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Exploring Key Group Counseling Processes: Implications for Group Counselor Training

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Exploring Key Group Counseling Processes: Implications for Group Counselor Training

Abstract

We studied several processes in a standardized counselor training group. Participants were masters-level counselor trainees ($n=100$) who took part in eight sessions in an experiential group. Our purpose was to examine the patterns of therapeutic processes and the therapeutic factors that predicted cohesiveness and commitment of the group tasks. Results underscore the interlocking nature of the therapeutic process factors of cohesiveness, altruism, and universality. Analyses reveal the central role of cohesiveness as a process factor in a short-term group. Altruism and engagement consistently predicted cohesiveness. Cohesiveness predicted commitment to the group tasks. The processes in these training groups resemble those of actual counseling groups. Suggestions for structuring training groups, implications for counselor education, and future research recommendations are discussed.

Keywords

group counseling, therapeutic alliance, cohesion, engagement, counselor education

We examined the process of a standardized training group for students in a mental health counselor graduate program. Group process typically refers to what occurs in a group (Gullo et al., 2015). Jacobs et al. (2015) identify group process as “the exchange between members and leaders, how the leader reacts to the members and how the members talk to one another and the leader” (p. 39). This definition refers to the attitudes and interaction of members and leader. Yalom and Leszcz (2020) refer to process as “the nature of the relationship between interacting individuals – members and therapists” (p. 143). Essential components of the overall group process include the therapeutic factors (Yalom & Leszcz, 2020); group cohesiveness (Kivlighan et al., 2000; Norton & Kazantzis, 2016; Yalom & Leszcz, 2020); the alliance (Piper et al., 2005); and group climate (McClendon & Burlingame, 2010). These phenomena are inter-related and overlapping.

Therapeutic Factors

Yalom and Leszcz (2020) identified 11 therapeutic factors. The current study examined the evolution of three of these factors: cohesiveness, altruism, and universality.

Cohesiveness

Cohesiveness refers to the relationship among members of the group. Cohesive groups foster connection, acceptance, support, and affiliation (Kivlighan et al., 2000; Norton & Kazantzis, 2016). Yalom and Leszcz (2020) stated group cohesiveness is analogous to the therapeutic relationship in individual counseling. Burlingame et al. (2002) found a strong relationship between cohesion and group members’ improvements.

Burlingame et al. (2018) found six variables that moderate the relationship between cohesion and outcome of a group. These include leader interventions to increase cohesion and an emphasis on group interaction. Important leader interventions include early clarity about how the group functions. More structured activities often lead to increased cohesion and self-disclosure in

members (Burlingame et al., 2002). Kivlighan and Lilly (1997) reported the development of cohesion did not occur until mid-treatment in their study. On the other hand, Norton et al. (2008) reported a linear increase in cohesion scores throughout the eleven sessions in their study. Taube-Schiff et al. (2007) found cohesion increased from the midpoint to the end of treatment and was positively related to reduced anxiety, depression, and stress in group cognitive-behavioral therapy (CBT) for social phobia. The present study intends to address this discrepancy in findings of the progression of cohesion through various stages of group development in a brief experiential training group. We suspected a developmental pattern of therapeutic factors to increase early on and then remain steady. This was partly because our groups incorporated structured activities in the first two sessions in order to reduce discomfort among group members in the beginning of a short-term group as suggested by Burlingame et al. (2001).

Both outcome and process research on cohesion have yielded important results. Burlingame et al. (2011) conducted a meta-analytic review and found a significant correlation between cohesion and outcome. Their analysis supported the following set of findings: (1) Cohesion correlates with improved interpersonal functioning and reduced symptom distress; (2) Cohesion correlates with improvement in interpersonal groups (strongest correlation), CBT groups, and psychodynamic groups; (3) Cohesion is more strongly related to outcome when leaders emphasize member interaction; (4) Cohesion relates to outcome independent of a group's length although groups lasting more than 12 sessions and with 5 to 9 members have the highest cohesion-outcome-connection; (5) Outcome is related to cohesion most with younger group participants; and (6) cohesion is related to outcome regardless of diagnosis or setting. The present study examined the relationship between cohesion and commitment to tasks among the participants in a brief experiential group.

Altruism

The second therapeutic factor that we studied is altruism. Altruism has been defined within the counseling context as “the promotion of needs of others” (Flynn & Black, 2011). Yalom and Leszcz (2020) argued that group members often accept help from other members more readily than from the facilitator. Altruism in groups has been demonstrated in a number of studies.

In a study of counselor training groups, Gold et al. (2013) found that higher degrees of altruism were positively associated with engagement. In contrast, higher conflict was associated with lower levels of altruism, acceptance, and universality. Shechtman and Perl-dekel (2000) asked group participants to rank Yalom’s therapeutic factors via a Q-sort. They found that participants in their verbal therapy group ranked altruism as the fourth highest of Yalom’s factors; the therapists rated it as the seventh. In a six-session group, Robison (2012) found that the higher the group members rated themselves as altruistic the more they rated others as being altruistic and they also perceived the group more favorably. This was true at both rating points (i.e., at the second and the fifth sessions). Robison suggested altruism can be fostered through structured activities early in the group’s life and later through framing members’ feedback to each other as altruistic. In developing the Therapeutic Factors Inventory, Lese and MacNair-Semands (2000) found that altruism was significantly correlated with cohesion, universality, and seven other of Yalom’s therapeutic factors. They noted cohesion and altruism are precursors for change in group members.

