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THE EFFECTS OF TWO GROUP APPROACHES ON COUNSELING STUDENTS'
EMPATHY DEVELOPMENT, GROUP LEADER SELF-EFFICACY DEVELOPMENT, AND
EXPERIENCE OF THE THERAPEUTIC FACTORS

by

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A dissertation submitted in partial fulfillment of the requirements
for the degree of Doctor of Philosophy
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ABSTRACT

Counselor education programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) require their students to participate in a group experience as a member for 10 clock hours over the course of an academic term (CACREP, 2009). In addition, the Association for Specialists in Group Work (ASGW) recommends that students participate in a group experience as a member or a leader for at least 10 hours and states that 20 hours of participation is preferable (ASGW, 2000). Counselor education programs satisfy the requirement in a variety of ways (Anderson & Price, 2001; Armstrong, 2002; Merta et al., 1993); however, the two most common types of groups are unstructured (e.g., personal growth) (48%), and structured (e.g., psychoeducational) (38%), both requiring some level of self-disclosure by students (Armstrong, 2002). The purpose of this study was to investigate the effects of two group approaches on counseling students' empathy development, group leader self-efficacy development, and their experience of the therapeutic factors. More specifically, this study compared personal growth groups and psychoeducational groups on the constructs of: (a) cognitive and affective empathy (Interpersonal Reactivity Index [IRI]; Davis, 1980), (b) group leader self-efficacy (Group Leader Self-Efficacy Instrument [GLSI]; Page, Pietrzak, & Lewis, 2001), and cohesion, catharsis, and insight (Curative Climate Instrument [CCI]; Fuhriman, Drescher, Hanson, & Henrie, 1986). In addition, the study explored pre to post intervention change for each group on the constructs of cognitive and affective empathy and group leader self-efficacy. The statistical analyses in this study included (a) MANCOVA, (b) discriminant analysis, and (c) repeated-measures ANOVAs. The participants in personal growth groups valued catharsis and insight at greater levels than participants in the psychoeducational groups.

Additionally, there was not a difference between the groups at posttest on cognitive empathy, affective empathy, or group leader self-efficacy. Further, neither group experienced a change in cognitive or affective empathy from pre to post. However, both groups did experience an increase in group leader self-efficacy from pre to post.

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CHAPTER ONE: INTRODUCTION

Overview

The educational process by which students develop the necessary skills in group counseling leadership typically consists of four components: (1) didactic, (2) observation, (3) experiential, and (4) supervision (Corey, 2002; Gladding, 2008; Yalom & Leszcz, 2005). Theorists and researchers often agree that participation in a group experience as a member is a viable way to satisfy the experiential component of group leader education (Corey, 2004; Kline, 2001; Shapiro, Peltz, & Bernadett-Shapiro, 1998; Yalom & Leszcz, 2005). Student participation in a group experience as a member is also supported by organizations that develop standards for group work education. For example, the Council for Accreditation of Counseling and Related Educational Program's (CACREP, 2009) accreditation standards require students to participate in a small group activity as a member for at least 10 clock hours over the course of one academic term (Standard 6.e.). In addition, the Association for Specialists in Group Work (ASGW, 2001) states that group leader education should include a minimum of 10 hours as either a group member or a group leader and further recommends at least 20 hours. Therefore, a group experience is in fact required for students who attend CACREP-accredited counselor education programs.

Multiple authors and researchers not only agree that an experiential requirement as a group member is important, but also assert that it as an *essential* component for group leaders-in-training (Corey, 2004; Day, 1993; Kline, 2001; Merta, Johnson, & McNeil, 1995; Yalom, 2005). Although it is widely accepted that an experiential component is essential, there is little

agreement about the most appropriate way to conduct the groups. Consequently, counseling programs satisfy the requirement in a variety of ways (Anderson & Price, 2001; Armstrong, 2002; Merta, Wolfgang, & McNeil, 1993). For example, Merta and colleagues (1993) found four approaches to the experiential component in a survey of 272 master's-level programs. The approaches included (a) groups in which the instructor was not involved and did not receive feedback from group facilitators, (b) groups in which the instructor was not the leader but did receive feedback about attendance and participation, (c) groups experience facilitated by someone other than the instructor, but the instructor participated or observed in the group, and (d) a group that was facilitated by the instructor. Because the study included non-CACREP accredited programs, 12% of those surveyed also indicated that they did not include an experiential component. Additionally, Armstrong (2002) noted the amount of variance in who leads the groups. The experiential groups may be led by faculty, doctoral students, adjunct instructors, or local clinicians. Thus, counseling programs emphasize experiential groups; yet, they utilize various facilitators which may or may not involve the course instructor.

Theorists and researchers also lack agreement about the most appropriate format by which to meet the experiential group requirement (Goodrich, 2008). Several authors contend that requiring students to self-disclose poses ethical concerns such as dual relationships, confidentiality, and right to privacy (Anderson & Price, 2001; Davenport, 2004; Forester-Miller & Duncan, 1990; Merta & Sisson, 1991; Sklare, Thomas, Williams, & Powers, 1996). As a result, multiple alternative models have been developed. For example, the group stage model (Toth, Stockton, & Erwin, 1998) incorporates different techniques from week to week and provides students with an opportunity to practice during role-plays. Other models consist of

simulated group training, where students are assigned roles to play during the group and then rotate as leaders or co-leaders (Romano, 1998) or actors from the community may join the group as clients (Fall & Levitov, 2002). Additional authors have utilized activity-based (e.g., challenge courses, ropes courses) (Connolly, Carns, & Carns, 2005; Hatch & McCarthy, 2003) Thus, some programs utilize experiential group models that require little or no personal self-disclosure of the students.

Despite the fact that programs facilitate experiential group in various ways, a recent survey that included 100 of the then 162 CACREP accredited counselor education programs indicated that most programs implement here-and-now process-oriented groups that involve some level of self-disclosure (Armstrong, 2002). More specifically, the survey concluded that 48% of the responding institutions facilitated the group as an unstructured group involving self-disclosure, while 38% used a structured format that also entailed self-disclosure. Only 3% of the responding programs indicated that role play was used to satisfy the experiential group requirement. Therefore, according to the previously noted study, most programs seem to prefer a group that requires the students to be fully engaged as members and to self-disclose, although the specific format (e.g., structured, unstructured) varies among programs.

The variance in the way programs structure experiential groups may be due to the fact that the organizations that require a group experience (i.e., ASGW & CACREP) provide no guidance about the most appropriate format for the group (Kline, 2003). In addition, there is no guidance as to the most appropriate time in students' course of study to conduct the group. The ASGW (2000) training standards state that the group may part of the didactic group counseling course or that it may be a separate experience. The CACREP (2009) standards only stipulate that

the group must be for 10 hours and be completed over one academic term. Moreover, the goals and expected outcomes of experiential groups are not clear in the literature. Thus, there are no standards for the structure or placement of the group, or a clear objective for what should occur as a result of participation in such groups.

Although there is a lack of direction with regard to the most appropriate format, structure, or outcomes for an experiential group, theorists have espoused multiple benefits of participating in a group as a member. Some of the benefits of experiential groups that educators of group leaders-in-training posit include: learning about the group process, enhancing leadership abilities, and promoting self-awareness. One benefit of experiential groups that has been proposed is an increase in one's ability to empathize with future group members. For instance, ASGW (1989) contended that it would be unlikely for students to develop empathy without having an experiential growth group as part of their education. Yalom and Leszcz (2005) further emphasized the importance of participating in a group experience by stating that it provides students with an opportunity to:

learn at an emotional level what you may previously have known only intellectually.

You experience the power of the group – power to both wound and to heal. You learn how important it is to be accepted by the group; what self-disclosure really entails; how difficult it is to reveal your secret world, our fantasies, feelings of vulnerability, hostility, and tenderness. (p. 553)

In other words, the authors posit that participating in a group as a member provides a powerful learning experience that integrates intellectual understanding with emotional awareness. Shapiro and colleagues (1998) further stated that a group leader must be able to

empathize with the pressures and fears that group members experience. The authors postulated that leaders “must fully comprehend what it is like to be vulnerable in a group” (p. 172). They further stated that leaders “must know in a firsthand way what the fears of nonacceptance and peer pressure can be like. In this way, leaders learn how to make informed and timely requests for members’ participation” (p.172). These assertions suggest that theorists view the group experience as an opportunity for students to gain a better understanding of their future clients’ experiences so that as group leaders, they may be able to better relate and empathize with their clients.

There is some research that suggests that counselors-in-training perceive experiential groups as helpful in empathy development. For example, two qualitative studies that investigated students’ experiences in personal growth groups found that students thought the groups would help them to better empathize with their future clients (Ieva, Ohrt, Swank, & Young, 2009; Kline et al., 1997). In addition, one study found that practicum students who had participated in a sensitivity group displayed higher levels of accurate empathy than those who participated in didactic training (McWhirter, 1974). However, no research was found that identifies gains in empathy after students participate in a group experience. Further research into students’ empathy development as a result of experiential groups is warranted and was a focus of the present study.

In addition to empathy development, authors have posited that students’ leadership ability is enhanced by an experiential group, specifically when it is therapeutic and facilitates personal growth (Berg, Landreth, & Fall, 1998; Corey, 2004; Day, 1993; Kline, 2003). Corey (2004) posited that personal growth groups are not only helpful for students in increasing self-

awareness, but are also one of the best ways to learn how to help group members with their own struggles. For example, Corey (2004) stated that by being a member of a group, group leaders-in-training can experience what is necessary to form a group that is cohesive and trusting by struggling with their own problems, dealing with their fears and resistance, and by experiencing confrontation and uncomfortable moments. In addition, Kline (2003) stated that group leaders who have had a meaningful growth experience as a member can better understand the process of change and thus have an advantage over group leaders who have not had the same experience. Kline further postulated that group leaders who have experienced growth as a member can interact more enthusiastically with members, can be more committed to group interaction in promoting change, and can more congruently encourage member participation. When describing the benefit of a therapeutic group experience, Day (1993) stated that “The more they know themselves, the deeper they can look into others and the more they can appreciate the complexity of the group” (p. 665). Thus, there is some agreement that experiential groups may be a therapeutic experience and may enhance group leadership skills.

Although it has been postulated that when an experiential group is therapeutic, it enhances students’ ability to lead groups in the future, there is little research on the effect of experiential groups on group leadership ability. One qualitative study (Ieva et al., 2009) found that students who participated in a personal growth group believed that the group leaders served as models and helped them to feel more confident in leading groups in the future. In addition, the participants believed that the group experience helped them to conceptualize what they would and would not do when they begin to lead groups. Yet, in this author’s review, no additional studies were found that investigated the effects of experiential groups on group leadership.

However, multiple authors have expressed a need for more research in the area of group leader self-efficacy (Delucia-Waak & Bridbord, 2004; Gladding, 2008; Page, Pietrzak, & Lewis, 2001). Therefore, research is needed investigating group leadership development; including the effects of experiential groups. No studies were identified that explored students' belief in their group leader ability as a result of a group experience. Those who have high self-efficacy also have a greater propensity to engage in challenging tasks (e.g., facilitating a counseling group); therefore, a focus of this study was experiential groups' effect on group leader self-efficacy. The tenets of self-efficacy and related research will be reviewed in chapter two.

As previously noted, authors (Berg et al., 1998; Corey, 2004; Day, 1993; Kline, 2003) have stated that leadership ability is enhanced when an experiential group is therapeutic. The most commonly accepted description of what is therapeutic about group counseling is Yalom's (2005) therapeutic factors (Kivlinghan & Holmes, 2004; Lese & MacNair-Semands, 2000). Among the 11 therapeutic factors are cohesion, catharsis, insight, altruism, universality, interpersonal learning, corrective recapitulation of the primary group, imitative behavior, existential factors, instillation of hope, development of socialization techniques, and imparting information (Yalom & Leszcz, 2005). Among these factors are cohesion, catharsis, and insight, which have been found to be some of the most valued therapeutic factors by clients (Crouch, Bloch, & Wanlass, 1994; Fuhriman, Drescher, Hanson, and Henrie, 1986). These factors have often been studied with college students in counseling centers (Davies, Burlingame, Johnson, Gleave, & Barlow, 2008; Johnson, Pulsipher, Ferrin, Burlingame, Davies, & Gleave, 2006) although there is very little research exploring the specific therapeutic factors in relation to experiential groups with counseling students. However, there is some research that has

investigated students' therapeutic *experiences* in group. For example, Kline and colleagues (1997) conducted a naturalistic inquiry with counseling students who had participated in a personal growth group. The participants reported that they generally had a positive experience and the key themes that emerged included awareness of interpersonal communication, emotional awareness, awareness of interpersonal behaviors, and greater insight. Ieva and colleagues (2009) also studied counseling students who had participated in a personal growth group. The participants reported experiencing increased self-awareness, better communication, and greater confidence in developing relationships.

A few studies have found moderately positive gains in self-actualization (Barnette, 1989; Eiben & Clack, 1973; Ritter, 1984) for students who participated in experiential groups over those who experienced only didactic training or no group. However, other studies have found insignificant results when measuring increases in areas of personal growth (Myrick & Pare, 1971; Woody, 1974) and self-esteem (Connolly et al., 2005). Thus, there seems to be some evidence that experiential groups are therapeutic and growth enhancing; yet, the research to date has revealed mixed results.

In sum, experiential groups are a common pedagogical activity within counseling training programs. Programs facilitate the groups in different ways, using different leaders, formats, and structures. Although some programs use role plays or actors, the most common formats are unstructured (e.g., personal growth) or structured (e.g., psychoeducation) groups where participants self-disclose personal information. Some of the benefits thought to be associated with group participation for counseling students include greater empathy for future clients and improved group leadership ability. Additionally, these benefits are thought to be enhanced when

the group is therapeutic and facilitates personal growth. Therefore, experiential groups for counseling students are considered to be important aspects of education in group counseling.

Unfortunately, there is little research regarding what occurs during experiential groups and about the students' experiences within such groups. Some studies have demonstrated gains in areas such as self-actualization. However, there is very little evidence of these constructs being measured in experiential groups for counseling students, using quantitative measures. Therefore, there is a need to investigate the effects of the experiential groups and more specifically the constructs of empathy, therapeutic factors, and group leadership, which are advocated by counselor educators as benefits of the group experience.

Statement of the Problem

Group theorists and researchers have proposed that group participation is beneficial for counseling students because it may lead to greater empathy for future clients and improved group leadership ability. Additionally, these benefits are thought to be enhanced when the group is therapeutic and facilitates personal growth. Unfortunately, the research investigating the effects of experiential groups on students' development is limited. More specifically, there is very little research investigating the effects of experiential groups on the benefits proposed by many of group theorists and researchers. In addition, the lack of empirical research leaves programs with little guidance when structuring the group experience (Corey, 2004; Goodrich, 2008; Ieva, et al., 2009; Kline; Kline et al., 1997). For example, a recent member of the CACREP Standards Revisions Committee stated that there is very little evidence for or against the use of experiential groups in group work education; however those who have developed the standards continue to

view it as a beneficial pedagogical activity (C. F. Gressard, personal communication, July 1, 2009). Consequently, each program is tasked with developing its own format and structure for the group requirement.

As previously noted, most programs facilitate either unstructured (personal growth) or structured (psychoeducational) groups to meet the experiential group requirement; yet no studies have been identified that have compared the two formats. Additionally, no studies have been identified that explored the effects of experiential groups on the constructs of empathy, group leader self-efficacy, or the therapeutic factors. Therefore research, such as the present study, exploring the outcomes of the experiential groups and comparing the different formats, provides important information to help guide programs in deciding how to facilitate the group experience.

Purpose of the Study

The purpose of this study was to explore the effects of the two most common types of experiential groups, unstructured and structured, on counseling students' development. More specifically, this study will investigate students' empathy development, group leader self-efficacy development, and how they value the therapeutic factors. The study compared the two types of groups at posttest to evaluate for differences in cognitive and affective empathy, group leader self-efficacy, and the experience of the therapeutic factors. In addition, the study investigated pre to posttest differences in cognitive and affective empathy and group leader self-efficacy for both of the groups.

The goal of this study was to add to the empirical literature surrounding the use of experiential groups in counselor education. The study will provide information about the effects of each type of group on counseling students. Consequently, the study may provide information about the effectiveness of each in facilitating students' empathy development, group leader self-efficacy development, and how each type of group values the therapeutic factors. In addition, it may provide useful information about which type of group is more effective in facilitating each of the proposed beneficial aspects.

Background of the Study

Personal Growth Groups

Personal growth groups fall within a cluster of groups, labeled encounter groups that have several commonalities. For example, human relations groups, training groups, T-groups, sensitivity groups, marathon groups, human potential groups, sensory awareness group, basic encounter groups, and experiential groups are all focused on growth enhancement rather than “therapy”. These groups emphasize a here-and-now focus and encourage emotional expressiveness, self-disclosure, exploration, and confrontation (Yalom, 2005).

More specific to personal growth groups with counseling students, there is relatively little research about what occurs within or as a result of these groups. Yet, approximately 48% of CACREP-accredited counseling programs report using an unstructured group entailing self-disclosure, which is similar to encounter group or personal growth group. Qualitative studies have demonstrated that students perceived that the group the group helped them to develop

empathy for their future group members, learn about themselves, be more comfortable giving and receiving feedback, and about leadership in groups (Ieva et al., 2009; Kline et al., 1997).

Psychoeducation

Psychoeducational groups originated within educational settings and focus on prevention of future maladjustment or the teaching and learning of specific skills (Gladding, 2008). More specifically, Brown (1997) described psychoeducational groups as conveying information and developing meaning and skills through the use of education methods. In addition, ASGW (2000) describes group psychoeducation as a group using educational and developmental strategies to promote interpersonal and personal growth and prevention of future difficulties among those who may be at risk for developing problems or for those who wish to enhance personal qualities or abilities.

Psychoeducational groups are used in a variety of settings (e.g., school, hospitals, mental health agencies) and are typically focused on a specific topic such as stress management, problem solving, or life skills (Morgan, 2004). In addition, psychoeducational groups often consist of structured activities, exercises, and discussions. The focus is often around factual knowledge that may be presented, discussed, or practiced (Torres Rivera et al., 2004). Although the specific content is guided by the population with whom the group leader is working, it often focuses on social, personal, vocational, or educational information.

Previous research indicated that group psychoeducation is the most common type of group used with college students in the educational environment (Golden, Corazzini, & Grady, 1993). Psychoeducational groups with college students are often preventative, build skills and awareness, and focus on a variety of different topics including academic preparation, stress

management, depression management, coping skills, social skills, self-esteem, assertiveness, developmental life events, and substance abuse (Kincade & Kalodner, 2004). Typically, these groups balance content with discussion and support and may include a theme, didactic teaching, personalization of the content, and teaching behavioral skills (McWhirter, 1995).

Counselor educators use a variety of models to meet the experiential component of group training, many of which are psychoeducational in nature. Some of the groups may be designed to teach students about group dynamics or leadership. A specific example related to group work training that may be used with counseling students is the group stage model (Toth, Stockton, & Erwin, 1998). During the group, students are provided with concrete information about group leader skills and are then able to role play and practice using them. This educational group seeks to teach a specific skill and combines an experience of practicing it in order to transfer the knowledge.

Empathy

Empathy development is a primary focus of most counselor education programs and is advocated as a core counseling skill (Bohart, Elliot, Greenberg, & Watson, 2002; Feller & Cottone, 2003; Hazler & Barwic, 2001; Lyons & Hazler, 2002; Truax and Carkhuff, 1967). The construct of empathy is accepted in some form as part of the client-counselor relationship across most counseling theories (Feller & Cottone, 2003). Empathizing with clients is viewed as a central aspect of the therapeutic process (Duan & Hill, 1996; Greenberg, Elliot, Bohart, & Watson, 2001). Carl Rogers (1957) was one of the first theorists to describe empathy as a core condition for effective therapeutic change. He defined empathy as:

entering the private perceptual world of the other and becoming thoroughly at

home in it. It involves being sensitive, moment by moment, to the changing felt meanings...it means temporarily living in the other's life, moving about in it delicately without making judgments (Rogers, 1980, p.142).

Empathy in counseling refers to a counselor's ability to cognitively understand a client's perspective and to affectively feel what the client is feeling. In other words, the counselor attempts to put himself in the client's position. Further, empathy is comprised of both cognitive and affective components. Cognitive empathy is one's ability to intellectually take the perspective of another person, whereas affective empathy refers to one's emotional or "gut" response to another's situation (Rogers, 1975).

Developing empathy in counseling students is considered important because it relates to counseling skill and other characteristics that are predictive of effective counseling (Grace, Kivlighan, & Knuce, 1995; Ridgway & Sharpley, 1990). A recent meta-analysis suggested that accurate empathy is more predictive of positive client outcome than specific interventions. The study found that client-perceived therapist empathy accounted for approximately 10% of the variance in outcome (Elliot, Greenberg, & Watson, 2002). Thus, it is important to investigate pedagogical activities, such as group participation, that may affect empathy development in counseling students.

Counselor education programs focus on developing empathy within their students. There is some literature describing useful pedagogical approaches to empathy development. Some programs have focused on perspective taking exercises to enhance empathy literature (Gibson, 2007), film (Koch & Dollarhide, 2000), or poetry (Green, Murdoch, Young, & Paul, 2008) may be used as a way to develop empathy. Despite the emphasis on empathy as an important

counselor quality, there is limited recent literature studying empathy development and counselor empathy (Bohart et al., 2002; Duan & Hill, 1996). More specifically, there is a lack of recent research investigating empathy among counseling students (Trusty, Ng, & Watts, 2005), and there is little research about teaching or developing empathy among counseling students (Ogle, 2008). In addition, the author's search for research exploring the effects of participating in a group counseling experience on empathy development revealed only one study (McWhirter, 1974), which did support the approach's effectiveness over didactic training. Empathy as a trait, rather than expressed empathy, has also rarely been studied (Bohart et al., 2002). However, there are a limited number of studies (e.g., Barak, 1990; Lundy, 2007; Ogle, 2008; Poorman, 2002; Silva, 2002) that have empirically investigated the effects of various teaching or experiential activities (sometimes facilitated in a group format) on empathy development among counseling students and undergraduate students in helping skills courses.

Self-Efficacy

Bandura (1986), who developed social cognitive theory and is one of the foremost researchers in the area of self-efficacy, defined self-efficacy as "people's judgments of their capabilities to organize and execute courses of action required to attain designated types of performances" (p.391). More specific to counseling, Larson and Daniels (1998) defined counselor self-efficacy as "one's belief about her or his capabilities to effectively counsel a client in the near future" (p.180). One study (Al-Darmaki, 2004) found that counselor self-efficacy was related to several desirable counselor characteristics, such as demonstration of counseling microskills, higher self-esteem, lower anxiety, and greater perceived problem-solving

effectiveness. In addition, Larson and Daniels' (1998) review of the literature indicated a positive relationship between counselor self-efficacy and counselor performance.

Conversely, Bandura (1986) stated that people may develop fears when they are not confident in managing situations that are unpredictable or seem out of their control and thus may have low self-efficacy. In addition, people may develop self-defeating thoughts that may prohibit them from completing tasks even when they are capable and have the necessary skills (Bandura, 1981). Thus, those who have high self-efficacy may perform better in new and complex situations, whereas those with low self-efficacy may have more difficulty. For example, group leaders with high self-efficacy may have a greater propensity to engage in behaviors related to successful group leadership, while those with lower self-efficacy may not.

Beginning group leaders face complex and challenging situations that may seem difficult to manage and they may subsequently develop fears that hinder their ability to effectively lead a group (Page et al., 2001). For example, students may be reluctant to give constructive feedback to group members or to redirect members who are harmful to other group members (Page et al., 2001). Thus, promoting self-efficacy among future group leaders is an important task of counselor educators. According to Bandura (1977), vicarious experience is the second strongest predictor of efficacy expectation behind performance accomplishments. Students who are members of a group have the opportunity to view a group leader take risks and perform tasks that may have previously been viewed as difficult to manage. Consequently, experience as a group member, with the opportunity to observe a group leader, may help to increase students' self-efficacy for group leadership.

Therapeutic Factors

The therapeutic factors in group counseling, describe the elements or conditions present in the group that help lead clients to positive change (Kivlinghan & Holmes, 2004). Bloch and Crouch (1985) succinctly described a therapeutic factor as “an element of group therapy that contributes to improvement in a patient’s condition and is a function of the actions of the group therapist, the other group members, and the patient himself” (p.4). Although he was not the first theorist to conceptualize the idea of therapeutic factors, Yalom’s (1975, 2005) framework is the most widely accepted description of the factors (Kivlinghan & Holmes; Lese & MacNair-Semands, 2000). Yalom postulated that 11 elements in group contribute to therapeutic change in groups. These elements include instillation of hope, universality, imparting information, altruism, corrective recapitulation of the primary family group, development of socializing techniques, interpersonal learning, cohesiveness, catharsis, existential factors, and imitative behavior.

