

DEVELOPMENT OF THE CONCEPTUALIZATION OF GROUP DYNAMICS  
INVENTORY (CGDI)

By

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To my amazing, beautiful wife, Tyson, and my miraculous daughter, Mercy

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Abstract of Dissertation Presented to the Graduate School  
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Case conceptualization is of central importance to the practice of group counseling. Although there has been research conducted on this topic, there is not research that specifically addresses this topic in terms of widely accepted theories of dynamics in group counseling. Further, the research conducted on this topic has not provided a consistent, parsimonious method for investigating group-based case conceptualization. As such, this study focused on developing an assessment that will address major theories of group counseling, and will provide a method to measure group-based case conceptualizations in concise and consistent manner.

## CHAPTER 1 INTRODUCTION

The field of counseling is unique in that those who practice as counselors use themselves as the central tool of their professional activities. In other words, counselors use their own mental faculties to conceptualize their clients' experiences and circumstances with the goal of using these conceptualizations to effectively work with their clients. This also holds true for group counselors. Group counselors use their mental abilities to figure out what is happening in group counseling settings in order to facilitate a therapeutic process and a healing environment for their clients. The centrality of case conceptualization in group counseling positions this skill as an extremely viable area for research.

The Association for Specialists in Group Work (ASGW) recognizes the importance of case conceptualization ability in their Professional Standards for the Training of Group Workers (ASGW, 2000). These standards state that group counselors should

demonstrate skill in observing and identifying group process, observing the personal characteristics of individual members in a group, developing hypotheses about the behavior of group members, and employing contextual factors (e.g., family of origin, neighborhood of residence, organizational membership, cultural membership) in interpretation [i.e. conceptualization] of individual and group data (ASGW, 2000, B.2.a.-d.).

ASGW (1999) extends this discussion of contextual factors as it related to group counselors' own cultural awareness and the cultural backgrounds of their clients. Group counselors should be aware of the influence of and knowledge about their own "race, ethnic, cultural heritage, gender, socioeconomic status (SES), sexual orientation, abilities, religion and spiritual beliefs" in terms of their influence on their clinical practice as group workers (ASGW, 1999, I.A.2.), and should have awareness of "any possible negative emotional reactions toward Indigenous Peoples, African Americans, Asian

Americans, Hispanics, Latinos/Latinas, gays, lesbians, bisexuals, or transgendered persons and persons with physical, mental/emotional, and/or learning disabilities that they may hold”, as well as adequate knowledge about these populations (ASGW, 1999, II.A.1.). These factors are assumed influence the way in which group counselors conceptualize their groups and the dynamics within their groups.

Many group counselor training models identify the development of case conceptualization ability as an important focus in the training effective group counselors (Bemak & Chung, 2004; Delucia-Waack, 2002; Granello & Underfer-Babalis, 2004; Okech & Rubel, 2007; Orr & Hulse-Killacky, 2006; Rubel & Okech, 2006). All of these models are based on the assumption that case conceptualization in group work should be a key focus of effective training. Moreover they specify factors that are unique to case conceptualization in group counseling. For example, Delucia-Waack (2002) uses group counselor supervision techniques that help supervisees to “analyze the events [in a session] in terms of group process, progress toward member goals, critical incidents, therapeutic factors, effective interventions, and professional and personal reactions” (p 346). Other factors such as group development (Granello & Underfer-Babalis, 2004), the multiple levels of interaction and communication in groups (Okech & Rubel, 2007; Rubel & Okech, 2006), and unique multicultural influences on group process (Bemak & Chung, 2004; Okech & Rubel, 2007) are addressed by these training models as issues to consider when training group counselors in forming effective case conceptualizations. In essence, these models suggest that there is a need to provide training that specifically addresses group-based case conceptualization ability.

There is also a significant amount of research about case conceptualization in the context of group counseling. This research has focused on the content and organization of group counselors' case conceptualizations (Browne, 2005; Hines, Stockton & Morran, 1995; Kivlighan, Martin, Stahl & Salahuddin, 2007; Kivlighan & Quigley, 1991; McPherson and Walton, 1970) and the factors that influence these conceptualizations (Christensen & Kline, 2000; Okech & Kline, 2006; Rubel & Kline, 2008). These findings suggest that group counselors' case conceptualizations differ in terms of cognitive organization and complexity (Kivlighan, Martin, Stahl & Salahuddin, 2007; Kivlighan & Quigley, 1991; McPherson and Walton, 1970), professional experience, feelings of competence (Okech & Kline, 2006), thematic content (Browne, 2005; Hines, Stockton & Morran, 1995), and emotional intensity of the group (Browne, 2005). This breadth of knowledge about case conceptualizations in the group context illuminates several important factors in terms of creating a more comprehensive understanding of the content, organization, and factors that influence this process.

Finally, there has been a call in the group counseling literature to be more conscious and purposeful about multicultural issues in relation to both clients and counselors (ASGW, 1999; Bemak & Chung, 2004; D'Andrea, 2004; Okech & Rubel, 2007; Phan & Torres Rivera, 2004). This literature highlights the importance of understanding how both clients' and counselors' racial and ethnic identity influences the process and outcomes of group counseling practice. These authors describe the reasons why multicultural competency is an indispensable part of competent group counseling.

Although the professional organizations (ASGW, 2000) and current training models (Bemak & Chung, 2004; Delucia-Waack, 2002; Granello & Underfer-Babalis, 2004; Okech & Rubel, 2007; Orr & Hulse-Killacky, 2006; Rubel & Okech, 2006) in group counseling have emphasized the important of case conceptualization in terms effective professional practice, the research in this area has not provided a concise, consistent method for conducting research. In particular, the research has not been linked to specific methods for training effective group counselors. Additionally, there are no valid or reliable methods for assessing the effectiveness of practicing professionals in this field in terms of group counselor case conceptualization ability. And finally, although there has been a call for multicultural research in group counseling (ASGW, 1999; Bemak & Chung, 2004; Delucia-Waack, 2002; Granello & Underfer-Babalis, 2004; Okech & Rubel, 2007; Orr & Hulse-Killacky, 2006; Rubel & Okech, 2006). there has been no research in the field of group counseling that investigates the effect racial and/or ethnic identity may affect the outcome and process of group counseling. Given this gap and the lack of a method to assess case conceptualization ability, there is a need to create a method of assessment that fills this void.

### **Purpose of the Study**

The purpose of this study is to adapt a current instrument (Group Dynamics Inventory - GDI: Phan & Torres Rivera, 2004) in order to create a valid and reliable instrument (Conceptualization of Group Dynamics Inventory – CGDI) for measuring group counselors' case conceptualization ability. In particular, this study used an accepted theoretical framework of group counseling dynamics (Yalom, 2005) in order to create an instrument (CGDI) that will allow researchers, group counselor educators, and practitioners to assess group counselors' conceptualization of a given group's dynamics

in terms of its congruence with the group's own conceptualization of itself. The CGDI is intended to serve as a "mirror" for group counselors and trainees to look at in terms of the accuracy of their conceptualization skills and the relationship between their own case conceptualizations and the way in which the group conceptualizes itself. This approach is based on research that suggests the relationship between clients' conceptualization and the conceptualization of the counselor is a significant factor in predicting therapeutic outcomes (Martin, Garske & Davis, 2000; Pan & Lin, 2004). Additionally, this study investigated the relationship between group counselor race/ethnicity and gender, group member race/ethnicity, and group counselors' responses on the CGDI in order to be sure it is an instrument that is not confounded by multicultural and professional training factors. The following questions were the questions addressed in this study.