Universality

The factor of universality refers to recognition by group members that others experience similar problems as oneself. Yalom and Leszcz (2020) stated, “there is no human deed or thought that lies fully outside the experience of other people” (p. 6). Universality is an important phenomenon in groups because members in counseling groups can often enter the group

experience feeling isolated and believing that they are different. Thus, it is not surprising that group members perceive the experience of universality highly. Pan and Lin (2004) rank ordered their group members' ratings of the therapeutic factors. Universality was ranked third, behind only cohesion and hope. This is similar to Shechtman and Perl-dekel (2000) finding that members ranked universality as the fifth most important factor, while therapists rated it as third. In developing the Group Counseling Helpful Impacts Scale (GCHIS), Kivlighan et al. (1996) identified four dimensions, including the "other vs self" factor with universality as a prominent aspect of this specific factor. In examining several counseling groups with 10-year-olds, Shechtman and Gluk (2005) used the GCHIS and found that the "other vs self" factor was responsible for encouraging children to participate after they had realized that others have similar problems. It is interesting to note that in that study the Kivlighan dimension of "relationship-climate" was ranked highest by the children. This points to the importance of another dimension, the therapeutic relationships.

Therapeutic Relationship Dimensions

The three therapeutic factors of cohesion, altruism, and universality have been demonstrated as significant in predicting overall outcome and facilitating group process (Burlingame et al., 2002; Gold et al., 2013; Shechtman & Gluk, 2005). The present study, therefore, focused on the dimensions of therapeutic alliance and group climate that emerge along with these factors. We chose to study cohesion, altruism, and universality in order to identify the course of development of these factors and their relationship with alliance and climate.

Therapeutic Alliance

The therapeutic alliance is an important component of successful individual counseling and refers to a collaborative relationship between counselors and clients (Piper et al., 2005). Bordin's original model (1994) included three aspects, agreement between therapist and client on the goals,

agreement on the task, as well as agreement on the bonding between them. The bonding aspect of the therapeutic alliance refers to the positive interpersonal emotional relationship that develops in counseling. This aspect of the therapeutic alliance may be as valuable among members of a group as it is between each individual member and the group facilitator. The working alliance has often been found to be associated with positive outcomes in both individual and group counseling (Castonguay et al., 2006; Horvath & Symonds, 1991; Martin et al., 2000; Pereira, 2010).

The present study focuses on the impact of cohesion on alliance. A client's secure attachment or bonding with the counselor has been shown to be significantly associated with greater session depth and smoothness (Mallinckrodt et al., 2005). Norton, Hayes, and Springer (2008) found that cohesion and alliance with the therapist increased in linear fashion in 12 weeks of a trans-diagnostic cognitive behavior therapy (CBT) group. Moreover, increased cohesion was related to lower anxiety scores at the last session. Overall, initial working alliance and cohesion were related to less anxiety at treatment's end. Joyce et al. (2007) sought to determine if therapeutic alliance and cohesion are related to outcome in short-term groups for patients experiencing complicated grief. Their results indicated that client-rated alliance predicted outcome. They found that two variables predicted outcomes, counselor's ratings of cohesion and other members' ratings of participants' "fit" in group. This points to the significance of a related dimension, that of a group's climate.

Group Climate

Group climate as a construct overlaps with other group constructs. It involves multiple interacting dynamics such as cohesion, culture, norms and group development (McClendon & Burlingame, 2010). The most common definition of climate is the "atmosphere" in a group (MacKenzie, 1983; McClendon & Burlingame, 2010). However, it may be that cohesion is the key

aspect of group climate. Burlingame et al. (2011) have even defined climate as “group-as-a-whole cohesion.”

Ogrodniczuk and Piper (2003) studied group climate and found that the group’s engagement was a strong predictor of positive outcome in grief focused counseling. Kivlighan and Lilly (1997) found some intriguing patterns of group climate in those groups that have positive outcomes. They found engagement is typically high early in a group’s life, then goes down before increasing late in the group. Another aspect of climate, that of avoidance, followed a high-low-high-low pattern. In contrast, conflict followed a low-high-low pattern in the groups they studied.

Burlingame et al. (2001) argued several factors of overall group process could be part of a higher-order factor that they labelled “group therapeutic relationship.” They investigated the overlap between group cohesion, alliance, climate and empathy. Their exploratory factor analysis found three broad factors account for group therapeutic relationships, “positive bonding relationship” (leader bonds and empathy and member bonds and empathy), “positive working relationship” (consisting of leader tasks and goals and member tasks and goals) and a “negative relationship” (consisting of leader empathic failures, member empathic failures, and conflict). Johnson et al. (2005) found similar results. Their model identified the positive bonding relationship factor as including cohesion and engagement. Several other studies (Bormann et al., 2011; Bormann & Strauß, 2007; Krogel et al., 2013; Thayer & Burlingame, 2014) have supported the Johnson et al. (2005) findings of cohesion and engagement as important aspects of the bonding relationship.