Yalom (2005) reported that in multiple replication studies (Butler & Fuhriman, 1980; Colijn, Hoencamp, Snijders, Van Der Spek, & Duivenvoorden, 1991) catharsis, self-understanding, and interpersonal input were the most commonly identified factors, followed closely by cohesiveness and universality. A review of the literature on therapeutic factors revealed that cohesion, catharsis, and insight are valued as helpful across populations (Crouch, Bloch, & Wanlass, 1994). In addition, Fuhriman and colleagues (1986) reviewed the literature and found catharsis, insight, cohesion, and interpersonal learning to be the most highly valued factors. The authors postulated that those four factors encompassed the others. In addition, they found that interpersonal learning provides the context by which the other factors occur and thus

deleted it as a separate subscale. As such, Fuhriman and colleagues (1986) developed the Curative Climate Instrument (CCI) that measures catharsis, cohesion, and insight on three subscales. Those three therapeutic factors are outlined in the following sections.

Catharsis is viewed as an important aspect of individual and group counseling (Yalom, 2005). Researchers who study the therapeutic factors have described catharsis as a release of pent up emotions or an intense emotional expression (Davies, Burlingame, Johnson, Gleave, & Barlow, 2008). Lieberman et al. (1973)'s study revealed that catharsis was highly valued by group members and was considered necessary for positive outcome; however, alone it was not sufficient to predict positive outcome.

Cohesion is described as the forces that hold the group together. It also includes how attracted the group is to its members. It consists of the client-client, client-group as a whole, and client –counselor relationships (Davies et al., 2008). According to Burlingame, Fuhriman, & Johnson (2001), cohesion moderately predicts positive outcomes.

Researchers studying insight as a therapeutic factor have defined it as “the process of experiencing oneself in a new way. “It includes understanding and deriving meaning from one’s thoughts, feelings, and actions” (Davies et al., 2008, p. 144). There is some evidence that suggest links between insight and outcome (Crouch, Bloch, & Wanlass, 1994). Although these factors have been studied across populations, they have not been studies specifically with counseling students participating in experiential group as part of their education in group counseling. Nevertheless, group researchers and theorists posit that when therapeutic elements are present in experiential groups, it enhances students’ leadership ability and provides them with

an opportunity to experience what their clients may experience. Thus, an exploration of the presence of these factors within experiential groups is warranted.

Research Questions

The overall purpose of this study was to compare differences between students who participated in a 10-week unstructured personal growth group (in conjunction with a group counseling course) and those who participated in a 12-week structured psychoeducational group (in conjunction with an introduction to counseling course). These differences were targeted toward their valuing of the therapeutic factors, empathy development, and group leadership self-efficacy development. As such, three research questions guided the study.

Research Question One: How do masters-level counseling students value the therapeutic factors of cohesion, catharsis, and insight within experiential groups in counselor education?

Null Hypothesis 1a: There is not a statistically significant difference in the valuing of cohesion between participants in a psychoeducational group and participants in a personal growth group as measured by the Curative Climate Instrument (CCI, Fuhriman et al., 1986).

Null Hypothesis 1b: There is no statistically significant difference in the valuing of catharsis between participants in a psychoeducational group and participants in a personal growth group as measured by the Curative Climate Instrument (CCI, Fuhriman et al., 1986).

Null Hypothesis 1c: There is no statistically significant difference in the valuing of insight between participants in a psychoeducational group and participants in a personal growth group as measured by the Curative Climate Instrument (CCI, Fuhriman et al., 1986).

Research Question Two: How does participation in experiential groups affect masters-level counseling students' self-reported cognitive and affective empathy?

Null Hypothesis 2a: There is no statistically significant difference in students' level of cognitive and affective empathy between those who participated in a personal growth group and those who participated in a psychoeducational group as measured by the Interpersonal Reactivity Index ([IRI]; Davis, 1980).

Null Hypothesis 2b: There is no statistically significant increase in students' level of cognitive or affective empathy after participating in a personal growth group as measured by the Interpersonal Reactivity Index ([IRI]; Davis, 1980).

Null Hypothesis 2c: There is no statistically significant increase in students' level of cognitive and affective empathy after participating in a psychoeducational group as measured by the Interpersonal Reactivity Index ([IRI]; Davis, 1980).

Research Question Three: How does participation in experiential groups affect masters-level counseling students' self-efficacy for group leadership?

Null Hypothesis 3a: There is no statistically significant difference in group leader self-efficacy between participants in a personal growth group and a psychoeducational group as measured by the Group Leader Self-Efficacy Instrument (Page et al., 2001).

Null Hypothesis 3b: There is no statistically significant increase in group leader self-efficacy after participating in a personal growth group as measured by the Group Leader Self-Efficacy Instrument (Page et al., 2001).

Null Hypothesis 3c: There is no statistically significant increase in group leader self-efficacy after participating in a psychoeducational group as measured by the Group Leader Self-Efficacy Instrument (Page et al., 2001).

Research Design

This study utilized a quantitative research design. The design is quasi-experimental and includes a comparison of two-static (i.e., already intact) groups. According to Campbell and Stanley (1963), this design can provide useful information when a true experimental design is not possible. In addition, Heppner, Wampold, and Kivlighan (2008) noted that a quasi-experimental design may be useful in practical settings (e.g., educational settings). The groups included students attending a CACREP accredited institution who were enrolled in either an introduction to counseling course or a group counseling course. One group (of participants) participated in a structured psychoeducational group that focused on wellness and basic counseling skill development and was ancillary to an introduction to counseling course, whereas the other group will be participating in an unstructured personal growth group that was ancillary to a group counseling course.

In order to assess the perceived helpfulness of the therapeutic factors, this study used the Curative Climate Instrument (CCI, Fuhrman, Drescher, Hanson, & Henrie, 1986). The CCI is a 14-item self-report questionnaire rated on a 5-point Likert scale ranging from (1) “not helpful” to (5) “extremely helpful.” The CCI is derived from Yalom’s 11 therapeutic factors and consists of three subscales: cohesion, catharsis, and insight. The CCI is reported to have moderately high

internal reliability. Johnson et al. (2006) found coefficient alphas of .87 for Catharsis, .93 for Cohesion, and .84 for Insight and Fuhriman et al. reported coefficient alphas of .81 for Catharsis, .87 for Cohesion, and .78 for Insight.

In order to measure empathy, this study used the Interpersonal Reactivity Index (Davis, 1980). The instrument consists of four aspects of empathy: Perspective Taking (PT) and Fantasy (FS), which measure cognitive empathy and Personal Distress (PD) and Empathic Concern (EC) which measure affective empathy. The instrument consists of 28 questions that are rated on a 5-point Likert scale. The items use letters ranging from A to E. The answer choices range from A: “Does not describe me very well” to E: “Does describe me very well”. The psychometric properties of the instrument include test-retest reliability ranges from .61 to .74 on the four subscales. The Cronbach’s alpha (internal consistency) ranges from .70 to .81 on the four subscales according to Davis.

In order to measure group leadership self-efficacy this study utilized the Group Leader Self-Efficacy Instrument ([GLSI]; Page, Pietrzak, & Lewis, 2001). The GLSI is a 36-item, 6-point Likert scale, self-report instrument. The instruments include statements about the respondents’ perceived self-efficacy for leading groups and answers consist of 1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = slightly agree, 5 = agree, 6 = strongly agree. The two-week test-retest reliability = .72. The Cronbach’s alpha is .95 according to Page and colleagues (2001).

The participants also completed a general demographic questionnaire. The questionnaire asked for information including gender, age, program track, and the number of semester hours they have completed in the program. In addition, the participants reported their previous

experience in counseling, group counseling, and as a leader of therapeutic groups. They also reported their satisfaction with those activities.

The target sample size was 82 students from a CACREP-accredited counselor education program in the Southeast. Twenty seven students were divided into four unstructured personal growth groups (consisting of six to eight members) that were co-facilitated by doctoral students. The groups were part of the students' group counseling course. These groups consisted of here-and-now processing and a focus on interpersonal interaction among group members, and students' personal goals. The groups met immediately following the students' group counseling course. The groups met for 90 minutes once a week for a 10-week period.

Forty seven students participated in a structured psychoeducational group that was facilitated by doctoral students and focuses on students' wellness and basic skill development. The students were divided into four structured psychoeducational groups (consisting of 10-12 members) that were co-facilitated by first year doctoral students. The groups met for 60 minutes once a week for a 12-week period. Both of the group formats aligned with the CACREP standard that students meet for 10 clock hours during and academic term.

The independent variable in this study was participation in an experiential group (2 levels; psychoeducational, personal growth). The dependent variables in this study are the perceived helpfulness of the therapeutic factors (catharsis, cohesion, insight) as measured by the three subscales of the Curative Climate Instrument, cognitive empathy and affective empathy as measured by the Interpersonal Reactivity Index, and group leadership self-efficacy as measured by the Group Leadership Self-Efficacy Instrument. The students completed the Curative Climate Instrument at the conclusion of the group to measure the perceived helpfulness of the factors and

will complete the Interpersonal Reactivity Index and Group Leadership Self-Efficacy Instrument before and after the group intervention.

Definition of Terms

Counseling Students – In this study, the participants will be counseling students who are enrolled in a master’s counselor education program specializing in Marriage and Family, Mental Health, or School Counseling. The students will be engaged in an experiential group that is required as a part of their graduate education program and will be at various points within their training program. This term may be used interchangeably with counselors-in-training.

Empathy – This term refers to a core counseling quality (Young, 2009). This study adhered to the perspective the empathy consists of both cognitive and affective components. Cognitive empathy refers to one’s ability to take another’s perspective, whereas affective empathy refers to one’s emotional, or gut level response to another individual (Rogers, 1980).

Experiential Group – This broader term relates to both the personal growth group and the psychoeducational group, both of which are required components of a counselor education program being studied. These groups are used as a part of students’ group leadership training.

Personal Growth Group – A personal growth group is a here-and-now oriented process group that is focused on self-discovery, interpersonal interactions, and human development (Gladding, 2008).

Psychoeducational Group – A psychoeducational group is a group that is meant to teach specific skills or to prevent future maladjustment (Gladding, 2008). In this study, counseling students will

participate in a psychoeducational group that focuses on wellness and basic counseling skill development.

Self-Efficacy - Self-efficacy is defined by Bandura (1997) as “beliefs in one’s capabilities to organize and execute the courses of action required to produce given attainments” (p. 10). When applied to group counseling, self-efficacy refers to one’s belief about his or her ability to effectively counsel a group in the near future (Page et al., 2001).

Therapeutic Factors – The therapeutic factors are the 11 elements of a group that are believed to contribute to positive client change (Yalom, 2005). In this study, catharsis, cohesion, and insight are the specific factors being studied as specified by the Curative Climate Instrument (Fuhriman, et al., 1986).

Organization of the Study

Chapter 1 of the study has presented the introduction, the statement of the problem, the purpose of the study, the questions to be answered, the research hypotheses, the significance of the study, and the definitions of terms.

Chapter 2 is a review of relevant literature. It addresses the following topics: group work training standards, theoretical and empirical literature pertaining to experiential groups, empathy, self-efficacy, and therapeutic factors.

Chapter 3 presents the methodology used in the study, including the research design; population and sampling procedure; and the instruments and their selection or development, together with information on validity and reliability. Each of these sections concludes with a

rationale, including strengths and limitations of the design elements. The chapter goes on to describe the procedures for data collection and the plan for data analysis.

Chapter 4 Chapter 4 presents the results of the study.

Chapter 5 discusses and analyzes the results, culminating in conclusions and recommendations.

CHAPTER TWO: REVIEW OF THE LITERATURE

Introduction

Students who attend a CACREP - accredited counselor education program are required to participate in a group experience as a member for at least 10 clock hours at some point during their program. Although there are several proposed benefits of participating in a group experience, there is lack of empirical evidence demonstrating positive outcomes. Consequently, there is little guidance about the most appropriate format for the group experience; therefore, counselor education programs satisfy the requirement in multiple ways. The purpose of this study was to evaluate the effects of two types of experiential groups (psychoeducation, personal growth) on counseling students' development. More specifically, this study compared students participating in a psychoeducational group focused on wellness and basic counseling skills with students participating in a personal growth group. The study explored students' empathy development, group leader self-efficacy development and experience of the therapeutic factors. This chapter will first review the history of the group experience requirement. Next, the two group formats that are used as interventions in this study will be reviewed. Finally, the theoretical and empirical literature supporting three constructs (empathy, counselor self-efficacy, and group therapeutic factors) that have been proposed to be affected by experiential groups will be discussed.

Experiential Groups in Counselor Education

In this review of the literature related to the use of experiential groups, the author attempted to conduct an exhaustive search due to the fact that it is a specific intervention within a specific discipline. The search included literature about how experiential groups became a requirement and the current standards for the use of groups. The search also included literature about the various ways that groups are facilitated. Finally, the goal of the search was to include all of the empirical studies that have been conducted with students in counseling programs who participated in an experiential group. The search terms included: “counselor education”, “experiential groups”, “counseling students”, “counseling trainees”, “CACREP”, and “ASGW”.

Experiential groups are common practice among programs that educate counselors (Armstrong, 2002; CACREP, 2009; Merta et al., 1993). In fact, the current standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP) require students who are enrolled in an accredited program to participate in a group experience as a member for 10 clock hours over the course of an academic term (CACREP, 2009). In addition, the Association for Specialists in Group Work (ASGW) recommends that students participate in a group experience as a member or a leader for at least 10 hours and states that 20 hours of participation is preferable (ASGW, 2001). In a study of 272 CACREP and non-CACREP accredited master’s level counseling programs, Merta and colleagues found that 88% of the programs required students to participate in some type of group experience as members. Thus, most counseling programs tend to include a group experience as part of their training.

The CACREP standards initially required a group experience in 1988 (CACREP, 1988). The requirement stemmed from the Association for Counselor Education and Supervision

(ACES, 1977) standards that greatly influenced CACREP standards (Forster, 1977). The ACES (1977) standards mandated that counseling programs provide both students and faculty with opportunities to gain greater self-understanding and students have an opportunity to improve interpersonal relationships through small-group activities. Subsequently, the CACREP (1988) standards required that students participate in a planned small-group activity, facilitated by a professional with group experience, designed to improve and promote interpersonal skills, self-analysis skills, and self-understanding. However, the standards also stated that the group was not to be designed as a counseling or therapy group and that it should be facilitated by someone who was not also involved in another relationship with the students. In the next set of standards (CACREP, 1994), CACREP revised the requirement and specified that the small group activity must take place for 10 clock hours over the course of one academic term. In addition, the standards stated the requirement's purpose was to provide a direct experience as a member of a group and that the group could be part of a group course and could be led by the instructor of the course. In the subsequent revision, CACREP (2001) did not stipulate who should lead the group. In the latest revision (CACREP, 2009), the standard did not change. Therefore, CACREP's current position is that students must participate in a small group activity as a member for 10 clock hours over the course of one academic term.

Although a group experience is mandatory, counselor education programs satisfy the requirement in a variety of ways (Anderson & Price, 2001; Armstrong, 2002; Merta et al., 1993). For example, Merta and colleagues found four approaches to the experiential component in a survey of 272 master's-level programs. The approaches included (a) a group in which the instructor was not involved and did not received feedback, (b) a group in which the instructor

was not the leader but did receive feedback about attendance and participation, (c) a group experience facilitated by someone other than the instructor, but the instructor participated or observed in the group, and (d) a group that was facilitated by the instructor. Because the survey included non-CACREP accredited programs, 12% also indicated that they did not include an experiential component. Additionally, there is great variance in who leads the groups. The experiential groups may be led by faculty, doctoral students, adjunct instructors, or local clinicians (Armstrong, 2002; Goodrich, 2008). Thus, counseling programs choose many different facilitators to conduct the experiential groups.

In addition to selecting among different facilitators, counselor educators lack agreement about the most appropriate format by which to meet the experiential group requirement (Goodrich, 2008). Some contend that requiring students to self-disclose poses ethical concerns such as dual relationships, confidentiality, and privacy (Anderson & Price, 2001; Davenport, 2004; Forester-Miller & Duncan, 1990; Merta & Sisson, 1991; Sklare, Thomas, Williams, & Powers, 1996). Consequently, educators have proposed multiple alternative models. For example, the group stage model (Toth, Stockton, & Erwin, 1998) incorporates different techniques from week to week and provides students with an opportunity to practice during role-plays. Other models consist of simulated group training, where students are assigned roles to play during the group and then rotate as leaders or co-leaders (Romano, 1998) or actors from the community may join the group as clients (Fall & Levitov, 2002). Additional authors have utilized activity-based (e.g., challenge courses, ropes courses) (Connolly, Carns, & Carns, 2005; Hatch & McCarthy, 2003) Thus, ethical considerations have influenced some counselor educators to consider alternative groups or role plays to meet the experiential group requirement.

A recent survey that included 100 of the then 162 CACREP accredited counselor education programs indicated that most programs implement here-and-now process-oriented groups that involve some level of self-disclosure (Armstrong, 2002). More specifically, the survey concluded that 48% of the responding institutions facilitated the group as an unstructured group involving self-disclosure, while 38% used a structured format that also entailed self-disclosure. Only 3% of the responding programs indicated that role play was used to satisfy the experiential group requirement. Therefore, most programs seem to prefer a group that requires the students to be fully engaged as members and to self-disclose. Yet, the format (e.g., structured, unstructured) varies among programs.

The variance in the way programs structure experiential groups may be due to the fact that organizations that require a group experience (i.e., ASGW; CACREP) provide no guidance about the most appropriate format for the group (Kline, 2003). In addition, there is no guidance as to the most appropriate time in the program to conduct the group. The ASGW (2000) training standards state that the group may be part of the didactic group counselor course or that it may be a separate experience. The CACREP (2009) standards only stipulate that the group must be for 10 hours and be completed over one academic term. Thus, there is no standard for the structure or place in the program when the group must take place.

In addition, there is a lack of empirical research to guide organizations and programs in structuring mandatory group experiences or to inform the profession about the benefits of such groups (Corey, 2004; Goodrich, 2008; Ieva, et al., 2009; Kline, 2003; Kline et al., 1997). For example, a member of the CACREP Standards Revisions Committee stated that there is very little evidence for or against the use of experiential groups in group work education. Yet, those

who develop the standards typically view it as a beneficial pedagogical activity (C. F. Gressard, personal communication, July 1, 2009). In sum, there is a lack of information to guide programs in developing their experiential groups. Additionally, counselor education programs satisfy the experiential group component in various formats, with different facilitators, and at various points throughout the duration of a program. The following sections will present a review of unstructured (e.g., personal growth) and structured (e.g., psychoeducational) groups that are most often used to meet the CACREP requirement. The two types of groups are also used for the purpose of this study.

Psychoeducation Groups

The Association for Specialists in Group Work (ASGW, 2000) describes group psychoeducation as a group using educational and developmental strategies to promote interpersonal and personal growth and prevention of future difficulties among those who may be at risk for developing problems or for those who wish to enhance personal qualities or abilities. Psychoeducational groups originated within educational settings and focus on prevention of future maladjustment or the teaching and learning of specific skills (Gladding, 2008). More specifically, Brown (1997) described psychoeducational groups as conveying information and developing meaning and skills through the use of education methods.

Psychoeducational groups are used in a variety of settings (e.g., school, hospitals, mental health agencies) and are typically focused on a specific topic such as stress management, problem solving, or life skills (Morgan, 2004). In addition, psychoeducational groups often consist of structured activities, exercises, and discussions. The focus is often around factual knowledge that may be presented, discussed, or practiced (Torres-Rivera et al., 2004). Although

the specific content is guided by the population with whom the group leader is working, it often focuses on social, personal, vocational, or educational information.

Previous research indicated that group psychoeducation is the most common type of group used with college students in the educational environment (Golden, Corazzini, & Grady, 1993). Psychoeducational groups with college students are often preventative, build skills and awareness, and focus on a variety of different topics including academic preparation, stress management, depression management, coping skills, social skills, self-esteem, assertiveness, developmental life events, and substance abuse (Kincade & Kalodner, 2004). Typically, these groups balance content with discussion and support (Archer & Cooper, 1998) and may include a theme, didactic teaching, personalization of the content, and teaching behavioral skills (McWhirter, 1995).

Counselor educators use a variety of models to meet the experiential component of group training, many of which are structured (e.g., psychoeducational) (Armstrong, 2002). Some of the groups may be designed to teach students about group dynamics or leadership. A specific example related to group work training that may be used with counseling students is the group stage model (Toth, Stockton, & Erwin, 1998). During the group, students are provided with concrete information about group leader skills and are then able to role play and practice using them. This educational group seeks to teach a specific skill and combines an experience of practicing what has been learned. Thus, psychoeducational groups combine the counseling process with an educational component directed at teaching members a specific skill.

Personal Growth Groups

Personal growth groups are included within a cluster of groups, labeled encounter groups that have several commonalities. For example, human relations groups, training groups, T-groups, sensitivity groups, marathon groups, human potential groups, sensory awareness group, basic encounter groups, and experiential groups are all focused on growth enhancement rather than “therapy”. These groups emphasize a here-and-now focus and encourage emotional expressiveness, self-disclosure, exploration, and confrontation (Yalom, 2005).

The first documented group of this kind, labeled a “T-group” (training in human relations) was facilitated by Kurt Lewin in 1946 (Lieberman, Yalom, & Miles, 1973). Lewin designed a workshop to work with leaders who would deal with tensions among ethnic groups. These groups served as educational endeavors to help members experience, understand, and change their behavior (Yalom, 2005). During the 1950s and 1960s the emphasis gradually shifted towards groups that emphasized personal growth. More specifically, these groups emphasized the genuine interaction between the members and leaders and sought to enhance self-discovery and the human potential development. These groups were referred to as encounter groups (Rogers, 1970).

Lieberman and colleagues (1973) conducted an extensive, controlled research study to examine the effectiveness of encounter groups. Their study included 210 college student participants who participated in 18 different groups that met for 30 hours over a 12 week period and a control group of 69 participants who did not receive treatment. Among the 210 participants, 40 dropped out before completing half the meetings. Their findings yielded somewhat mixed results. Overall, there was a clear relationship between change and the

experimental group. However, participants experienced both positive and negative change. For example, among those who completed the group, 39 percent experienced positive change lasting at least six months. Conversely, 10 percent experienced negative change and 39 percent remained unchanged.

More specific to personal growth groups with counseling students, there is relatively little research about what occurs within or as a result of these groups. Yet, approximately 48% of CACREP-accredited counseling programs report using an unstructured group entailing self-disclosure, which is similar to encounter group or personal growth group. The formats of two types of groups (i.e., structured, unstructured) used in counselor education have been described. The following section describes the research that has been conducted on experiential groups.

Experiential Group Research

Although the literature investigating the effects of experiential groups is limited, there is some research that has investigated the effects of personal growth groups with graduate-level counseling students. Much of the previous research has focused on constructs of personal growth using self-report pre and posttest scores on instruments such as the Personal Orientation Inventory (POI). To date, the research has demonstrated mixed results. For example, Barnette (1989) studied the effects of a 12-week personal growth that met twice a week for two hours. The treatment group consisted of five weeks of structured growth activities and seven subsequent weeks of unstructured sessions and included nine graduate-level counseling students while the control group included eight students. The treatment group experienced significant gains over the control group on the Inner-Directed, Self-Actualizing Values, and Self-Regard scales at the .01 level, and significant gains at the .05 level on the Existentiality, Spontaneity, Acceptance of

Aggression, and Capacity for Intimate Contact scales of the POI. At a five month follow up the treatment group retained significant gains on the Inner-Directed and Self-Regard scales, and also developed gains on the Feeling Reactivity scale at the .05 level. This study is limited due to its small sample size. However, it does provide some evidence for gains in self-regard, inner-directedness, and feeling reactivity due to a combination of structured and unstructured group participation.

An additional study conducted by Eiben and Clack (1973) investigated 92 students who participated in groups that focused on encounter, sensory awareness, and creative exercises. They were compared to a control group of 28 students who participated in didactic groups that met as a formal class. After comparing pre and posttest scores, the authors reported that the treatment group showed a greater gain in self-actualization than the control group. More specifically, the treatment group showed significant increases in all of the POI scales except for synergy. Conversely, the didactic group increased only in time competence and existentiality, but decreased in self-actualizing value. This study had an adequate sample size and supported gains in self-actualization based on group counseling participation.

A study by Ritter (1984) compared pretest and posttest POI scores of 89 students who were enrolled in three different sections of counseling courses over a 10-week period. The participants consisted of students enrolled in a two and a half hour skills course, a combined skills course/encounter group, and three sections of a counseling course. The author found no significant main effects for the treatment condition on any of the POI scales. However, there were significant increases from pretest to posttest in inner-directedness and self-actualizing value

for the skills training group and increases in inner-directedness and self-actualizing value for the counseling course. The combination group showed a significant decrease on the synergy scale.