1. Will the CDGI have the same three factor structure as the GDI, including the apparent validity-based relationship between these three factors and the three factors of interest in this study (group cohesiveness, altruism and universality)?
  - **Hypothesis:** The CGDI will have the same three factor structure of the GDI.
2. Will the CDGI meet an acceptable level of reliability?
  - **Hypothesis:** The CGDI will meet an acceptable level of reliability.
3. Will there be a significant relationship between group counselors' race/ethnicity and their responses on the CGDI?
  - **Hypothesis:** There will not be a significant relationship between group counselors' race/ethnicity and their responses on the CGDI.
4. Will there be a significant relationship between the level of the three dynamics measured by the CGDI and the race/ethnicity of the group members?
  - **Hypothesis:** There will not be a significant relationship between the level of the three dynamics measured by the CGDI and the race/ethnicity of the group members.

5. Will there be a significant relationship between group counselor level of experience and the three dynamics being measured by the CGDI?
  - **Hypothesis:** There will not be a significant relationship between the level of the three dynamics measured by the CGDI and the group counselor level of experience.
6. Will there be a significant relationship between group counselor gender and the three dynamics being measured by the CGDI?
  - **Hypothesis:** There will be a significant relationship between the level of the three dynamics measured by the CGDI and the group counselors' gender.

### **Definition of Terms**

#### **Group Counselor Case Conceptualization**

As used in this study, group counselor case conceptualization is defined as the group counselor's understanding, or mental model (Hinsz, 1995), of what is happening in a group, specifically in terms of theoretical constructs used in the group counseling profession (Yalom, 2005). The construct of mental models (Hinsz, 1995) will be developed and described in Chapter 2 of this dissertation.

#### **Group Dynamics**

Three specific factors will be highlighted in terms of discussing case conceptualizations. These factors are group dynamics that Yalom (2005) posits as foundational to effective group counseling. Group dynamics are "forces that influence the interrelationships of [group] members and ultimately affect group outcome" (Cole, 2005, p. 25) The dynamics defined here are group cohesiveness, universality, and altruism (Yalom, 2005).

**Group cohesiveness.** Group cohesiveness is considered to be a precondition to effective group counseling (Yalom, 2005). This dynamic is an amalgamation of forces that make the group members feel a sense of ownership and membership in a

particular group. In this study this term is defined specifically as “a function and summation of the individual members’ sense of belongingness” in a group (Yalom, 2005, p55).

**Universality.** In counseling groups, group members may enter with a heightened feeling of uniqueness in terms of their life experiences. Universality represents a dynamic in which “[a]fter hearing other members disclose concerns similar to their own, clients report feeling more in touch with the world and describe the process as a ‘welcome to the human race’ experience” (Yalom, 2005, p. 6). This dynamic provides a context in which members feel more open to others identification with their own experience, and an openness to sharing more of their own experiences.

**Altruism.** Altruism is a dynamic in which group members feel positive about not only being helped, but also about having the opportunity to help others in the group. As Yalom (2005) states, “members gain through giving, not only in receiving help as part of the receiving-giving reciprocal sequence, but also on profiting from something intrinsic to the act of giving” (p. 11). This group dynamic highlights another uniquely beneficial aspect of group therapy insofar as this dynamic can only take place in an environment in which clients are allowed and enabled to receive and provide healing in the same setting.

An important caveat to add about these three dynamics is that they are not mutually exclusive in the group counseling process. Each dynamic overlaps with each other and with other group dynamics (Yalom, 2005). These dynamics interact in a synergistic way to provide a therapeutic context for group counseling.

## **Therapeutic Factors**

The concept of therapeutic factors overlaps with the concept of group dynamics in this study. Each of the dynamics described above (group cohesiveness, universality, and altruism) are in fact therapeutic factors. In other words, these dynamics are factors that contribute a therapeutic group counseling context (Yalom, 2005). Although these dynamics are therapeutic factors, there are other group dynamics that do not contribute to creating a positive therapeutic group setting. In the context of this study, it is only important for the reader to remember that the three group dynamics being discussed are also therapeutic factors.

## **Level of Experience**

For the purposes of this study, level of experience will be defined on three levels. First, this term refers to the number of years that a clinician has been practicing as a group counselor. Secondly, it will be measured as the number of group counseling-focused academic courses a counselor has taken. Last, it will be measured by the number of group counseling-focused continuing education hours a counselor has taken.

## **Significance of the Study**

This study addresses a topic that is central to the field of group counseling. Although ASGW (2000; 1999) highlights group counselors' case conceptualization ability as an indispensable factor in effective group counseling, there is no clear or concise way of assessing these skills. Further, the research that has been conducted on this topic has looked at very general aspects of group-based case conceptualization rather than focusing on the factors that are known to contribute to a therapeutic group counseling environment. This study will provide a parsimonious method of researching group counselors' case conceptualization abilities based on therapeutic dynamics that

are posited by a widely accepted theory of group counseling (Yalom, 2005). The instrument that will be created will provide a method for further research, as well as provide a “mirror” (i.e. a self-assessment tool) for group counseling trainees and practitioners (in combination with the GDI) to measure their level of case conceptualization skill in regard to any particular group with which they are working. Not only can this instrument be used to study general patterns in relation to case conceptualization ability acquisition, development, and maintenance, it may also be used as a way to begin understanding the specific ways in which issues of diversity (ASGW, 1999) affect the therapeutic process in group counseling. In total, this instrument will further the theoretical understanding of Yalom’s (2005) group dynamics, provide a powerful research tool for those interested in discovering more about the acquisition, development, and maintenance of group-based case conceptualization abilities, and (in tandem with the GDI) it will provide a context-specific assessment tool for group counselor educators and practitioners.

## CHAPTER 2 REVIEW OF THE LITERATURE

The previous chapter provided a brief overview of the importance of case conceptualization in the group counseling profession, a discussion of the need for and purpose of this study, and the research questions and hypotheses that this study addressed. This chapter will provide deeper discussion of the literature that provides a foundation for the issues being addressed by this dissertation. It will conclude with a final summary and argument for the importance of developing an instrument to measure group counselor case conceptualization ability.

### **Group Dynamics & Yalom's Therapeutic Factors**

The scientific study of groups is believed to have been founded by Kurt Lewin (Forsyth, 1999). Lewin used the concept of “group dynamics” to discuss the effects social processes have on members of a group. More specifically, these processes are described as “the interdependence of people in groups...a group's capacity to promote social interaction, create patterned interrelationships among its members, bind members together to form a single unit, and accomplish its goals...” (Forsyth, 1999, p. 11). These group dynamics are therefore considered to be a key construct to be used in the study of groups. In short, they are “forces that influence the interrelationships of [group] members and ultimately affect group outcome” (Cole, 2005, p. 25).

A seminal work in the field of group counseling is Yalom's *The Theory and Practice of Group Psychotherapy* (2005). A central focus of Yalom's theory of group counseling is the therapeutic factors that play a key role in the process and outcome of group counseling. These therapeutic factors represent “an enormously complex process that occurs through an intricate interplay of human experiences” that constitute

an environment where therapeutic change can happen and act as therapeutic forces to produce change in group members (Yalom, 2005, p. 1). This definition alludes to the fact that these therapeutic factors are a specific type of group dynamics. These therapeutic factors can create a therapeutic group counseling context and produce therapeutic change. In this study these factors will refer to specific, therapeutic types of group dynamics in order to both build on Yalom's (2005) work and to couch this study in the broader field of group dynamics in general.

Yalom (2005) describes eleven therapeutic factors: the instillation of hope, universality, imparting information, altruism, the corrective recapitulation of the family group, development of social techniques, imitative behavior, interpersonal learning, group cohesiveness, catharsis, and existential factors. All of these represent a unique group dynamic which ultimately lead to therapeutic change in group counseling. Although each of these factors are considered to be unique in important ways, they are also "interdependent and neither occur nor function separately" (Yalom, 2005, p.2). Given this tension between uniqueness and interdependence, it is important to understand these group dynamics in a way that addresses both their unique qualities and their synergistic nature. As such, this study will also address each of these.

