3>G1	.000
Catharsis	20.67	21.96	26.66	G3>G2	.002
Imitative Behavior	21.43	24.25	25.66	G3>G1	.015
Family				G3>G1	.000
Reenactment	11.67	20.92	20.84	G2>G1	.000
Self-				G3>G1	.000
Understanding	20.60	25.65	26.78	G2>G1	.000
Instillation of Hope	22.90	24.94	27.66	G3>G1	.002
				G3>G1	.008
Existential Factors	21.23	24.92	25.63	G2>G1	.015
				G3>G1	.000
Total	231.70	266.67	291.84	G3>G2	.007

In sum, the first hypothesis was mostly supported that differences in the perception of therapeutic factors did exist between the counseling groups and both the psychoeducational and the task groups, depending mostly on the type of subscale. The second hypothesis was partly confirmed which indicated that differences of the therapeutic factors existed, on Universality, Family Enactment, Self-understanding, Existential and the TFS Total, between the task groups and the psychoeducational groups.

4. Differences of Therapeutic Factors Based on Gender

Although the multivariate test detected a main effect of gender, univariate tests of between-subject effects, it did not find any significant gender differences on therapeutic factors. Table 6 presents the results of the univariate tests. The female participants across groups, compared with males, had a slight edge on the TFS Total, Universality, Catharsis, Family Enactment, and Existential. The male participants, on the other hand, had slightly higher scores on Altruism, Interpersonal Learning, Information, Imitative behavior, Self-understanding, and Instillation of Hope than the females, while both genders scored an identical mean of 21.38 on Cohesiveness. None of the above differences were significant. Therefore, the hypothesis that there were significant gender differences on the TFS Total and subscales was not supported. Nonetheless, the multivariate test identified that the composite of the TFS Total and subscales was affected by gender (Eta squared = .18). According to the present study, the impact of gender on therapeutic factors is a mixed and complicated issue that calls for further examinations.

IV. Discussion

The preliminary analysis indicated five dimensions including Group Characteristics, Members, Group Function, Leaders, and Others, which were based on the frequencies of the leaders' responses. The main results demonstrated that differences in the perception of therapeutic factors did mostly exist between the counseling groups and both the

Table 6: Means, Standard Deviations, and Univariate Tests for TFS by Gender

	Female(N=66)		Male(N=47)		F	P
	M	SD	M	SD		
Therapeutic Factor						
Altruism	19.14	3.67	19.28	4.12	.150	.699
Group Cohesiveness	21.38	4.82	21.38	3.58	.530	.468
Universality	24.06	5.83	23.26	5.46	.118	.732
Interpersonal Learning	37.82	8.81	38.55	6.89	1.174	.281
Information	22.39	7.28	23.51	4.79	1.654	.201
Catharsis	23.62	6.36	22.00	5.49	.790	.376
Imitative Behavior	23.18	6.22	24.91	5.07	2.663	.106
Family Reenactment	18.70	6.47	18.09	5.87	.219	.641
Self-Understanding	24.56	5.90	24.72	5.78	.149	.700
Instillation of Hope	25.11	5.65	25.26	4.79	.413	.522
Existential Factors	24.73	5.62	23.32	5.91	1.263	.264
Total	264.68	55.31	264.28	45.22	177	.675

psychoeducational and the task groups. Also, the differences of the therapeutic factors partly existed between the task groups and the psychoeducational groups. Finally, no significant gender difference on therapeutic factors was found.

1. Comparison of Group Experience

The comparison of ASGW classification system in the three types of group interventions indicated a meaningful and practical categorization of groups through five items: Group Characteristics, Members, Group Function, Leaders, and Others. This categorization should be useful in understanding group formats and in organizing group interventions. In examining commonalities and uniqueness of Group Characteristics among the three types of groups, the finding indicated a continuum from the task groups to the counseling groups. Although some

overlapped between any two of the three groups, each was apparently unique.

