Combining approaches:
therapeutic educational groups

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Over the past few decades group work has had a key role in community services, relationship and health programs but it receives less recognition than individual counselling and casework approaches. The lack of recognition group work has received in these contexts may be attributed to the difficulties associated with evaluating group work outcomes. Due to the complexity of variables involved, it has been difficult to gain academic support to conduct randomised control group studies about the efficacy of different group work theories and programs. When studies have occurred the group is mainly seen as a beneficial means for conveying information (Jacobs, Harvill, Masson & Schimmel, 2009). It is often the combination of within- and between-participant variables in group work that provides its richness and diversity.

The aim of this chapter is to demonstrate how therapeutic-educational group work can facilitate the provision of optimal outcomes for participants. To this end, this chapter initially explores the range of groups being provided in Australia and identifies how group work can meet participants' therapeutic and learning needs. A clear outline is provided that distinguishes between work/task, psychoeducational, counselling and psychotherapy groups, and outlines how they can be categorised by their features and intensity.

In a new frontier for group work in Australia, it is proposed that the combination of therapeutic (counselling and open discussion groups) and psychoeducational formats provide significant benefits for group work participants. Preliminary data from parenting group programs that run in Western Sydney is analysed in order to

distinguish the unique benefits provided by the proposed therapeutic-educational framework.

Finally, the key factors for change in therapeutic-education groups are discussed. These include identifying the key processes and maximising the use of communication interaction structures. This chapter also seeks to emphasise the importance of evaluation in demonstrating the uniqueness and significance of group work to support and develop community life in the twenty-first century. It is hoped that by improving the evidence base of therapeutic-educational group work, it will be more widely adopted for the purpose of normalising life experiences, enabling participants to listen to the wisdom of others and consider the life changes they need to make.

GROUP SPECIALISATIONS

Many types of groups have emerged during the past century and the use of categories may help to highlight the breadth and diversity of these group programs. In North America group work strongly reflects psychoeducational and counselling group traditions, while in Australia groups tend to concentrate more on task/work and psychoeducational group traditions. The main exception to this is group work in the drug and alcohol sector, where counselling groups are commonplace.

In 2000, the Association for Specialists in Group Work developed a categorisation system to improve group work standards (ASGW, 2000). There is often confusion in the general community regarding group work. People assume group work is similar to either being in therapy or is a replication of their school classroom experience. These assumptions lead to poor participation in attending group programs, so it is important for professionals to clearly understand the differences between the various group specialisations and specify which they are using.

Work/Task groups –These groups involve organisational and task-focused settings for the provision of group and team work. They are highly structured and are commonly used in recreational, educational, business and school settings.

Psychoeducational groups – These groups are structured educational programs that help participants develop knowledge and

skills for coping with immediate or potential problems, developmental transitions or life crises. Psychoeducational groups are the most common in Australia. They are easily promoted, usually short-term (4-6 weeks) and have clear, definable objectives that can be evaluated. However it has been suggested that Australian programs are over-structured, with too much content (Bundey, 1992). Psychoeducational groups operate best when the structured content is readily applied in and outside the group to help the participants to deal with a life issue or problem.

Counselling groups –These groups are less structured, and focus on participants dealing with normal human issues experienced at some life stage. Even though some educational exercises and hand-outs are used, they centre on working with individual life stories and personal issues, and can be personal growth group-orientated.

Psychotherapy groups – These groups have less-structured group work formats that focus on individual experiences where participants have not had their emotional needs met during childhood and have experienced significant trauma. They are probably the specialisation that is the least facilitated in the community services/health/relationships sector.

Table 1 outlines the basic requirements for facilitating groups within each group work specialisation including preferred target groups, resources required, who should be excluded, the common group focus, and examples of these programs. In work/task groups, the change process is the completion of a shared task that is important to the purpose of the group. In psychoeducational groups, the change process is centred on the application of learning as defined by the program. The knowledge gained by the participants has a global focus and generally limits the amount of time spent on individual attention. Anyone who is struggling with applying the program is usually supported outside of the group. In counselling groups, the change process is focused on the group members discussing their life story with other members and learning skills to better cope or make life changes. Educational tools and resources are used but they are secondary to the sharing that occurs between the members. In psychotherapy groups, the change process allows the individual to address the underlying issues by altering, gaining or adapting some insight, skills, relational response or perception that is useful in their life.