Although each of these eleven therapeutic factors are considered to be important in creating therapeutic change in a group counseling context, three of these group dynamics are uniquely important in that they are both therapeutic factors and "preconditions for [therapeutic] change" (Yalom, 2005, p. 2). These three factors are group cohesiveness, universality, and altruism. Each of these group dynamics act as an agent of change in group counseling, and constitute conditions for therapeutic

change in the group counseling context. These three dynamics will be discussed in terms their importance in the therapeutic process and the way in which they contribute to conditions for therapeutic change. In addition to describing the unique aspects of each of these dynamics, their synergistic nature will also be discussed.

### **Group Cohesiveness**

Group cohesiveness “is the group therapy analogue to relationship in individual therapy” (Yalom, 2005, p.53). Research conducted on individual therapy and counseling processes and outcomes has shown that the therapeutic relationship accounts for a very large percentage of outcomes for clients. In a meta-analysis of the literature Lambert (1992) found that the therapeutic relationship in individual counseling and therapy accounted for 30% of the outcome for clients. While it is helpful to compare this research with the concept of cohesiveness in group counseling, there are some limitations to this comparison. Group cohesiveness is a more complex construct, “encompassing the individual’s relationship to the group therapist, to other group members, and to the group as a whole” (Yalom, 2005, p. 54). Although this concept is defined in many different ways in the literature, Yalom (2005) defines group cohesion as the attraction that group members feel for a particular group. This dynamic plays a foundational role in group counseling. It serves as a therapeutic factor in that it allows group members to feel that they are a part of an accepting group that is concerned for their wellbeing. Group cohesiveness also serves as a condition for change in that it serves as the therapeutic relationship in which change can take place (Yalom, 2005). “[G]roup cohesion is not only a potent therapeutic force in its own right. It is also a precondition for other therapeutic factors to function optimally” (Yalom, 2005, p. 55).

Research on group cohesion supports the idea that this group cohesion is both a therapeutic factor and a condition for therapeutic change. MacKenzie (1983) developed a questionnaire that was intended to assess the climate of group. The Group Climate Questionnaire – Short Form (GCQ-S; MacKenzie, 1983) includes a subscale that measures the construct *engagement*. This subscale is thought to relate to Yalom's (2005) concept of group cohesion. A factor analysis of this questionnaire showed that engagement included both support (group cohesion as a precondition for change) and work (group cohesion as a therapeutic factor) dimensions of the group. This instrument provides evidence that group cohesion serve in both of these capacities.

Kivlighan and Lilly (1997) investigated the effect that therapeutic factors had on outcomes for clients in group counseling using the GCQ-S (MacKenzie, 1983). The engagement subscale of this instrument was investigated in relationship to client outcomes of group counseling. The construct of engagement is conceptually related to and thought to encompass the concept of group cohesion (MacKenzie, 1983). The researchers found that group member engagement was a significant predictor of therapeutic outcomes for these clients.

### **Universality**

Within the context of group counseling, universality refers to members' feelings that their experiences are not completely unique. In other words, universality describes the dynamic wherein group members discover that there are others who have experiences, thoughts and feelings that are similar to their own. Yalom (2005) describes this presence of this dynamic as a "welcome to the human race" experience (p. 6). This dynamic is highly important in terms of experiences or feelings that are taboo in our culture such as issues of sexuality, suicide, and feelings of inferiority. The

dynamic of universality constitutes a therapeutic factor because it allows group members to understand that they are not alone in their life experiences, and helps them to begin normalize what they may be dealing with. Universality also serves as a precondition for change in that, by building a foundation of common experiences, thoughts and feelings, it provides a context for group members to see the group as a place where their own experiences will be understood and accepted by the group (Yalom, 2005).

Research has supported the therapeutic nature of universality. Kivlighan and Mullison (1988) conducted a study to determine the role that therapeutic factors played in relationship to group developmental stages. The findings showed that group members perceived universality as significantly more important in early stages of the group. This finding highlights both the fact that group members perceived universality as an important therapeutic factor, and that, given it is important early in the group's life, universality also seems to serve as precondition for therapeutic change via other dynamics in the group counseling context.

### **Altruism**

A unique feature of group counseling can be found in the way in which group members are able to both give and receive healing. Altruism refers to the process where "members gain through giving, not only in receiving help as part of the receiving-giving reciprocal sequence, but also on profiting from something intrinsic to the act of giving" (p. 11). This dynamic serves as a therapeutic factor in that many group members may feel that they do not have anything helpful to offer to others, and provides a method of empowering clients to feel that they have the resources to heal both themselves and the other people in the group. There is also the obvious therapeutic

effect this dynamic has for providing multiple sources of change and healing (other than the client-therapist dyad) for all members of the group. Altruism also serves as a unique precondition for therapeutic change as it sets the context for multiple group members to enact the power of the entire group to engage in the healing and change process in both a giving and receiving fashion (Yalom, 2005).

Altruism has also been shown to be a significant therapeutic factor in group counseling. Waldo, Kerne and Kerne (2007) studied the importance of therapeutic factors between two different types of groups. The results showed that the importance of altruism did not vary across these two different types of groups. These findings suggest that altruism is a stable factor that contributes to therapeutic outcomes.

Although these findings support the idea that altruism is a therapeutic factor, there is a lack of evidence to support the theoretical notion that altruism is also a precondition for therapeutic change. Even so, the interrelation of altruism with universality and group cohesion suggests that it may also be a precondition for change.

### **Synergy of the Three Dynamics**

While group cohesion, universality, and altruism are unique in important ways, they also overlap and act synergistically to create therapeutic change and to serve as a basis for conditions of healing in the group counseling context (Yalom, 2005). Although the complex, synergistic interaction of these dynamics does not lend itself to an all encompassing description, this author will attempt to outline the ways in which these dynamics interact. Given Yalom's (2005) emphasis on group cohesion as the primary dynamic needed for all other therapeutic factors to function, it is best begin the discussion with the way in which group cohesion interacts with universality and altruism.

Group cohesion interacts with universality and altruism to produce therapeutic change in that “group members see that they are not just passive beneficiaries of group cohesion, they also generate that cohesion, creating durable relationships – perhaps for the first time in their lives” (Yalom, 2005, p. 57). Although Yalom (2005) does not explicitly posit how cohesion is generated in terms of universality and altruism, it is implied that group cohesion is generated in part when group members begin to accept each other based on the feeling that they are not alone in the way in which they experience life (universality), and the fact that “each member contributes to the group’s welfare” by giving as well as receiving healing (altruism) (Yalom, 2005, p. 57). A quote from Yalom (2005) describing the therapeutic power of group cohesion succinctly shows how group cohesion is connected to universality and altruism.

Acceptance and understanding among members [universality] may carry greater power and meaning than acceptance by the therapist. Other group members, after all, do not have to care, or understand. They are not paid for it; it’s not their job [altruism] (p. 63).

In discussing the dynamic of altruism, Yalom (2005) also states that, in his experience, group members often state that they improve based on the fact of group members “simply having been present and allowing their fellow members to grow as a result of a facilitative, sustaining relationship [group cohesion]” (p. 14). Again, this shows that dynamic and overlapping relationship between altruism and group cohesion as therapeutic factors. Group cohesion seems to be connected to and influenced by the process of feeling understood by others and understanding others in the same way (universality), and by actively and freely contributing to the healing of others in the group (altruism).

In the same way that these three dynamics interact to produce therapeutic change, they also interact to produce conditions for this type of change to take place. In relation to group cohesion Yalom (2005) states that “group cohesiveness is not only a potent therapeutic force in its own right. It is a precondition for other therapeutic factors to function optimally” (p. 55). Given this dual function of group cohesion as a therapeutic factor and a condition for therapeutic change, the interplay of universality and altruism highlighted above also applies to this creation of therapeutic context. An environment in which members feel understood and accepted by others in terms of having similar experiences (universality), and feel that they are part of group that both receive and give healing in (altruism) allows for the other eight therapeutic factors to be enacted.