The task groups were goal-oriented and were used for training and implementation. In other words, the task groups dealt with members of naturally occurring task or work groups operating within a specific organizational context. In fact, the group content included lectures, group tasks and activities, training sessions, handouts, and open discussion. Therefore, there was possibly lack of interactions at the initial stage. Compared with the task groups, the psychoeducational and the counseling groups tended to be more congruent on Group Characteristics, not only in the group atmosphere but also in the group facilitation. In fact, the three types of group formats encouraged active participation through group discussions and cooperative exercises in terms of Group Characteristics perspective. However, the descriptions regarding Members in both the counseling and the psychoeducational groups were presented to highlight the importance of permitting freedoms of presenting personal opinion, feelings, and uniqueness.

The feedbacks from the leaders indicated that mutual support, sharing together, and giving advice were the important descriptions regarding Members. Where an apparent difference existed among the three types of groups was the level of relationship. Intimate relationships and deep connections with others were highlighted in the counseling groups. The members' relationship in the psychoeducational groups was closer than that of ordinary classmates. Some of the task group members were ignored and less involved. The results above are very encouraging in spite of that the significant results may have been masked by the small leaders sample size. Although the difference related to the members' relationship has been acknowledged, the result needs further examination.

Basically, the items on Group Function reflected most of the group goals and processes. According to the leaders' responses, training, acquiring new knowledge and skills, building cohesiveness, and accomplishing duties were the main goals for the task groups. These were congruent with the purposes of the task groups in which the programs were designed for the members to acquire skills and knowledge to perform. Meanwhile, it was interesting to know

that one of the main functions of the counseling groups was to generate positive changes on a deeper personal level (e.g. insight and self-respect) whereas to acquire new knowledge was the main function for the psychoeducational groups. In addition, the counseling groups might serve the more disturbed populations. The psychoeducational groups program, in contrast, did not directly aim to affect seriously maladjusted students. This finding indicated the unique functions and difference between any two types of groups. The reason is that a psychoeducational group is probably best suited for prevention purposes (Owens & Kulic, 2001) and personal growth (Waldo & Bauman, 1998b), whereas a counseling group is typical to overcome or correct existing problems (Waldo & Bauman, 1998b).

For the items of Leaders, moderate high executive behavior, nonverbal behaviors frequently ignored by leader, and less personal contacts were described in the task groups. In addition, moderate amount of executive direction and focus on the issues of common concerns were used to describe the psychoeducational groups. Finally, the counseling groups tended to facilitate the growth of trust, to use confrontation, challenge, and self-disclosure. These findings might reflect the leaders' roles and functions in the three types of groups. Based on the leaders' perception, the items of Others indicated several essential elements of group effectiveness, such as integrating idea and experience, spirit-building talks, and conflict resolution process in task group; leading members growth and development in psychological group; and freeing members from disturbing thoughts and feelings in counseling group. This consensus among the leaders may be helpful for us to learn about what leaders perceive to be the most satisfying group factors in the groups. Subsequently, questions regarding members' perceptions of therapeutic factors and impact of group perceptions immediately arise as the research problems.

2. Comparisons of Therapeutic Factors

The results from the members' responses indicated that positive therapeutic factors could be produced in the counseling groups, the psychoeducational groups, as well as the task groups (each averaging well above means of the TFS Total and most clusters). Also, comparable

results (not statistically different) were found on Altruism, Cohesiveness, Interpersonal Learning, Information, Catharsis, Imitative Behavior, and Installation of Hope for the task groups and the psychoeducational groups. The importance of this study lays in the findings that classrooms and task units within student organizations can become therapeutic settings with group processes similar to those evidenced in small groups. Based on the assumption that the therapeutic factors reflect the quality of group works because they are the basis for change in individuals, these results have important practical implications for group workers. If classrooms and student task groups can become therapeutic places, interventions such as task and psychoeducational groups should take place more frequently and effectively (Schechtman, Bar-Ei, and Hadar, 1997). In this way, counselors or other trained leaders can reach out to more college students who may benefit from group processes. Moreover, classroom and task group interventions may be more easily and efficiently implemented in school setting because they do not require participants to set forward to student counseling centers and they minimize students' concerns of being labeled. Therefore, the utilization of these three types of group interventions on college campus is able to enhance the function of prevention and student development.