Table 1: Group work specialisations and their context

Type of group	Basic requirements for practising within group work specialisations	Target groups that benefit from the group	Resources used within the group
Work/Task groups	core group work skills training course knowledge of organisation context and theory	organisational teams management sporting/ recreational groups	presentation educational relevant tools
Psychoeducational groups	core group work skills training course knowledge of subject theory	general population adolescents and children carers of people with disabilities	educational pre-written programs pre- and post group measures to evaluate change
Counselling groups	core group work skills training course advanced group work skills training course participant in a counselling group	general population experiencing crisis or life transition	discussion of life experiences some educational focus use of immediacy
Psychotherapy groups	core group work skills training course advanced group work skills training course recognised training in a psychotherapeutic model participate in a therapy group	general population experiencing crisis or life transition participants who had significant challenges in their life experience	life experiences use of immediacy interventions to modify negative life experience

	Participants who are excluded from the group	Group focus	Examples of group programs
	anti-social behaviours	task-focused responds to organisational issues management	workplace programs information workshops parent/child activity groups relaxation/sporting skills/craft classes board management recreational/social groups
	anti-social behaviours active psychosis	education support discussion self-help	anger management parenting education program behaviour change groups Alcoholics Anonymous, Narcotics Anonymous and Gamblers Anonymous skill development groups supported play groups anxiety/depression management programs
	active psychosis	growth and experiential counselling discussion of life experiences support	women's wellness groups veterans PTSD groups emotional support groups with well-trained leaders
	active psychosis	therapeutic processes discussion of early family and life experiences	sexual assault support groups longer-term therapy groups therapeutic groups that use a specific model e.g.,psychodrama

INTENSITY DIFFERENCES ACROSS DIFFERENT SPECIALISATIONS

Intensity is the blend of safety and risk dynamics that are contained in different group work processes and activities. Differences between the specialisations can be appreciated by comparing the level of intensity across the following factors:

- Evoke anxiety amongst the group participants
- Challenge the group participants to self-disclose
- Increase awareness
- Focus on feelings
- Concentrate on the here-and-now
- Focus on threatening issues that are relevant to the group members (Dayle-Jones & Robinson, 2000, p.358).

Work/task groups have the lowest intensity as the task is of most importance. The above factors are only addressed if the group dynamics are threatening the operation of the group. Generally the group is more safety-focused with less need for emotional and interpersonal risks.

Psychoeducational groups usually have a low to moderate level of intensity as the program and structure places strong boundaries on the amount of self-disclosure required. If people are required to focus on feelings, it is often as a reflection, a pair discussion or a limited whole-group discussion. Generally the group is safety focused with limited need for emotional and interpersonal risks.

Counselling groups have a moderate to high level of intensity as the major change occurs when people use interaction with others to make life changes. Generally the group has more emphasis on the participants taking more emotional and interpersonal risks.

Psychotherapy groups usually have a high level of intensity as the major changes occur when people gain insight into their life experience and find new or adapted ways to respond to their challenges. Generally these groups make the greatest use of participants taking emotional and interpersonal risks.

Besides the balance of intensity (safety and risk dynamics) in the group, the requirement for training and education and supervision increases as you move through the specialisations (see Table 1 for

more details). The provision of work/task groups requires less training and often receives less supervision than psychoeducational, counselling or psychotherapy group work.

Some groups use a blend of specialisations and differ due to the group leader's level of training, skill or professional qualifications.

Despite the significant variations within 'focus', 'complexity' and 'level of training' required by different types of groups, minimal awareness exists amongst many community members, funding bodies and organisations regarding group work's benefits and opportunities. Due to this, many Australian funding bodies and organisations view groups as primarily a convenient way for information to be delivered to a variety of people at the same time. This results in work/task and psychoeducational groups being the types predominantly funded and provided. Both of these specialisations are easier to articulate and evaluate. However, further benefits occur when more complex styles of group, such as counselling groups, are provided.

There are many reasons for using groups to deal with individual and social problems and all groups (including work/task and psychoeducational groups) have the following positive outcomes (Jacobs, Harvil, Masson & Schimmel, 2009).

Efficiency – A professional may work more effectively through using groups than by working individually with clients. Some target groups, like adolescents and men, can resist the perspective of a counsellor, but they might consider and adopt the same viewpoint if a peer in a group expressed this point of view.