Empirical support for the interrelationship of these three dynamics has been provided by MacNair-Semands and Lese (2000). They conducted a study to investigate group members’ perceptions of therapeutic factors in relationship to interpersonal problems. These researchers measured the therapeutic factors near the beginning and the end of the group sessions. The results showed that perception of the levels of altruism, universality and group cohesion all increased as a function of time in the group. While inconclusive in terms of understanding the exact relationship among these dynamics, these findings suggest that these dynamics may be related in some way. In a study that addresses group counselors’ effectiveness with their client groups, Pan and Lin (2004) investigated the relationship between group members’ perception of the therapeutic factors and their perception of group counselor’s behaviors. One important finding in this study showed that there was a positive relationship between the

perception of group counselor's behavior and the three dynamics discussed earlier (group cohesion, universality and altruism). These three dynamics correlated positively with leader behaviors above all the other therapeutic factors. In other words, when group members had very positive perceptions of group counselor behaviors, the factors of group cohesion, universality and altruism were rated as important dynamics in the group in terms of therapeutic change. This finding shows a direct connection between the way in which group counselors facilitate their groups and the dynamic interaction of group cohesion, universality and altruism.

The research on Yalom's (2005) therapeutic factors has shown that group cohesion, universality and altruism are important in terms of facilitating therapeutic change in the group counseling context. The research has also revealed that these dynamics are dynamically related to one another within counseling groups. Further, one study has shown that these three dynamics are significantly related to the way in which group counselors facilitate their groups. This finding in particular shows not only the importance of these dynamics, but that group counselors' have a significant effect on the ways in which these dynamics are experienced. To better understand group counselor skill and effectiveness, it is important to discuss what unique skills are needed. Of particular importance is understanding the way in which group counselors conceptualize what is happening with their client groups.

### **Case Conceptualization in Group Counseling**

One of the unique features of group counseling is found in the notion that those involved in this profession use themselves as the central tool for carrying out their work. More specifically, group counselors use themselves to conceptualize what is happening in a group at any particular moment in time. The Association for Specialists in Group

Work (ASGW) highlights the importance of conceptualization in group work in their Professional Standards for the Training of Group Workers (ASGW, 2000). These standards state that group counselors should

demonstrate skill in observing and identifying group process, observing the personal characteristics of individual members in a group, developing hypotheses about the behavior of group members, and employing contextual factors (e.g., family of origin, neighborhood of residence, organizational membership, cultural membership) in interpretation of individual and group data (ASGW, 2000, B.2.a.-d.).

ASGW (1999) extends this discussion of contextual factors as it related to group counselors' own cultural awareness and the cultural backgrounds of their clients.

ASGW asserts that group counselors should be aware of the influence of and knowledge about their own "race, ethnic, cultural heritage, gender, socioeconomic status (SES), sexual orientation, abilities, religion and spiritual beliefs" in terms of their influence on their clinical practice as group workers (ASGW, 1999, I.A.2.), and should have awareness of "any possible negative emotional reactions toward Indigenous Peoples, African Americans, Asian Americans, Hispanics, Latinos/Latinas, gays, lesbians, bisexuals, or transgendered persons and persons with physical, mental/emotional, and/or learning disabilities that they may hold", as well as adequate knowledge about these populations (ASGW, 1999, II.A.1.). These factors are assumed to have an influence on the way in which group counselors conceptualize their groups and the dynamics that occur within these groups. These professional standards highlight the importance of group counselors' ability in terms of understanding both the dynamics that occur and develop within groups and the factors that influence these dynamics.

The importance of case conceptualization in group counseling is supported by a significant body of research. In general, this research is separated into two categories – (a) the content and organization of group counselors' case conceptualizations and (b) the factors that influence group-based case conceptualization.

### **Content and Organization of Group Counselors Case Conceptualization**

This area of research focuses on the specific content (e.g., cognitions or thoughts) and/or organization (e.g., cognitive complexity or order of importance) of these conceptualizations. The primary purpose of these studies is to study group-based case conceptualization from a perspective that focuses on what formulations group counselors make of their groups and the structure of these formulations.

McPherson and Walton (1970) conducted a study in order to determine the way in which experienced group clinicians organized their thoughts as these thoughts relate to categorizing and conceptualizing members of a psychotherapy group. The clinicians' conceptualizations were assessed by having each of them list ways in which individual group members were alike or different in terms of the constructs they found important in differentiating among members. McPherson and Walton (1970) found that there were three bi-polar constructs that the clinicians used to conceptualize the clients in the study. These constructs were *dominance-submissiveness*, *warm/sensitive-cold/insensitive*, and *hinders attainment of group goals-aids attainment of group goals*. Based on the consistency of these constructs across seven clinicians and the similarity of these constructs to ones used in previous literature on this subject, the authors drew the implication that these constructs hold enough validity to be considered worthy of further study.

In an effort to further the understanding of the way in which group workers conceptualize their clients, Kivlighan and Quigley (1991) investigated the differences in content, cognitive complexity and organization of conceptualizations of novice and experienced group therapists. These researchers directed the participating group therapists to first rate all possible pairs of group members in terms of their similarity to one another. The participants then used words to describe these differences. It was discovered that experienced and novice group therapists differed in their conceptualizations in three ways. First, the experienced therapists had a more cognitively complex way of organizing their conceptualizations about group members. Secondly, the experienced therapists used more differentiated distinctions in their formulations about group members. Lastly, experienced and novice group members used different dimensions to conceptualize the group members. Experienced therapists used *dominant/submissive*, *friendly/unfriendly*, and *supporting therapeutic work/hindering therapeutic work* dimensions, whereas novice therapists used *dominant/submissive* and *rate-of-participation* dimensions. Kivlighan and Quigley (1991) state that, given the similarity of the constructs used by expert therapists found in this study with the constructs found in the McPherson and Walton (1970) study, these constructs seem to be recurring themes in terms of the ways in which group counselors conceptualize their clients.

Using the same method of comparing all possible pairs of individuals in a group, Kivlighan, Martin, Stahl and Salahuddin (2007) researched the ways in which novice group therapy trainees' cognitive organization and complexity changed as a result of completing their first group practicum course. Within the context of this group

practicum course, the researchers compared the conceptualizations of an expert therapist (instructor of the course) with those of novice therapists (students in the course). The study participants acted as both observers and leaders of an actual therapy group, alternating between these roles throughout the semester. There were three findings that emerged. First, this study replicated the findings of Kivlighan and Quigley (1991) in regard to novice versus expert conceptualizations of group therapists. Second, as a result of participating in this practicum course, the novice therapists' conceptualizations of the group members increased in complexity. Third, the novice therapists' conceptualizations of the group members became similar in organization to those of the expert therapist. The authors suggest that these findings are important given that it was shown that "even across one semester, novices started to 'catch up' over time in terms of recognizing the complexity of group members as well as recognizing them as unique individuals" (Kivlighan et al., 2007, p. 185).

A significant amount of research has also been conducted on the self-talk (cognitions) of group counselors. The initial research on this subject was directed at the relationship between group counselors' self talk as it relates to level of expertise in group work. Hines, Stockton and Morran (1995) report the results of study designed to record novice and expert self-recorded thoughts about a staged video segment of a counseling group in an effort to find the differences between the self-talk of these two groups. This study found that there were 17 distinct categories of thoughts that emerged from the participants' responses. Of these, the *interpretation of group process* category was the strongest predictor for expertise in group work. Of the 17 categories, it also seems that three of them are directly related to the conceptualizations formed by

group counselors - *interpretation of members, interpretation of group process, and interpretation of co-leader*. In a study of the intentions behind interventions of group leaders (Stockton, Morran, & Clark, 2004) the intention category *assessing growth* also seems to be related to group leaders' intentions to conceptualize the development the group and/or its members.