In a study evaluating a 2 1/2 day, unstructured, personal growth group with counseling students in Ireland, Page and O'Leary (1992) found no significant differences between the treatment and control groups on measures of attitudes towards life concepts using the semantic differential (Osgood, Suci, & Tennenbaum, 1957). Some of the concepts on the instrument include: my ideal self, awareness, the past, love, group counseling, anger, guilt, counseling, counselors, the future, my real self, and personal involvements. The study was designed as a nonrandom pretest-posttest control group. The experimental group included 11 students (1 male; 10 female) and the control group also included 11 students (2 male; 9 female). The authors found that immediately after the intervention, the experimental group expressed statistically significantly higher ratings of counseling and awareness at the .05 level. At a 6 week follow up, the experimental group expressed statistically significantly lower ratings on potency of awareness and the future at the .05 level. This study is limited due to a small sample size; however it does provide some support for gains in awareness after participating in a personal growth group.

An investigation (Butler, 1977) into the effects of a semester-long encounter group on graduate level counseling students' self-actualization using the POI, showed that both the 19 participant experimental group and the 10 participant control group experienced significant gains from the pretest to the posttest. The two groups only differed significantly on the Spontaneity scale. This study failed to demonstrate significant gains in self-actualization for participants in an encounter group, although the sample size was rather small.

An additional study (O'Leary, Crowley, & Keane, 1994) investigated the effects of a personal growth group that included 10 graduate level counseling students in Ireland in comparison to a control group. The group, which met for two hours per week for 25 weeks, consisted of 10 females between the ages of 25 and 51. The group included structured development exercises and was facilitated from a person-centered philosophy according to the authors. The control group consisted of 10 matched-pairs. A pretest-posttest, matched-pairs control group design was implemented for the study. The results indicated that there was no significant difference between the treatment group and the control group on measures of attitudes based on the Semantic Differential (Osgood et al., 1957) or self-esteem as measured by the Rosenberg Self-esteem Scale (Rosenberg, 1965). This study also failed to show positive gains in a structured group; however, the sample size was also small in this study.

Another study (Woody, 1971) examined the effects of a psychoanalytic group psychotherapy experience on counseling students. Twenty counseling students were divided into two groups that met for 1.5 hours a week for 30 weeks. The study also included a matched-subjects control group. The dependent variables included the Tennessee Self Concept Scale (TSCS), the Elmore Psychological Anomie Scale (EPAS), the EPPS, and the Porter Counseling Inventory (PCI). There were no differences between the treatment and control group on the TSCS. The experimental group exhibited an increase on deference and a decrease on exhibition and change on the EPPS. This study, although containing a small sample, failed to show significant improvements in self-esteem for a counseling group.

Connolly, Carns, and Carns (2005) compared a traditional, here-and-now, interpersonal relationship group and an activity-based, ropes course group on the Coopersmith Self Esteem

Inventories (SEI) and the Group Environment Scale (GES). Each group consisted of 10 members, met for 12 hours, and was led by non-faculty co-leaders. There were no significant differences between the groups on the SEI. However, the activity-based group rated their group higher on the following scales of the GES: Leader Support, Task Orientation, Self-Discovery, Order and Organization, and Leader Control. This study also consisted of a small sample size. Nevertheless, the results provided some evidence that structured groups may value self-discovery more than a counseling group.

Two studies have investigated the effects of sensitivity groups on counselors and counseling students. Myrick (1971) randomly assigned 18 counselor-consultants to either a group sensitivity training or a control group and measured the TSCS and independent ratings of empathy, warmth, and genuineness. The results did not reveal any significant differences between the treatment and control groups. This study also consisted of a small sample size. Still, the results failed to support the effectiveness of a sensitivity group on self-concepts or empathy, warmth, or genuineness.

McWhirter (1974) studied 45 counseling psychology students who were enrolled in a practicum course. The treatment group used a sensitivity group approach to the course while the other class used didactic training. Both of the groups met for 2 hours per week. During the next semester, the students conducted audio-recorded vocational counseling sessions with college students. The subsequent ratings of the audio-recordings indicated that the sensitivity group scored significantly higher on the accurate empathy scale. However, there was no significant difference between the groups on ratings of warmth and genuineness. This study consisted of a

larger, yet modest sample size. Nevertheless, the results supported the effectiveness of a sensitivity group in developing empathic accuracy.

One study (Puleo & Schwartz, 1999) supported personal growth groups as predictors of empathic accuracy. The authors obtained a sample of 93 masters'-level counseling students from six universities. The participants viewed a video counseling session and rated empathic understanding. Among all of the variables, only participating in a graduate group course with a personal growth component contributed to accurate empathic understanding. Although this study suffers from the limitations inherent in correlational and research (e.g., lack of causal inferences, response bias), the results support the influence of personal growth groups on empathic accuracy.

Two qualitative studies investigated students' experience in experiential group. One study used semi-structured interviews and a follow-up focus group to explore students' experiences in personal growth groups. Ieva and colleagues (2009) investigated 15 masters-level counseling students' experience in personal growth groups. The participants reported experiencing increased self-awareness, better communication, and greater confidence in developing relationships. In addition, they reported the group will help them to empathize with clients and better understand their future clients' experience. Kline and colleagues (1997) conducted a naturalistic inquiry with 23 counseling students who had participated in a personal growth group. The participants reported that they generally had a positive experience and the key themes that emerged included awareness of interpersonal communication, emotional awareness, awareness of interpersonal behaviors, and greater insight. The studies have limited sample sizes and lack comparison group; yet they both contribute to the literature supporting experiential groups as growth enhancing for participants.

In sum, researchers have studied multiple types of experiential groups. The groups have been facilitated in various ways with different leaders, structure, and duration. Further, many different constructs have been evaluated including self-concept, self-actualization, self-esteem, and empathy. The studies have used various measures, including self-report, interviews, observation, and performance based. Moreover, the outcomes of such studies have yielded mixed results, without definitive answers to what benefits may come as a result of participating in the experiential groups. However, there is a lack of studies that evaluate the effects of groups, structured to CACREP standards, on specific aspects that are deemed beneficial in the literature. The purpose of this study was to compare two common types of experiential groups on constructs that have been postulated by group theorists and researchers, to be effected by experiential group participation. The following section reviews the theoretical and empirical literature surrounding three of the areas proposed to be effected by participation in an experiential group: empathy, group leader self-efficacy, and the therapeutic factors.

Empathy

Empathy is a broad concept that has been studied in multiple disciplines. This review included only literature that is pertinent to the present study. First, the review included some of the foundational works in empathy in order to provide an initial understanding and to define the concept. Subsequently, the review included the foundational works that have defined empathy within the counseling field. Finally, the literature search within this review included only empirical studies that were pertinent to the current study. Studies that investigated empathy development and teaching of empathy with counseling students were included in the review.

Because relatively few studies were identified that described the teaching of empathy specifically to counseling students, studies from various other disciplines within the helping professions were also included.

The concept of empathy is thought to have originated from the German word *Einfühlung*. This term was suggested by Vischer (1973) and refers to peoples' tendency to project themselves "into" that which they observe (Duan & Hill, 1996). The term was originally used in German aesthetics to describe how observers tend to project themselves into their observations, often consisting of a physical object of beauty (Davis, 1994). Lipps (1903) and Titchener (1909) applied the term to psychological study and used it to describe the process by which people come to know other people. Lipps (1926) postulated that when one views another's emotional state, he or she imitates or mimics the other's emotions. Therefore, when one observes another's emotional state, the observer experiences a similar reaction, although it is weaker than the person actually experiencing the emotion. He further stated that this emotional sharing results in a greater understanding of the observed by the observer. Titchener (1924) emphasized the awareness of sharing of feelings with another and defined empathy as a "process of humanizing objects, of reading or feeling ourselves into them" (p. 417).

As the construct of empathy has evolved in psychotherapy and psychology, theorists and researchers have developed multiple definitions and forms of measurement (Bohart, Elliot, Greenberg, & Watson, 2002; Duan & Hill, 1996). Thus, there is not currently a universal, agreed upon definition of empathy. There are three predominant views of the construct of empathy development that, according to some authors, may overlap with one another (Duan & Hill, 1996). The first view describes empathy as a personality trait, or a general skill or ability (Danish

& Kagan, 1971; Hoffman, 1982, 1984; Hogan, 1969). This view posits that some people are generally more empathic than others. Some may be naturally empathic than others, while some may develop empathy.

A second view of empathy is that it is a cognitive-affective state that is specific to the situation (Davis, 1983; Barrett-Lennard, 1962; Hoffman, 1984; Rogers, 1951, 1957). This view is also referred to as social process. This perspective describes empathy as a situation where one experiences another's state as if it were his or her own (Rogers, 1959; Truax & Carkhuff, 1967). Therefore, when one observes another, he or she experiences similar feelings as the person being observed and can cognitively understand the observed person's experience (Barrett-Lennard, 1962; Truax & Carkhuff, 1967). Rather than describing some individuals as more empathic than others, this view states that experience empathy varies according to the situation (Duan & Hill, 1996).

A third view describes empathy as a multistage process (Barrett-Lennard, 1981; Gladstein, 1983; Rogers, 1975). The stage processes typically explain empathy as a process where empathy is first produced and experienced and then expressed. For example, Barrett-Lennard's (1981) cyclical model of therapist empathy includes empathic resonance, expressed empathy, and received empathy. Empathic resonance refers to one person becoming aware of another's experience, expressed empathy means the person communicates the awareness of feelings, and received empathy means that the person receiving the communication can sense that the other feels his or her experience. Similarly, Rogers (1975) described a process whereby one first "senses" the others felt experience and then communicates that sensing. Finally, Gladstein's (1983) "multistage interpersonal process" model emphasized emotional contagion,

identification, and role taking. However, these models of empathy are difficult to measure and have remained more theoretical (Duan & Hill, 1996).

There is further variation in the view of empathy in its conceptualization as either a cognitive or affective process (Barone & Hutchings, 2005; Duan & Hill, 1996). Some have described empathy as a predominantly cognitive skill, with an emphasis on perspective taking and decentering. Decentering refers to the ability to come out from one's own outlook and imagine how the world seems to others (Davis, 1994). Adam Smith (1776) described empathy as the process of imagining how a person would think or feel if he or she was in another's situation and called it "changing places in fancy". He further stated that in order to experience another's emotion, individuals would have to first process it through their own perspective.

Others have placed a greater emphasis on empathy as an affective construct (Batson, 1991; Mehrabian & Epstein, 1972; Stotland, 1969). For instance, Stotland (1969) described empathy as one's emotional reaction due to the perception that another is experiencing an emotion. Batson (1991) described empathy as the feelings of compassion and concern that arise from seeing another person suffer. Gladstein (1983) stated that cognitive and affective empathy were two distinct forms of empathy. He attempted to delineate each by defining affective empathy as "responding with the same emotion to another person's emotion (p. 468) and cognitive empathy as "intellectually taking the role or perspective of another person" (p. 468). However, others (Davis, 1980; Duan & Hill, 1996; Greenberg, Rice, & Elliot, 1993) have argued that the two concepts, although distinct, do influence each other. Duan and Hill (1996) proposed using intellectual empathy to refer to the cognitive process and empathic emotions to refer to the

affective component to empathy, in order to guide researchers when investigating the processes separately or the influence they have on each other.

Davis (1980) also argued that empathy is a multidimensional concept. He stated that cognitive empathy and affective empathy are two interdependent, yet distinct concepts. Davis (1980) defined cognitive empathy as “the cognitive, perspective-taking capabilities or tendencies of the individual” and affective empathy as “the emotional reactivity of such individuals” (p. 3). He further postulated that cognitive empathy and affective empathy should be measured independently in order to estimate both their separate and combined effects on human behavior. As such, he developed the Interpersonal Reactivity Index (IRI; Davis, 1983), that separately measures cognitive empathy using a perspective taking scale and a fantasy scale, and affective empathy using an empathic concern scale and a personal distress scale.

Empathy in Counseling

Empathy is considered by many to be a fundamental aspect of the counseling process (Bohart, Elliot, Greenberg, & Watson, 2002; Feller & Cottone, 2003; Hazler & Barwic, 2001; Truax and Carkhuff, 1967). Additionally, it has been noted that almost all theoretical orientations have included empathy, or gaining an understanding of the client’s worldview within their basic tenets (Duan & Hill, 1996; Lyons & Hazler, 2002). Much of the research into empathy’s role in counseling and psychotherapy began after Roger’s (1957) writings that declared empathy to be a necessary condition of therapeutic change (Duan & Hill, 1996). Rogers (1957) stated that empathy was one of six conditions that are both necessary and sufficient for therapeutic personality change to take place. Rogers (1959) defined the state of being empathic as:

to perceive the internal frame of reference of another with accuracy and with the

emotional components and meanings which pertain thereto as if one were the person but without ever losing the “as if” condition. Thus it means to sense the hurt or the pleasure of another as he senses it and to perceive the causes thereof as he perceives them, but without ever losing the recognition that it is as if I were hurt or pleased and so forth. If this “as if” quality is lost, then the state is one of identification. (pp. 210-211).

Later, Rogers (1980) further defined empathy as:

the therapist’s sensitive ability and willingness to understand the client’s thoughts, feelings, and struggles from the client’s point of view. (p. 85)

It means entering the private perceptual world of the other and becoming thoroughly at home in it. It involves being sensitive, moment by moment, to the changing felt meanings which flow in this other person...It means temporarily living in the other’s life, moving about in it delicately without making judgments. (p. 142)

Therefore, empathy in counseling refers to a counselor’s ability to cognitively understand a client’s perspective and to affectively feel what the client is feeling. In other words, the counselor attempts to put himself in the client’s position. Bohart and colleagues (2002) further described counselor empathy as a complex construct that is expressed by the counselor in multiple ways including empathic questions, conjectures, and reflections, as well experience-near interpretations. The authors specifically delineate three types of therapeutic empathy, consisting of: empathic rapport, communicative attunement, and person empathy. Empathic rapport refers to the counselor displaying a compassionate attitude toward the client and conveying to client that he or she understands the client’s experience. Communicative attunement includes the empathic responses given by the counselor that are meant to

communicate the counselor's understanding of the client's feelings and deepen the client's exploration (Watson, 2002). Person empathy refers to the counselor's attempt to understand the client's experience in the present as well as in his or her past (Bohart & Greenberg, 1997).

Empathy Development in Counseling Students

Despite the emphasis on empathy as an important counselor quality, there is limited recent literature studying empathy development and counselor empathy (Bohart et al., 2002; Duan & Hill, 1996). More specifically, there is a lack of recent research investigating empathy among counseling students (Trusty, Ng, & Watts, 2005). There is some literature describing useful pedagogical approaches to empathy development; yet, there is little research about teaching or developing empathy among counseling students (Ogle, 2008). In addition, the author's search for research exploring the effects of participating in a group counseling experience on empathy development revealed only one study (McWhirter, 1974), which did support the group approach's effectiveness over didactic training. Empathy as a trait, rather than expressed empathy, has also rarely been studied (Bohart et al., 2002). However, there are a limited number of studies that have empirically investigated the effects of various teaching or experiential activities (sometimes facilitated in a group format) on empathy development among counseling and other college students. The results of those studies are presented in the following section.

Poorman (2002) conducted a study with 36 advanced undergraduate and graduate students in an abnormal psychology class. The class developed a biography of a client based on a DSM-IV diagnosis. The students completed a one to two page narrative about the client. During a class session, the instructor set the classroom as a hospital, special education classroom, or a

party. The students took turns role-playing the client and interacting with other classmates. Half of the class role-played their clients at a time, while the rest of the class interacted with those role-playing. After the activity the class processed their insights about the different characters and disorders. The researcher measured empathy using the IRI. Based on a dependent t test, the students reported a significant increase from pre to post in personal distress ($p < .001$) and a significant decrease in empathic concern ($p < .04$). The students experienced no change on the cognitive portions (Perspective Taking, Fantasy Scale) from pre to post. Although this study had a relatively small sample size and lacks a control or comparison group, it did provide some support that role playing may positively contribute to an aspect of affective empathy (personal distress).

An additional study by Ogle (2008) investigated the effects of personalization exercises on empathy development. The author's study included 52 undergraduate students who were enrolled in two sections of a helping skills class. The control group class participated in traditional helping skills curriculum whereas the experimental group class participated in personalization exercises. The exercises consisted of viewing videos and reading books or case studies that were meant to "provoke" or arouse emotions. Many of the topics focused on multicultural issues or issues of human emotions. After participating in the exercise, the students discussed in-depth questions about their reactions and attitudes about the content. This study had the issue of non-random assignment, and a moderately small sample size. An ANCOVA analysis indicated no difference between the groups at posttest in cognitive or affective empathy based on the IRI ($p = .96$). Therefore, the study failed to support the use of personalization exercises to enhance cognitive or affective empathy.

An additional study (Lundy, 2007) evaluated the effects of service learning, compared to an interview assignment and a research paper on emotional empathy with a sample of students who were enrolled in an undergraduate developmental psychology course. Of the students who completed pre and posttest empathy assessments, seventeen engaged in a service learning project, nineteen conducted an interview, and thirty one wrote a research paper. The service learning project consisted of volunteering two hours per week in a human services setting (e.g., child care center, retirement home, assisted living facility). The interview consisted of interviewing three individuals at different points of lifespan development. The research paper was on a topic of the students' choice. The results of an ANOVA indicated a statistically significant difference among groups in terms of change in emotional empathy based on the Emotional Empathic Tendency Scale (Mehrabian & Epstein, 1972), $p < .05$, eta-squared = .10. Post-hoc analysis indicated that the service learning group experienced greater increase in emotional empathy compared to the interview group and research paper group. This study lacked random assignment and a true control group, and consisted of a relatively small sample. Nonetheless, the results support the hypothesis that experiential activities may contribute to emotional empathy development.

An additional study by Silva (2002) implemented a three hour training session focusing specifically on empathy. The sample consisted of 45 students who were engaged in a helping skills course from three universities. The experimental group included 21 students while the control group consisted of 24 students who received a presentation on "initiating the counseling process" which also cover goal setting. The experimental group participated in some didactic training, experiential activities, personal awareness activities, visualization exercises, and role-

plays. The students were rated on role play session conducted with peers. The results of an ANCOVA indicated there was no difference in students' self-reported empathy scores based on the Barrett-Lennard Relationship Inventory (BLRI, 1962), $p = .213$. However, the results did indicate that the clients rated the experimental group higher in empathy based on the BLRI, $p = .018$. This study suffered from design issues due to lack of random assignment, although pretests were used to control for group differences. In addition, a true control was helpful in making comparisons. The results fail support the notion that empathy training enhances counseling students' self-reported empathy, but did provide support that client ratings of empathic responses were influenced by empathy training.

A study by Barak (1990) utilized an empathy game with a small sample ($N = 9$) of first semester counseling psychology students. The game consisted of first breaking the students into several small groups. The groups received a narrative from a hypothetical client. The students then decided on answers to client self-questions from a list including responses, emotions, or potential solutions the client may have. Next, the groups role-played the client to the other groups. The groups then answered the same questions about the role-played clients. Finally, the groups shared the answers to their own client with the rest of the groups. Each student conducted a role-played interview before and after playing the game was rated by an observer. The results of a dependent t test indicated that the group experienced a significant increase in empathy based on the Empathy Rating Scale, ($p < .01$). This study included a small sample and did not include a control or comparison group. Yet, the results provide some evidence that an experiential activity may increase empathic responding.

Overall, the studies investigating empathy development based on experiential activities are few in number, have limited sample sizes, and suffer from methodological limitations. However, the available literature does provide some evidence that experiential activities may have some effect on empathy development among counseling students. Nevertheless, the research evaluating the influence of being a client or more specifically the member of psychoeducational or counseling group is extremely sparse and has produced mixed results. Because empathy is considered to be an important quality for counselors and participating in a group as a member is a required experiential activity, it is evident that research should focus in this area. As previously noted, multiple theorists and researchers have postulated that participating in experiential groups helps students to better empathize with their future clients. This study explored the effects of experiential groups on students' empathy development.

Self-Efficacy

The search for literature on the construct of self-efficacy included the foundational theoretical works in order to provide a working definition and literature specific to counseling self-efficacy. The review of the literature included studies that explored self-efficacy's relation to effective counseling and group counseling. Additionally, the review included studies that investigated counseling self-efficacy specifically among counseling students. The review consisted of studies describing counseling students' self-efficacy development and specific interventions designed to enhance self-efficacy among counseling students.

This section will first explore the theoretical construct of self-efficacy and then explore the empirical basis of the construct as it relates to counseling and group counseling. The

construct of self-efficacy is supported by the theoretical assumptions of social learning theory, developed by Albert Bandura (1977). In addition, the construct of counselor self-efficacy is derived out of Bandura's theory (Lent et al., 2009). According to Bandura, personal factors, environmental factors, and behavior are reciprocal determinants of each other. He described psychological functioning as "a continuous reciprocal interaction of personal and environmental determinants" (Bandura, 1977, p.10), where vicarious, symbolic, and self-regulatory processes are prominent. In other words, human functioning is influenced by one's thoughts, environment, and behavior. Bandura postulated that nearly all learning is a result of vicariously observing other people's behavior and its consequences. He stated that some complex behaviors can only be developed through modeling and that a shortened acquisition process (i.e., through modeling) is often crucial for development and survival due to the fact that the consequences of many behaviors may be fatal. Thus, humans develop ideas about how to perform new behaviors by watching others, and then using that information later as a guide to perform the same behavior in approximate form (Bandura, 1977).

A second aspect of social learning theory is the human capacity of symbolization (Bandura, 1986). According to Bandura, people use symbols to give meaning to their experiences. In addition, with symbols, people create models and guides for future action by transforming their experiences. People symbolically create different courses of action and test solutions for different problems rather than suffering consequences of wrong decisions.

An additional tenet of social learning theory is human's capacity for self-regulation (Bandura, 1977). Bandura postulated that people are able to exert control over their own behavior by generating cognitive supports, arranging environmental inducements, and producing

consequences of their own actions. Although external influences often create and support self-regulatory functions, one's actions are partly determined by self-influence. Bandura (1986) stated that internal standards and self-evaluations of one's own actions motivate and regulate much of one's behavior. Self-regulation of behavior by internal standards includes self-observation, judgmental process, and self-reaction. One's self-evaluation of his or her performance ultimately influences future behavior. Therefore, one's belief about how well an action is performed influences his or her future behaviors.

One's self-regulation of behavior is influenced by his or her personal efficacy expectations. Bandura (1977) defined efficacy expectations as "the conviction that one can successfully execute the behavior to produce [the] outcomes" (p.79). Bandura also distinguishes efficacy expectations from outcome expectations. For instance, outcome expectations describe the belief that a particular course of action will lead to an outcome; whereas efficacy expectations describe the belief in an ability to engage in the behavior. Bandura (1997) further defined perceived self-efficacy as "beliefs in one's capabilities to organize and execute the courses of action required to produce given attainments" (p. 10). Bandura emphasized that there are multiple effects of people efficacy beliefs. For example, people's efficacy beliefs influence the course of actions they choose, how much effort they put forth in various situations, how resilient they are in the face of adversity, their perseverance when faced with challenges, how they respond and cope with strenuous environments, and their thought patterns (Bandura, 1997; Bandura, Caprara, Barbaranelli, Gervino, & Pastorelli, 2003).

Bandura (1977) more specifically stated that "people's conviction in their own effectiveness determines whether they will even try to cope with difficult situations" (p. 79).

Therefore, people will not attempt to face challenges when they lack a belief in their ability to handle them. However, when people believe in their ability to deal with a given situation, they behave affirmatively. Bandura (1977) further stated that “perceived self-efficacy not only reduces anticipatory fears and inhibitions but, through expectations of eventual success, it affects coping efforts once they are initiated” (p. 80). In other words, when people have beliefs in their ability to handle a situation, they are more likely to persist in facing it and will enhance their efficacy beliefs as a result of successfully navigating it. In relation to this study, group counselors may be able to persist in navigating the difficult situations during a group session if they have a greater belief (self-efficacy) in their ability.

Researchers have reported multiple benefits of self-efficacy beliefs. Maddux (2002) further illustrated the function of strong self-efficacy beliefs to include benefits in physical health and psychological adjustment. For example, he reported that “self-efficacy beliefs are crucial to successful change and maintenance of virtually every behavior crucial to health, including exercise, diet, stress management, safe sex, smoking cessation, overcoming alcohol abuse, compliance with treatment regimes, and disease detection behaviors” (Maddux, 2002, p. 281). In addition, self-efficacy beliefs contribute to goal selection, increased coping skills, more effective problem strategies, better use of personal and cognitive resources, and lower depression (Fernandez-Ballesteros, Diez-Nicolas, Caprara, Barbaranelli, & Bandura, 2003). Efficacy beliefs are also influential in academic attainment (Bandura, 1997; Bandura, Barbaranelli, Caprara, & Pastorelli, 1996), family satisfaction and functioning, and behavioral functioning (Bandura et al., 2003).

Bandura (1977) espoused four major sources of efficacy expectations: (a) performance accomplishments, (b) vicarious experience, (c) verbal persuasion, and (d) emotional arousal. According to Bandura, performance accomplishments contribute most to efficacy expectations. He stated that one's own experience of success can increase the expectations of mastery; whereas the experience of failure can decrease the expectations. In addition, the experience of multiple successes helps to develop efficacy expectations that serve as buffers against occasional failures.