Greater variety of resources and viewpoints – Group participants often value the perspective of other participants as the most helpful thing they gained from the group. Groups can quickly generate a variety of different ideas and responses to particular problems.

Experience of commonality - When participants share their own similar experiences in a group, the process of normalization occurs. This is where a person no longer views their problem in isolation and challenges the belief that they alone experience this problem. They start to see that other people have similar problems or concerns and this reduces their sense of isolation.

Sense of belonging – A common problem is the sense of aloneness that people experience in society or even within their family. Groups allow people to experience a sense of belonging with the other participants.

Skills practice – Participants can practise skills they wish to master or they can learn through watching others use these skills. The group experience can be a microcosm of life that provides a stage for a variety of issues to be explored and practised.

Counselling and psychotherapy groups have additional advantages as agents of change in participants' lives.

Feedback – Groups provide participants an opportunity to receive initial and ongoing feedback from other people. Everyone makes assumptions about how other people perceive and react towards them. The group environment allows people to test out these assumptions and receive accurate feedback about how others respond towards them.

Continuous learning – Groups provide an opportunity for people to learn continuously. Some people prefer to learn by watching other people interact. Groups allow this to occur with everyone playing different roles that permit different ways of learning.

Real-life approximation – Groups often replicate real life experiences as they generate a full range of feelings and human reactions. Groups are microcosms, reflections of society or mini-societies. "While interacting with others, people experience fear, anger, doubt, worry and jealousy" (Jacobs et al., 2009, p.5). The group experience allows them to find new responses to old and familiar life experiences.

Contracts and commitments – A group is made up of a number of individuals who have their own goals and interests. They each develop by recognising what they want to gain from the group and by supporting others in pursuing their own achievements. Often incidental learning occurs where they gain something that they did not initially recognise as important from the other participants.

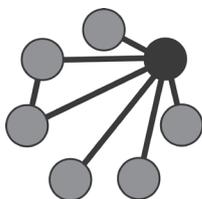## GROUP COMMUNICATION INTERACTION STRUCTURES

Norma Lang (2010) created a model for understanding interaction patterns in groups. The interaction in Lang's model moves between two phases, with neither phase being 'right' or 'wrong'. These two communication interaction structures are maximised in the thera-peutic-educational group format. This format is discussed later in the chapter. These structures can be best understood by plotting who directs the discussion to whom, as indicated in the diagrams below. Group communication structures contain three key expressions of an idea, a feeling and a power relationship. They have:
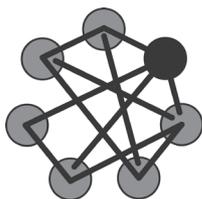
Thought – contains some idea or concept

Feeling – expresses some feeling or emotional tone (including neu-trality) and

Power – highlights some expression of power, i.e. authoritarian, authoritative, democratic, laissez faire or an expression of power over power-shared, or power-minimised positions due to gender, privi-leged role, economic or cultural factors.

Lang describes the leader's role thus: "the group is structured around the leader, who is in the central locus…The leader may have a disproportionate area and degree of influence in all group processes and may be singularly active in much of the interaction" (Lang, 2010 p.113). Lang identifies two interaction structures, 'allonomous' and 'autonomous' illustrated below (the leader is symbolised by the dark circle):

Allonomous – This structure is typical of group interaction where the leader is the centre of the discussion and participants interact with the other group members by directing their discussion towards the leader. The leader acts as if they are the centre of the group's focus, even if they are sitting in the circle like the other members. The primary purpose for this communication interaction is the maintenance of safety. It is required in all groups at the beginning and ending stage, at transition points between activities, processes or agenda items or in the management of a crisis that occurs where someone says an inappropriate thing. Its power relationship reflects the leader's authority and the group's dependence on them.

Autonomous – Typical of group interaction where the discussion is between the members with the participants talking directly to each other rather than only to the leader. The primary purpose for this communication interaction is the development of risk. It occurs in groups in the middle stage, where the group needs to be creative or when people are more spontaneous towards others' comments (but not directing their responses through the leader).

Autonomous interaction occurs where the communication pattern is shared between most of the group members. The participants talk directly to each other, with a higher level of creativity, problem solving and energy being observable. If it has limited opportunities in the group, it is sought in breaks or before and after the group meetings. It can be incubated in a group by using pair, triad or small group activities. Its power relationship reflects a mutual learning space, with higher levels of perceived equality and creativity and energy. Most people who are comfortable with other people's company look for autonomous interaction as the most rewarding outcome. Most well-facilitated groups balance these two communication structures in some way. The authors argue that the best work/task groups are usually quite structured (with a strong formal or informal set of expectations), with a high use of allonomous interaction and short periods of autonomous interaction occuring when discussion about issues is allowed.