In an effort to summarize the larger body of research on self-talk, Browne (2005) described dissertations that Rex Stockton supervised. Additional findings about self-talk emerge from Browne's (2005) review. Self-talk is not only affected by level of experience, but is also affected by the emotional intensity of the group being lead. Findings from self-talk research have also suggested that the ability to identify critical incidents (a specific type of conceptualization) is related to level of experience (Browne, 2005).

In summary, each of these studies addressed the content and organization of group counselors' conceptualizations. Three of the studies addressed this in terms of thematic content, cognitive complexity, and organization of content (Kivlighan et al., 2007; Kivlighan & Quigley, 1991; McPherson & Walton, 1970). A separate body of research on group counselor self-talk (cognitions) specifically addressed the content of these conceptualizations (Browne, 2005; Hines et al., 1995; Stockton et al., 2004). These studies highlight a focus on the individual group counselor and the specific content and organization of their group-based case conceptualizations. Although this is an important focus for research on this topic, others have focused on factors that influence group counselors' conceptualizations of their client groups.

## Factors That Influence Group Based Case Conceptualization

As opposed to the study of the content and organization of group-based case conceptualizations, this area of research has focused on factors that influence these conceptualizations. For example, as opposed to focusing on cognitions of counselors in relation to their groups, researchers in this area might focus on how a group counselor's experience of group supervision influences their conceptualizations of their client groups. The general purpose of this stream of research is to understand how contextual factors influence group counselors' case conceptualizations.

Christensen and Kline (2000) conducted a qualitative investigation of group counselors' phenomenological experience of group supervision. In the context of a supervision group for group counselors in a counselor education program, two themes were discovered that seem to speak directly to the concept of conceptualization in a group setting. The first theme was the *multiphasic learning process* that the students engaged in. Within this process, "supervisees used [group] themes, theories, and philosophical assumptions to comprehend their experiences in group supervision and the groups they lead" (Christensen & Kline, 2000, p. 389). The second theme was *multiphasic learning outcomes*. These outcomes flowed from the *multiphasic learning process* and represented a deeper understanding of group process in the supervision groups and in the groups that they were currently leading. An interesting relationship was also found in this study in that, as the supervisees began to better understand their experience in the supervision group (increased conceptualization ability), anxiety related to participation in the supervision group decreased.

Okech and Kline (2006) explored the way in which group co-leaders who were working together for their first time experienced their relationship with each other in a

clinical setting. The dominant theme that emerged from this investigation was that co-leaders begin their relationship with significant concerns about their competence, as evaluated by both themselves and their co-leader. In terms of conceptualization, it was discovered that as their relationship developed and competency concerns subsided “co-leaders...became increasingly comfortable holding perspectives about conceptualizations of group events, interventions, and intervention goals that differed from those of their co-leader” (Okech & Kline, 2006, p. 178). These findings suggest that the conceptualizations that are formed by group co-leaders are related to the quality of the relationship between them. An important thing to note about this study is that all the participants had at least a nominal amount of experience as group leaders, which may suggest that competency concerns remain a significant influence on conceptualization in groups across different levels of counselor experience.

A recent study by Rubel and Kline (2008) sought to understand the experiences that expert group leaders have as they lead groups. The dominant theme that emerged from this investigation was that *experiential influence* was the dominant factor that contributed to the phenomenological experiences the participants had as group leaders. The participants’ experience of conceptualization seems to be reflected in two of the sub-themes of *experiential influence*. The sub-theme of *leader resources* served as a basis from which the participants developed their conceptualizations. The process of developing case-conceptualizations is reflected in the sub-theme of *leadership process*.

This process is related to conceptualization in that:

the experts described the experience of leading groups as a recurring circular process of engaging with the group, perceiving interaction, developing understanding of these perceptions, and deciding how to

engage further based on their understandings. (Rubel & Kline, 2008, p. 150-151).

In particular, it seems that the notion of *understanding* in the above statement is directly related to the concept of conceptualization. The expert group leaders in this study felt confident about their understandings “when their observations, feelings, and theory supported the understanding they had developed” (Rubel & Kline, 2008, p. 153). Again, this highlights that the leaders’ understandings are formed on the basis of their experiential resources. Another finding of this study is that some of the participants felt that their extensive experience had given them that ability to have intuitive understandings (conceptualizations). This finding suggests that a qualitative change in conceptual ability occurs as a result of significant experience as a group leader.

The findings from these studies showed that group counselors’ case conceptualizations were influenced by the learning process in group supervision (Okech & Kline, 2006), the quality of group co-leader relationships (Okech & Kline, 2006), experience working with groups, and the actual process of working with current groups (Rubel & Kline, 2008). Each of these studies highlight a focus on understanding what factors play a role in influencing the conceptualizations that group counselors form about their client groups.

### **Group-Based Case Conceptualization and Therapeutic Factors**

Although one research study highlighted above specifically addresses the issue of the way in which group counselors conceptualize the therapeutic factors in a group counseling context (Hines, Stockton & Morran, 1995), there is a paucity of research on this topic. Although there has been research conducted on the group members’ perceptions of therapeutic factors (Kivlighan & Lilly 1997; Kivlighan & Mullison, 1988;

MacNair-Semands & Lese, 2000; MacKenzie, 1983; Waldo, Kerne & Kerne, 2007), the way in which these factors are related to group members' perceptions of group counselor effectiveness (Pan & Lin, 2004), and on the way in which group counselors conceptualize their client groups (Browne, 2005; Hines, Stockton & Morran, 1995; Kivlighan & Quigley, 1991; Kivlighan et al., 2007; McPherson & Walton, 1970), none of these have specifically addressed group counselors' understanding of what dynamics are *actually* present and what the quality of these dynamics are in a particular group. Further, none of these studies focused on the way in which multicultural factors influence case conceptualization in a group context. This is problematic given the direct call for professionals to focus on these dynamics in group counseling (ASGW, 2000), and the call to focus on the contextual issues that affect the ways in which group counselors conceptualize their client groups (ASGW, 1999). Although there is a lack of research on this topic, some of the professional literature has pointed out the need to address group counselors' conceptualizations of these issues in the context of training future group counselors.

To create a framework for training group counselors, DeLucia-Waack (2002) proposed a method for preparing group workers for supervision sessions. This framework called for the use of a detailed writing plan to facilitate effective supervision of group workers. One particular section within this writing plan deals specifically with conceptualization of group dynamics in the group context. In the section of the writing plan that the author terms "Processing of the Group Session", the intention is to help the supervisees "analyze the events [in a session] in terms of group process, progress toward member goals, critical incidents, therapeutic factors, effective interventions, and

professional and personal reactions” (p. 346). DeLucia-Waack’s (2002) focus on therapeutic factors highlights the key role that group dynamics should play in forming effective conceptualizations of client groups.

Bemak and Chung (2004) provided a framework for teaching multicultural group counseling. Within this framework, the authors suggested that several factors are directly related to group counselors’ conceptualizations of their clients. In particular, the authors suggest that “it is important that group counselor educators are culturally competent and understand cross-cultural and socio-ecological issues that impact group process and content” (p. 34). These issues include things such as collective versus individual orientations, historical and sociopolitical backgrounds of clients, client experiences of discrimination and racism, and a group leader’s own cultural and racial awareness. Bemak and Chung (2004) provided several specific guidelines for training culturally competent group workers. Of the 17 guidelines put forth by these authors, 11 of them contain the term “understand”, “understanding”, or “awareness”. This suggests that the authors are placing a large emphasis on the factors that affect the conceptualizations that group workers form about their clients and client groups. This training program implies a direct focus on addressing contextual issues in terms of understanding how these issues affect a group counselor’s ability to form accurate conceptualizations of the dynamics present in a particular group.