Vicarious experience refers to seeing others perform difficult task without experiencing adverse consequences. The one observing develops expectations they will also be able to succeed by seeing others perform. This process is facilitated through modeling, whereby the more models and the more diversity of models one observes successfully performing, the more likely his or her own self-efficacy will increase.

Although the effects are weak and short lived, verbal persuasion is a process where people are verbally coaxed into believing that they can successfully perform (Bandura, 1977). This process includes verbal persuasion; however, the expectations that are cultivated this way often rapidly extinguish. Finally, in emotional arousal, people are led into misattributing their emotional arousal. It is thought that people will act more boldly when they no longer label their state as anxiety, because "high arousal usually debilitates performance, individuals are more likely to expect success when they are not beset by aversive around than when they are tense, shaking, and viscerally agitated" (Bandura, 1977, p. 82). Additionally, Bandura (1977) stated that efficacy expectations vary in terms of (a) magnitude, (b) generality, and (c) strength. For example, magnitude refers to the level of difficulty of a particular endeavor. Some individuals may have efficacy expectations for the most difficult tasks, while others only have them for more

simple tasks. Generality refers to the situation specific efficacy expectations of individuals. Some who have mastery expectations for a particular endeavor may generalize their efficacy expectations to other endeavors, while others may simply confine their efficacy expectations to specific tasks. Finally, the strength of one's efficacy expectations how long he or she will persevere in the face of experiences of failure. Thus, those with strong efficacy expectancy will persist in the face of disconfirming experiences, while those same experiences may deter those with weaker efficacy expectations.

Counselor Self-Efficacy

This section will outline the theoretical and empirical literature for self-efficacy specific to counseling, group counseling, and counseling students. Larson and Daniels (1998) stated that Bandura's (1982) general conceptualization of self-efficacy could easily be translated to counselors and defined counselor self-efficacy as "one's belief about her or his capabilities to effectively counsel a client in the near future" (p.180). Greason and Cashwell (2009) noted that counselor self-efficacy plays an important mediating role between one's knowledge of the appropriate actions in a counseling situation and his or her propensity to execute those actions. Additionally, multiple models of counselor development have emphasized the importance of fostering self-efficacy in counselors (Leach & Stoltenberg, 1997; Skovholt & Ronnestad, 1995; Stoltenberg & Delworth, 1987). As a result, several researchers have created instruments to study counselor self-efficacy including its effect on outcome and how it is developed in counselors (Larson et al., 1992; Lent, Hill, & Hoffman, 2003; Melchert, Hays, Wiljanen, & Kolocek, 1996).

When applied to group counseling, self-efficacy refers to one's belief about his or her ability to effectively counsel a group in the near future. However, there is a lack of empirical

literature investigating group leader self-efficacy (Page, Pietrzak, & Lewis, 2001). Within this search, the only study identified that investigated the construct of self-efficacy as it related to leading counseling groups was Page and colleagues (2001) development of the Group Leader Self-Efficacy Instrument (GLSI). Yet, there is literature investigating general counselor self-efficacy and will thus be the focus of this review.

Recently, counselor self-efficacy has become a major area of interest, particularly when studying counseling students' development (Larson & Daniels, 1998; Lent et al., 2006; Lent et al., 2003; Melchert et al., 1996). Much of the research thus far has focused on counselor performance and affective states (e.g., anxiety) while performing in the counselor role, as well as how self-efficacy develops in counselors (e.g., specific interventions, supervisory environment) (Larson & Daniels, 1998; Lent et al., 2006). There is some research supporting self-efficacy as a predictor of client outcome. In an earlier review of the effect of counselor self-efficacy, Orlinski and Howard (1986), found that in 66% (12 of 18) of the research studies they reviewed, client outcome was positively related to counselor self-confidence. Conversely, the authors found that "unsureness" did not positively relate to outcome. In a study of 110 prepracticum counselors, Lent and colleagues (2006) delineated between general counselor self-efficacy and client-specific self-efficacy. The authors found that higher client specific self-efficacy was associated with congruence between counselor session ratings and client session ratings. In a study that included 78 counselor trainees who were in their first through fourth year of training, Sipps, Sugden, and Faiver (1988) found a significant, strong positive relationship ($r = .77$) between efficacy and outcome expectations. Larson and colleagues (1992) also found a strong positive relationship ($r = .75$) between efficacy and outcome expectations based on a sample of 25

counselor trainees. Larson and Daniels (1998) presented research in their review that indicated a significant positive relationship ($r = .18$) between outcome expectancy and counselor self-efficacy, based on a conference presentation (Larson, Cardwell, & Majors, 1996) conducted by the first author but not published. Therefore, there is some support for outcome and outcome expectancy based on self-efficacy; however, there is still a need for research investigating outcome.

In addition to outcome expectations, researchers have also studied the relationship between self-efficacy and other variables associated with counselor performance (e.g., anxiety, self-concept). Larson and Daniels' (1998) review of the literature included empirical studies, unpublished papers, and research papers presented at professional conferences that suggest high counselor self-efficacy is inversely related to anxiety. For example, Friedlander, Keller, Peca-Baker, and Olk (1986) in a study of 52 graduate students in counselor education, counseling psychology, clinical psychology, and social work, found an inverse relation between self-efficacy expectations and anxiety ($r = -.37$). In an additional study that included 51 counselor trainees, Larson and colleagues (1992) found a significant inverse relationship between counselor self-efficacy and state anxiety ($r = -.55$) and trait anxiety ($r = -.79$). Finally, Barbee, Scherer, and Combs (2003) found that a sample of 113 prepracticum students had a significant negative relationship between counselor self-efficacy and anxiety ($r = -.288$).

Other authors found counselor self-efficacy to relate to more positive qualities. For instance, Larson and colleagues (1992) also found a significant positive relationship between counselor self-efficacy and self-concept ($r = .51$). In a study of 179 master's level counseling students, Greason and Cashwell (2009) found significant positive relationships between self-

efficacy and mindfulness ($r = .34$), counselor attention ($r = .59$), and cognitive and affective empathy ($r = .21$). An additional study of 118 counselors-in-training and professional counselors suggested a relationship between counselor self-efficacy and emotional intelligence (Easton, Martin, & Wilson, 2008).

In terms of self-efficacy development, there is a significant amount of research that suggests self-efficacy increases as counselors obtain education and experience. Lent, Hill, and Hoffman (2003) obtained a sample of 345 undergraduate and graduate students who were enrolled in counseling courses. The authors conducted t tests and found statistically significant increases for 62 students on all scales of the Counselor Activity Self-Efficacy Scales (CASES) from the start to the end of their practicum. Cohen's d for each scale ranged from .70 to .95. They also found that those with more counseling experience reported higher levels of counseling self-efficacy. An additional study that included 113 prepracticum students (Barbee et al., 2003) found that counselor training/development ($R^2 = 21.8\%$) and related work experience ($R^2 = 8.5\%$) both significantly positively correlated with counselor self-efficacy. In a study that compared 116 counselor education students in CACREP and non-CACREP approved programs, Tang and colleagues (2004) found counselor self-efficacy to be strongly related to course work ($r = .59$), internship hours ($r = .47$), and clinical instruction ($r = .40$), suggesting a moderate to strong relationship between those variables and self-efficacy. While developing the Counselor Self-Efficacy Scale (CSES), Melchert and colleagues (1996) found in a sample of 138 that clinical experience and level of training together contributed to a large portion of the variance in self-efficacy (43%; $R = .65$). Additionally, the authors found strong positive correlations between self-efficacy and clinical experience (.55) and level of training (.62). Lent and

colleagues (1992) also found that client-specific self-efficacy increased from sessions 2 to 4 with a medium effect size ($d = .67$) in a sample of 110 prepracticum counselors who conducted sessions with university students. Finally, Al-Darmaki (2004) compared an undergraduate sample of 73 counseling students completing a practicum with a control of 40 students who were not completing practicum and found that the practicum students reported significantly higher levels of self-efficacy and significantly lower levels of anxiety.

Self-Efficacy Development in Counseling Students

Although research has demonstrated a relationship between self-efficacy and other positive constructs, and has also been linked to training and experience, research has also investigated the environment and specific mechanisms by which self-efficacy is developed in counseling students within the context of their training. For example, Lent and colleagues (2009) explored 98 master's-level counseling students' perceptions of the changes in their self-efficacy beliefs over a course of five sessions. The students were all in their first practicum experience. First, the authors found that most of the students reported an increase in their self-efficacy after the second session. The students' most common response to their perceived changes in self-efficacy included their own performance (i.e., evaluation of what they did well or did poorly) (86%), followed by their observations about the clients' thoughts, feelings, or behavior (61%). This study provided evidence that self-efficacy may develop over time and that students' beliefs about their actual performance influenced their self-efficacy beliefs.

Other studies have explored the effect of supervision or the supervisory relationship on counselor self-efficacy. Fernando and Hulse-Killacky (2005) investigated the relationship between supervision style and counseling students' satisfaction with supervision and self-

efficacy for 82 participants. The authors found that a task-oriented style of supervision significantly contributed ($\beta = .376$; $p < .011$) to self-efficacy and that there was no relationship between satisfaction with supervision and self-efficacy. An additional study (Efstation, Patton, & Kardash, 1990) found significant positive correlations between self-efficacy and the Rapport (.22) and the Client-focused (.15) scales of the Supervisee Working Alliance Inventory (SWAI). A more recent study (Reese et al., 2009) with a sample of 28 counseling students that investigated the effects of client feedback compared to no-feedback control group found that there was no difference between groups on development of self-efficacy. The authors reported small correlations between self-efficacy and client outcome; however, those in the feedback group reported stronger correlations between their self-efficacy beliefs and client outcome ($r = .51$) than the no-feedback group ($r = -.37$). These studies provided mixed results for the effects of supervision on counseling students' self-efficacy.

One study (Daniels & Larson, 2001) that evaluated 45 master's level counseling trainees investigated the effects of positive and negative feedback on the students' self-efficacy beliefs. The participants conducted a 10-minute mock counseling session and were randomly assigned to receive either positive or negative feedback regardless of how well they performed. The authors found that self-efficacy increased by one-third of a standard deviation, while those who received negative feedback experienced a decrease of about two-thirds of a standard deviation. These results supported the notion that experience, either positive or negative, combined with performance feedback strongly influences counseling self-efficacy.

In a study that explored intentional interventions to increase counselor self-efficacy, Larson and colleagues (1999) compared a group of 37 prepracticum students who viewed a 15

minute counseling mock interview with a group of 30 students who participated in a role play counseling session. The authors found that watching the video moderately increased the students' self-efficacy. The students who participated in the mock counseling session experienced stronger increases in self-efficacy when they perceived the session to be a "great success". The students who perceived their session to be "mediocre" experienced a strong decrease in their self-efficacy. This results of this study suggested that actual experience may influence counseling self-efficacy.

An additional study of 50 prepracticum counseling students, Johnson, Baker, Kopala, Kiselica, & Thompson (1989) found that students experienced significant increases in self-efficacy after viewing role-play counseling sessions. Barbee and colleagues (2003) examined the effect of service learning on counseling students' self-efficacy. The authors compared 77 students who were involved in prepracticum service-learning with 36 students who were not. There was a significant difference between the two groups. The students who were involved in service learning reported higher levels of self-efficacy and lower levels of anxiety. The results of these studies suggest that exposure, and experiential activities may contribute to increased counselor self-efficacy.

Collectively, the studies in this review provided evidence that students' counseling self-efficacy may be increased simply through exposure to counseling scenarios (e.g., viewing a video, role play). Additionally, participation in experiential activities, including conducting counseling or mock counseling, seems to strongly influence students' self-efficacy. Supervision in general seems to have mixed results, although positive and negative feedback and self-evaluations of performance appear to influence counseling self-efficacy. Although participation

in various experiential activities appears to increase counseling self-efficacy, no studies were identified that investigated the effects of participation in counseling or group counseling on students' counseling self-efficacy. No studies were identified that investigated students' self-efficacy for conducting group counseling in general or as a result of participation in experiential activities. Due to the fact that people's belief in their own effectiveness (self-efficacy) may determine their propensity to persist in difficult situations (Bandura, 1977), and group leadership consists of complex and difficult tasks (Page et al., 2001), an exploration of experiential group participation's effect on group leader self-efficacy is warranted. Therefore, this study investigated the effects to two forms of experiential groups on students' group leader self-efficacy development.

Therapeutic Factors

The review of the literature pertaining to the therapeutic factors included the original theoretical works that proposed the therapeutic elements present in group counseling. The search for empirical literature included studies that investigated group members' perceptions of the therapeutic factors present within various types of counseling groups.

Theorists and researchers have attempted to explain how group counseling helps clients (Crouch, Bloch, & Wanlass, 1994; Fuhriman, Drescher, Hanson, Henrie, & Rybicki, 1986; Yalom, 1970; Yalom & Lescz, 2005). These authors have postulated that there are interpersonal and intrapersonal factors that operate within the context of group counseling and psychotherapy, beyond the content being explored, that are therapeutic for clients. More specifically, Crouch and colleagues defined the therapeutic factors as "an element of group therapy that contributes to

improvement in a patient's condition and can be a function of the actions of the group therapist, the other group members, and the patient himself" (p.270).

Although Yalom's (1970; 1975; 1995; 2005) conceptualization of the therapeutic factors is the most widely known and used (Kivlinghan & Holmes, 2004), previous group researchers and theorists alluded to the notion that there are therapeutic elements within the context of group counseling. For example, Burrow (1927) postulated that learning through others (vicarious learning) and identifying with others in a group (universality) contribute positively to client outcome. Later, Wender (1936) described the helpful aspects of his groups as interaction, intellectualization, the effects exerted by one member on another, and catharsis-in-the-family. Additionally, Slavson (1979) proposed that the therapeutic factors in group were the same as the factors in individual counseling and included catharsis, insight, and transference. In a more comprehensive classification model, Bloch and Crouch (1985) delineated instillation of hope, vicarious learning, guidance, universality, catharsis, interpersonal learning, altruism, self-understanding, self-disclosure, and acceptance as the therapeutic mechanisms of group counseling. Furthermore, Corsini and Rosenberg (1955) developed a list of 10 therapeutic factors based on a review of approximately 300 articles. Their list included miscellaneous, ventilation, acceptance, altruism, universalization, reality testing, transference, spectator therapy, interaction, and intellectualization. Thus, multiple authors have developed various, yet often overlapping conceptualizations of the therapeutic elements of group counseling.

Yalom's classification system of the therapeutic factors, although built on previous writings, furthered the understanding of the elements contributing to successful group counseling. In addition, he constructed a research paradigm for investigating the factors that has

had a tremendous influence on subsequent research (Kivlinghan & Holmes, 2004). The 11 therapeutic factors include: instillation of hope, universality, imparting information, altruism, corrective recapitulation of primary family group, development of socializing techniques, interpersonal learning (input and output), cohesiveness, catharsis, existential factors, and imitative behavior. The factors are described in the following section.

Instillation of hope refers to the notion that group members become hopeful and optimistic for their own improvement. In group counseling, members acknowledge that the group can be helpful by seeing other group members improve. Yalom and Leszcz (2005) state that group leaders can facilitate this element by reinforcing positive expectations prior to the group and by bringing attention to the successes of members throughout the course of the group.

Universality describes the phenomena whereby group member realize that they are not alone and that others may have similar concerns and feelings. According to Yalom and Leszcz (2005), many clients are socially isolated and start counseling with the fear that their problems and thoughts are unacceptable and yet unique. In addition, in everyday life, clients do not have the opportunity to share their thoughts and feelings with others, or to be supported, accepted, or validated by others. Conversely, when in a group, clients experience a great deal of relief when they hear other members disclose similar experiences.

Imparting information is the positive effect of receiving advice from the counselor or other group members. Yalom and Leszcz (2005) include the implicit educational processes that occur in terms of learning about psychological functioning. In addition, some groups may have intentional psychoeducational components about mental health, symptoms, or coping skills.

Although direct advice is not helpful, the process of giving it demonstrates and conveys interest and caring.

Altruism is therapeutic in that group members gain a positive view of themselves through helping others in the group. Clients may enter counseling with the belief that they have little worth or have nothing to offer other individuals. However, in the group setting members are able to be of benefit to each other. Consequently, members may feel positively about themselves when they are able to provide support, suggestions, or advice.

An additional element of group is the corrective recapitulation of the primary family group. According to Yalom and Leszcz (2005), the counseling group represents a family structure in many ways. For example, there are authority figures, peer figures, deep intimacy, strong emotions, personal revelations as well as competitive and hostile feelings. Clients who enter the group often have negative experiences with their family group. Within the context of the group, clients have the opportunity to re-enact the family relationships in a more adaptive manner.

Group counseling also provides an environment where group members can develop social skills. Clients can learn how to interact with one another in a more effective way. Some groups may focus specifically on developing skills through psychoeducation, while other groups may promote this type of social learning in a more indirect way. For example, clients may learn how to give feedback in an appropriate manner or may receive helpful feedback about some of their social habits that may be inappropriate or disturbing to others.

Within the context of group counseling, clients are also provided with an opportunity to experience interpersonal learning. Group members can gain personal insight by listening to

feedback from other group members. Yalom and Leszcz (2005) proposed four levels at which clients gain insight during the group process. First, the authors stated that group members may, for the first time, gain an objective perspective on how they come across to others interpersonally. For example, they may get feedback that they come across aloof, arrogant, or seductive. Next, clients may gain insight into how they interact or behave with others. Third, clients may gain insight into the reasons behind what they do. Finally, clients may come to understand how they came to be the way they are (e.g., family or environmental influences).

Cohesion is the element of togetherness or “we-ness” experienced in group counseling. Yalom and Leszcz (2005), people have an innate need for belonging. The group experience provides the opportunity for members to share their inner-worlds. This sharing, in combination with being accepted by the other group members, allows clients to feel acceptable, lovable, and wanted by others.

Catharsis is the release of feelings that have been building up or that are present in the here-and-now (Kivlighan & Holmes, 2000). It is also referred to as an emotional release (Crouch et al., 1994). During catharsis, feelings that may have been difficult to speak of, such as anger, guilt, affection, sorrow, and grief, are released with the group. The release of the emotions helps the client to feel a sense of relief.

Existential factors refer to the client ultimately accepting taking responsibility for his or her choices in life. It includes accepting some circumstances as unchangeable and the realization that one must live one’s own life regardless of support from others.

Imitative behavior is the learning that happens when group members observe other members and their learning experiences. This process is done through modeling. Group members

learn from watching others behave. In addition, clients can learn from watching other group members successfully navigate their problems (Yalom & Leszcz, 2005). In sum, theorists have proposed multiple factors, other than group content, that contribute to successful group counseling.

Empirical Literature on the Therapeutic Factors

Despite the strong theoretical background for group therapeutic factors, Kivlighan and Holmes (2004) reported that most empirical research has lacked a theoretical background and has focused only on values of the factors for different client populations. In addition, very few studies investigate the leaders' influence on therapeutic factors. Nevertheless, multiple studies that evaluate members' perceptions of the therapeutic factors have contributed to the literature. The results of those studied are presented in the following sections. First, the studies relating therapeutic outcome to the factors will be presented followed by studies that focused on specific populations including those clients in inpatient and outpatient care.

In their foundational study, Yalom, Tinklenberg, and Gilula (1968) tested the importance of the therapeutic factors with 20 successful group counseling clients using a Q-sort methodology. The authors developed 60 questions, including five for each factor. In the study the clients ranked 12 (Interpersonal Learning was divided into Input and Output categories) factors in the following order of importance: (1) Interpersonal Learning (Input), (2) Catharsis, (3) Cohesiveness, (4) Self-Understanding, (5) Interpersonal Learning (Output), (6) Existential Factors, (7) Universality, (8) Instillation of Hope, (9), Altruism, (10) Family Reenactment, (11) Guidance, and (12) Identification.

In a study (Kellerman, 1985) with 30 successful participants of psychodrama groups, the participants completed a Hebrew version of Yalom's questionnaire. The results paralleled those of Yalom and colleagues' (1985) study. The author reported a correlation of .84 for the two sets of therapeutic factors. However, the psychodrama group valued self-understanding greater than the traditional group and valued cohesion less.

In the previously noted study, Lieberman and colleagues (1973) investigated participants in encounter group of various orientations. Those who were deemed "high learners" (or those who changed significantly) rated insight, acceptance, advice, and family reenactment as most important significantly more than groups deemed "nonchangers" or "negative outcomes".

One study measured what male prison inmates valued in their group therapy programs. The sample included fifty former drug abusers who were considered successful in group therapy. Before being released from prison, the inmates completed Yalom's therapeutic factor questionnaire. The participants valued most highly insight, followed by existential factors and feedback. The participants least valued altruism, guidance, universality, and identification.

Lieberman (1990) describes the therapeutic factors valued by new mothers in self-help group as compared to mothers in new mothers' groups. The results indicated that in successful self-help groups interpersonal learning, self-understanding, catharsis, and the instillation of hope were the most valued factors. Conversely, those in the new mothers' groups typically only valued universality.

An additional study (Flowers, 1987) evaluated the agreement of group members about the helpful aspects of group counseling. The members participated in one of three groups that had a total 24 members and consisted of 24 90-minute sessions. The members completed

Yalom's questionnaire. The results indicated that those who improved ($N = 24$) had high agreement about what was helpful in group.

Several studies have focused on the helpfulness of therapeutic factors specifically for outpatient populations. An early qualitative study (Dickoff & Larkin, 1963) investigated the therapeutic experiences of 28 group members who participated in an average of 11 sessions. After the data was transcribed and classified, the results indicated that 60% of the group members valued support (i.e., acceptance, universality), 30% valued suppression, and 14% valued insight leading to behavioral change.

An additional study (Bloch & Reibstein, 1980) investigated the experiences of 33 outpatients who were suffering from neurosis or personality disorders. The participants were engaged in long-term therapy. The researchers distributed the questionnaire at various points during the first six months of counseling and found that self-understanding was the most important reported factor (over 33% of responses), followed by self-disclosure (18%), and learning from interpersonal action (13%). Altruism, catharsis, guidance, and universality were not deemed important by the group members.

Mackenzie (1987) also studied outpatient group members. That author evaluated a sample of 34 group members who were engaged in 4 groups and found that self-understanding, self-disclosure, and learning from interpersonal action, were the most highly valued.

An additional study (Hobbs, Birtchnall, Harte, & Lacey, 1989) evaluated the experiences of clients in a 10-week psychodynamic group for women suffering from bulimia nervosa. Clients completed the most important events questionnaire at the end of the third, sixth, and ninth session. The clients most valued universality, vicarious learning, and instillation of hope.

Conversely, the counselors rated self-disclosure and acceptance as the most important factors. Thus, there was a lack of agreement between the counselors and the clients.

A study (Corder, Whiteside, & Hazlip, 1981) investigated adolescents' experiences of the therapeutic factors in groups that met once a week and lasted from 9 to 12 months. The study consisted of 16 clients in four groups. The clients completed Yalom's therapeutic factors questionnaire after they had been in the group for six months. The results were inconsistent with Yalom's classification of the most helpful elements. They indicated that the clients found self-disclosure and interaction to be most helpful and insight and vicarious learning to be least helpful.

A more recent study (Waldo, Kerne, & Kerne, 2007) compared the experience of the therapeutic factors for domestic violence offender groups consisting of guidance versus those consisting of "counseling". The researchers substituted a "counseling" group during one of the sessions in place of the traditional guidance format used for the groups. The participants completed the Critical Incident Questionnaire. The sample consisted of 99 males from six ongoing groups at a domestic violence treatment center. The results indicated that hope and information were more valued during the guidance sessions, while universality, cohesion, and interpersonal learning were more valued during the counseling session.

A study (Davies, Burlingame, Johnson, Gleave, & Barlow, 2008) of 94 clients from 16 psychotherapy groups at a university counseling center evaluated the effects of a feedback intervention on the clients' experience of the therapeutic factors using the Curative Climate Instrument (CCI; Fuhriman et al., 1986). The groups averaged approximately eight members per group and the average number of sessions attended was six. The experimental group members

completed feedback forms that gathered their perceptions of the climate. The group leader distributed the feedback to the group members and facilitated discussion among the members. The results indicated that there was no difference between the feedback group and the control group on the therapeutic factors experienced.

Multiple studies have also investigated the experiences of clients who were involved in inpatient groups. For example, Maxmen (1973) evaluated 100 members who had participated in a program that consisted of one hour sessions each day for an average of nine days and consisted of a here-and-now focus. The groups typically included six group members with various diagnoses. The participants completed Yalom's questionnaire and reported that instillation of hope, cohesiveness, altruism, and universality were the most helpful factors. Conversely, insight, guidance, family reenactment, and identification were the least valued.