Over-structured psychoeducational groups tend to emphasise allonomous interaction. Even the use of technology can simulate an allonomous structure as when the members' main focus is watching a DVD that acts as an external expert. Well-structured psychoeducational groups maintain a largely allonomous structure but allow for periods of autonomous interaction by having pair, triad or small group activities.

Counselling and psychotherapy groups have less allonomous interaction and more autonomous communication where the members freely interact.

The more allonomous (unable to function independently) a group is, the more the leader will need to be actively involved in the group, offering a great deal of direction and support. The extent of direction and active involvement will need to diminish as the group moves towards maturity and autonomy. Remaining overly directive will cause frustration and even hostility for a group that is ready to determine their own functioning. (O'Hara & Pockett, 2011 p.242)

This is different to the progression idea used by most theorists who suggest groups move through specific stages of development as the interaction structures oscillate. Allonomous-autonomous interaction structures are both useful, not just in the macro context where groups move from allonomous to autonomous interaction throughout their longevity, but also in the micro context where interaction changes throughout a session.

When a group moves towards autonomous interaction, power is shared between most of the group members. It is this experience that people gain most from in their group involvement. It is vital that members of society have some experience of being part of a productive autonomous group (hopefully this is experienced in a family or school context) as they learn key life skills about power-sharing in relationships, working with others and sharing the rewards of achieving something that is important to them. When a group member's involvement remains only allonomous, power is more concentrated in the leader. This can normally only be maintained for short periods of time, four to six weeks maximum. It can be maintained in the long-term only when the group members (consciously or sub-consciously) decide that something else is more important, such as upholding the respect of the power structure that supports them whether this is vested in a lecturer, elder, manager, politician or other leader.

The communication interaction structures are reflected in family groups as well. Most family groups start as allonomous, with the parent or adult carer exerting the primary influence and control in decision-making and governing capacity. The allonomous group form is appropriate to the personality development and socialisation of its young family members, and is a "critical contributor to the subsequent autonomous functioning of its members both individually and in groups" (Lang, 2010, p.111). The normal progression is for young people to move through the transition from other-directed to self-directed learning opportunities and the family's goal is to allow young people to ultimately become autonomous and independent. These structures oscillate over time as the family reconstitutes itself through the development of relationships, separation, death and the establishment of new familial units.

Lang argues that throughout life and through participation in groups, most people experience the transition from allonomous to autonomous and its ongoing oscillation. The purpose of the allonomous structure is the creation of safety. It enables people to slowly build their own sense of self, purpose and achievement. The purpose of the autonomous structure is the development of risk. It enables people to step up, appreciate their own self-confidence and learn from and support others. This is why the autonomous structure incubates true empathy in relationships.

Lang's later work suggests that some people may need to be part of a successful allonomous group before they will develop enough confidence to be part of an autonomous group (Lang, 2010). This provides an important understanding of why some group members need to be part of a recreational or social group (e.g., a cooking group) with strong leader direction that only has informal autonomous interaction before they can be part of a formal autonomous group.

Table 3 outlines the main functions of the communication interaction structures and also the transitional point between them.