Gullo et al. (2015) extended the higher-order concepts of Burlingame and of Johnson cross-culturally by studying interpersonal groups with Italian university students. Their results were in line with the higher-order concepts model that accounts for the relationships among group climate,

cohesion, and curative climate. For example, they found strong correlations between cohesion and engagement and between cohesion and commitment. Such research findings led us to confirm the relation of cohesiveness and engagement as well as cohesiveness and commitment to the tasks of the group.

Purpose of the Present Study

Counselor educators are expected to include an experiential training group as part of the professional preparation of graduate students (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2015). One reason for such experiences is to familiarize students with the process of counseling groups. Therefore, it is important for educators to examine the extent to which such groups are related to the development and the outcomes of groups that our students will actually encounter in their professional lives.

In our data analysis, we examined the processes that typically occurred in such groups including the progression of the factors of cohesion, universality, and altruism over the course of the eight sessions in an experiential training group. We further examined the relationship of cohesion with the group therapeutic factors of universality and altruism. We also looked at cohesion's relationship with the alliance factors of bonding (with leader and with group), of agreement on task, and of agreement on goals (with leader and group). Lastly, we addressed the centrality of cohesion by examining the extent of contribution by several other factors to group cohesion.

We investigated the processes of standardized training groups that we developed within a master's program in mental health counseling. These were enacted in a "Group Dynamics" course over a span of five academic years. A standardized model for training groups can be useful for the assessment of outcomes across educational programs as well as for increased comparability in research.

Counselor training in group work has typically consisted of combinations of didactic instruction, skill acquisition (e.g., role playing), and group process in experiential training (Stockton et al., 2004). Stockton et al. cite, as an example, a model of a training course proposed by Caffaro (2001) which consists of nine weeks of didactic instruction and simulated learning followed by nine weeks of a process-learning group. The course from which our data were collected followed a similar model: equal amounts of didactic instruction and an experiential group.

The textbook in our Group Dynamics course was *Theory and Practice of Group Counseling* (Corey, 2012). Corey described the stages of a typical group as occurring in the following sequence: pre-group, initial, transition, working, final. This conceptualization follows from the works of Tuckman (1965), and Tuckman & Jensen, (1977) and Maples (1988) which have been euphemistically called “forming, storming, norming, performing, and adjourning” (p. 17). Our group format was integrative, with an emphasis on a humanistic-existential perspective to understand the overall dynamics, relationships and issues unfolding within the group.

A recent review of efficacy studies of existential therapies found promising evidence for the treatment assumptions and also positive overall effects of such approaches (Vos et al., 2015). In a separate meta-analysis, Vos found support for structured interventions that incorporate psychoeducation, exercises, and discussing meaning in life directly and positively with physically ill individuals (Vos et al., 2015). As will be described below (in Training Group Procedure), the structure of our groups followed the general outline of Corey and included structured activities.

Hypotheses

Our hypotheses were: (1) The therapeutic factors of cohesiveness, altruism, and universality will increase during the initial stage of group development and remain steady throughout; (2) Cohesiveness and alliance with the leader and with the group will be positively

correlated throughout the group; (3) Cohesiveness and conflict as well as cohesiveness and avoidance will be negatively correlated; (4) Alliance with the group leader, altruism and engagement will account for predictive variance in cohesiveness of the group; (5) The factors of cohesion, engagement and altruism will predict the outcome of increasing the members' commitment to the tasks of the group.

Method

Participants

The present study obtained approval from the University's Institutional Review Board (IRB). The researchers adhered to American Counseling Association code of ethics (ACA, 2014) during the data collection. Participants were 100 counselors-in-training in a 60-credit CACREP accredited master's program in mental health counseling at a university in the northeast United States. The participants were students in a required course in "Group Dynamics." However, all students had the option of not participating in the research study while enrolled in the course. We gathered our data from ten sections of this course over the span of five years.

Due to the small number of participants in each group (9-11 each), we refrained from asking participants to identify their ages or genders in order to protect their anonymity. Instead, in order to estimate the descriptive demographics of age and ethnicity we used the population numbers of students enrolled in the program during each academic year to estimate the percentages in both categories. Based on these estimates, about 75% of the students were women and 25% were men. Approximately 75% of the students were between the ages of 22-35 and 25% were over 35. In terms of race/ethnicity, 57.7% identified as Caucasian, 11.5% identified as African American/Caribbean (non-Hispanic), 13.5% as Latino/Hispanic, 5.8% as Asian (or Pacific Islander), 3.9% as non-resident alien, and 7.7% as Multi-racial.

Training Group Procedure

The initial stage consisted of the first two sessions. In the first session, the facilitator introduced the nature of the training group stating that this experience would simulate the stages of a counseling group as these are described by Corey (2012). The facilitator stated that participation in this training group did not require anyone to talk about personal issues. The overall trajectory of the group was described as consisting of structured exercises as well as some less-structured here-and-now portions. Following this, about half of the first session was dedicated to a consensus-building process in which the group came to an explicit agreement about the confidentiality of this specific group. A complete description of this confidentiality process is found in Doshi et al. (2020).

The complete experiential training group was conducted in eight two-and-a-half-hour sessions. An important element of all sessions was the reading of a process note at the start of each session, done by alternating group members. This activity was intended to foster the therapeutic factor of group cohesiveness as well as for training purposes.