In a similar study, Marcovitz and Smith (1983) studied the effects of psychodynamic therapy with 30 inpatient clients with mixed diagnoses who attended an average of eight sessions. Based on Yalom's questionnaire, the participants ranked catharsis, cohesion, and altruism as the most helpful, and vicarious learning, family reenactment, and guidance as less helpful. Interaction, insight, instillation of hope, and universality were rated intermediately.

A small study (Macaskill, 1982) evaluated the experiences of nine women in inpatient group therapy suffering from borderline personality disorder. The clients were in counseling for approximately 11 months and the leader ascribed to a psychoanalytic orientation. Based on Yalom's questionnaire, the participants rated insight and altruism as most helpful and interaction, vicarious learning, guidance, acceptance, and universality as less helpful.

Schaffer and Dreyer (1982) studied a sample of 100 inpatient clients on a crisis unit. The researchers used a questionnaire developed by Lieberman and colleagues (1973). The participants completed the questionnaire twice during the course of counseling by indicating which two factors were the most important in the group experience. The clients reported that “being responsible for oneself” and insight were the most important factors. Conversely, vicarious learning, self-disclosure, and family reenactment were considered the least helpful factors. The study also reported that the leaders placed a greater emphasis on catharsis, vicarious learning, and interpersonal learning.

An additional study (Brabender, Albrecht, Sillitti, Cooper, & Kramer, 1983) investigated the experience of therapeutic factors for a group of 84 clients with various diagnoses who were treated in small groups over a period of two weeks using an interactional approach. The researchers distributed the most important event questionnaire after the first four sessions and after the second four sessions. The results indicated that participants valued vicarious learning most (23% of events), followed by acceptance (9%), interpersonal learning (8%), universality (8%), hope (5%), altruism (4%), self-disclosure (3%), and catharsis (2%). The valuing of therapeutic factors did not change from the first four weeks to the second four weeks.

A similar study (Whalen & Mushet, 1986) investigated the experience of 46 clients who had various diagnoses and attended an open group daily for one hour. This study also used the most important event questionnaire. The participants rated the importance of the therapeutic factors in the following order: altruism (21%), universality (21%), self-disclosure (14%), guidance (14%), hope (9%), acceptance (7%), vicarious learning (7%), self-understanding (5%), and interpersonal learning (1%).

Additional studies have compared different types of groups and different individuals on their experiences of the therapeutic factors. For instance, some studies compare outpatients with inpatients on their value of the therapeutic factors. Additionally, other studies attempt to differentiate between client differences (e.g., high-functioning, low-functioning) and their experiences of the therapeutic factors.

In a comparison of inpatients in a day program, to a less impaired outpatient group using the therapeutic factors questionnaire (Lieberman et al., 1973), Butler and Fuhriman (1980) found that outpatients valued self-understanding, universality, feedback, and catharsis. The inpatient sample only rated cohesiveness highly. Another study (Kahn, Webster, & Storck, 1986) compared an awareness group to a focus group with a sample of inpatient clients. The focus group consisted of 36 inpatients and was designed to help reduce feeling of isolation among clients with chronic and severe issues. The awareness group included 88 inpatients and was designed to promote psychodynamic change. After completing the group, the clients completed Yalom's questionnaire and an outcome measure. The results indicated that those clients who improved based on self-report valued all of the therapeutic factors with the exception of family reenactment. However, there was no difference in the therapeutic factors experiences by either group. Both groups highly ranked universality, altruism, and hope.

Kapur, Miller, and Mitchell's (1988) study also compared the experiences of the therapeutic factors between members of outpatient group and members of inpatient groups. The outpatient groups consisted of 25 group members who were primarily diagnosed with anxiety or affective disorders. The inpatients groups consisted of 22 group members who were diagnosed with affective disorders, psychotic illness, anorexia, personality disorders, and alcohol

dependence. Based on Yalom's questionnaire, the results indicated that the groups differed on the therapeutic factors that they valued. The outpatient group most valued self-understanding, universality and cohesiveness. The inpatient group most valued altruism, cohesiveness, and existential factors.

A study (Rohrbaugh & Bartels, 1975) of 72 clients who participated in 13 therapy or human relationship groups attempted to evaluate individual differences and the effects on valuing of the therapeutic factors using Yalom's questionnaire. The results revealed that human relations groups valued insight and cohesiveness more than therapy groups. Those group members with more education tended to value cohesiveness more and existential factors and guidance less. The researchers found no relationship between the therapeutic factors valued and age, sex, previous group experience, attraction to the group, and verbal participation. Further, individual differences were less important than group variables when determining the therapeutic factors valued.

In a study investigating adolescents' experience of the therapeutic factors, Zipora, Orit, and Efrat (1997) compared those in a counseling group with those in a psychoeducation group in school. The authors evaluated a sample of 148 eighth grade students in Israel. One hundred and nine of the students participated in three psychoeducational groups (classrooms), while 38 students participated in three counseling groups. The authors used the Critical Incidents Procedure to evaluate the therapeutic factors. The results indicated that both psychoeducation groups and counseling groups valued the therapeutic factors similarly. Interpersonal learning and catharsis were consistently rated highly by both groups.

An additional study (Butler & Fuhriman, 1983) investigated the therapeutic factors based on severity of symptoms. The study consisted of 91 group therapy clients. The participants completed Yalom's therapeutic factors questionnaire. The results revealed that catharsis, self-understanding, and interaction were more valued among higher functioning clients. In addition, clients who had been in the groups longer placed more value on self-understanding, interaction, and cohesiveness.

Colijn, Hoencamp, Snijders, van der Spek, and Duivenvoorden (1991) studied a sample of 134 clients who were engaged in 22 mostly long-term groups in multiple settings (e.g., outpatient, inpatient). The clients' presenting issues included affective disorders, personality disorders, and anxiety. The authors used a Dutch version of Yalom's questionnaire and found that catharsis, self-understanding, interpersonal learning, and cohesiveness were rated highly. Identification and family reenactment were rated low. In this study, with the exception of identification, the therapeutic factors were valued the same regardless of type of group, time in treatment, age, or sex. Older clients, specifically males, valued identification more than other types of clients.

The available therapeutic factors research includes studies that investigated how clients, in various types of groups within different settings, value the therapeutic factors. The studies have primarily used rank order systems, requiring the participants to rank the degree to which they value each of Yalom's (2005) therapeutic factors. Due to the various forms of measurement and diversity of studies, broad generalizations about the state of therapeutic factors research are difficult to make (Crouch et al., 1994). Additionally, no studies were identified that investigated counseling students' values of the therapeutic factors within experiential groups. Crouch and

colleagues' indicated in their review of the literature, that higher functioning clients often value insight, interpersonal learning, and cathartic experience. Additionally, in Fuhrman and colleagues' (1986) review of the literature, the authors indicated that catharsis, cohesion, insight, and interpersonal learning were most valued across populations. They contended that there is overlap in the factors and that the 11 could be encompassed within those four. Through factor analysis, the authors determined that the factors could be encompassed within the three: catharsis, cohesion, and insight. Therefore, the CCI was used in this study as a parsimonious method of comparing students', participating in experiential groups, values of the therapeutic factors. Due to the fact that no studies have been identified that investigated students' experiences of the therapeutic factors within experiential groups, and because multiple authors (Berg et al., 1998; Corey, 2004; Day, 1993; Kline, 2003) have posited that group leadership ability is enhanced when a group is therapeutic, a study exploring this construct within experiential groups is warranted. Thus, this study, which compared psychoeducational groups with personal growth groups on the values of the therapeutic factors, contributed to the literature in this area.

CHAPTER THREE: METHODOLOGY

The purpose of this study is to evaluate the effects of two types of experiential groups (psychoeducation, personal growth) on counseling students' development. More specifically, this study will compare students participating in a psychoeducational group focused on wellness and basic counseling skills with students participating in a personal growth group. The study will explore students' empathy development, group leader self-efficacy development and experience of the therapeutic factors. This chapter will discuss the research questions, research design, sample participants, instrumentation, the interventions, data collection, data analysis, and a summary.

Research Questions

Null Hypothesis 1a: There is no statistically significant difference in the valuing of cohesion between participants in a psychoeducational group and participants in a personal growth group as measured by the Curative Climate Instrument (CCI, Fuhriman et al., 1986).

Null Hypothesis 1b: There is no statistically significant difference in the valuing of catharsis between participants in a psychoeducational group and participants in a personal growth group as measured by the Curative Climate Instrument (CCI, Fuhriman et al., 1986).

Null Hypothesis 1c: There is no statistically significant difference in the valuing of insight between participants in a psychoeducational group and participants in a personal growth group as measured by the Curative Climate Instrument (CCI, Fuhriman et al., 1986).

Research Question Two: How does participation in experiential groups affect masters-level counseling students' self-reported cognitive and affective empathy?

Null Hypothesis 2a: There is no statistically significant difference in students' level of cognitive and affective empathy between those who participated in a personal growth group and those who participated in a psychoeducational group as measured by the Interpersonal Reactivity Index ([IRI]; Davis, 1980).

Null Hypothesis 2b: There is no statistically significant increase in students' level of cognitive or affective empathy after participating in a personal growth group as measured by the Interpersonal Reactivity Index ([IRI]; Davis, 1980).

Null Hypothesis 2c: There is no statistically significant increase in students' level of cognitive and affective empathy after participating in a psychoeducational group as measured by the Interpersonal Reactivity Index ([IRI]; Davis, 1980).

Research Question Three: How does participation in experiential groups affect masters-level counseling students' self-efficacy for group leadership?

Null Hypothesis 3a: There is no statistically significant difference in group leader self-efficacy between participants in a personal growth group and a psychoeducational group as measured by the Group Leader Self-Efficacy Instrument (Page et al., 2001).

Null Hypothesis 3b: There is no statistically significant increase in group leader self-efficacy after participating in a personal growth group as measured by the Group Leader Self-Efficacy Instrument (Page et al., 2001).

Null Hypothesis 3c: There is no statistically significant increase in group leader self-efficacy after participating in a psychoeducational group as measured by the Group Leader Self-Efficacy Instrument (Page et al., 2001).

Research Design

This study utilized quantitative research methodology. The design was quasi-experimental and included a comparison of two-static (i.e., already intact) groups. One group participated in personal growth groups as the intervention, while the other group participated in psychoeducational groups as the intervention. The participants completed pre and posttest measures for two of the constructs being studied (empathy, group leader self-efficacy) and a one-time assessment for the third construct (group therapeutic factors). The design was appropriate for this study because the students were in two groups (classes) that were already intact. This design is appropriate and can provide useful information when a true experimental design is not possible (Campbell & Stanley, 1963). In addition, Heppner, Wampold, & Kivlighan, (2008) noted that a quasi-experimental design may be useful in practical settings (e.g., educational settings).

Population and Sample

The population investigated in this study consisted of masters-level counseling students. The target sample size was 82 masters-level students from a CACREP-accredited counselor education program in the Southeast. All students were required to be over the age of 18. The students were enrolled in either an introduction to counseling course or a theories and process of group counseling course. In addition, the students were enrolled in the school counseling, mental health counseling, or couples and family counseling track, or were non-degree seeking. Thirty one of the students were enrolled in theories and process of group counseling courses and participated in personal growth groups. Fifty one students were enrolled in an introduction to

counseling course and participated in a structured psychoeducational groups. Eight students (four from each group) withdrew from their course, resulting in the total sample of 74 students.

The students were invited to participate in the study during the first class period. Students were informed that although participation in the groups was mandatory as part of their course, participation in the research study was completely voluntary. In addition, the students were informed that the course instructor and group leaders would have no knowledge of who participated in the study and that participation would not affect their grade in the course.

Instrumentation

The following instruments were used to obtain the data appropriate for this study.

Demographic Questionnaire

The students who agreed to participate in this study completed a researcher-developed demographic questionnaire as part of the assessment. The questionnaire gathered the following information about the participants: age (fill-in-the-blank), sex (male, female, or other), race (White, Black/Non-Hispanic, Hispanic, Asian/Pacific Islander, Other; Please specific), program of study (mental health counseling, marriage and family therapy, school counseling, non-degree seeking), semesters completed in the program (fill-in-the-blank), previous experience in counseling (yes or no), and previous experience as a group leader (yes or no) (see APPENDIX A).

Interpersonal Reactivity Index

In order to measure empathy, this study used the Interpersonal Reactivity Index (IRI; Davis, 1980). The IRI is a multidimensional measure of empathy. The questions were developed

based on the notion that empathy is comprised of both cognitive, perspective-taking abilities, as well as emotional reactivity. The instrument is self-report and consists of 28 questions that are rated on a 5-point Likert scale. It consists of four seven-item subscales including: Perspective Taking (PT), Fantasy (FS), Personal Distress (PD), and Empathic Concern (EC). The items use letters ranging from A to E. The answer choices range from A: “Does not describe me very well” to E: “Does describe me very well”. The items on the PT scale evaluate respondents’ attempts to see things from another’s point of view and adopt his or her perspective. The FS scale measures respondents’ level of identification with movie characters, fictional situations, plays, or novels. The EC scale evaluates respondents’ feelings of concern, warmth, and compassion for others. The PD scale assesses one’s feelings of discomfort and anxiety resulting in seeing another’s negative experience.

The IRI was distributed to students in an introduction to psychology course at a large university. The sample included males (N = 579) and females (N = 582). No information about the age or racial composition of the sample was provided. The Cronbach’s alpha (internal consistency) ranges from .70 to .78 on the four subscales for males and .72 to .78 for females according to Davis (1980). These are considered to be in the acceptable range.

The psychometric properties of the instrument also include test-retest reliability. A sample of 56 males and 53 females completed the questionnaire twice. The time in between completion ranged from 60 to 75 days for the respondents. The test-retest correlations ranged from .61 to .79 for males and .62 to .81 for females on the four subscales. The IRI was selected because it measures both cognitive and affective empathy; whereas other instruments (e.g., BLRI) tend to measure only one aspect of empathy. Additionally, the IRI has been described as

the most thoroughly researched and most comprehensive assessment for multidimensional empathy (Cliffordson, 2002). See APPENDIX B for a copy of the instrument.

Group Leader Self-Efficacy Instrument

In order to measure group leadership self-efficacy this study utilized the Group Leader Self-Efficacy Instrument (GLSI; Page, Pietrzak, & Lewis, 2001). The items for the instrument were conceptualized based on: (a) microskills, (b) process skills, and (c) individual differences. Microskills encompass the skills that are specific to group leadership. Process skills include the broader ability to conceptualize a group and to implement purposeful interventions. Individual differences refer to the valuing of diversity and differences that are present within the context of a group.

The GLSI is a 36-item, 6-point Likert scale, self-report instrument. The instrument consists of a one factor solution that measures group leader self-efficacy. The GLSI includes statements about the respondents' perceived self-efficacy for leading groups and answers consist of 1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = slightly agree, 5 = agree, 6 = strongly agree. The factor analysis for the instrument was conducted using a sample of 113 counselor trainees from 14 universities in 12 states. Of the sample, 91 students were enrolled in master's degree programs, 10 were enrolled in doctoral degree programs, and 12 did not indicate a degree program. In addition, 79% of the sample was female, 21% was male. The racial composition was 71% Caucasian, 3% Hispanic, 2% Asian, 10% African-American, and 13% other. One percent of the sample did not indicate race. The average age of the participant was 30.1 years ($SD = 8.9$).

The factor analysis revealed a one-factor solution that accounted for 37.7% of the variance in scores. The Cronbach's alpha for the single factor was .95. The validity and reliability of the GLSI was evaluated on a sample of 55 counselor trainees. The trainees completed the GLSI a second time, two weeks after they initially completed it. The test-retest reliability based on a sample of 41 students was .72. Discriminant validity was obtained through non-significant correlations between the GLSI and the S-Anxiety scale of the STAI (Spielberg, 1983) and the neuroticism, extroversion, and openness to experience subscales of the NEO Five-Factor Inventory (Costa & McCrae, 1992). The GLSI was used in this study because it was the only instrument identified that specifically measure self-efficacy for leading counseling groups (See APPENDIX C).

Curative Climate Instrument

In order to assess the perceived helpfulness of the therapeutic factors, this study used the Curative Climate Instrument (CCI; Fuhriman, Drescher, Hanson, & Henrie, 1986). The CCI is derived from Yalom's 11 therapeutic factors and consists of three subscales: cohesion, catharsis, and insight. Fuhriman and colleagues (1986) reviewed the literature and determined that among the 11 therapeutic factors, catharsis, insight, interpersonal learning (input and output), and cohesion were consistently valued over the other factors in a variety of settings. Thus, the authors attempted to develop an instrument to measure those four factors. They included some of Yalom's (1975) questions, some revised questions, and some new questions. After developing items, the authors conducted a factor analysis.

The sample included 161 group members who were engaged in personal growth groups or outpatient therapy. The settings included university counseling centers, Veterans

Administration medical centers, community mental health centers, and small group behavior classes. During the factor analysis, the authors concluded that there was a three-factor solution and thus dropped the interpersonal learning scale, leaving cohesion, catharsis, and insight as the three subscales. The authors postulated that interpersonal learning may not be a separate factor; rather, all of the therapeutic factors may occur within an interpersonal context. The CCI is a 14-item self-report questionnaire rated on a 5-point Likert scale ranging from (1) “not helpful” to (5) “extremely helpful.” The CCI is reported to have moderately high internal reliability. Fuhriman and colleagues (1986) reported coefficient alphas of .81 for Catharsis, .87 for Cohesion, and .78 for Insight. A more recent study by Johnson et al. (2006) found coefficient alphas of .87 for Catharsis, .93 for Cohesion, and .84 for Insight. The CCI was selected because, according to the authors of the instrument (Fuhriman et al.) the three factors are the most commonly valued across populations. Additionally, Crouch and colleagues (1994) reviewed the previous literature and indicated that self-understanding (insight), learning from interpersonal action, and self-disclosure/catharsis were the most highly valued among less disturbed populations. The authors also reported that self-understanding (insight), learning from interpersonal action, and self-disclosure (insight) are strongly valued for higher functioning, exploratory groups. Thus, the CCI was selected as a parsimonious way to measure how counseling students value the therapeutic factors in experiential groups. See APPENDIX D for a copy of the instrument.

Data Collection

Prior to beginning data collection, the researcher obtained Institutional Review Board (IRB) approval to implement the study. A copy of the approval letter is available in APPENDIX

E. The researcher attended the students' first class to describe the study and describe the informed consent. Students who volunteered to participate in the study signed the informed consent (see APPENDIX F) and were assigned a number that would be used to correlate their pretest and posttest scores on the instruments. The students completed the demographic questionnaire, the Interpersonal Reactivity Index, and the Group Leader Self-Efficacy Instrument at that time. The hard copies of the instruments were stored in a locked filed cabinet in the researcher's office. The data was also input into a password protected database on the researcher's computer. The semester lasted 16 weeks; however, the researcher returned to the students' class during the week following the conclusion of the group. For the students who participated in the personal growth groups, this was the 13th week of the semester. For the students who participated in the psychoeducational group it was the 15th week. At that time, the students completed the Interpersonal Reactivity Index, the Group Leader Self-Efficacy Instrument, and the Curative Climate Instrument. The researcher input the data into a password protected database and secured the hard copies in a locked file cabinet.

Intervention

All of the groups were co-facilitated by first semester doctoral students. The doctoral student leaders were simultaneously enrolled in an advanced group counseling course where they received supervision about the groups. Although efforts were made to create diverse pairs of group leaders based on experience, sex, and race, the leaders were primarily matched based on their availability (i.e., day and time) to facilitate the groups. The co-leaders were the same for the personal growth groups and the psychoeducational groups.

Personal Growth Group

Thirty one students, from two sections of a group counseling course, participated in an unstructured, personal growth group. The students were assigned to one of four groups. Each group consisted of 6 to 8 members. The groups took place weekly immediately following the students' class. The groups started during the second week of the semester and lasted for ten weeks. Each group session lasted ninety minutes. As previously noted, the groups were unstructured; however, the group members were required to develop an interpersonal which they worked on throughout the course of the group. In addition, the group focused on here-an-now processing and interpersonal relations among the members.

Psychoeducational Group

Fifty one students, from one section of an introduction to counseling course, participated in a structured, psychoeducational group. The students were assigned to one of four groups. Each group consisted of 10-12 members. The groups took place weekly immediately following the students' class. The groups started during the third week of the semester and lasted for twelve weeks. Each group session lasted sixty minutes. The groups were structured, psychoeducational groups. The first six sessions focused on wellness and self-care. The last six sessions focused on the development of basic helping skills. Mark Young's (2009) book, *Learning the Art of Helping* was used as a resource for the last six sessions. The outline for the group is included in the following section. In addition, the lesson plans for the group are included in APPENDIX H.

In the first session, the group leaders introduced themselves and the students introduced themselves as well. The group leaders facilitated an "ice-breaker" activity to help the students and leaders get to know each other. Next, the students (in smaller groups of two to three)

generated lists of the challenges they expect to face as a graduate student. Finally, the students identified one wellness practice in which they currently participate.

The second session focused on the signs of burnout and the potential consequences for counselors and clients. The students were first instructed to identify two signs (physical and mental) that they are feeling stressed out. The group leaders then described the characteristics of burnout and how it looks for counselors. Articles by Lambie (2006) and Skovholt, Grier, and Hanson (2001) were used as resources. The students then generated a list of potential consequences for clients when a counselor has experienced burnout. Finally, the students were given the Five Factor Wellness Inventory (Myers & Sweeney, 2005) to complete as a homework assignment.

In the third session the students checked in about the results of the wellness assessment. The leaders facilitated discussion about what their thoughts were (e.g., any surprises, what they expected, what they learned). The leaders then distributed the “POSIES” (physical, occupational, social, intellectual, emotional, and spiritual dimensions of wellness) wheel to students and discussed the various aspects of wellness (Hattie, Myers, & Sweeny, 2004; Myers & Sweeny, 2003; Witmer & Sweeny, 1998). Next, they provided students with time to fill in each area of the “POSIE” wheel with their current wellness practices in that area. Then, they provided time to discuss the different practices in which they engage and had them identify areas where they believe they would like to improve. Finally, the group leaders went over the guidelines for the wellness plan assignment.

In the fourth session, the students began to formulate self-care strategies. As a group the students brainstormed various self-care strategies within the various dimensions of wellness.

Each student committed to one self-care goal for the week. Students were instructed to begin a rough draft of their wellness plans.

In the fifth session the students broke into smaller groups (2-3) to discuss their drafts of the wellness plans and to give each other feedback. Next, they reported back about how well they completed their self-care goals from the previous week. In addition, they discussed any challenges they had in completing their goals. Finally, the students developed specific, measurable goals to complete within each of the dimensions of wellness.

In the sixth session, the students shared their wellness plans with the group. They identified barriers that they may face when implementing their plans. They developed a plan for facing challenges. Finally, the students had a chance for feedback exchange with each other about their wellness plans.

The seventh session included a shift from wellness to basic helping skills. Prior to starting the group, the students read Carl Rogers' *Experiences in Communication*. The leaders facilitated discussion around the paper. Next, the students brainstormed a list of what is going on when communication is going well and when it is not. Finally, the leaders facilitated discussion about the difference in communicating with friends and with clients.

In the eighth session, the students discussed the effects of nonverbal behaviors. In addition, the students took turns role playing interviewing situations in pairs and received feedback from peers about their nonverbal behavior. In the ninth session, the leaders described the difference between open and closed questions and discussed the therapeutic impact of each type of question. The students took a quiz about open and closed questions and discussed the

answers. Finally, the students developed a list of 2 closed questions. They presented the questions to the group and then reframed the questions to be open questions.

The tenth session consisted of structured and unstructured interviewing skills. The students developed a list of structured questions that they would use in a clinical interview. The students role-played a structured interview and then role played an unstructured interview. The leaders then facilitated a discussion about the advantages and disadvantages of each type of interview.

In the eleventh session, the students engaged in a discussion about the roadblocks to communication. The leaders discussed the various “roadblocks” (adapted from Young, 2009) with the students. The students then broke into pairs and role-played an interviewing scenario during which one of the roadblocks was occurring. The leaders facilitated discussion about how it may affect the helping relationship.

The twelfth session focused on identifying, using, and expanding the students’ feelings and feeling vocabulary. In addition, the session focused on differentiating between thoughts and feelings. The students checked-in with a thought and a feeling. The leaders then distributed a feelings list and brainstormed with the students alternative feeling words. Finally, the students role-played interviewing situations while the others observed and identified feeling words being used by the interviewee.

Data Analysis

All of the data were entered and analyzed in SPSS version 17.0 by the researcher. The analysis included a multivariate analysis of covariance (MANCOVA). According to Mertler and

Vannatta (2005), “MANCOVA asks if there are statistically significant mean differences among groups after adjusting the newly created DV for differences on one or more covariates” (p. 137). The study included one independent variable with two levels (personal growth group, psychoeducational group). The study attempted to detect mean differences on six dependent variables: cohesion, catharsis, insight, cognitive empathy, affective empathy, and group leader self-efficacy. The pretest scores for group leader self-efficacy, cognitive empathy, and affective empathy served as covariates. In addition, a discriminant analysis was conducted to test whether the variables could predict group membership. According to Mertler and Vannatta (2005), the primary purpose of discriminant analysis is to predict group membership and the procedure “seeks to identify a combination of IV’s, measured at the interval level, that best predicts membership in a particular group, as measured by a categorical DV” (p. 281).