Table 3: Adapted from Lang, 2010, p.110

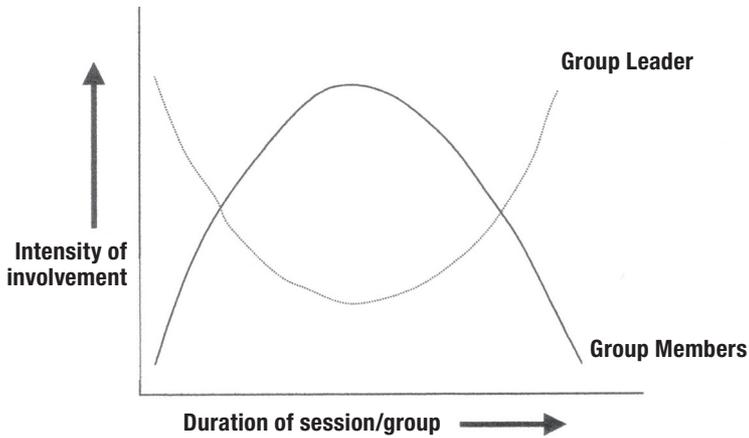| GROUP FORM			
Component	Allonomous	Transitional	Autonomous
Nature of member	dependent on leader developmentally or experientially lacking capacity for autonomous group engagement experiences power as held by a limited number of people (usually the designated leader)	partial capacity for autonomous group engagement, not developed in all areas	capable and skilled in autonomous group functioning experiences power-sharing between group members
Group processes dealt with	all group processes extensively influenced by the leader to allow the group to function	all group processes initiated by the leader with small opportunities for group members to experience autonomous group functioning	all group processes initiated indirectly by the leader with emphasis on maximum individual involvement and opportunities for group members to experience autonomous group functioning
Means of achieving goals of service	leader-controlled interaction and management of group processes primary focus on the individual working towards ego-development and strengthening experiences working towards socialisation role modelling	leader-active interaction and management of group processes working towards ego-development and strengthening experiences facilitation of mutual aid between members role modelling	group members experience strengthening of their ego development promotion of mutual aid between members the leader shares their leadership role and acts as a participant as well primary focus on the group-as-a-whole role modelling leader facilitating group processes towards goal achievement, defining tasks and processes required and supporting the development of required resources

Usually, for a psychoeducational group to be most effective, the participants need to experience brief periods of autonomous interaction. Allonomous interaction occurs in group work at the beginning and end of each session and when new concepts and ideas are being presented. It also occurs at times of group crisis, surprise or when the group finishes. If a group leader expects a group to be autonomous too early, the group may stagnate and resist this expectation. Autonomous communication often occurs in pair, small group or whole group discussions. It occurs during the working phase of a group where the group operates at its most efficient level with the leader having a more peripheral role. The transitional group is the opportunity for a group to experiment with the movement from allonomous to autonomous interaction.

It is important to recognise that both types of interaction are valuable. However, many psychoeducational groups over-structure their programs and minimise autonomous opportunities. This results in haphazard attendances, resistance to learning and mixed feedback at the end of the group. If a group remains allonomous and does not develop more autonomous interaction patterns, it is likely to struggle, have low energy levels and ultimately collapse or disband.

Figure 2 compares the intensity of involvement that will occur throughout the duration of a group session. At the beginning, the group is more allonomous with the leader having the main intensity of involvement. In the middle stage, the group is more autonomous as the group members have the highest level of functioning and involvement with the group leader now having the opportunity to reflect on how the group is completing its task. At the end of the group, the group reverts to being allonomous as the group leader provides most of the structure while the group members prepare themselves for closure. As this containment occurs, the group member's focus shifts from being a member of the group back to being an individual who is ready to depart.

The recognition of the equal importance of both these communication interaction structures is vital. Lang highlights that the lack of recognition of the nature of the allonomous group has led to some misunderstandings of the worker's role; "It is not caprice or clinical pre-eminence or the need to be controlling that defines a central, directing role for the leader. His or her actions may be instrumental in maintaining an ongoing life of the group while the members are unable or unready to function autonomously" (Lang, 2010 p. 114).

Figure 2

Group Leader

Intensity of involvement

Group Members

Duration of session/group →

CASE STUDY: COMBINING COUNSELLING AND PSYCHOEDUCATIONAL GROUP WORK

During 1995-2005, a large child welfare organisation in Western Sydney, Australia, facilitated both psychoeducational parenting programs and an intensive parenting group that combined psychoeducational and group counselling group formats. Participant demographic information and end of group evaluation was routinely collected. We will describe this group to illustrate a combined approach that has the advantage of allowing for the development of new skills and ideas while allowing participants to explore personal issues and challenges that affect their life. This combined approach is called 'therapeutic-educational' group work. This combination is not a new category for the ASGW specialisations, but is a way of packaging and delivering group work using existing specialisations.

A common approach for therapeutic-educational groups is to combine a sixty to ninety-minute counselling (open discussion) group session, followed by a short break, with a sixty-minute psychoeducational session. This order was particularly useful for evening groups, where the psychoeducational sessions occurred second, allowing the participants to cognitively process their reflective learning and be

more emotionally centred by the end of the night. This order is often reversed for daytime groups as the risk for emotional disturbance is lower due to participants having the remainder of the day before them.