The sequence of the group's activities included more structured activities in the early sessions and less structured activities later. Structured activities included: Initial stage: "Who am I?" (Pfeiffer & Jones, 1974) in session 1 (we slightly modified the stem: "I am the kind of person who..."), setting goals and eliciting help in attaining one's goal (session 2). Transition stage (session 3) included identifying fears and conflicts regarding the group. The working stage (sessions 4-7) included the "Orpheus" exercise (session 4; Spira, 1997), "Johari Window" (session 5; Luft, 1970), we slightly modified the description "liabilities" in Johari Window to "potential area of further work." Sessions 5, 6, and 7 were co-led with students. The final stage included, "Coins: Symbolic Feedback" (Pfeiffer & Jones, 1974) and reviewing

the group. All groups in this study were facilitated by the same professor. He has conducted such training groups for over ten years in addition to facilitating groups in such settings as addiction and grief counseling.

Measures

The Group Climate Questionnaire (GCQ) – Short Form

This 12-item, Likert-type instrument (MacKenzie, 1983) measures group participants' impressions of the group environment. The GCQ-S has three scales: Engagement, Avoidance and Conflict. The Engagement scale includes items related to support, cognitive understanding, self-disclosure, and challenge. Avoidance refers to avoiding responsibility for change. Conflict refers to distrust and interpersonal conflict. The GCQ-S's validity is supported by several studies (Bonsaksen et al., 2013; Burlingame et al., 2001; Gullo et al., 2015; McClendon & Burlingame, 2010). For example, Bonsaksen et al. found that high scores on Engagement predict symptom reduction during treatment and high scores on Avoidance predict higher symptom distress. Previous research reports of internal reliability via Cronbach's alpha have varied. Kivlighan and Goldfine (1991) reported .94 (Engagement) .92 (Avoidance) and .88 (Conflict). Johnson et al. (2005) reported .70, .36, and .69 respectively. In our study, Cronbach's alpha for the three subscales on the eight days ranged from: .63 to .71 for Engagement, .37 to .49 for Avoidance, and .68 to .72 for Conflict. (Note that the low reliability for Avoidance is similar to the Johnson et al. finding and may be due to there being only three items in this subscale. The value of alpha depends on the number of items in a scale [Field, 2013]).

Group Dynamics Inventory

Group Dynamics Inventory (GDI) is a 20-item Likert-type scale developed by Phan et al. (2004). It is comprised of three sub-scales, cohesiveness, altruism and universality based on three

therapeutic factors identified by Yalom (1995). Cohesiveness assesses members' sense of belongingness to the group, feelings that they are accepted and are a part of group. Altruism refers to the members' ability to help peers unconditionally, a feeling where members feel they earn respect by helping others and recognize that other members' needs come before their own needs. Universality subscale measures members' understanding that there is more similarity in the problems shared by the members than differences; acknowledges the existential nature of pain in one's life; and emphasizes taking responsibility to cope with such issues. Phan et al. (2004) established the content validity of GDI and reported internal reliability via Cronbach's alphas for the three subscales as ranging from .77 to .87 with an overall alpha as .94. In our study Cronbach's alpha ranged from .82 to .89, for cohesiveness, .58 to .82 for altruism and .69 to .86 for universality.

Working Alliance Inventory – Short (WAI-S)

WAI-S is a 12-item short form (Hatcher & Gillaspay, 2006) of the 36-item Working Alliance Inventory (WAI) developed by Horvath and Greenberg (1986). WAI-S is a widely used measure of therapeutic alliance and is comprised of three subscales – “Goals”, “Tasks” and “Bond” based on Bordin's working alliance theory. Horvath and Greenberg (1989) reported significant correlations with a variety of client self-report and counselor-reported measures. Fenton et al. (2001) reported a significant correlation between scores on the WAI and treatment outcome. Our participants rated each WAI statement on a 7-point Likert-type scale. The WAI-S was adapted slightly to meet the needs of the present study. Our version asked the participants to rate each of the statements twice; once as the statement pertains to the therapist, and again as it pertains to “the group as a whole.” (“Task” statements were rated only once because their wording refers to the work of the participant). The Cronbach's alpha for these subscales ranged from .68 to .92 on the eight days in our study.

Data Analysis

We entered and analyzed our data in Statistical Package for the Social Sciences (SPSS) version 25. For the purpose of our analysis, we identified sessions one and two as initial stage, sessions three to six as working phase and sessions seven and eight as the end phase of the group. The assumptions of ANOVA for repeated measures were examined. We analyzed the data using analysis of variance (ANOVA) to understand the patterns of therapeutic process factors i.e. cohesiveness, altruism and universality. We conducted Pearson's product moment correlations between cohesiveness and alliance with both leader and the group. Pearson's product moment correlations for cohesiveness and group climate factors i.e. engagement, avoidance and conflict were conducted. Next, we performed a set of hierarchical regression analyses to test if alliance with the group leader, altruism and engagement uniquely predicted cohesiveness. Lastly, multiple regression analyses were conducted to determine if cohesion, engagement and altruism predicted commitment to task.