Rubel and Okech (2006) addressed conceptualization of group dynamics within their model for supervising group workers. Specifically, the supervisor directs her or his supervision of conceptualization of group dynamics by focusing on the individual, interpersonal, and group-as-a-whole levels of the group sessions. All of these levels

are seen to be a necessary component of a complete conceptualization of what may be happening in a group. Okech and Rubel (2007) suggest that the Supervision of Group Work Model may also be used to integrate issues of diversity in the supervision process. The authors posit that, “conceptualization of diversity issues in group work includes knowledge of the impact of diversity upon individuals, subgroups, and overall group dynamics” (p 249). This model combines both a focus on helping group counselors to better conceptualize the dynamics at work in a particular group, as well take into account factors that are influence these dynamics and their conceptualizations thereof.

An important thing to note is the intentional focus on multicultural issues in two of the articles (Bemak & Chung, 2004; Okech & Rubel, 2007). These authors point to the direct connection between the multicultural factors associated with both the client and the group counselor, and the dynamics that are present within a counseling group. This issue is also asserted in term of the birth language of clients in a group counseling context by D’Andrea’s (2004) also highlights the important role that racial and cultural issues play in group counselors’ understanding of group dynamics in a counseling group. These authors speak to the need to not only understand group counselors’ understanding of the dynamics present in a counseling group, but also the effect that multicultural issues may be having on this understanding

### **A Framework for Researching Group-Based Conceptualization**

Given the importance of the therapeutic factors in group counseling (Yalom, 2005), and the consequent professional responsibility to form accurate conceptualizations of these dynamics (ASGW, 2000) and the factors that influence them (ASGW, 1999), a coherent framework for research, training, and practice is needed in

order to promote competent practice in the group counseling field in terms of conceptualizing group dynamics. Hinsz's (1995) framework for understanding conceptualization in a group context provides such a coherent model. This framework highlights the specific nature of group-based conceptualization, and posits a phenomenological perspective for understanding this type of conceptualization.

Hinsz (1995) uses the concept of *mental models* to address group-based conceptualization. "The mental model concept is used to describe the representation of the attributes, outcomes, and interactions individuals have with a variety of systems" (Hinsz, 1995, p. 201). In other words, this framework describes mental models as the phenomenological experience individuals have of a group they are a member of. Further, these mental models "do not represent reality, but rather the individual's subjective perception of reality" (Hinsz, 1995, p. 203). Hinsz (1995) also highlights several specific traits of groups that underlie the way in which these mental models are to be understood. These traits include that mental models are (a) dynamic (they change over time with respect to changes in the individual and the system in question), (b) specific to a particular system, (c) gained through experience, and (d) idiosyncratic to the individual group member. Although this framework is applied to several contexts (e.g., juries or work groups), it has specific implications for group counseling.

In order to highlight the concept of mental model's relevance to group counseling and group-based case conceptualizations, this paper will discuss this model in terms of the information covered so far in this chapter. In terms of group cohesiveness, universality and altruism, the framework of mental models positions these dynamics as a property of the group. Group members form a subjective understanding and mental

representation of these dynamics. Specifically, these dynamics represent a reality of the group that each member forms a subjective perception about. This also holds for the group counselor in that the counselor also forms a mental representation of these dynamics in relation to the reality of the group in question. The importance of this mode of viewing group-based case conceptualization is supported by research findings. Martin, Garske and Davis (2000) found that the client's conceptualizations of the therapeutic alliance is more reliable than the therapist's conceptualization of the same factors. These authors' findings highlight the importance of understanding the relationship between the conceptualization of group members and the conceptualizations of the group counselor given that the perspective of the group member may be more reliable. MacKenzie (1983) also reported that when both group members and group therapists are given the GCQ-S (MacKenzie, 1983), the perspectives differ significantly. Again, this shows the importance of understanding group-based case conceptualization in terms of the unique perspective of the group members and the group counselor. The mental models framework (Hinsz, 1995) provides a very useful lens for understanding these multiple perspectives and their relationship to therapeutic change.

Another important aspect of the mental models framework is that mental models are posited to be dynamic in that they change over time and in respect to changes within the group (Hinsz, 1995). This dynamic nature of group-based conceptualizations has specific implications for the way in which this topic should be studied. In other words, given that these mental models change in a dynamic fashion over time, it follows that research on these conceptualizations should be designed to be sensitive to these

dynamic changes. Research supports the notion that group counselors' conceptualizations change dynamically in relation to factors that occur within the group context. Both Pan and Lin (2004) and MacNair-Semands and Lese (2000) found that therapeutic factors change as result of time. This suggests that as group dynamics change over the life of a group, the mental models of these dynamics also change. This also echoes what many authors in this field have called for in terms of research on group counseling that seeks to understand how groups develop over time in regard therapeutic factors (Kivlighan & Mullison, 1998; MacNair-Semands, 2000; Marmarosh, Holts & Schottenbauer, 2005; Nitza, 2005; Yalom, 2005). This specifically applies to group-based case conceptualization in that it is important to understand the way in which group-based case conceptualizations develop and change, especially in regard to their relationship with group members' conceptualizations of the group and the dynamics therein (Martin, Garske & Davi, 2000).

The specifically unique nature of each group also has implication for group-based case conceptualization. Hinsz (1995) states that "a mental model is specific to a particular system" (p. 204). This is related to both the specific nature of group counseling and the unique traits and experiences that the group members bring to the group counseling context. In terms of the specific nature of group counseling, it is important to group counselors to focus on specific factors (group cohesion, universality and altruism) that facilitate therapeutic change (Yalom, 2005; Delucia-Waack, 2002). It also important for group counselors to focus on the unique traits and experiences that both themselves and the group members bring to the group counseling context (e.g., race, ethnicity, and gender) (ASGW, 2000; ASGW, 1999; Bemak & Chung, 2004).

Because mental models are specific to a particular group, these specific attributes are a key component of effective group-based case conceptualizations.

The fact that mental models are gained through experience also has clear implications for conceptualization in group counseling. A significant amount of research has addressed the way in which professional experience influences the case conceptualizations of group counselors (Hines, Stockton & Morran, 1995; Kivlighan et al., 2007; Kivlighan & Quigley, 1991; McPherson & Walton, 1970; Rubel & Kline, 2008). This body of research provides definitive evidence that mental models do in fact change in terms of experience with a certain type of group (group counseling). This is also relevant to group members in that each member or collection of members may have varying levels of experience in group counseling. Again, this relates to the relationship between group counselor conceptualizations of the group dynamics and the group members' conceptualization of these dynamics in that they may differ based on the level of experience with the group counseling context.

The idiosyncratic nature of mental models provides a final implication for group-based case conceptualizations. "An individual's mental model will be idiosyncratic to that individual because individuals develop their mental models through their particular interactions with the system" (Hinsz, 1995, p. 205). This highlights the tension between viewing the conceptualization of group dynamics from a group-as-a-whole perspective versus an individual experience perspective. Rubel and Okech (2006) highlight this tension in their model for training group workers. This perspective on teaching group-based case conceptualization highlights the importance of conceptualizing group dynamics at the individual, interpersonal, and group-as-a-whole level. The mental

models framework allows for this tension by positing a phenomenological experience of these dynamics that are unique to individuals and subgroups within the group, and as such may be different from the overall “average” perception of the group-as-a-whole. This is important given that mental models of groups are dynamic, specific to the particular group, and gained through experience. All of these coalesce in several phenomenologically unique conceptualizations of any particular group and the dynamics therein (Hinsz, 1995).