The combination of these formats allows participants to be exposed to the structured development of new skills and knowledge about relationships or parenting and gain from having adequate time to address the personal issues that surround the application of these ideas. The group occurs weekly for a nine-week block. There is a break during the school holiday period before another block commences at the beginning of the following school term. Participants attend the group for several blocks, as long as they have identified an appropriate purpose to be in the group. Other participants may terminate their involvement at the end of one block when their purpose has been fulfilled.

Data collection

The data collected between February 2002 and June 2006 compared therapeutic-educational data to standard psychoeducational group data from the same period. The psychoeducational groups were facilitated by the same team of family counsellors in the same geographic area. The results were analysed by an external assessor using participant data collection forms and end of group evaluation forms, with a total sample of 1379 participants attending 117 groups (Tung, 2007).

The feedback from all these groups was then divided into two cohorts of psychoeducational and therapeutic-educational group data sets. The results are preliminary as only 'end of group' data were obtained due to organisational limitations. No pre/post or follow-up results were obtained. The therapeutic-educational groups had 130 male participants (fathers attending sixteen groups) living in two disadvantaged areas of Western Sydney, and all programs were held in the evening. In the psychoeducational group, 26% of the participants were male, with most groups facilitated during the day in similar locations.

Despite these limitations, initial results show differences between psychoeducational and therapeutic-educational groups. Due to the different cohort sizes of the psychoeducational group (1249 participants) compared to the therapeutic-educational cohort (130 participants, or 10% of main group), the main analysis is reported as percentages.

Group composition

The therapeutic-educational groups had a higher proportion of fathers aged 25-34 years (62%) compared to the psychoeducational group (43%). The psychoeducational group had 36% of parents aged 35-44 years, reflecting the national trend for parents to be in this age group, compared to the therapeutic-educational group, that had 20% of parents aged 35-44 years. The therapeutic-educational group had 15% of non-resident fathers attending the program compared to 8% that attended the psychoeducational groups. The time of day these groups were held may account for the difference, as fathers tend to be less available during daytime working hours.

The therapeutic-educational groups had a lower percentage of parents with English as a second language (8%) as the group locations were primarily in lower socio-economic Anglo-Saxon communities in Western Sydney, compared to the psychoeducational groups where 24% of parents had English as a second language. A higher number of Indigenous fathers (13%) attended the therapeutic-educational groups compared to the psychoeducational groups, where it was 5%. The higher level of Indigenous attendance can be explained by the fact the therapeutic-educational groups were based in a strong Indigenous community area.

Both cohorts of parents had similar percentages for the ages of the children. Both groups had 37% of children aged 0-4 years, 35% of children aged 5-10 years, 18% of children aged 11-15 years and 6% of children aged 16-18 years.

Referral to the program

Parents who attended psychoeducational groups (9%) identified the school newsletter as a likely source of information compared to 15% who attended the therapeutic-educational group. Parents who attended the therapeutic-educational group were more likely to hear about the group from a partner, friend or relative (52% compared to 23% for the psychoeducational group) and the school counsellor/welfare worker (14% compared to 7% for the psychoeducational group). Parents who attended the psychoeducational groups were more likely to be referred by a counsellor or their local neighbourhood centre.

Motivation to attend

When asked about their motivation to attend the selected group program, the parents who attended psychoeducational groups were likely to identify 'learning about normal expectations' and 'future challenges' as their primary purpose. Parents who attended the therapeutic-educational group were more likely to identify the following issues.

Participants who chose to attend the therapeutic-educational group had a greater urgency (motivation) for attending the group as they were more likely to have active child protection issues happening. The therapeutic-educational group's motivation for improving their child's self-esteem (70%) was higher than the psychoeducational group cohort (50%).

The therapeutic-educational group's motivation for increasing the parent's confidence (84%) was higher than the psychoeducational group cohort (65%).

The therapeutic-educational group's motivation for finding other ways to discipline (72%) was higher than the psychoeducational group cohort (60%).

The therapeutic-educational group's motivation for learning to manage strong emotions (72%) was higher than the psychoeducational group cohort (43%).

Attendance patterns

Most of the psychoeducational groups were four to five weeks in duration. The therapeutic-educational groups were nine weeks in duration, comprising a three-hour session. The group composition was usually only finalised by week two or three as the establishment of relevance and trust development require more time in the therapeutic-educational group. However once this beginning period passed, the therapeutic-educational group attendance rate remained in the low 80% range each week until the program ended. The overall attendance for the therapeutic-educational group (regardless of length) was slightly higher, with 81% attending at least 80% of the program, compared to the psychoeducational group where 63% of parents attended at least 80% of the sessions.