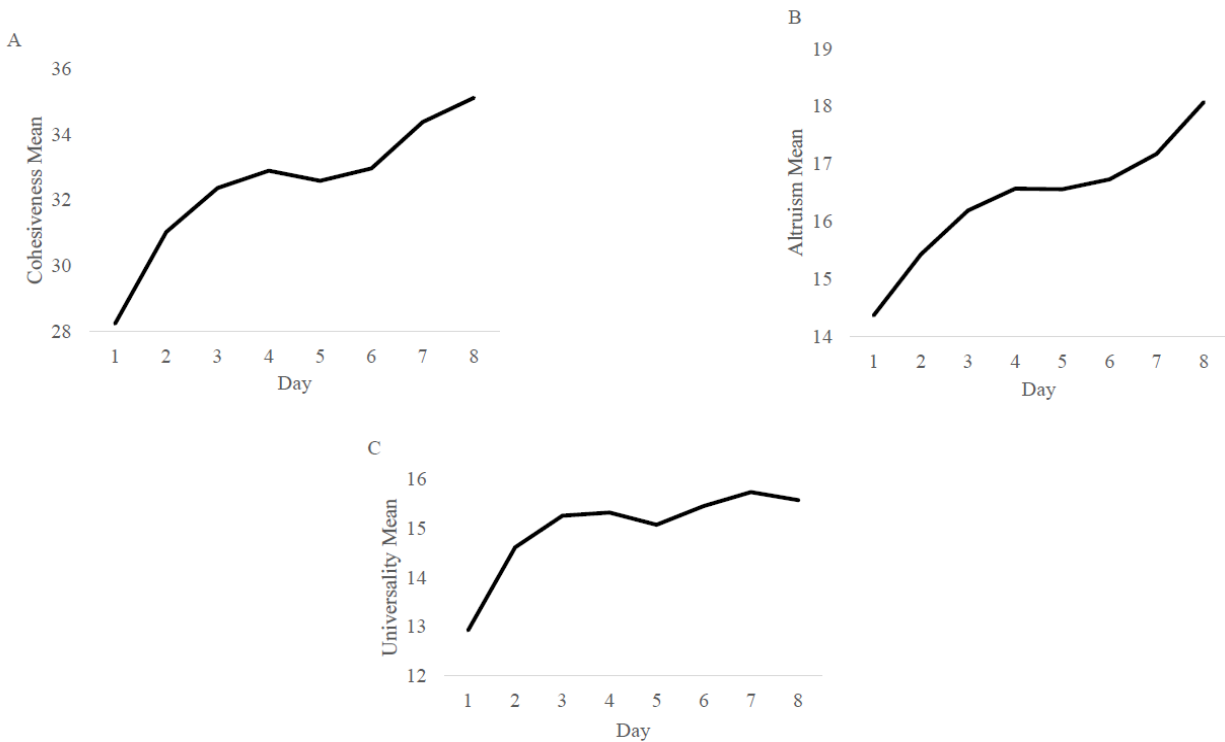
Results

Patterns of cohesiveness, altruism and universality over time in this group were analyzed using analysis of variance to examine trends in the data. Homogeneity of variance for cohesiveness and universality were met, therefore, post hoc comparisons were made using Tukey's test. However, homogeneity of variance for altruism was violated, therefore, post hoc comparisons were made using Games-Howell test. As displayed in panel A of Figure 1, cohesiveness steadily increased over the sessions of the group (except for days four to six) and showed a significant linear trend, $F(7, 128) = 20.64, p < .001$. Altruism (panel B, Figure 1) also showed a significant increasing trend, however in comparison to cohesiveness, this increase in trend was not so linear $F(7, 128) = 22.75, p < .001$. Finally, as displayed in panel C of Figure 1, universality followed a quadratic path

where it showed a significant sharp increase from sessions one to three $F(7, 128) = 11.04, p < .001$ and then gradually decreased.

Figure 1

Trends for Cohesiveness, Altruism and Universality



Note. Panel A: Changes in means of cohesiveness from day 1 to 8. Panel B: Changes in means of altruism from day 1 to day 8. Panel C: Changes in means of universality from day 1 to day 8.

Our second hypothesis stated that cohesiveness and alliance with the leader and with the group should be positively correlated throughout the group. This hypothesis was examined using Pearson product moment correlations. Consistent with the hypothesis, there was a significant correlation between cohesiveness in group and alliance with leader from sessions one through eight. More specifically, cohesiveness-leader alliance correlations ranged from small to medium in the initial stage ($r = .28, r = .34$ for sessions one & two), moderate to strong during the working

stage ($r = .53, r = .56, r = .51, r = .61$ for sessions three, four, five and six respectively) and finally moderate correlations in the end stage ($r = .45, r = .40$ for sessions seven & eight respectively). All correlations were significant at $p < .01$.

We also found significant correlations between cohesiveness and alliance/bond with the group. Unlike alliance with the leader, cohesiveness and alliance with the group showed strong correlation in the initial stage ($r = .41, r = .61$ for sessions one and two respectively) and working stage ($r = .62, r = .65, r = .57, r = .58$ for sessions three through six). Lastly, results indicated moderate to strong correlations in the end stage ($r = .51, r = .43$ for sessions seven and eight respectively). Again, all the correlation coefficients were significant at $p < .01$. There was no significant relationship between cohesiveness and conflict as well as avoidance during working or ending phases. Only in the first two sessions there was a negative relationship between cohesiveness and conflict ($r = -.23, p = .03; r = -.25, p = .03$ respectively). Furthermore, cohesiveness and avoidance showed no correlations whatsoever during any phase of the group. Our hypothesis 3 was not supported.