The use of mental models (Hinsz, 1995) to address group-based case conceptualizations provides a comprehensive, holistic view of the way in which both group counselors and group members conceptualize group cohesion, universality and altruism (Yalom, 2005). In addition, this framework describes specific traits of counseling groups that allow for an understanding and analysis of the factors that influence these conceptualizations. While research on group therapeutic factors and group-based case conceptualizations has provided a wealth of knowledge, there has been a lack of a coherent framework to integrate these constructs. Given this succinct and parsimonious method for addressing this integration, one question remains – how can researchers and practitioners study and measure group-based case conceptualizations using the mental models framework?

### **Assessing Group-Based Mental Models**

In order to use the framework of mental models (Hinsz, 1995) to measure group-based case conceptualization, two factors need to be addressed. First, the phenomenological experience of the group members must be assessed (group members’ mental models). Secondly, the phenomenological experience of the group counselor must be assessed (group counselor’s mental model). Additionally, a

measurement that retains fidelity to this framework must include an assessment procedure that addresses that fact that mental models are dynamic, specific to a particular group, gained through experience, and idiosyncratic to the individual (Hinsz, 1995). Finally, this assessment procedure must address the three therapeutic factors of group cohesion, universality and altruism given that these group dynamics are key to both therapeutic change and the creation of a therapeutic environment in the group counseling context. As such, this section will highlight currently used assessments that measure the mental models of group members in relation these three group dynamics, and describe the need for an instrument that assesses the mental of models of group counselors as they directly relate to the mental models of the group members.

There are several assessments that have been created to assess the mental models of group members in relation to Yalom's (2005) therapeutic factors, but there is one in particular that is interesting in terms of developing a measurement consistent Hinsz's (1995) mental models framework - the Group Dynamics Inventory (GDI: Phan, Torres Rivera, Volker & Garrett, 2004).

**The Group Dynamics Inventory.** The Group Dynamics Inventory (GDI: Phan, Torres Rivera, Volker & Garrett, 2004) was developed to assess the mental models of group members in relation to group cohesion, universality, and altruism. This instrument drew items from a wide range of group counseling measures, and in particular paid close attention to one 's that were in alignment with Yalom's (2005) definitions of group cohesion, universality and altruism. A total of 60 items were selected, and after review by an expert panel, 20 were retained as being representative of one of these three dynamics. A piloting of the instrument was conducted, and an

exploratory factor analysis revealed that there were in fact three constructs represented in the GDI, each of which seemed to be one of the three therapeutic factors that were targeted in its development. This assessment provides a method of assessing mental models of group members in terms of their perception of group cohesion, universality and altruism. Additionally, the form of this measure allows for the multiple administration of the instrument across the duration of a group to determine changes that occur in these mental models.

The GDI (Phan et al., 2004) seems to be very well suited to be used as one-half of the assessment procedure for assessing group counselors mental models of group dynamics as they relate to group members' mental models of these dynamics. In particular, it is uniquely suited for this task because it is brief enough to be used as method of multiple measures over the life of a group (addressing the dynamics nature of mental models), its design allows it to assess both the individual and group-as-a-whole nature of group-based mental models (addressing the idiosyncratic nature of mental models), and is designed to be used for the assessment of different types of groups (addressing the group-specific nature of mental models) (Hinsz, 1995). Although it does not directly address the fact that mental models are gained through experience (Hinsz, 1995), this aspect will be addressed by the proposed instrument described in the next chapter. Given that the GDI (Phan et al., 2004) is equipped to address the mental models of group members in keeping with Hinsz's (1995) framework, and Yalom's (2005) factors of group cohesion, universality and altruism, the next step is creating an assessment procedure that assesses the mental models (phenomenological experience

of the group cohesion, universality and altruism) of group counselors in relation to the mental models of group members in terms of these three factors.

### **Summary**

Group dynamics are a central force in group counseling. In particular, three specific group dynamics are both therapeutic factors and conditions for therapeutic change – group cohesion, universality and altruism (Yalom, 2005). These dynamics are also central in terms of what must be considered by group counselors when conceptualizing their client groups. These dynamics should be addressed in terms of the counselor's understanding of the current group context (ASGW, 2000) and the factors that may be influencing the counselor's conceptualization of these dynamics (ASGW, 1999). Researchers in this field have addressed the content, organization, and influencing factors of group counselor's conceptualizations, but there has been no research in terms of specifically addressing the way in which group counselor's conceptualize these particular dynamics and the factors that may be influencing these conceptualizations of group cohesion, universality and altruism. The mental models framework (Hinsz, 1995) provides a useful basis for creating an assessment process that takes into account the relationship between group members and group counselors' mental models of these three dynamics. Further the GDI (Phan et al., 2004) is an assessment that specifically measures group cohesion, universality and altruism, and is well suited to be used as one-half of an assessment process that will employ the mental models framework (Hinsz, 1995) in the service of creating a method for understanding the relationship between mental models of group members and the mental models of group counselors. The purpose of this study was thus to create such an assessment

and subject it to initial validation and reliability tests, as well as study issues of demographics that may confound responses to the CGDI

## CHAPTER 3 METHODOLOGY

The rationale and literature basis for the importance of understanding group counselors' conceptualizations of group cohesion, universality and altruism was presented in Chapters 1 and 2. The professional literature showed that each of these group dynamics act as both therapeutic factors and as conditions for therapeutic change. Additionally, the literature supports the need for an assessment method that allows professionals to assess group counselors' ability to accurately conceptualize these dynamics in a given counseling group. This chapter will outline the methodology for the development and the initial studying of an instrument that will measure said conceptualization - the Conceptualization of Group Dynamics Inventory (CGDI).

### **Research Questions and Hypotheses**

The first two research questions are focused on the development of the CGDI and the establishment of validity and reliability thereof.

1. Will the CDGI have the same three factor structure as the GDI, including the apparent validity-based relationship between these three factors and the three factors of interest in this study (group cohesiveness, altruism and universality)?
  - **Hypothesis:** The CGDI will have the same three factor structure of the GDI (based on acceptable factor loadings and goodness-of-fit measures found in a confirmatory factor analysis).
2. Will the CDGI meet an acceptable level of reliability?
  - **Hypothesis:** The CGDI will meet acceptable levels of reliability (based on a within construct Cronbach's alpha study).

The last four questions dealt specifically with the investigating the relationship between demographic data and group counselors' responses to the CGDI.

3. Will there be a significant relationship between group counselors' race/ethnicity and their responses on the CGDI

- **Hypothesis:** There will not be a significant relationship between group counselors' race/ethnicity and their responses on the CGDI (based on a multiple regression analysis of the relationship between each counselor-reported race/ethnicity, and each of the three constructs measured by the CGDI)
4. Will there be a significant relationship between the level of the three dynamics measured by the CGDI and the race/ethnicity of the group members?
    - **Hypothesis:** There will not be a significant relationship between the level of the three dynamics measured by the CGDI and the race/ethnicity of the group members (based on a multiple regression analysis of the relationship between each counselor-reported race/ethnicity of their group members, and each of the three constructs measured by the CGDI).
  5. Will there be a significant relationship between group counselor level of experience and the three dynamics being measured by the CGDI?
    - **Hypothesis:** There will not be a significant relationship between the level of the three dynamics measured by the CGDI and the group counselor level of experience (based on a multiple regression analysis of the relationship between measures of counselor-reported level of experience, and each of the three constructs measured by the CGDI).
  6. Will there be a significant relationship between group counselor gender and the three dynamics being measured by the CGDI?
    - **Hypothesis:** There will not be a significant relationship between the level of the three dynamics measured by the CGDI and the group counselors' gender (based on a individual-sample t-test)

### **Development of the CGDI**

In order to assess the conceptualization ability of group counselors in terms of group cohesion, universality and altruism, this section will describe the development of the Conceptualization of Group Dynamics Inventory (CGDI). This inventory was developed by adapting the Group Dynamics Inventory (GDI; Phan et al., 2004). As such, the GDI will be described in order to highlight the theoretical basis and assessment methodology that the CGDI will be drawn from.