Feedback about the programs

The number of parents completing evaluation forms was 82% for the therapeutic-educational groups and 72% for the psychoeducational

group cohorts. Many participants stated that the length of the psycho-educational groups was 'too short', while participants who attended the therapeutic-educational group stated that they were pleased with its length. Some parents thought the therapeutic-educational group was too long (8% compared to 2% for the psychoeducational cohort). The participants identified their experience of the therapeutic-educational group as inspiring, supportive, informative, confidence building, 'relevant to my family', enjoyable, practical and encouraging. All these characteristics featured more strongly in the feedback from the therapeutic-educational groups.

The parents who attended the therapeutic-educational groups were more likely to endorse the following feedback statements (results were not analysed for statistical difference):

	Therapeutic educational group	Psychoeducational group
Worker was respectful	93%	83%
Worker listened	91%	80%
Service was worthwhile	93%	83%
Program covered what I expected	86%	80%
I understood all material	91%	79%
I am better at communicating	89%	70%
I am more positive about family relationships	88%	75%
I feel more confident in my parenting	89%	78%
Learned at least two new ways to manage my situation	88%	86%

The question about using two or more new strategies had a lower rating for the therapeutic-educational groups, however this response relied on the participant writing down their response. Literacy is a key issue for the therapeutic-educational group participants and this issue was also reflected in the question regarding the usefulness of the handouts.

KEY PROCESSES FOR THERAPEUTIC-EDUCATIONAL GROUP WORK

The group leader uses a variety of processes (see table 2) to differentiate between the key factors involved in running counselling and psychoeducational groups.

Table 2: Key processes to be addressed within therapeutic-educational group work

	Key processes to be addressed within therapeutic-educational group work	Outcomes achieved
Counselling (open discussion) group	recognition of key issues arising during the week and how this connects with the experiences of other participants participants to develop a clear purpose for being in the group stronger ability to recognise and have empathy towards the personal issues that other people experience development and recognition of interpersonal communication issues recognition of how a participant's actions influence the other group members and those around them recognition of the choice people make regarding their own friendship, family and other sub-groups exploration of how one participant's experience is also relevant to other participants' lives	normalisation reduction of isolation recognition of life patterns development of a clear purpose to guide immediate learning commitment to identifying, reviewing and finding solutions to own problems development of empathy separation of own and other people's issues new learning obtained from the group applied to rest of life

Break period	peer support connections strengthened One-to-one support between participants and participants and group leader	development of new peer networks
Psychoeducational group	structured exercises exploring topic area, belief systems, actions and alternative responses leader-designed progression through learning material focus on addressing issues identified by participants recognised at the beginning of the group (Dayle-Jones & Robinson, 2000)	development of new knowledge or skills better coping skills new responses to life crises, transition periods or developmental life stages

In the therapeutic-education group format, the psychoeducational segment delivers the content at a slower rate over the nine-week period. This slows the learning process down, allowing the participants to focus on one or two key skills or ideas they can practise each week. This enables the group members to develop new knowledge or skills, better coping skills and new responses to life challenges. The counselling (open discussion) group allows the participants more time to develop a deeper purpose for being in the group, discuss the challenges of applying the learning and practise interpersonal skills that build stronger relationships, connections and confidence.

Having time to facilitate an open discussion group allows the group leader to explore how the week has been for the group members in putting their purpose into practice, reducing feelings of isolation, recognition of life patterns, commitment to identifying, reviewing and finding solutions to own problems, developing and using empathy, separating own and other people's issues and gaining new learning from other group members. With the counselling group, the group members reported greater outcomes compared to only being involved in the psychoeducational group.

The break period is an important time for the group leader to see how participants respond to each other in an informal setting. When group members continue to develop stronger and more confident

relationships with their peers at an informal level, they are more likely to practise these skills, with greater coaching and support of others in their community. This adds to the development of social capital. Outside of the group, if they practise dysfunctional habits (e.g., discussing their 'war stories' regarding past drug use) it signals to the group leader that deeper work has to occur during the counselling group sessions.

The therapeutic-educational group benefits participants who have a higher level of vulnerability as it allows them more opportunities to build their own confidence, express their voice about life experiences and challenges, and obtain a wider range of possible approaches to support change.