Hypothesis 4 stated that alliance with the group leader, altruism and engagement would account for predictive variance in cohesiveness of the group. Hierarchical regressions (Table 1), predicting cohesiveness at sessions two, six and eight are discussed. In step one of the hierarchical regression, bonding with the leader was entered as a single predictor. Step two included two predictor variables, bonding with the leader and altruism. Finally, step three included all three predictor variables: bonding with leader, altruism and engagement. This strategy allowed us to identify the unique as well as combined effects of all the predictor variables on cohesiveness as an outcome in the beginning, working and ending phases of the group. Pearson correlation coefficients between these predictor and outcome variables ranged from moderate to strong.

Relevant assumptions for testing multi-collinearity were met as Tolerance and VIF values were within accepted limits.

In examining the beginning phase (day two), the bond with the leader was a significant predictor of cohesiveness and accounted for 11% change in cohesiveness ($F=11.23, p = .001$) in step one. The step two model of hierarchical regression was also significant ($F = 17.69, p < .001$) and accounted for 29% of variance in cohesiveness. However, altruism was the only significant predictor ($\beta =.45, t(86) = 4.64, p < .001$) whereas bond with leader was not. Finally, step three model was also significant ($F = 14.43, p < .001$). Altruism and engagement predicted 34% change in the overall model. Altruism was the strongest contributor to the overall model ($\beta =.37, t(85) = 3.72, p < .001$) followed by engagement ($\beta =.25, t(85) = 2.43, p = .017$). Bond with leader was not a significant predictor in this hierarchical regression model.

In examining the working phase (day six), we found that bond with the leader was a significant predictor of cohesiveness and accounted for 39% of the variance in cohesiveness ($F(87) = 55.85, p < .001$) in step one. The step two model of the hierarchical regression with two predictors was also significant ($F(86) = 64.96, p < .001$) and accounted for 60% of variance in cohesiveness. Both of the predictors, bond with the leader ($\beta =.42, t(86) = 5.62, p < .001$) and altruism ($\beta =.50, t(86) = 6.75, p < .001$) contributed significantly. Finally, step three model was also significant ($F = 48.64, p < .001$) with all three predictors being significant and accounted for 63% change in the overall model. Altruism was the strongest contributor to the overall model ($\beta =.43, t(85) = 5.56, p < .001$) followed by bond with leader ($\beta =.35, t(85) = 4.64, p < .001$) and engagement ($\beta =.21, t(85) = 2.64, p = .01$).

Table 1

Hierarchical Regression Analysis Predicting Participants' Cohesiveness at Session 2,6 & 8

Variables	<i>R</i>	<i>R</i> ²	ΔR^2	<i>B</i>	<i>SE</i>	β	<i>t</i>
Session 2							
Step 1	.34	.11**					
Bond with leader				.57	.17	.34**	3.35
Step 2	.54	.29***	.17**				
Bond with leader				.32	.16	.19*	1.95
Altruism				.88	.19	.45***	4.64
Step 3	.58	.34*	.05*				
Bond with leader				.18	.17	.11	1.08
Altruism				.73	.19	.37***	3.72
Engagement				.28	.11	.25*	2.43
Session 6							
Step 1	.63	.39***					
Bond with leader				1.03	.14	.63***	5.97
Step 2	.78	.60***	.21***				
Bond with leader				.69	.12	.42***	5.62
Altruism				.97	.14	.50***	6.75
Step 3	.79	.63*	.03*				
Bond with leader				.59	.13	.35***	4.64
Altruism				.83	.15	.43***	5.56
Engagement				.27	.10	.21*	2.64
Session 8							
Step 1	.39	.16					
Bond with leader				.71	.18	.39***	3.97
Step 2	.61	.37	.21***				
Bond with leader				.50	.16	.28**	3.11
Altruism				1.09	.20	.48***	5.38
Step 3	.66	.43	.06**				
Bond with leader				.32	.17	.18	1.92
Altruism				.89	.21	.39***	4.32
Engagement				.34	.11	.29**	3.01

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Examining the ending phase (day eight), bond with the leader was a significant predictor and accounted for 15% of the variance in cohesiveness ($F(86) = 15.74, p < .001$) in step one. The step two model of the hierarchical regression with two predictors was also significant ($F(85) = 24.75, p < .001$) and accounted for 37% of variance in cohesiveness. Both predictors altruism ($\beta = .48, t(85) = 5.36, p < .001$) and bond with leader ($\beta = .28, t(85) = 3.11, p = .003$) were significant contributors. Finally, the overall model in step three was also significant ($F(84) = 21.09, p < .001$).

Two out of three predictors accounted for 43% variance in cohesiveness. Altruism was the strongest contributor to the overall model ($\beta = .39, t(85) = 4.32, p < .001$) followed by engagement ($\beta = .29, t(84) = 3.01, p = .003$). Bond with the leader did not predict cohesiveness.

To test hypothesis 5, we conducted multiple regression analyses using cohesion, engagement and altruism as predictor variables and task subscale (of the WAI) as outcome variable for session two (beginning phase), for session six (working phase) and for session eight (ending phase). The purpose of these regression analyses was to predict the partial contribution of each predictor (cohesion, engagement, and altruism) toward the prediction of task.