The analyses also included repeated-measures analysis of variance’s (ANOVA’s). The analyses measured pre to post test effects with the same subjects for group leader self-efficacy, cognitive empathy, and affective empathy.

Limitations

This design of this study was quasi-experimental. Therefore, there is a lack of random assignment, which diminished the ability to account for differences between individuals in each group prior to the intervention. In order to account for differences on the two of the constructs that were proposed to be effected by the intervention, a pre-test was implemented. However, the pretest exposed the participants to the constructs. Thus, testing bias was a potential threat to validity in this study. In addition, there was no true control group. Both groups received a form

of intervention, which makes it more difficult to make inferences. Further, all of the measures were self-report. Consequently, participants may have answered questions in a socially desirable way. Finally, this study was conducted at a single university with limited diversity.

Summary

This chapter has described the research questions that are central to this study. In addition, the research methodology and design have been outlined. The study consists of a quasi-experimental design with two intact comparison groups. The sample population of 82 master's-level counseling students was also described. The psychometric properties of each of the instruments used for assessment in this study (IRI; GLSI; CCI) were also discussed. Additionally, the data collection and analysis procedures were explained. Finally, the potential limitations of this study were outlined.

CHAPTER FOUR: RESULTS

The following chapter presents the results of the effects of two group approaches on counseling students' empathy development, group leader self-efficacy development, and their experience of the therapeutic factors. More specifically, this chapter describes the sample population including demographic information, research questions posed in this study, the null hypothesis for the research questions, and the results of the study including the statistical analyses used. All of the data was collected and analyzed by the researcher.

Population and Sample

The population for this study consisted of master's level counseling students who are required to participate in an experiential group as part of their counselor training. The total sample size for this study was 74 students. The students were enrolled in a CACREP-accredited master's degree program at a large university in the Southeast. The students were enrolled in various tracks including: marriage and family, school, and mental health. In addition, the students were enrolled in either an introduction to counseling course or a group counseling course during the Fall semester of 2009. Prior to completion of the study four students withdrew from the introduction to counseling course and four students withdrew from the group counseling course, resulting in a decrease in sample size from the 82 who were originally scheduled to participate in the study.

The personal growth group included 27 student participants. The group consisted of 14.8% males ($n=4$) and 85.2% females ($n = 23$). In addition, the racial composition included: White, 70.4% ($n = 19$), Black, 14.8% ($n = 4$), Hispanic, 7.4% ($n = 2$), and Other, 7.4% ($n = 2$). In

terms of track the students were 55.6% mental health ($n = 15$), 33.3% school ($n = 9$) and 11.1% marriage and family ($n = 3$) track. The mean age was 26.52. Further, 18.5% ($n = 5$) had previous experience in group counseling as a member and 18.5% ($n = 5$) had previous experience leading a psychoeducational or therapeutic group.

The psychoeducational group included 47 student participants. The group consisted of 25.5% male ($n = 12$) and 74.5% female ($n = 35$). In addition, the racial composition included: White, 74.5% ($n = 35$), Black, 8.5% ($n = 4$), Hispanic, 8.5% ($n = 4$), Other, 6.4% ($n = 3$), and Asian/Pacific Islander, 2.1% ($n = 1$). In terms of track the students were 44.7% mental health ($n = 21$), 19.1% school ($n = 9$), 31.9% marriage and family ($n = 15$), and 4.3% non-degree ($n = 2$) track. The mean age was 25.43. Further, 14.9% ($n = 7$) had previous experience in group counseling as a member and 17.0% ($n = 8$) had previous experience leading a psychoeducational or therapeutic group. A summary of the descriptive statistics is included in Table 4.2.

The group leaders consisted of eight doctoral students who were in their first year of training. The leaders were 50% male ($n = 4$) and 50% female ($n = 4$). In addition, the racial composition was 75% White ($n = 6$), 12.5% Hispanic ($n = 1$), and 12.5% Black. The group leaders' ages ranged from 26 to 43 ($M = 30.87$; $SD = 6.19$). Overall, the group leaders had an average of 4.37 years of counseling experience (Range = .5 to 14; $SD = 5.74$). Finally, the percentage of time that each group leader spent facilitating groups during their clinical practice ranged from 0% to 60% ($M = 24.75\%$; $SD = 19.32$).

The co-leaders were paired based on their availability to facilitate the groups. The pairs consisted of: (1) White male – White male, (2) White male – White female, (3) White male – White female, and (4) Hispanic female – Black female.

Results of Testing the Research Hypotheses

This study explored the effects of personal growth groups and psychoeducational groups on master's-level counseling students' empathy development (cognitive and affective), group leader self-efficacy development, and their experience of the therapeutic factors. More specifically, this study investigated three research questions and nine research hypotheses. For research hypotheses 1a, 1b, 1c, 2a, and 3a there was one independent variable (group membership) with two levels (personal growth group, psychoeducational group). The analysis investigated whether or not there were mean differences on six dependent variables (cognitive empathy, affective empathy, group leader self-efficacy, cohesion, catharsis, insight) between the two groups after the intervention. The analysis consisted of a multivariate analysis of covariance (MANCOVA), with the pretest scores for cognitive empathy, affective empathy, and group leader self-efficacy serving as the covariates. A follow-up discriminant analysis was conducted to determine if the variables could predict group membership.

The additional research hypotheses investigated pre to post change in each group for cognitive empathy, affective empathy, and group leader self-efficacy. The analyses for hypotheses 2b, 2c, 3b, and 3c consisted of repeated-measures analysis of variance (ANOVA) to determine the effects of the intervention for the same subjects from pre to post. The following section describes the analysis procedures, outlines each of the research questions and hypotheses, and presents the results of the analyses.

Data Screening

Prior to conducting the analysis, each dependent variable was examined for data entry accuracy, missing values, potential outliers, and the extent to which multivariate assumptions were met. Frequency distributions indicated that the range of values were within what was to be expected. In addition, there were no missing data among the 74 total cases. Histograms and normal Q-Q plots provided evidence for potential outliers for both the personal growth group and the psychoeducation group. Boxplots for each independent variable ('personal growth' and 'psychoeducation') were analyzed in relation to each dependent variable. The boxplots revealed two outliers for the personal growth group within the group leadership self-efficacy variable. The boxplots also indicated 11 total outliers for the psychoeducation group within five of the six dependent variables (three outliers for cohesion; three outliers for catharsis; two outliers for insight; two outliers for group leadership self-efficacy; and one outlier for cognitive empathy). It was determined that the outliers were not due to a data entry error and that they were part of the population which was intended to be sampled. Therefore, a score change procedure was conducted in order to reduce the impact of the outliers on the ability to meet the assumptions of the analysis. Each outlier was assigned a score that is one unit larger than the score closest to it (Field, 2009).

Tests of Assumptions

The assumptions of MANOVA, including multivariate normality of dependent variables, homogeneity of variances/covariances, linearity, and the absence of multicollinearity were then

examined. The assumption of normality was examined univariately with histograms, normal Q-Q plots, skewness and kurtosis statistics, and a Shapiro-Wilks test for normality. Histograms and normal Q-Q suggested slight positive skewness for group leadership self-efficacy and cohesion within the personal growth group and slight positive skewness for group leadership self-efficacy within the psychoeducation group. However, skewness and kurtosis statistics were within an absolute value of two, which is a suggested criterion for determining excessive kurtosis and skewness (Lomax, 2007). Shapiro Wilk's tests of normality indicated non-normality for cohesion within the personal growth group and for cohesion and group leadership self-efficacy within the psychoeducation group. Collectively, univariate normality is a reasonable assumption. Although univariate normality doesn't guarantee multivariate normality, univariate normality is necessary for multivariate normality (Stevens, 1992). In addition, MANOVA has been shown to be robust to violations of normality when the overall sample size is 40 with at least 10 per group (Seo, Kanda, & Fujikoshi, 1995).

To assess for homogeneity of variances/covariances, Box's M ($M = 29.157$) was examined and provided evidence of equal covariances matrices $F(21, 10974.97) = 1.250, p = .198$.

Scatterplots of the dependent variables were examined to assess for absence of multicollinearity. The scatterplots provided evidence that there were no non-linear relationships. Thus, linearity is a reasonable assumption.

Data Analysis

In this section, the general research questions are outlined. Next, the results of the MANCOVA and discriminant analysis are presented and the results of testing each of the research hypotheses are discussed. Finally, the results of the individual ANCOVA's are presented and the results of testing the research hypotheses are discussed.

Research Question One: How do masters-level counseling students value the therapeutic factors of cohesion, catharsis, and insight within experiential groups in counselor education?

Research Question Two: How does participation in experiential groups affect masters-level counseling students' self-reported cognitive and affective empathy?

Research Question Three: How does participation in experiential groups affect masters-level counseling students' self-efficacy for group leadership?

A multivariate analysis of covariance (MANCOVA) was conducted to determine the effect of two types of groups (psychoeducational, personal growth) on counseling students' cognitive and affective empathy, group leadership self-efficacy, and experience of therapeutic factors (catharsis, cohesion, and insight), while controlling for the pretest scores on cognitive and affective empathy, and group leadership self-efficacy. MANCOVA results revealed significant differences between the groups on the combined dependent variable, Wilks' $\Lambda = .618$, $F(6,64)=6.61$, $p<.05$, partial $\eta^2=.382$. The covariates: group leadership self-efficacy pretest, Wilks' $\Lambda = .674$, $F(6,64)=5.15$, $p<.05$, partial $\eta^2=.326$, cognitive empathy pretest, Wilks' $\Lambda = .493$, $F(6,64)=10.98$, $p<.05$, partial $\eta^2=.507$, and affective empathy pretest, Wilks' $\Lambda = .325$,

$F(6,64)=22.2, p<.05$, partial $\eta^2=.675$, all significantly influenced the combined dependent variable. The results of the MANCOVA are presented in Table 1.

Table 1: MANCOVA Results for Covariates and Group Effect on Combined Dependent Variable

Effect	Value	<i>F</i>	<i>P</i>	Partial η^2
GLSI_Pre	.674	5.153	.000	.326
Cognitive_Empathy_Pre	.493	10.988	.000	.507
Affective_Empathy_Pre	.325	22.199	.000	.675
Group	.618	6.605	.000	.382

Note: Based on Wilks' Λ

A discriminant analysis was then conducted to determine whether six predictors (catharsis, cohesion, insight, group leadership self-efficacy, cognitive empathy, and affective empathy) could predict group (personal growth = 1; psychoeducation = 2). Although the overall sample size ($N = 74$) did not meet the preferred ratio of 20 cases per independent variable, there were enough cases to meet the minimum ratio of five to one (74 cases and 6 independent variables). Therefore, discriminant analysis was appropriate. The overall Wilks' lambda was statistically significant, $\Lambda = .603, \chi^2(6, N = 74) = 34.91, p < .001$, partial $\eta^2 = .15$, indicating that the overall predictors differentiated between psychoeducation and personal growth groups. The canonical R^2 was .396 indicating that approximately 40% of the variability in scores can be accounted for by difference between groups. Both partial eta squared and the squared canonical correlation coefficient are interpreted as suggesting a large effect.

Table 2, presents the structure matrix of correlations between the predictors and the discriminant function as well as the standardized weights. Based on the standardized discriminant function coefficients, catharsis had the highest absolute value loading (1.118), followed by cohesion (-.798), affective empathy (.560), cognitive empathy (-.536), group leadership self-efficacy (-.255), and insight (.149). Variable correlations with the discriminant function, as evidenced by the structure loadings indicate that catharsis (.577) demonstrated the strongest relationship with the discriminant function, followed by insight (.426), cognitive empathy (-.320), affective empathy (.110), group leadership self-efficacy (-.080), and cohesion (-.047). According to Comrey and Lee (1992), catharsis is interpreted as “good” in terms of discriminating, while insight is interpreted as “poor” but substantial. All other loadings were less than the suggested criteria for determining substantiation (absolute value of .33) and were not interpreted. Based on the structure matrix, the best predictor for distinguishing between psychoeducation and personal growth groups is catharsis, followed by insight. The personal growth group experienced, on average, higher levels of catharsis ($M = 19.7$, $SD = 2.81$) as compared to the psychoeducation group ($M = 16.51$, $SD = 3.59$) and higher levels of insight ($M = 14.48$, $SD = 2.86$) as compared to the psychoeducation group ($M = 12.28$, $SD = 3.25$). Table 3 presents the mean scores for each of the predictors.

Table 2: Structure Matrix of Correlations between Predictors of Group Membership and Discriminant

Predictor	Structure (Loading) Matrix Correlations
Catharsis	.577
Insight	.426
Cognitive Empathy Post	-.320
Affective Empathy Post	.110
GLSI Post	-.080
Cohesion	-.047

Table 3: Group Means and Standard Deviations for Predictors of Group Membership

Predictor	Personal Growth	Psychoeducation
GLSI Post	163.59 (17.99)	166.29 (21.60)
Cognitive Empathy Post	36.14 (7.16)	39.80 (6.69)
Affective Empathy Post	32.62 (6.88)	31.40 (6.54)
Catharsis	19.70 (2.81)	16.51 (3.58)
Cohesion	19.70 (3.70)	19.97 (3.37)
Insight	14.48 (2.86)	12.27 (3.24)

The discriminant function accurately predicted 82.4% of the participants in the sample. Participants in the psychoeducation group (87.2%) were more likely to be classified correctly

than participants in the personal growth group (74.1%). In order to account for chance agreement in classification, the kappa coefficient was calculated and found to be .585, suggesting a large, greater than chance prediction. In addition, a cross validation procedure also found the percentage of correctly classified cases to be 81.1% (87.2% of psychoeducation and 70.4% of personal growth).

Null Hypothesis 1a: There is no statistically significant difference in the valuing of cohesion between participants in a psychoeducational group and participants in a personal growth group as measured by the Curative Climate Instrument (CCI, Fuhriman, Drescher, Hanson, & Henrie, 1986).

Based on the results of the MANCOVA and discriminant analysis, the researcher failed to reject the null hypothesis.

Null Hypothesis 1b: There is no statistically significant difference in the valuing of catharsis between participants in a psychoeducational group and participants in a personal growth group as measured by the Curative Climate Instrument (CCI, Fuhriman, Drescher, Hanson, & Henrie, 1986).

Based on the results of the MANCOVA and discriminant analysis, the researcher rejected the null hypothesis.

Null Hypothesis 1c: There is no statistically significant difference in the valuing of insight between participants in a psychoeducational group and participants in a personal growth group as measured by the Curative Climate Instrument (CCI, Fuhriman, Drescher, Hanson, & Henrie, 1986).

Based on the results of the MANCOVA and discriminant analysis, the researcher rejected the null hypothesis.

Null Hypothesis 2a: There is no statistically significant difference in students' level of cognitive and affective empathy between those who participated in a personal growth group and those who participated in a psychoeducational group as measured by the Interpersonal Reactivity Index ([IRI]; Davis, 1980).

Based on the results of the MANCOVA and discriminant analysis, the researcher failed to reject the null hypothesis.

Null Hypothesis 3a: There is no statistically significant difference in group leader self-efficacy between participants in a personal growth group and a psychoeducational group as measured by the Group Leader Self-Efficacy Instrument (Page, Pietrzak, & Lewis, 2001).

Based on the results of the MANCOVA and discriminant analysis, the researcher failed to reject the null hypothesis.

A repeated-measures ANOVA indicated a nonsignificant pre to post effect for cognitive empathy $F(1,26) = .897, p = .352$ for students who participated in the personal growth group. A repeated-measures ANOVA indicated a nonsignificant pre to post effect for affective empathy $F(1,26) = .025, p = .875$ for students who participated in the personal growth group. The results are summarized in Table 4 and Table 5.

Null Hypothesis 2b: There is no statistically significant increase in students' level of cognitive or affective empathy after participating in a personal growth group as measured by the Interpersonal Reactivity Index ([IRI]; Davis, 1980).

Based on these findings, the researcher failed to reject the null hypotheses for (a) cognitive empathy, and (b) affective empathy for participants in the personal growth groups.

Table 4: Effects of a Personal Growth Group on Cognitive Empathy

	<i>n</i>	Pretest		Posttest		
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Cognitive Empathy	27	37.25	7.59	36.14	7.16	
Source	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>P</i>	Partial η^2
Cognitive Empathy	16.66	1	16.66	.897	.352	.033
Error	483.33	26	18.59			

Table 5: Effects of a Personal Growth Group on Affective Empathy

	<i>n</i>	Pretest		Posttest		
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Affective Empathy	27	32.48	6.45	32.62	6.88	
Source	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>P</i>	Partial η^2
Affective Empathy	.296	1	.296	.025	.875	.001
Error	303.70	26	11.68			

A repeated-measures ANOVA indicated a nonsignificant pre to post effect for cognitive empathy $F(1,46) = 2.76, p = .103$ for participants in the psychoeducational group. A repeated-measures ANOVA indicated a nonsignificant pre to post effect for affective empathy $F(1,26) = .436, p = .512$ for participants in the psychoeducational group. The results are summarized in Table 6 and Table 7.

Null Hypothesis 2c: There is no statistically significant increase in students' level of cognitive and affective empathy after participating in a psychoeducational group as measured by the Interpersonal Reactivity Index ([IRI]; Davis, 1980).

Based on these results, the researcher failed to reject the null hypotheses for (a) cognitive empathy, and (b) affective empathy.

Table 6: Effects of a Psychoeducational Group on Cognitive Empathy

	<i>n</i>	Pretest		Posttest		
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Cognitive Empathy	47	40.97	6.68	39.80	6.69	

Source	<i>SS</i>	<i>Df</i>	<i>MS</i>	<i>F</i>	<i>P</i>	Partial η^2
Cognitive Empathy	32.18	1	32.18	2.76	.103	.057
Error	536.31	46	11.65			

Table 7: Effects of a Psychoeducational Group on Affective Empathy

	<i>n</i>	Pretest		Posttest		
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Affective Empathy	47	31.76	6.38	31.40	6.54	

Source	<i>SS</i>	<i>Df</i>	<i>MS</i>	<i>F</i>	<i>P</i>	Partial η^2
Affective Empathy	3.07	1	3.07	.436	.512	.009
Error	324.42	46	7.05			

A repeated-measures ANOVA revealed a significant pre ($M = 143.89$) to post ($M = 163.6$) effect for group leader self-efficacy for the personal growth group $F(1,26) = 29.89, p = .00$, partial $\eta^2 = .54$. According to Cohen (1977) this is a large effect size. The results are presented in Table 8.

Null Hypothesis 3b: There is no statistically significant increase in group leader self-efficacy after participating in a personal growth group as measured by the Group Leader Self-Efficacy Instrument (Page, Pietrzak, & Lewis, 2001).

Based on these results, the null hypothesis was rejected.

Table 8: Effects of a Personal Growth Group on Group Leader Self-Efficacy

	<i>n</i>	Pretest		Posttest		
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Self - Efficacy	27	143.88	16.31	163.59	17.99	

Source	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>P</i>	Partial η^2
Self-Efficacy	5241.18	1	5241.18	29.88	.00	.535
Error	4559.815	26	175.37			

A repeated-measures ANOVA revealed a significant pre ($M = 157.15$) to post ($M = 166.3$) effect for group leader self efficacy for the psychoeducation group $F(1,46) = 7.43, p = .009$, partial $\eta^2 = .14$. According to Cohen (1977) this is a large effect. The results are summarized in Table 9.

Null Hypothesis 3c: There is no statistically significant increase in group leader self-efficacy after participating in a psychoeducational group as measured by the Group Leader Self-Efficacy Instrument (Page, Pietrzak, & Lewis, 2001).

Based on these results, the null hypothesis was rejected.

Table 9: Effects of a Psychoeducational Group on Group Leader Self-Efficacy

	<i>n</i>	Pretest		Posttest		
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Self-Efficacy	47	157.14	22.43	166.29	21.60	
Source	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>P</i>	Partial η^2
Self-Efficacy	1967.02	1	1967.02	7.43	.009	.139
Error	12172.97	46	264.63			

CHAPTER 5: DISCUSSION

This chapter begins with a brief summary of the study including the purpose and research methodology. Next, the conclusions based on the results of testing the research hypotheses are presented. Finally this chapter concludes with a discussion of the (a) limitations, (b) implications for counselor preparation, and (c) recommendations for future research.

Summary of the Study

The purpose of this study was to investigate the effects of two group approaches on counseling students' empathy development, group leader self-efficacy development, and their experience of the therapeutic factors. More specifically, this study compared personal growth groups and psychoeducational groups on the constructs of: (a) cognitive and affective empathy (Interpersonal Reactivity Index [IRI]; Davis, 1980), (b) group leader self-efficacy (Group Leader Self-Efficacy Instrument [GLSI]; Page, Pietrzak, & Lewis, 2001), and cohesion, catharsis, and insight (Curative Climate Instrument [CCI]; Fuhriman, Drescher, Hanson, & Henrie, 1986). In addition, the study explored pre to post intervention change for each group on the constructs of cognitive and affective empathy and group leader self-efficacy.

The sample for this study consisted of 74 counseling students. The students were enrolled in a CACREP-accredited master's degree program at a large university in the Southeast. The students were enrolled in various tracks including: marriage and family, school, and mental health. In addition, the students were enrolled in either an introduction to counseling course or a group counseling course during the Fall semester of 2009. Prior to completion of the study four students withdrew from the introduction to counseling course and four students withdrew from

the group counseling course, resulting in a decrease in sample size from the 82 who were originally scheduled to participate in the study.

The psychoeducational group consisted of 47 student participants. The group consisted of 25.5% male ($n=12$) and 74.5% female ($n=35$). In addition, the racial composition included: White, 74.5% ($n=35$), Black, 8.5% ($n=4$), Hispanic, 8.5% ($n=4$), Other, 6.4% ($n=3$), and Asian/Pacific Islander, 2.1% ($n=1$). In terms of track the students were 44.7% mental health ($n=21$), 19.1% school ($n=9$), 31.9% marriage and family ($n=15$), and 4.3% non-degree ($n=2$) track. The mean age was 25.43. Further, 14.9% ($n=7$) had previous experience in group counseling as a member and 17.0% ($n=8$) had previous experience leading a psychoeducational or therapeutic group.

The personal growth group consisted of 27 student participants. The group consisted of 14.8% males ($n=4$) and 85.2% females ($n=23$). In addition, the racial composition included: White, 70.4% ($n=19$), Black, 14.8% ($n=4$), Hispanic, 7.4% ($n=2$), and Other, 7.4% ($n=2$). In terms of track the students were 55.6% mental health ($n=15$), 33.3% school ($n=9$) and 11.1% marriage and family ($n=3$) track. The mean age was 26.52. Further, 18.5% ($n=5$) had previous experience in group counseling as a member and 18.5% ($n=5$) had previous experience leading a psychoeducational or therapeutic group.

Forty-seven students, from one section of an introduction to counseling course, participated in a structured, psychoeducational group. The students were assigned to one of four groups. Each group consisted of 10-12 members. All of the groups were co-facilitated by first semester doctoral students. The doctoral students were simultaneously enrolled in an advanced group counseling course where they received supervision about the groups. The co-leaders were

the same for the personal growth groups and the psychoeducational groups. The groups took place weekly immediately following the students' class. The groups started during the third week of the semester and lasted for twelve weeks. Each group session lasted sixty minutes. The groups were structured, psychoeducational groups. The first six sessions focused on wellness and self-care. The last six sessions focused on the development of basic helping skills. Mark Young's (2009) book, *Learning the Art of Helping* was used as a resource for the last six sessions.

Twenty seven students, from two sections of a group counseling course, participated in an unstructured, personal growth group. The students were assigned to one of four groups. Each group consisted of 6 to 8 members. All of the groups were co-facilitated by first semester doctoral students. The doctoral student leaders were simultaneously enrolled in an advanced group counseling course where they received supervision about the groups. The groups took place weekly immediately following the students' class. The groups started during the second week of the semester and lasted for ten weeks. Each group session lasted ninety minutes. As previously noted, the groups were unstructured; however, the group members were required to develop an interpersonal which they worked on throughout the course of the group. In addition, the group focused on here-an-now processing and interpersonal relations among the members.

Review of the Results

The following section discusses the results of the study that were reported in Chapter four. The results and conclusions drawn from testing each of the research hypotheses will be discussed. Additionally, the results will be compared to previous research that explored experiential groups, and the constructs of empathy, self-efficacy, and the therapeutic factors.

Null Hypotheses 1a, 1b, and 1c

Null Hypothesis 1a: There is no statistically significant difference in the valuing of cohesion between participants in a psychoeducational group and participants in a personal growth group as measured by the Curative Climate Instrument (CCI, Fuhriman, Drescher, Hanson, & Henrie, 1986).