DISCUSSION

This chapter has described the importance of using the ASGW categories to better understand the range of groups that are facilitated today in community services/health settings. A new format for group work involves the combination of two of the specialisations and is termed 'therapeutic-educational group work'. It is not a new specialisation but a way of packaging the existing categories.

The preliminary data analysis of the large cohort of parenting group programs indicates that therapeutic-educational group work is important for working with participants who have limited educational experience and are suspicious of what group work involves. It appears to better respond to the motivational needs of the participants, who are usually dealing with child protection issues, by having more time to work directly with their situation. The combination of psychoeducational and counselling group formats provides a better balance for participants who have limited experiences in group settings. The blend of these two styles of group work allows for structured learning to occur, accompanied by enough opportunity to focus on the immediate issues happening in a participant's life. Through addressing these issues in tandem, the group may have greater relevance to the participants.

The therapeutic–educational group design encourages balance in the communication interaction. Most participants desire a safe way to participate and to learn from their peers. This occurs easily in

the counselling group section where autonomous communication is highly valued. The psychoeducational session has more opportunity for allonomous learning as new ideas and information are conveyed. If the main learning comes only from the group leader, group participants may dismiss a significant portion of those ideas as privileged and less relevant, since the leader is viewed as different and better off.

In summary, the above data appear to indicate that the therapeutic-educational groups are viewed more favourably by most participants once they have attended the first few sessions. The authors argue that the combination of therapeutic and psychoeducational groups increases the use of feedback, continuous learning, real-life approximation and commitment to the group's purpose. The factors of efficiency, greater variety of resources and viewpoints, experience of commonality, sense of belonging and opportunities for skills practice contribute to making therapeutic-educational groups a powerful medium for change.

Therapeutic groups can enable participants to move from learning retrospectively to 'learning in the moment'. This involves moving from a 'waking sleep' (Mason, 1993) to being 'fully awake', where participants are more aware of the role of noticing their own and other people's current experiences and intervening through reflection in this process. Therapeutic groups may be best enhanced when the group leader understands the group behaviour through referring to intrapersonal, interpersonal, group-as-a-whole and intergroup levels of change. 'Learning in the moment' (Mason, 1993) is difficult but can be achieved. It is intense but also playful and light. Mastering these tensions allows a facilitator to move easily between 'retrospective learning' and 'learning in the moment'. For a participant, the experience of this learning process is demanding but delightful.

Many of the outcomes of the therapeutic-educational group are vital for people who live in vulnerable communities, especially as community isolation continues to rise. Some of the outcomes achieved by this format are:

- Normalisation of challenges people experience and realisation that they are not alone
- Reduction of isolation and its associated pathology of people deciding to give up

- Recognition of life patterns (restrictive or enabling)
- Development of a clear purpose to guide their immediate learning
- Commitment to identifying reviewing and finding solutions to own problems
- Development of empathy by listening and responding better to other people's needs
- Separation of own and other people's issues
- New learning obtained from the group applied to rest of life
- Development of new peer networks
- Development of new knowledge or skills
- Better coping skills
- New responses to life crises, transition periods or developmental life stages

The authors believe that communication interaction structures are a vital way of understanding the opportunities and challenges for balancing group interaction. While all groups need to balance the two communication interaction structures to function successfully, the therapeutic-educational group ensures this balance is achieved. This is observed over the length of a group or even throughout a single session as the group oscillates between allonomous and autonomous phases. The psychoeducational session ensures that allonomous interaction is experienced. The counselling session ensures that adequate periods of autonomous interaction are experienced. A group functions best when a group naturally moves between allonomous and autonomous phases (Lang, 2010). As this occurs, the group members experience periods of reflection and consolidation (when the group is more allonomous); and then times of high energy, interaction, and opportunities for new learning and creativity (when the group is more autonomous).

Finally, to continue to be relevant, group work requires more commitment to effective evaluation and research. The use of theory to understand practice and refine the approaches used is a must. Even though evaluation and research is argued to work best when all variables are managed and a single hypothesis is sought, doing this within the complexities of group work requires new thinking. A starting point for this may be for organisations committed to group work to make publicly available all the evaluation data they have about their group

work programs. By doing so, a greater confidence will emerge about the role of group work and how it is being used in the twenty-first century. It is then that alliances can be developed with academic institutions to improve learning.

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