

Reflection on evidence based group work practice

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Why use group work to create change in community services/ health? The following outlines USA and Australian research regarding group work practice. It is acknowledged that the following provides only an initial indication of issues and that more research needs to be completed before stronger conclusions are drawn.

Client engagement into groups

A key issue that increases the likelihood that clients engage into a group work is the attitude of the person who recommends the group. In a study of 212 USA College students, when clients strongly believed or believed that their counsellor perceived group counselling as the best option, 64% of participants entered the group. In contrast, when the client was neutral about the counsellor's perception about group counselling as the best result, only 30% planned to attend the group (Carter, Mitchell & Krautheim, 2001). This is a significant practice issue, with group programs needing to ensure adequate time and accurate and positive information is given to possible clients for group programs. This study also recognised that women had more positive attitudes towards attending group counselling than men.

Difference in outcomes between individual and group counselling

"In terms of group counselling, a meta-analysis of 32 well controlled studies indicated that individual counselling is not more effective than group counselling within University Counselling Centres. In fact group counselling was found to more effective than individual counselling 25% of the time" and the same outcomes for the 60% of the time (Carter, Mitchell & Krautheim, 2001, P67). So the question is asked, why does group work achieve better results but is perceived as less desirable? Even amongst professionals, groups can be seen as second rate, not the core business and a second choice in service provision that is only considered when high demand and time management issues exist.

Groups are the preferred method of intervention with victims of trauma, either singly or in conjunction with other 1-1 methods (Embry, 1990; Shakoor, Fister, 2000). This is an important issue when working with disadvantaged communities as individual approaches may continue to reinforce existing social structures and reduce the development of resilience. "Their group experience illustrates how protective factors (resilience), once thought of as static and shielding like armour, can be therapeutic and dynamic. This shift in thinking about resilience magnifies the importance of

group work in the lives of everyone who suffers in traumatic circumstances (Shakoor, Fister, 2000, P285).

A recent Australian Commonwealth Government Report into Domestic Violence (Bowes, 2000) found that when working with men, group orientated programs and not individual counselling were the most effective treatment options, both in terms of outcome and initial engagement.

Significance of clients accessing home based services plus a group work program

In terms of effectiveness in creating change in families, the importance of home based practice and support and behavioural parent training programs has been noted. Sharry (1999) recognised that the use of solution focused therapy with behavioural child management programs, for families presenting a child psychiatric unit, was more advantageous as it build participants confidence and provided a wider range of solutions for various family situations (Sharry,1999).

Group work increases perceived equality and the use of strengths based practice

McKernan McKay, Garcia, Scally & Martinez (1996) researched empirically the use of parent support groups in inner city areas. Working from an empowerment approach they recognised:

1. Parents are viewed as having strengths.
2. Failure to display competence is not viewed as an inadequacy, but rather the failure of social supports to create opportunities for competence to be displayed.
3. Clients must contribute behavioural change his or her own actions if they are to acquire a sense of control (McKernan McKay, Garcia, Scaly & Martinez, 1996).

Through the use of this empowerment approach, McKernan McKay, Garcia, Scally & Martinez (1996) found that children's behavioural issues decreased and that this was effective in addressing the limitations of more traditional parent programs.

Outcomes in group work

Yalom (1995), the most significant group work researcher, has found that groups develop a variety of therapeutic factors for change. Some of the 11 factors are:

1. Instillation of hope (via faith in the treatment mode and feedback from others)
2. Universality/normalisation (other people share the same problem)
3. Altruism (receiving help by giving it to others)
4. Interpersonal learning (development of social skills and viewing the group as a social microcosm)
5. Group Cohesiveness (experiencing a sense of belonging, 'we-ness').

Yalom's research, even though it is now dated, continues to command a high level of respect and credibility. Yalom, Liebermann and Miles in 1973, using a study of 1000 group participants, identified that emotional experiences in groups did not differentiate the difference between successful and unsuccessful outcomes in participants. The significant different in obtaining positive outcomes is based on the cognitive understanding people attribute to the group experience. This is referred to as meaning attribution. The ultimate goal of this process is to help members use the group information to make meaningful changes in their life (Stockton, Morran, Nitza, 2000).

"Yalom (1995) emphasised the critical importance of processing in fostering the effectiveness of the

group experience. He refers to two tiers that work together to make the group effective. The first tier involves the experiencing of group events. However this experiencing by itself is not enough to facilitate change. The second tier, or processing, provides a framework for retaining, integrating and generalising the experiences of the first tier. An in-depth examination of what has just occurred is incorporated at the second tier and encompasses the dynamics of processing. Together, these two tiers create a self-reflective loop in which the group is constantly examining and learning from its own experience" (Stockton, Morran, Nitza, 2000, P344).

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