Null Hypothesis 1b: There is no statistically significant difference in the valuing of catharsis between participants in a psychoeducational group and participants in a personal growth group as measured by the Curative Climate Instrument (CCI, Fuhriman, Drescher, Hanson, & Henrie, 1986).

Null Hypothesis 1c: There is no statistically significant difference in the valuing of insight between participants in a psychoeducational group and participants in a personal growth group as measured by the Curative Climate Instrument (CCI, Fuhriman, Drescher, Hanson, & Henrie, 1986).

These research hypotheses were analyzed as part of a multivariate analysis of covariance (MANCOVA) and a follow up discriminant analysis. The results of the MANCOVA indicated that there was a significant difference between the two groups on the combined dependent variable Wilks' $\Lambda = .618$, $F(6,64)=6.61$, $p < .05$, partial $\eta^2 = .382$. The results were presented in Table 1 and Table 2. The discriminant analysis indicated that the predictor variables differentiated between participants in the personal growth groups and those in the psychoeducational group Wilks' $\Lambda = .603$, $\chi^2(6, N = 74) = 34.91$, $p < .001$, partial $\eta^2 = .15$. The results of the discriminant analysis also indicated that catharsis (.577) and insight (.426) were significant discriminants between the two groups (Comrey & Lee, 1992). The participants in the

personal growth groups valued catharsis and insight more than the participants in the psychoeducational group. The two groups did not differ in their experience of the construct of cohesion.

Based on the results, the null hypothesis was rejected for catharsis and insight. However, the researcher failed to reject the null hypothesis for the construct of cohesion. The results suggest that participants in personal growth groups value catharsis as more helpful in than participants in psychoeducational groups that focus on wellness and basic interpersonal skills. In addition, the results also suggest that personal growth groups may provide an environment where personal insight is valued more than in psychoeducational groups. However, both types of groups may facilitate the same levels of cohesiveness among the group members.

Much of the previous research on the therapeutic factors has been conducted on various types of groups, including inpatient, outpatient, very severe, and high functioning clients. The groups also addressed different client issues, making it difficult to compare previous research to the present study. Nevertheless, although no studies were identified that specifically evaluated the therapeutic factors in experiential groups for students in counseling programs, the findings in the present study do coincide with some of the previous research on similar constructs. The results are somewhat similar to Waldo and colleagues' (2007) study that compared counseling sessions with a guidance session for males in a domestic violence group. The group members in that study valued cohesion and interpersonal learning (insight) more in the counseling session than in the guidance session.

The present study found no difference for cohesion, but did find that participants valued insight more in the personal growth group than in the psychoeducation group. In the two

qualitative studies, Ieva and colleagues' (2009) study of personal growth groups found that students experienced self-awareness, while Kline and colleagues' (1997) study of personal growth groups found that students experiences emotional awareness and insight. The results of the present study suggest that the participants in a personal growth group experienced higher levels of insight and catharsis than participants in a more structured group. The results of this study were also similar to those of Page and O'Leary (1992) who found significant levels of awareness in a personal growth group over a control group. Conversely, Zipora and colleagues' (1997) study of adolescents in Israel found no difference in the therapeutic factors experienced by those in a counseling group compared to those in a psychoeducational group; although both groups did value interpersonal learning and catharsis highly. It is important to note that the groups in that study were very brief (3 sessions) suggesting that the factors may evolve over the course of a group.

The results seem to suggest that the deep sharing and close, interpersonal nature of personal growth groups may provide an environment where participants can release pent up emotions. Additionally, the environment in such groups may also be conducive to interpersonal learning, insight, or awareness due to the deep and honest feedback that is often exchanged. However, Davies and colleagues' (2008) study which implemented a specific feedback intervention in counseling groups with college students did not find differences in catharsis, cohesion, and insight when compared to a regular counseling group. This finding may suggest that a specific feedback intervention is not necessary. In fact, the environment set by a counseling group is, possibly, in itself sufficient. Yet, there may not be differences between unstructured groups and structured groups in terms of the cohesion or closeness that the members

feel with the group. Perhaps the level of sharing (e.g., deepness) does not determine the “togetherness” of the group. Moreover, the act of engaging in some self-disclosure, sharing a common purpose, and relating to other group members may be sufficient to develop a sense of cohesion.

Previous research on group therapeutic factors has consisted of many different types of groups rating how much they value each factor. Additionally, no previous studies explored the valuing of therapeutic factors among counseling students engaged in experiential groups. Therefore, it is difficult to compare the results with previous studies. However, as Crouch and colleagues (1994) reported in their review of therapeutic factors research, groups that are more “functional” and exploratory tend to value insight, interpersonal learning, and self-disclosure (catharsis). The present study indicated that counseling students, participating in unstructured personal growth groups, experience more insight and catharsis than students participating in structured psychoeducational groups. Cohesion seems to be experienced equally by both types of groups.

Despite these findings, it is important to note that there is very little research evaluating the relationship between the therapeutic factors and outcome (Crouch et al., 1994). Thus, this study is limited in its comparison to other studies of experiential groups that have investigated specific outcomes such as self-esteem (Connolly et al., 2005; O’Leary et al., 1994), self-concept (Myrick, 1971; Woody, 1971), and self-actualization (Barnette, 1989; Butler, 1997; Eiben & Clack, 1973; Page & O’Leary, 1992; Ritter, 1984). In other words, although students experienced higher levels of catharsis and insight in the personal growth group, no bridge can be made between the factors and specific outcomes. Additionally, the previous studies have yielded

mixed results for outcomes on the various constructs. Therefore, future research may focus on exploring the relationship between therapeutic factors in experiential groups and outcomes specific to counseling students.

Null Hypotheses 2a, 2b, and 2c

Null Hypothesis 2a: There is no statistically significant difference in students' level of cognitive and affective empathy between those who participated in a personal growth group and those who participated in a psychoeducational group as measured by the Interpersonal Reactivity Index ([IRI]; Davis, 1980).

This research hypothesis was tested as part of the Multivariate Analysis of Covariance (MANCOVA) and a follow up discriminant analysis. Although there was a statistical difference on the combined dependent variable, the discriminant analysis indicated that neither cognitive empathy (-.320) nor affective empathy (.110) were significant discriminants between personal growth groups or psychoeducation groups based on the structure matrix. Therefore, the researcher failed to reject the null hypothesis. These results suggest that neither type of group is more effective in cultivating cognitive or affective empathy among counseling students.

Null Hypothesis 2b: There is not a statistically significant increase in students' level of cognitive or affective empathy after participating in a personal growth group as measured by the Interpersonal Reactivity Index ([IRI]; Davis, 1980).

A repeated-measures analysis of variance (ANOVA) was utilized to investigate this research hypothesis. The results indicated that there was not a statistically significant effect from pre to post for cognitive empathy $F(1,26) = .897, p = .352$ or affective empathy $F(1,26) = .025, p = .875$. Thus, the researcher failed to reject the null hypothesis. These results suggest that

personal growth groups may not be effective in increasing cognitive or affective empathy in counseling students.

Null Hypothesis 2c: There is no statistically significant increase in students' level of cognitive and affective empathy after participating in a psychoeducational group as measured by the Interpersonal Reactivity Index ([IRI]; Davis, 1980).

The results, based on a repeated-measures analysis of variance (ANOVA), indicated that there was not a statistically significant pre to post effect for cognitive empathy $F(1,46) = 2.76, p = .103$ or affective empathy $F(1,26) = .436, p = .512$. Therefore, the researcher failed to reject the null hypothesis for both cognitive and affective empathy. The results suggest that a psychoeducational group based on wellness and basic interpersonal skills is not effective in increasing cognitive or affective empathy.

There has been very little research investigating empathy development as a result of participating in experiential groups. The previous research has focused on empathic accuracy of students; whereas this study focused on self-reported trait cognitive and affective empathy. This study found no difference in cognitive or affective empathy between the personal growth group and the psychoeducation group. In addition, there was no change for either group before and after participation. Conversely, Puleo & Schwartz's (1999) study did find that participation in a personal growth group was the only significant predictor of empathic accuracy among counseling students. In addition, McWhirter (1974) found that participation in a sensitivity group led to greater empathic accuracy than a control group. The results of this study differed from those studies and did not support increases in empathy. This finding suggests the possibility that

there is a true difference between cognitive and affective empathy (self-reported, trait) and empathic accuracy (expressed).

Additional studies have not used experiential groups specifically, but have used other experiential activities in a group format to cultivate empathy among graduate counseling students or undergraduates in a helping professions course. The results of this study differ from studies using role plays (Poorman, 2002) and service-learning (Lundy, 2007) to enhance empathy. Poorman's (2002) study included counseling students while Lundy's (2007) included undergraduate students in a developmental psychology course. Whereas, the present study did not find increases, the study using a role play and a service-learning project significant increases in self-reported affective empathy. The studies were similar to the present study in that there was no difference in cognitive empathy. An additional study (Barak, 1990) found that empathic accuracy increased after students participated in an empathy exercise where they brainstormed about a virtual client's perspective and then role played the client. The results of the present study were similar to those found in Ogle's (2008) study who found no difference in cognitive and affective empathy between those who took a helping skills class that included personalization exercises and those who took the regular course. Similarly, Silva (2002) failed to find differences between counseling students who participated in empathy exercises in a helping skills course compared to a control group. Therefore, this study supported the previous research that has failed to consistently demonstrate significant gains in self-reported empathy, more specifically cognitive empathy after various interventions. Conversely, the present study differed from other studies that did find differences in self-reported affective empathy and expressed empathy.

Null Hypotheses 3a, 3b, and 3c

Null Hypothesis 3a: There is no statistically significant difference in group leader self-efficacy between participants in a personal growth group and a psychoeducational group as measured by the Group Leader Self-Efficacy Instrument (Page, Pietrzak, & Lewis, 2001).

This research hypothesis was tested as part of the Multivariate Analysis of Covariance (MANCOVA) and a follow up discriminant analysis. Although there was a statistical difference on the combined dependent variable, the discriminant analysis indicated that group leader self-efficacy was not a significant discriminant between groups based on the structure matrix (-.080).

Based on the results, the researcher failed to reject the null hypothesis. The results suggest that neither group is more effective than the other in promoting group leader self-efficacy among counseling students. This result is interesting due to the fact that the students who were participating in the personal growth group were simultaneously enrolled in a group counseling course.

Null Hypothesis 3b: There is no statistically significant increase in group leader self-efficacy after participating in a personal growth group as measured by the Group Leader Self-Efficacy Instrument (Page, Pietrzak, & Lewis, 2001).

A repeated-measures analysis of variance (ANOVA) was conducted to test this hypothesis. The results indicated a significant pre to post effect on group leader self-efficacy for participants in a personal growth group $F(1,26) = 29.89, p = .00, \text{partial } \eta^2 = .54$. The effect, according to Cohen (1977), is a large effect. Thus, the results suggest that participation in a personal growth group may help to promote group leader self-efficacy among counseling students.

Null Hypothesis 3c: There is no statistically significant increase in group leader self-efficacy after participating in a psychoeducational group as measured by the Group Leader Self-Efficacy Instrument (Page, Pietrzak, & Lewis, 2001).

The results of a repeated-measures analysis of variance (ANOVA) indicated that there was a significant pre to post effect on group leader self-efficacy for participants in a psychoeducational group $F(1,46) = 7.43, p = .009$, partial $\eta^2 = .14$. According to Cohen (1977), the results indicated a large effect. Therefore, the results suggest that participation in a psychoeducational group focused on wellness and basic interpersonal skills may promote group leader self-efficacy among counseling students.

The results of this study indicated that there was no difference in group leader self-efficacy between the personal growth group and the psychoeducational group at the groups' conclusion. Both groups did report significant increases in group leader self-efficacy from pre to post. The researcher's search revealed no studies that specifically investigated self-efficacy for group leadership among counseling students, other than the development of the instrument used in this study. More specifically, no studies were located that investigated group leader self-efficacy after participating in experiential groups. However, general counselor self-efficacy has been explored in previous studies.

This study's finding that self-efficacy for group leadership increased is similar to other studies where students' counseling self-efficacy increased after being exposed to mock counseling sessions, participating in mock counseling, or engaging in experiential learning activities. For example, Larson and colleagues (1999) found that students' counseling self-efficacy increased after watching a 15 minute mock counseling session. The authors also found

that students who conducted a mock counseling session experienced an increase in self-efficacy when they believed their session went well, but experienced a decrease when they did not believe the session went well. This study also had similar findings to Johnson and colleagues' (1989) study that found an increase in counselor self-efficacy for students who viewed a role-play counseling session. An additional study (Daniels & Larson, 2001) also found significant increases in self-efficacy for students who conducted a mock counseling session when they received positive feedback. The students reported a decrease when they received negative feedback. A study (Barbee et al., 2003) investigating counseling self-efficacy found that students who participated in service learning reported higher self-efficacy than those who did not. Lent and colleagues (2009) found that practicum students' self-efficacy increased after the second session, and their beliefs stemmed primarily from their evaluations of their performance. Therefore, the results of the present study that found increases in self-efficacy for group leadership are similar to previous studies that have investigated experiential activities on counselor self-efficacy. These findings suggest that actual experience with counseling, either mock or actual, may help to increase self-efficacy among students. A noteworthy exception is that previous studies have evaluated feedback on self-efficacy and found that receiving negative feedback can reduce self-efficacy. Conversely, this study did not measure satisfaction with the group or feedback from group leaders.

It is also noteworthy to acknowledge that previous research has indicated that self-efficacy has been linked to experience and amount of coursework completed in the program. For instance, students who are further along in their training report higher levels of counselor self-efficacy (Barbee et al., 2003; Tang et al., 2004; Lent et al., 2003). The students participating in

the present study were simultaneously enrolled in other coursework and were progressing through the counseling program. Thus, it is possible that their self-efficacy was increasing due to exposure to the counseling profession and knowledge gleaned through coursework.

Overall, the results of the study suggest that among the six dependent variables (cohesion, catharsis, insight, cognitive empathy, affective empathy, and group leader self-efficacy) the two groups only differed in their experience of catharsis and insight at the conclusion of the group. The personal growth group experienced greater levels of both catharsis and insight. In addition, neither group experienced an increase in either cognitive empathy or affective empathy. Finally, both groups experienced an increase in group leader self-efficacy.

Limitations

Although the results of the study do provide meaningful information, it is important to interpret them with caution. There are multiple limitations stemming from the research design, format of the study, and the sample. Acknowledgment of the limitations will help the reader to interpret the results critically, and provide direction for future research.

Research Design

The first limitation of this study is the research design. This study was quasi-experimental and thus lacks random assignment that is indicative of a true experimental design. The students involved in this study were in already intact groups (classes) and were assigned to the type of group (personal growth, psychoeducation) based on their class. The lack of random assignment presents a threat to internal validity due to different subject characteristics (Campbell & Stanley, 1963; Fraenkel & Wallen, 2009). Participants differed in the courses they had previously taken,

courses in which they were simultaneously enrolled, and progress in the program, for example. In addition, they may have differed on the constructs being measured in the study. In order to account for differences on the dependent variables prior to participation in the groups, the researcher utilized pretest measures.

Testing

The use of a pretest exposed the study to the internal validity threat of testing (Campbell & Stanley, 1963; Fraenkel & Wallen, 2009). The participants in this study were exposed to measures of group leader self-efficacy and cognitive and affective empathy prior to participating in the group. Thus, the pretest may have made the participants more aware of the constructs and consequently prompted the participants to think more about the constructs. The study also did not include a true control group. There was not a group that did not receive any treatment. This limits the causal inferences that can be made as a result of the interventions. For instance, the increases in self-efficacy may have been a result of the groups or they may have been a result of being in a counseling course. A control group would strengthen the conclusions about this finding.

Self-Report

An additional limitation is that all of the instruments used in this study were self-report. A criticism of self-report instruments is the possibility that participants may respond in a socially desirable way (Beretvas & Meyers, 2002). Although student participants were informed that the results of this study were confidential and had no bearing on their grade, it is possible that participants answered in a way that they believe makes them look good as a counselor. The instruments in this study do not include social desirability scales, making it difficult to control

for that phenomenon in this study. Respondents may also overestimate their abilities on self-report scales. The students may have overestimated their ability to engage in group leadership abilities or their ability to empathize, either cognitively or affectively.

Implementation

A further threat to internal validity is implementation. The group co-facilitators were simultaneously engaged in an advanced group course and received supervision of group facilitation for both types of groups. Additionally, a group curriculum was used for the psychoeducational group and a standard informed consent and expectation for participation form was used in the personal growth group, although personal growth groups are not designed to be standardized. Nevertheless, it is possible that the facilitators may have preferred one type of group over the other, which may have influenced the way in which they treated each group. Further, the groups were not recorded, thereby limiting the researcher's ability to check for the fidelity and consistency of group facilitation.

Instrumentation

In terms of instrumentation, two of the instruments have not been frequently used in research. First, the researcher's search on the Group Leader Self-Efficacy Instrument (Page, Pietrzak, & Lewis, 2001), revealed no further studies beyond the initial development of this instrument. Although the psychometric properties reported were strong and were tested on a population similar to that of the present study, they have not been established beyond what was noted in Chapter 3. Next, the Curative Climate Instrument (CCI, Fuhrman, Drescher, Hanson, & Henrie, 1986) has been used in a limited number of studies. Despite, the strong psychometric

properties reported in the studies, there is still a need for further use of the instrument demonstrating validity and reliability.

Sample

A limitation worth noting is the limited diversity included in this sample. The participants in this study were primarily Caucasian females. In addition, the sample was limited to one university in the Southeast. Thus, the sample in this study may not be representative of other counseling programs throughout the United States.

Although this study includes multiple limitations, it uniquely contributes to the literature on experiential groups. It was the first to compare the two most common type of experiential groups (personal growth, psychoeducation) used in counseling programs on the constructs of trait cognitive and affective empathy, group leader self-efficacy, and the values of the therapeutic factors. Findings provide valuable information for counseling programs that facilitate such groups. Future research that includes improved designs may help to draw more causal inferences between group participation and outcomes.

Implications for Counselor Preparation and Future Research

The purpose of this study was to investigate the effects of the two most common types of experiential groups (structured, unstructured) used to meet CACREP's (2009) requirement that students participate for 10 clock hours as a group member over the course of an academic term. More specifically, this study compared the two groups on the constructs of group leader self-efficacy, cognitive and affective empathy, and their experience of the therapeutic factors

(cohesion, catharsis, and insight). Additionally, this study investigated pre to posttest gains for cognitive and affective empathy, and group leader self-efficacy.

The findings in the present study suggest that unstructured personal growth groups may be more therapeutic than more structured psychoeducational groups based on the findings that the former group experienced higher levels of catharsis and insight. Therefore, if counseling programs desire that their students engage in an experience that facilitates self-disclosure/catharsis and insight, then a personal growth group format may be preferable. Additionally, if programs believe that group leaders are better able to facilitate such aspects with their clients only after having personal experience, they may also want to consider using a personal growth group. However, the two types of groups seem to be similar in facilitating a cohesive environment. Thus, if that is the primary goal of group participation, then the type of group may not matter. Future research may focus on linking students' therapeutic experiences in group to other desirable counselor outcomes. For example, studies may look at how well a student's therapeutic experience in group predicts the therapeutic experiences of their group members when they begin working as a group leader. Additional studies may focus on the relationship between students' therapeutic experiences in group and their clients' outcomes. Other studies might look at the specific aspects of each type of group that made the group therapeutic for its members in order to facilitate those aspects in future groups.

The findings in the study did not support cognitive or affective empathy development for either group based on the Interpersonal Reactivity Index ([IRI]; Davis, 1980). There was no difference between the groups at posttest and neither group demonstrated an increase in self-efficacy after participating in the group. The results of this study in addition to findings in

previous studies do not support the hypothesis that an experiential group is effective in increasing self-reported empathy among counseling students. Thus, experiential group alone may not be effective in enhancing empathy among counseling students and programs may not want to rely solely on this intervention to promote empathy. However, it may be the case that a characteristic of students who enter a counseling program is that they already score highly on empathy. Although the instrument is frequently used, it may not be appropriate for the counseling population; especially given that the psychometric properties were demonstrated with undergraduate psychology students. The IRI may not be sensitive enough to detect changes for counseling students. Rather, there may be a need for a new instrument that measures empathy among people who are entering helping professions such as counseling. Alternatively, there may be a need for an instrument that measures students' ability to empathize with the unique experience of clients engaged in group counseling. It is also possible that empathy may develop over a longer period of time. Perhaps a period of ten to twelve weeks, regardless of group interventions, is not enough time for changes in empathy to develop with adults entering the counseling profession.

Although self-reported empathy was not affected by the experiential groups, counselor educators may be more interested in students' capacity for expressed empathy. Future research may focus on students' ability to formulate empathic responses or empathic accuracy after participating in experiential groups. Further, research may focus on students' empathic responses within the group context.

Finally, the results of this study suggest that neither personal growth groups nor psychoeducational groups are more effective in developing self-efficacy for group leadership.

Yet, both types of groups were effective in promoting group leader self-efficacy from pre to post. This finding supports previous research on general counselor self-efficacy that found that experiential activities led to increases. Thus, experiential groups seem to be effective interventions for programs to use to promote self-efficacy for group leadership, although the type may not make a difference, although the personal growth group did indicate a larger effect than the psychoeducational group from pre to post. This finding is interesting due to the fact that the participants in this study who were engaged in the personal growth group were simultaneously enrolled in a group counseling course. One might expect that the combination of didactic training and experiential activities may lead to greater self-efficacy. However, it is important to note that participating in counseling courses may in itself be helpful in promoting group leader self-efficacy.

Although students who have high self-efficacy have a greater propensity to engage in the complex behaviors involved in group counseling, it is important to recognize that group leader self-efficacy is not a measure of how well the group leader activities were actually performed. Future studies may seek to evaluate students' group leader self-efficacy once they have started facilitating groups and evaluate how well participation in their specific type of experiential group predicts self-efficacy. Additionally, future studies may investigate the relationship between group leader self-efficacy and students' actual ability to engage in group leader behaviors. Finally, research may also investigate the effects of group leader self-efficacy on client satisfaction and outcomes within the context of group.

Conclusion

This study investigated the effects of personal growth groups and psychoeducational groups on counseling students' development. This study sought to provide valuable information about the two most common types of groups used to meet CACREP's (2009) group membership requirement, in order to guide counseling programs. The constructs measured included cognitive and affective empathy, group leader self-efficacy, and experience of the therapeutic factors. The results indicated the participants in personal growth groups experienced greater levels of catharsis and insight than participants in the psychoeducational groups. Additionally, the results indicated that there was not a difference between the groups at posttest on cognitive empathy, affective empathy, or group leader self-efficacy. Further, neither group experienced a change in cognitive or affective empathy from pre to post. However, both groups did experience an increase in group leader self-efficacy from pre to post.

Although this study has multiple limitations that warrant future research on this topic, the results do provide useful information for counseling programs. The findings support the use of personal growth groups rather than psychoeducational groups to provide students with a cathartic and insightful group experience. The lack of significant findings for cognitive and affective empathy suggests that further research is needed in this area. Finally, the results support the use of either personal growth groups or psychoeducational groups to promote group leader self-efficacy among counseling students.

APPENDIX A: EXPERIENTIAL GROUP DEMOGRAPHIC QUESTIONNAIRE

Experiential Group Demographic Questionnaire

1. Age: _____

2. Sex:

- Male
 Female
 Other

3. Race/Ethnicity:

- White
 Black/Non-Hispanic
 Hispanic
 Asian/Pacific Islander
 Other; Please Specify: _____

4. Program of Study:

- Mental Health Counseling
 Marriage and Family Therapy
 School Counseling
 Non-degree

5. How many semesters have you completed in the counseling program? _____

6. Do you have previous experience in counseling (as a member)? Yes No
 If yes, please specify format and rate your experience by circling the correct number: (Check all that apply)

Individual Counseling

- | | | | | |
|----------|----------------------|-------------------------------------|----------------------|----------|
| 1 | 2 | 3 | 4 | 5 |
| Negative | Somewhat
Negative | Neither
Positive Nor
Negative | Somewhat
Positive | Positive |

Group Counseling

- | | | | | |
|----------|----------------------|-------------------------------------|----------------------|----------|
| 1 | 2 | 3 | 4 | 5 |
| Negative | Somewhat
Negative | Neither
Positive nor
Negative | Somewhat
Positive | Positive |

7. Do you have previous experience as a leader of a psychoeducational or therapeutic group?

Yes – If yes, please rate your experience by circling the correct number. No

- | | | | | |
|----------|----------------------|-------------------------------------|----------------------|----------|
| 1 | 2 | 3 | 4 | 5 |
| Negative | Somewhat
Negative | Neither
Positive nor
Negative | Somewhat
Positive | Positive |

APPENDIX B: INTERPERSONAL REACTIVITY INDEX (IRI)

INTERPERSONAL REACTIVITY INDEX

The following statements ask about your thoughts and feelings in a variety of situations. For each item, show how well it describes you by choosing the appropriate letter on the scale at the top of the page: A, B, C, D, or E. When you have decided on your answer, fill in the letter in the blank next to the item. **READ EACH ITEM CAREFULLY BEFORE RESPONDING.** Answer as honestly and as accurately as you can. Thank you.