The overall predictor regression analysis model on day two was statistically significant and accounted for 36% of variability in the commitment to tasks outcome ($F(3,85) = 15.65, p < .001$). However, cohesion ($\beta = .34, p = .002$) and engagement ($\beta = .33, p = .002$) were the two significant predictors of outcome on day 2 whereas altruism ($\beta = .05, p = .61$) was not. The overall model on day six (working phase) was statistically significant and accounted for 55% of variability in commitment outcome ($F(3,85) = 34.31, p < .001$). Cohesion ($\beta = .58, p < .001$) and engagement ($\beta = .21, p = .02$) were the two significant predictors of outcome on day 6 as well whereas altruism ($\beta = .03, p = .75$) was not. Finally, the overall model was significant on day eight (ending phase) and accounted for 35% of variability in the outcome ($F(3,85) = 14.87, p < .001$). However, cohesion ($\beta = .47, p < .001$) was the only predictor in the ending phase that was the significant contributor to the commitment outcome in this phase whereas engagement ($\beta = .20, p = .06$) and altruism ($\beta = -.02, p = .86$) were not.

Discussion

The present study examined the process variables in short term groups consisting of counselors-in-training as participants. We investigated Yalom and Leszcz's (2020) therapeutic

factors of cohesiveness, altruism and universality and attempted to gain a better understanding of the development of these factors as well as the relationship dynamics in the group. Our groups were somewhat structured in order to help facilitate a recapitulation of the evolution of more typical (non-training) groups. This also offered us an opportunity to examine the relationship between certain specific events at different stages of the group and their effects on the group process. We discovered that our groups did seem to parallel many of the processes of non-training counseling groups and thus provided students with an experiential training that might reasonably serve to prepare them for the groups they would conduct in their professional lives.

With regard to our first hypothesis, we found that the therapeutic factors of cohesiveness, altruism, and universality are highly correlated and perhaps interlocking. These three factors remained related throughout the length of the group. This finding supports the notion of a higher-order, interlocking, factor as emphasized in previous research (Burlingame et al., 2001; Tasca et al., 2014). Based on previous research we anticipated that these three factors would show a pattern of increase in the initial to middle of the group (Kivlighan & Lilly, 1997; Woody & Adessky, 2002) but then would remain steady for the remainder of the group's life. We found some support for this.

Both cohesiveness and altruism did increase from initial to working stages of our groups. However, both of these factors maintained increases even to the endings of our groups. The strength of cohesiveness may be partly attributed to our use of the process notes being read aloud at the start of every session. Indeed, as Burlingame et al. (2011) suggested on the basis of their comprehensive meta-analysis, cohesion is generally enhanced through such group structuring as discussing group rules (e.g., our early confidentiality discussion), using structured exercises that focus on emotional exchange (e.g., Johari Window), and identifying/discussing fears regarding

self-disclosure (e.g., our fears and expectations exercise). The strength of altruism, even in the ending of the group, may be due to the altruistic nature of the structured altruistic activity (Coins) in the last session and to the repeated reframing of feedback and advice given by members to each other as altruistic (“a gift”) as has been suggested by Robison (2012).

Feelings of universality, on the other hand, were consistent with the earlier research of Kivlighan and Lilly (1997) and Woody and Adessky (2002). Universality increased in the early and working stages and then remained steady after that as members felt connected to each other. This pattern could be understood as a process in which members discovered each other’s commonalities, learned about each other, and then worked together. Later, toward the ending of the group, such experiences of universality may not have been as salient for group members.

Our second hypothesis was that cohesion and alliances with the leader and with the group would be positively correlated. We found this to be true. Which alliances are more important to group members; those with the leader or with the group? We found both of these relationships to be significant throughout the sessions. This is consistent with the findings of Gold and Kivlighan (2018). Cohesiveness and alliance with the leader were strongly related to each other. Khabir et al. (2018) have also reported similar findings in their psychotherapy groups with patients diagnosed with borderline personality. Indeed, these researchers have concluded that therapeutic alliance and cohesion account for at least as much variance in psychotherapeutic outcome as specific counseling interventions. However, we found it particularly interesting that the relationship between cohesiveness and alliance with the group was stronger than with the leader, especially in the initial phase and ending phases. This speaks to the importance of the group as a greater source of therapeutic support beyond the alliance with the leader.

Regarding our third hypothesis that cohesiveness and conflict as well as cohesiveness and avoidance would be negatively correlated, we did not find that cohesiveness was negatively related to avoidance and conflict. According to Kivlighan and Lilly (1997) group cohesion operates in a multidimensional framework of therapeutic atmosphere rather than on its own and therefore it is also important to study cohesion within the context of group climate. Our third hypothesis was only partially supported. We found that conflict and avoidance were generally not related to cohesion. In fact, only during the beginning phase of our groups was there negative relationships with cohesion. This points to the possibility that while there may be conflict in a group this does not mean that an important therapeutic factor such as cohesiveness is necessarily impacted.