The task group and the psychoeducational group interventions were provided for the naturally existing groups, therefore the participants had no idea and knowledge about their experience similar to the so-called “group” members. Although the task groups and the psychoeducational groups also used therapeutic elements such as free expression of feelings, immediate feedback, and interactions as in the counseling groups, the members might not really sense the meaning of therapeutic factors. Therefore, the therapeutic elements perceived by the members in such intact groups might be attributed to some other factors that differ from experience perceived in small group. Based on this assumption, the results need to be interpreted more cautiously.

As expected, there were greater therapeutic factors reported in the counseling groups than in both the psychoeducational and the task groups. Due to the rationale that counseling groups are close to therapy groups on the continuum of group works (Gazda, 1989), Shechtman

et al. (1997) suggested that adolescents in counseling groups would perceive more therapeutic factors than in psychoeducational groups. However, Shechtman et al.'s study did not find differences between these two groups (Shechtman et al., 1997). In the present study, the fact that differences in the perception of therapeutic factors did exist between the three types of group interventions is really an encouraging outcome. It is interesting to find differences between the three types of groups, as the literature consistently points to the Professional Standards for Training of Group workers (ASGW, 1992), particularly to the therapeutic factors members perceived in the group processes. It seems, however, therapeutic factors are quite universal while the three types of groups were conducted in different cultures such as Taiwan.

As can be seen from the results, the male participants were not significantly different from the female participants on therapeutic factors. This finding is consistent with previous studies in which the group members were children and adolescents (LeCroy, 1986; Shechtman, 1994; Shechtman, Bar-Ei, & Andhada, 1997). Shechtman, Bar-Ei, & Andhada (1997) found that there were no gender differences for interpersonal learning, catharsis, and socializing techniques in children's groups. Literatures have consistently suggested that preadolescent and adolescent girls, compared with preadolescent boys, take more advantages of group processes and are more likely to achieve positive outcome in groups (LeCroy, 1986; Shechtman, 1994). Empirical studies, on the other hand, were not supportive of gender difference for perceived therapeutic factors in young populations.

3. Limitations and Further Recommendations

The first obvious limitation of this study is the lack of repeated measurements of the TFS in the process of group sessions. The present study, with its exploratory nature, serves as a pilot study to plan a more extensive research. Since the differences in the therapeutic factors were mostly linked to the type of group, the stage of group development and the level of procedural structure, an overall evaluation on the TFS in the end of last group session might result in variations. Thus, the interpretation of the results was limited to the type and structure

of the groups. However, this is one important step toward establishing a link between qualitative (the description of the five dimensions) and quantitative (the TFS) group research, as is recommended in the literature (Chen & Lee, 1987). Hence, future research on the therapeutic factors should include more repeated measures, and must include objective measures, because classroom students may perceive therapeutic factors to different meaning.

In addition, because of the lack of a comparison group, the findings and implications of the results are offered in a tentative sense. For this reason, the use of a control group in a research design is the most suitable way to compare the difference of group modalities (Pan & Yu, 2000). However, we believed that it would be unethical to deprive one from the benefit of group treatment. In consequence, we could only compare the therapeutic factors and categories of the three types treatment modalities without a control group. If a control group is considered in the future studies, a follow-up tentative treatment program should also be considered for the control group.

Furthermore, due to the sampling of convenience, members participated in each type of treatment condition without using random sampling and assignment. Further research might be enhanced by a random selection process to recruit and to assign participants, thereby reducing sampling bias and increasing conclusion validity.

Finally, the present study is an initial attempt to explore the ASGW group classification system and therapeutic factors in the three types of groups for college students. This study should be viewed as only a beginning; additional qualitative and quantitative research are greatly needed. Hopefully, using a standardized scale of the Professional Standards for Training of Group Workers to collect data from group leaders, co-leaders, and members can combine efforts to provide empirically based guidelines for the continuous preparation for group specialists in the near future in Taiwan.



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