ANSWER SCALE:

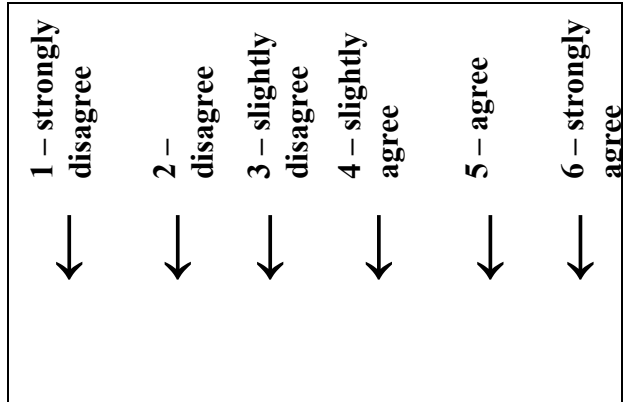
A	B	C	D	E
DOES NOT DESCRIBE ME WELL				DESCRIBES ME VERY WELL

- ___ 1. I daydream and fantasize, with some regularity, about things that might happen to me.
- ___ 2. I often have tender, concerned feelings for people less fortunate than me.
- ___ 3. I sometimes find it difficult to see things from the "other guy's" point of view.
- ___ 4. Sometimes I don't feel very sorry for other people when they are having problems.
- ___ 5. I really get involved with the feelings of the characters in a novel.
- ___ 6. In emergency situations, I feel apprehensive and ill-at-ease.
- ___ 7. I am usually objective when I watch a movie or play, and I don't often get completely caught up in it.
- ___ 8. I try to look at everybody's side of a disagreement before I make a decision.
- ___ 9. When I see someone being taken advantage of, I feel kind of protective towards them.
- ___ 10. I sometimes feel helpless when I am in the middle of a very emotional situation.
- ___ 11. I sometimes try to understand my friends better by imagining how things look from their perspective.
- ___ 12. Becoming extremely involved in a good book or movie is somewhat rare for me.
- ___ 13. When I see someone get hurt, I tend to remain calm.
- ___ 14. Other people's misfortunes do not usually disturb me a great deal.
- ___ 15. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.
- ___ 16. After seeing a play or movie, I have felt as though I were one of the characters.
- ___ 17. Being in a tense emotional situation scares me.
- ___ 18. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.
- ___ 19. I am usually pretty effective in dealing with emergencies.
- ___ 20. I am often quite touched by things I see happen.
- ___ 21. I believe that there are two sides to every question and try to look at them both.

- ___ 22. I would describe myself as a pretty soft-hearted person.
- ___ 23. When I watch a good movie, I can very easily put myself in the place of a leading character.
- ___ 24. I tend to lose control during emergencies.
- ___ 25. When I'm upset at someone, I usually try to "put myself in his shoes" for a while.
- ___ 26. When I'm reading an interesting story or novel, I imagine how I would feel if the events in the story were happening
to me.
- ___ 27. When I see someone who badly needs help in an emergency, I go to pieces.
- ___ 28. Before criticizing somebody, I try to imagine how I would feel if I were in their place.

APPENDIX C: GROUP LEADER SELF-EFFICACY INSTRUMENT

Directions: Indicate the degree to which you agree or disagree with the following statements by circling the appropriate response.



1. I am confident I can use my eyes to monitor group members	1	2	3	4	5	6
2. I am confident I can use my voice to set the tone of the group	1	2	3	4	5	6
3. I am confident I can change the focus from a topic, a person, or an activity to another topic, person, or activity	1	2	3	4	5	6
4. I am confident I can hold the focus on a topic, an activity or a person	1	2	3	4	5	6
5. I am confident I can impart information or give mini lectures	1	2	3	4	5	6
6. I am confident I can draw out quiet members	1	2	3	4	5	6
7. I am confident I can cut off members	1	2	3	4	5	6
8. I am confident I can use rounds effectively	1	2	3	4	5	6
9. I am confident I can use	1	2	3	4	5	6

linking to connect members						
10. I am confident I can encourage expression of differences	1	2	3	4	5	6
11. I am confident I can give positive feedback	1	2	3	4	5	6
12. I am confident I can give corrective feedback	1	2	3	4	5	6
13. I am confident I can engage in appropriate self-disclosure	1	2	3	4	5	6
14. I am confident I can develop a clear purpose statement for the group	1	2	3	4	5	6
15. I am confident I can screen and select group members	1	2	3	4	5	6
16. I am confident I can conceptualize the group based on theory	1	2	3	4	5	6
17. I am confident I can provide an atmosphere of support and caring	1	2	3	4	5	6
18. I am confident I can provide structure for sessions (e.g., warm up, action, closure)	1	2	3	4	5	6
19. I am confident I can help the group set productive norms	1	2	3	4	5	6
20. I am confident I can provide moderate emotional stimulation	1	2	3	4	5	6
21. I am confident I can make interventions based on the purpose of the group	1	2	3	4	5	6
22. I am confident I can make interventions based on	1	2	3	4	5	6

theory

23. I am confident I can respond to the intrapersonal level of group process	1	2	3	4	5	6
24. I am confident I can respond to the interpersonal level of the group	1	2	3	4	5	6
25. I am confident I can respond to the group level of group process	1	2	3	4	5	6
26. I am confident I can respond constructively to an attack by the group	1	2	3	4	5	6
27. I am confident I can respond to a deep disclosure by a member near the end of a session	1	2	3	4	5	6
28. I am confident I can help members process the meaning of experiences	1	2	3	4	5	6
29. I am confident I can help members integrate and apply learnings	1	2	3	4	5	6
30. I am confident I can apply ethical and professional standards in group work	1	2	3	4	5	6
31. I am confident I can help members relate to other members of a different social class	1	2	3	4	5	6
32. I am confident I can help members relate to other members of a different sexual orientation	1	2	3	4	5	6
33. I am confident I can help members relate to others of a different ethnicity	1	2	3	4	5	6

34. I am confident I can help members relate to other members of a different race	1	2	3	4	5	6
35. I am confident I can help members relate to other members of a different age	1	2	3	4	5	6
36. I am confident I can help members relate to other members of a different religion	1	2	3	4	5	6

APPENDIX D: CURATIVE CLIMATE INSTRUMENT

Group: _____

Date: _____

Following are 14 statements that describe various aspects of participating in a group. Each of the 14 aspects may or may not have been helpful for you during your experience in this group.

Please indicate how helpful you think each aspect has been for you in this group by reading each statement carefully and then circling one out of the five numbers.

RATING SCALE

1 Not helpful

2 Slightly helpful

3 Moderately helpful

4 Definitely helpful

5 Extremely helpful

ANSWER ALL ITEMS AND CIRCLE ONLY ONE NUMBER FOR EACH STATEMENT AS THEY ARE ALL IMPORTANT. ANSWER EACH ONE AS HONESTLY AS POSSIBLE.

1. Being able to say what was bothering me instead of holding it in.	1	2	3	4	5
2. Belonging to and being valued by a group.	1	2	3	4	5
3. Feeling less alone and more included in a group.	1	2	3	4	5
4. Learning that I react to some people or situations unrealistically with feelings that somehow belong to earlier periods in my life.	1	2	3	4	5
5. Learning how to express my feelings.	1	2	3	4	5
6. Continued close contact with other people.	1	2	3	4	5
7. Learning how I block off my feelings towards others in the present.	1	2	3	4	5

8. Belonging to a group of people who understood and accepted me.	1	2	3	4	5
9. Expressing negative and or positive feelings toward other persons in the group.	1	2	3	4	5
10. Discovering and accepting previously unknown or unacceptable parts of myself.	1	2	3	4	5
11. Expressing my feelings even though I am uncertain.	1	2	3	4	5
12. Belonging to a group I liked.	1	2	3	4	5
13. Learning why I think and feel the way I do (i.e., learning some of the causes and sources of my problems).	1	2	3	4	5
14. Learning how to share, in an honest and responsible way, how group members are coming across to me.	1	2	3	4	5

APPENDIX E: IRB APPROVAL



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901, 407-882-2012 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Notice of Exempt Review Status

From: UCF Institutional Review Board
FWA00000351, Exp. 10/8/11, IRB00001138

To: Jonathan Ohrt

Date: August 18, 2009

IRB Number: SBE-09-06372

Study Title: **Evaluating the Effects of CACREP's Experiential Group Requirement on Counseling Students' Development**

Dear Researcher:

Your research protocol was reviewed by the IRB Vice-chair on 8/17/2009. Per federal regulations, 45 CFR 46.101, your study has been determined to be **minimal risk for human subjects and exempt** from 45 CFR 46 federal regulations and further IRB review or renewal unless you later wish to add the use of identifiers or change the protocol procedures in a way that might increase risk to participants. Before making any changes to your study, call the IRB office to discuss the changes. **A change which incorporates the use of identifiers may mean the study is no longer exempt, thus requiring the submission of a new application to change the classification to expedited if the risk is still minimal.** Please submit the Termination/Final Report form when the study has been completed. All forms may be completed and submitted online at <https://iris.research.ucf.edu>.

The category for which exempt status has been determined for this protocol is as follows:

2. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey or interview procedures, or the observation of public behavior, so long as confidentiality is maintained.
 - (i) Information obtained is recorded in such a manner that the subject cannot be identified, directly or through identifiers linked to the subject. **and/or**
 - (ii) Subject's responses, if known outside the research would not reasonably place the subject at risk of criminal or civil liability or be damaging to the subject's financial standing or employability or reputation.

The IRB has approved a **consent procedure which requires participants to sign consent forms.** Use of the approved, stamped consent document(s) is required. Only approved investigators (or other approved key study personnel) may solicit consent for research participation. Subjects or their representatives must receive a copy of the consent form(s).

All data, which may include signed consent form documents, must be retained in a locked file cabinet for a minimum of three years (six if HIPAA applies) past the completion of this research. Any links to the identification of participants should be maintained on a password-protected computer if electronic information is used. Additional requirements may be imposed by your funding agency, your department, or other entities. Access to data is limited to authorized individuals listed as key study personnel.

On behalf of Joseph Bielitzki, M.S., DVM, UCF IRB Chair, this letter is signed by:

Signature applied by Janice Turchin on 08/18/2009 10:59:58 AM EDT

IRB Coordinator

APPENDIX F: INFORMED CONSENT

University of Central Florida
Department of Child, Family, and Community Sciences
Counselor Education Program

Consent to Participate in Research

Title of the Study: Evaluating the Effects of Two Group Approaches on Counseling Students' Empathy and Group Leader Self-Efficacy Development, and Experience of Therapeutic Factors

Principal Investigator: Jonathan H. Ohrt, M.A. Faculty Advisers: Drs. E. H. "Mike" Robinson & W. Bryce Hagedorn

Dear Counselor Education Student,

My name is Jonathan Ohrt and I am a doctoral candidate in the Counselor Education Program at the University of Central Florida. I am working on a study that investigates students' experiences in groups. You are being asked to participate in this study. Approval to conduct this study was obtained from the University of Central Florida Institutional Review Board. Additionally, I have the permission of the Counselor Education Program faculty at the University of Central Florida to conduct this research study.

Purpose of the study

The purpose of this study is to evaluate counseling students' experiences in experiential groups.

Procedures

Prior to participating you will be asked to sign an informed consent. You must be 18 years or older to participate. Students who agree to participate in this study will be asked to complete two assessments and a demographic questionnaire prior to beginning the group and three assessments after the conclusion of the group. In total, the assessments take approximately 10 minutes to complete.

Risks

Potential risks, though minimal, may include breach of confidentiality.

Benefits

A potential benefit relates to increasing students' knowledge about the research process. The study is potentially beneficial to the counseling field by contributing to the knowledge about the use of experiential groups in counselor education programs.

Cost/Compensation

You will not receive any money or other compensation for participating in the study.

Confidentiality

Your participation in this study is confidential. All information that is collected will be stored in locked cabinets in the primary investigator's office. The only document that will contain your name is this consent form, which will be separate from the rest of the materials. The data collected will be

used for statistical analyses and no individuals will be identifiable from the pooled data. The information obtained from this research may be used in future research and published. However, your right to privacy will be retained. No individuals will be identifiable from the data. The computer in which the data for statistical analyses will be stored is password protected and only the primary investigator will have access.

Voluntary Participation

Your participation in this research project is entirely voluntary. You do not have to participate. You do not have to answer any question(s) that you do not wish to answer. Please be advised that you may choose not to participate in this research study, and may withdraw from the study at any time without consequence. Your decision whether or not to participate in this study will have no effect on your academic progress or standing in the program. Although participation in the group is a mandatory portion of the course, the evaluation portion related to this research is optional and it will not affect your grade in class. In addition, your instructor will not be notified about whether or not you participated in this study.

If you have any questions or comments about this research, please contact Jonathan Ohrt (407/823-3354; johrt@mail.ucf.edu), University of Central Florida, College of Education, Counselor Education Program, Orlando, FL; 407/823-2401. You may also contact the faculty adviser for this project, E. H. “Mike” Robinson, PhD at (407/823-3819; erobinso@mail.ucf.edu) or W. Bryce Hagedorn, PhD (407/823-2999; drybryce@mail.ucf.edu). Questions or concerns about research participants’ rights may be directed to the UCF IRB Office, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL, 32826-3246. The phone numbers are 407-823-2901 or 407-882-2276.

Sincerely,

Jonathan H. Ohrt, M.A.

I understand my rights as a research participant, and I voluntarily consent to participate in this study. I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form.

Subject’s Signature

Date

APPENDIX G: GROUP LEADER DEMOGRAPHIC QUESTIONNAIRE

Group Leader Demographic Questionnaire

1. Age: _____

2. Sex:
____ Male
____ Female
____ Other

3. Race/Ethnicity:
____ White
____ Black/Non-Hispanic
____ Hispanic
____ Asian/Pacific Islander
____ Other; Please Specify: _____

4. Primary Specialization:
____ Mental Health Counseling
____ Marriage and Family Therapy
____ School Counseling
____ Other; please specify

5. In what month and year did you complete your graduate counseling degree? _____

6. Do you have previous experience as a leader of a psychoeducational or therapeutic group? ____

Yes – If yes, please rate your experience by circling the correct number. ____ No

1	2	3	4	5
Negative	Somewhat	Neither	Somewhat	Positive
	Negative	Positive nor	Positive	
		Negative		

7. Do you have previous experience co-leading a psychoeducational or therapeutic group?

____ Yes – If yes, please rate your experience by circling the correct number. ____ No

1	2	3	4	5
Negative	Somewhat	Neither	Somewhat	Positive
	Negative	Positive nor	Positive	
		Negative		

8. Approximately how much (percentage), if any did you spend facilitating groups in your clinical practice? _____

9. What is your primary counseling theoretical orientation or approach? _____

APPENDIX H: PSYCHOEDUCATIONAL GROUP LESSON PLANS

All Activities were organized by Jonathan Ohrt

Wellness Group

Session 1

Introduction and Discussion

Objectives:

1. To introduce group members and leaders to each other.
2. To help students identify challenges they may face as a graduate student in counseling.
3. To help students recognize some of their current wellness practices.

Procedure:

1. Group leaders should introduce themselves and talk about the purpose of the group. Also, logistics of the group should be addressed.
2. Group leaders engage the students in an introductory or “ice breaker” activity of their choice to help the students get to know each other and the leaders.
3. Students break into smaller groups of two or three and develop a list of challenges (e.g., moving, work, relationships) that they expect to face. Then each group reports the list to the larger group.
4. Individually, students will identify one wellness activity in which they currently participate.

Session 2

Counselor Burnout/Impairment

Objectives:

1. To introduce students to the signs of burnout in counselors and the consequences for clients.
2. To help students to identify when they are burned out.
3. To introduce students to wellness dimensions.

Procedure:

1. Individually students identify two signs (one physical, one mental/emotional) that they are stressed out. Identify what is going on, what are they thinking, and how do they behave.
2. Group leaders describe the characteristics of burn out in the counseling profession (use Lambie, 2006; Skovholt, 2001 as references).
3. The students then formulate a list of potential consequences of burnout for clients. Group leaders lead a discussion adding any additional information that students may not have identified.

4. As a homework assignment, instruct the students to complete the Wellness Evaluation of Lifestyle (WEL).

Session 3

Wellness Dimensions

Objectives:

1. To introduce students to six areas of wellness.
2. To help students identify their current practices in the different wellness dimensions.
3. To help students identify and prioritize areas of wellness that they need to address to maintain appropriate self-care.

Procedure:

1. Check in with students about their results of the wellness assessment. Talk about what their thoughts are (e.g., any surprises, what they expected, what they learned).
2. Distribute the “POSIE” wheel to students. Discuss the various aspects of wellness (use Hattie, Myers, & Sweeny, 2004; Myers & Sweeny, 2003; Witmer & Sweeny, 1998 as references).
3. Provide students time to fill in each area of the “POSIE” wheel with their current wellness practices in that area. Provide time to discuss the different practices in which they engage. Students will then identify areas where they believe they would like to improve.
4. Go over the guidelines for the wellness plan assignment.

Students will complete and score an assessment of personal wellness, and write a two page “Plan of Action” (including areas for self-care and self-improvement). One to two paragraphs must address how lack of self-care in a counselor could lead to impairment.

Session 4

Wellness Grid

Objectives:

1. To introduce students to self-care strategies.
2. To help students identify and develop a self-care goal.

Materials: white board; dry erase markers

Procedure: The group leaders will create a grid (see example below) with six dimensions of wellness represented vertically along the left side of the grid. The group members will choose six letters to fill the columns horizontally along the top of the grid. The group leader will give the dry erase marker to one of the group members. The group member will fill in the box with a wellness activity related to the dimension that starts with the letter in the corresponding column.

Once the group member has filled in one of the boxes he or she will pass the marker to another group member. The group will continue this process until the whole grid is filled. Each group member will then choose a wellness activity that he or she will agree to do in the subsequent week and report back to the group during the following week.

Grid Example

	R	S	T	L	N	E
Physical	run					
Emotional						
Intellectual				learn something new		
Spiritual						evaluate life goals
Social			talk to friends			
Occupational						

Students will be assigned homework to begin working on a rough draft of their wellness plan.

Session 5

Wellness Dimension Goals

Objectives:

1. Students will evaluate their ability to implement a wellness goal.
2. Students will identify specific, measurable, and attainable wellness goals for each wellness dimension that they will implement throughout their time as a graduate student and as a professional.

Procedure:

1. Students will report to the group how successful they were in completing their wellness goal from the previous week. If they were not successful, they can talk about what kept them from completing it and how they might be able to in the future.
2. Students will break into smaller groups of two or three and discuss their rough draft wellness plans. Students will give each other feedback.
3. Students will individually develop specific, measurable, and attainable wellness goals for each of the dimensions on the “POSIE” wheel. For example, within the physical dimension one could state: “I will bike ride for 30 minutes, three days per week.”
4. Students will share their goals with the rest of the group.

Session 6

Identifying Barriers and Closure

Objectives:

1. To help students identify barriers to implementing their wellness plans.
2. To help students develop a plan to effectively navigate barriers.
3. To provide students with an opportunity to provide each other feedback about their wellness plans.

Procedure:

1. Students will break into smaller groups (2-3 students) and identify potential challenges to implementing their wellness plans. Students will then develop strategies to effectively navigate the challenges.
2. Each student will share his or her wellness plan and strategies when facing challenges with the group by highlighting the main points.
3. Students will provide each other with feedback about their wellness plans. Students can talk about what they have learned from each other, different wellness strategies that they might try, and hopes for each other.

Interpersonal Skills

Session 1

Communication Basics

Objectives:

1. Students will describe their experiences in communication.
2. Students will identify positive and negative communication behaviors.
3. Students will identify the differences between communicating with friends and with clients.

Procedure:

1. Students will have read *Experiences in Communication* by Carl Rogers prior to attending the group session. Group leaders will facilitate discussion about the aspects that resonated most with the students.
2. As a group, students will develop a list of what is happening when communication (e.g., with friends, family, colleague, or stranger) is going well. This can be listed on a white board. For example, students may think about what communication is like when a first date is going well. Next, students will develop a list of what is happening when communication is not going well. The group leaders will facilitate discussion about how the different aspects of communication can affect the helping relationship.

3. The group leaders will describe the similarities and differences between a friendship and a helping relationship. The students will then talk about any further differences that they may identify.

Session 2

Nonverbal Communication

Objectives:

1. Students will identify the potential effects of different nonverbal behaviors.
2. Students will identify their own non-verbal communication style

Procedure:

1. The group leaders will review the nonverbal communication outline (pg. 4) and chart (pg. 5) with the students and demonstrate (role play) the appropriate behaviors throughout the discussion.
2. Have each student identify at least one nonverbal communication behavior that they need to improve prior to seeing clients.
3. Have the students break into pairs to demonstrate the nonverbal skills by conducting a short role playing for the rest of the group. One student may play the interviewer while the other student plays the interviewee. The students should then switch so that each student has the opportunity to play the interviewer. The students may talk about very surface level things (e.g., weekend plans). The object is to demonstrate nonverbal skills.
4. While observing the role play, the other students use the feedback checklist (pg. 6) to provide their peers with feedback.

Session 3

Use of Questions

Objectives:

1. Students will be able to identify open and closed questions
2. Students will be able to identify leading questions
3. Students will be able to demonstrate the use of open and closed questions
4. Students will demonstrate the ability to transform closed questions into open questions

Procedure:

1. The group leaders will describe leading questions and the impact they have on counselor-client communication.

2. The group leaders will explain the difference between open and closed questions and will provide some examples.
3. Students will take the identifying open/closed questions quiz individually and will discuss the answers with the group as a whole.
4. Students will break into smaller groups of 2-3 and develop 2 or their own closed questions. They will then present them to the group. The group as a whole (choose volunteers) will reframe the closed questions as open questions.

Session 4

Interviewing Skills

Objectives:

1. Students will understand the use of interviewing in the helping relationship.
2. Students will be able to develop interview questions that are important for a counselor to ask a client.
3. Students will be able to recognize the difference between a structured interview and an unstructured interview and describe the advantages and disadvantages of each.

Procedure:

1. The group leaders discuss the use of interviews within the context of the helping relationship.
2. The group leaders discuss the differences between a structured interview and an unstructured interview and role play a short demonstration of each.
3. The group is divided into smaller groups (4-5 students). Each group develops a list of 15 questions that they would ask in order to get important information about someone or to get to know someone better.
4. One member of each group will role play the interviewer and another member will role play the interviewee. The interviewer will ask the interviewee the questions. The interviewee will answer honestly, but can skip questions that may seem too personal. (Structured interview)
5. Next, two new group members will participate in an interview. Instead of using the list of questions, the interviewer will engage in a less formal, conversational dialogue. Instead of using the list of questions, the interviewer should use his or her skill in open questions to gather information about the interviewee. The interviewer should use about 10-15 interventions.
6. After observing the interviews, the group will discuss the differences between the two styles including the advantages and disadvantages of each and the effects on the interviewee.

Session 5

Roadblocks to Communication

Objectives:

1. Students will be able to identify common barriers that can strain communication within a helping relationship.
2. Students will be able to develop alternative responses to statements that are not helpful

Procedure:

1. The group leaders will review the *Roadblocks to Communication* handout with the students. The group leaders will role play/demonstrate examples of each of the roadblocks.
2. The students will break into pairs. The group leader will assign (on a note card) each group to one of the roadblocks. The students will role play a helping relationship in which one of the roadblocks occurs. The rest of the group is to identify which roadblock was demonstrated. Next, the group as a whole (ask for volunteers) will develop a better response. Repeat until all groups have done the role play.

Session 6

Feeling Vocabulary

Objectives:

1. Students will expand their feeling vocabulary.
2. Students will be able to identify feelings within conversation.

Procedure:

1. To help students differentiate between thoughts and feelings, have each group member check in with how they are feeling by following the stem “I feel _____ (emotion) because _____”.
2. While the students are checking in, the group leaders ensure that the students are using feeling words. In addition, the group leader takes note of the different feeling words that are used.
3. After all students have checked in, the group leaders will distribute the feelings list. Next, the leaders will review the feeling words that were used during the check in. After each feeling word is reviewed the students will brainstorm different feeling words that could have been used.
4. The group leaders will then ask for three volunteers. One student will use the unstructured interviewing skills including open questions to interview another volunteer about something. The group leader and/or group members can decide the topic, but the topic should be about how the interviewee feels about something (e.g., how they feel about starting school, how they feel about a movie, etc.). The interview should last about five minutes. The third volunteer will act as the “alter-ego” of the interviewee. Whenever he or she believes a feeling is expressed by the interviewee, he or she will say that feeling out loud. The interviewee will act as though the “alter-ego” is not there. The rest of the group will act as observers. The students will write down the feelings expressed by

the “alter-ego” and other feelings that they think may have been expressed. This activity can be repeated as time permits.

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