Although we did not hypothesize, in the realm of group climate, we found an interesting pattern in the relationship between engagement and cohesiveness. We saw that while these two facets of the group process were significantly correlated from the very first session, this relationship grew stronger over the course of our eight sessions. As engagement increased, so did cohesiveness. This should not seem a surprising finding and it is consistent with the findings of Burlingame et al. (2011) that leaders who emphasize member interaction have stronger cohesion-outcome links than strictly problem-focused groups. Cohesiveness and engagement go hand-in-hand and this again suggests the central importance of cohesiveness.

Our fourth hypothesis focused on the centrality of cohesiveness. We explored those facets of a group experience that uniquely predict cohesiveness. Group cohesion is an important precursor to problem-solving in a group (Tuckman, 1965). Burlingame et al. (2011) have emphasized the importance of group cohesion because of its clear association with therapeutic outcomes. Burlingame and Jensen (2017) argued that group process literature can assist group facilitators by providing guidance on specific issues that may arise in group. Consequently, we

specifically investigated the unique contributions of predictors of cohesiveness i.e. altruism, alliance with the leader, and engagement during all the phases of the groups.

In the early phase of our groups, cohesiveness was best predicted by altruistic behaviors. In the working phase, cohesiveness is predicted by all three factors, altruism (the strongest predictor), alliance with the leader and engagement (the second and third predictors). In the ending phase, altruism and engagement uniquely predicted cohesiveness. Alliance with the leader did not predict cohesiveness in the ending of the group's life. This pattern of the importance of cohesiveness in the middle sessions of a group is supported in other research (Bakali et al., 2010). Together, our analysis indicates that developing altruistic feelings toward other members, being engaged, and developing a therapeutic alliance with the leader in the early stages of group are important in determining the extent of cohesion in the initial and working phases of a group. Particularly in the working phase, all three of these factors operate strongly in the development of a group's cohesion.

Finally, addressing the fifth hypothesis, our study examined members' commitment to group tasks and its relationship with cohesiveness, engagement, and altruism. Gullo et al. (2015) found that cohesiveness strongly predicts commitment to tasks. We found support for both cohesiveness and engagement as significant predictors of commitment to tasks during the initial phase and the working phase. However, only cohesiveness was a significant predictor of commitment during the final phase. These findings support the notion that both cohesion and engagement (climate) are crucial in the group process.

Limitations and Strengths

Any interpretation of the results of this study should keep in mind some of its limitations. First, all the groups in this study were facilitated by a single instructor. While this may have

facilitated a certain uniformity of interventions, the application of this format is limited without testing its generalizability with a variety of facilitators. Second, the group participants were not randomly assigned. Instead, convenience sampling was utilized to recruit participants who were counselor trainees in graduate training. It is also important to consider demographic limitations of the participants used in the study. For instance, we provided an estimated age range and gender of participants rather than identifying specific information in order to maintain the confidentiality of the individual members of our small groups. Finally, the results are based on participants' self-reports and their perceptions and not direct observations. The results of this study must therefore be generalized keeping these limitations in mind.

On the other hand, it is important to acknowledge the strengths of this study. First, the results are based on a comparatively large sample size ($n = 100$). Second, based on previous research recommendations, we measured process factors frequently instead of reporting a single assessment or a pre-post measure (Bakali et al., 2009; Kivlighan et al., 2016; Norton & Kazantzis, 2016). Finally, these training groups were highly experiential and presented the researchers with an enormous potential for examining process variables.

Implications for Group Counselor Training

There are several significant implications for counselor educators/facilitators of experiential training groups in counselor education based on the results of the current study. First, this study should inform group facilitators to pay close attention to the therapeutic process factors (i.e. cohesiveness, altruism and universality) as well the relationship that emerges between them in the beginning, working and ending phases of an experiential group. Second, it is important that facilitators foster cohesiveness, engagement and altruistic feelings among the members especially during the early phase of the experiential training group. We suggest that

facilitators incorporate certain structured activities (e.g. “Who am I?”, “Coins: Symbolic Feedback”) as well as use of process notes to promote an increased sense of cohesion and altruism among the group members. These suggestions are summarized in the method section of this paper. A detailed description of the sequence and implementation of such structured activities within an experiential training group can be found in Doshi et al. (2020). Lastly, we suggest that facilitators focus on developing an alliance with the members but more importantly provide an opportunity to build strong alliance within the group membership, as this seems to be a stronger factor than alliance with the facilitator during the initial and working phases of the group.

Conclusion and Future Recommendations

Our study found that the processes in our model for experiential training groups seem to sufficiently mimic the group experiences that students encounter when they conduct counseling groups in their professional lives. Further, our study underscores the importance of cohesiveness as a process factor. The high correlations among cohesiveness, altruism, and universality point to their interlocking nature. Notably, cohesiveness and altruism increased steadily throughout our eight sessions. Interestingly, cohesiveness was not related to conflict or avoidance.

The results of the present study are based on correlational and predictive analyses. Perhaps our future research should extend findings to other factors that uniquely predict cohesiveness. We suggest that future research continue to examine the causal links among these process variables by incorporating mediation and moderation variables to seek further clarification on underlying mechanisms. Future research might compare process variables in experiential groups led by single or multiple instructors, doctoral students and other facilitators. Future studies may also focus on examining the contribution of member-leader alliance in comparison to

member-member alliance on development of process variables throughout a group. Finally, the use of qualitative methodologies may further explore the unique and idiographic intricate processes of the broad dynamics explored in this study.

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