## **Group Dynamics Inventory (GDI)**

The GDI (Phan et al., 2004) was developed in the effort to assess the presence and level of group dynamics in group counseling. This instrument is based theoretically on Yalom's (2005) theory of group counseling and psychotherapy. Specifically, this assessment was designed to measure group cohesiveness, universality and altruism because the research these authors reviewed supports the importance of these dynamics (as well as the literature reviewed in Chapter II), and because "Yalom ranks altruism, cohesiveness, and universality as the top three therapeutic factors in a working group. Thus, in the development of the *Group Dynamics Inventory* these three factors were chosen" (Phan et al., 2004, p. 235).

Potential items for the GDI were drawn from several existing group counseling instruments (Frank-Saracini et al., 1998; Hurley & Brooks, 1987; Kivlighan, Multon, & Brossart, 1996; Lese & MacNair-Semands, 2000; Marcus, 1998; Mullen et al., 1998; Phan, 2001; Wilbur et al., 1997a, 1997b [all as cited in Phan et al., 2004]). In particular, the GDI drew heavily from Yalom's (2005) Q-sort instrument given that some items in this assessment had a direct theoretical connection with the three factors being addressed by the GDI. In total, 60 items were selected to be considered for inclusion in the GDI. In order to establish content validity, these 60 items were then evaluated by a panel of six counsellor educators that were deemed to be experts in the field of group counselling. Twenty of these items were retained by keeping statements that were agreed upon by at least five of the experts as fitting for one of three constructs being measured. Each of the twenty items is a statement about group members' feeling or behaviours in regard to the group they are a part of. The responses to the GDI are given via a Likert scale that ranges from 1 (strongly disagree) to 4 (strongly agree). This

response system is constructed such that higher scores on each construct-specific item corresponds to a higher level of that dynamic in a group.

The GDI (Phan et al., 2004) was piloted by administering the assessment to two hundred counseling students. This sample of counseling students consisted of 183 females, 17 males, eight Asian Americans, seven Latina/os, two self-identified biracial (Asian and African American, and Filipina and Caucasian), and 183 White students. The respondents' ages ranged from 23-54, with a mean age of 31. In terms of their academic career, the respondents were in their final stage of their training as counselors. The context for the administration of the GDI was in the students' group supervision course. The GDI was administered to the students during one of the sessions of this group supervision course.

In order to investigate the factor structure of the GDI (Phan et al., 2004), an exploratory factor analysis (EFA) was conducted on the data gathered from the pilot study. Three factors emerged from this analysis. Factor 1 accounted for 49.6% of the variance, and 64.4% was accounted for in a three-factor solution. Factor 1 (labelled cohesiveness) included 10 of the items. Items in this category had factor loadings ranging from .70 to .83. These items addressed issues related to feeling a part of the group and being accepted by the group members (e.g., "I felt a sense of belongingness to the group and that the group accepted me"). Factor 2 (labelled altruism) included five items. These items addressed issues related to group members' feelings of helping others and making an impact in their therapeutic process (e.g., "I felt that I was helping others and having an important impact in their lives"). Items in this category had factor loadings ranging from .59 to .84. Factor 3 (labelled universality) consisted of five items

from the instrument. These items reflected clients' feelings of a common existential struggle in life (e.g., "I recognized that ultimately there is no escape from some of life's pain and from death") and that each person is ultimately responsible for one's own life (e.g., "I learned that I must take ultimate responsibility for the way I live my life no matter how much guidance and support I get from others"). Items in this category had factor loadings ranging from .77 to .87. The internal consistency of all items on the GDI was calculated at .94 using Cronbach's alpha coefficient (Cronbach, 1951), and the split-half reliability coefficient was calculated to be .87 and .92.

The three-factor solution of the EFA supports the initial target constructs of the GDI. Further, the large amount of variation accounted for by Factor 1 (cohesiveness) is consistent with the empirical (Perrone & Sedlacek, 2000) and theoretical (Yalom, 2005) literature on group dynamics. The significant correlation among the three factors is also consistent with the literature on this topic (Lese & MacNair-Semands, 2000, Yalom, 2005). Given the consistency with which the GDI addresses the concurrent uniqueness and relatedness of group cohesion, universality and altruism, it provides an ideal basis for the development of an instrument to assess group counselors' ability in terms of conceptualizing these three dynamics.

### **Constructing Items for the CGDI**

In order to adapt the GDI (Phan et al., 2004) in the effort to create an instrument to assess group counselors' ability to conceptualize group cohesion, universality and altruism, it was necessary to re-write the items from the GDI (APPENDIX A) to reflect the attitudes of counselors rather than the attitudes of group members. In this vein, each of the twenty items on the GDI was re-written in this fashion (APPENDIX B). For example, an item that addresses the construct of cohesiveness on the GDI (e.g., "I felt a

sense of belongingness to the group and that the group accepted me”), will be reworded on the CGDI to reflect the perception of the group counsellor (e.g, “I perceive that the group members feel a sense of belongingness to the group and that the group accepts them”).

### **Demographic Questionnaire**

In order to determine the influence of demographic variables on participants’ responses to the CGDI, during the study a demographic questionnaire was administered in tandem with the CGDI (APPENDIX C). This questionnaire gathered data about the participants’ race/ethnicity and gender, the group member’s race/ethnicity, and amount of relevant experience.

### **Studying the CGDI**

Once the final items were re-written, a study was conducted to determine the factor structure of the CGDI. The CGDI was sent out in electronic format to respondents via email. Participant were considered eligible for the study if they were currently leading a group (e.g., counseling group or group supervision) at the time they received the invitation email for the study. This restriction was put in place due to the intended use of the CGDI as an instrument to be used in applied clinical settings, and as such the CGDI needed to be investigated by using a sample of participants that are currently working as a group counsellor or leader. As specified by Gable and Wolf (1993), the sample size should result in a 10:1 ratio of items to participants (e.g., for 20 CGDI items there should be at least 200 participants in the study).

Subjects for the study were recruited via targeting CACREP accredited counseling programs, non-profit community counseling agencies, and university counseling centers that conducted or supervised group counseling. Recruiting also was

done via the Association for Specialists in Group Work (ASGW) and CESNET counselor education listserv. The electronic package mailed to these participants included a invitation email including a brief description of the study (APPENDIX D), an informed consent (APPENDIX E), an screening question and demographics questionnaire (APPENDIX C) and the electronic form of the CGDI (APPENDIX B). A follow up email was sent to maximize response rates. This email reminder was repeated at two weeks and four weeks after the initial emailing for those that have not yet responded.

### **Data Analysis**

Once a sufficient number of participants have responded to the study, the data from responses to the CGDI will be subjected to confirmatory factor analysis (CFA), as well as a within-construct Cronbach's alpha. The data from the CGDI as well as the demographic questionnaire will then be used to study the relationships between the demographic factors and the group counselors' responses to the CDGI. The following chapter will detail this analysis.

## CHAPTER 4 DATA ANALYSIS

This chapter will detail the analysis of the counselors' responses to the CGDI items, as well as the demographic questionnaire that was completed in tandem with the CGDI. Descriptive statistics will be reported, each of the research questions asked in the study will be addressed, and the results will be interpreted. This chapter will conclude with a brief summary of the results and statistical conclusions about the research questions.

### **Descriptive Statistics**

This section will provide a discussion of details of how potential respondents were contacted, response patterns to the electronic version of the CGDI and demographics questionnaire (sent as one instrument to potential participants), and a description of those who actually responded to the survey. The survey was broken into three pages (not including the informed consent) – a screening question to determine eligibility for the study, the CDGI items, and a demographics questionnaire. Each of these sections was on a separate webpage. Potential respondents were contacted in two ways. The first method was through direct emails to CACREP accredited counselor education program (42 total), non-profit community counseling centers (39 total), and university counseling centers that listed group counseling as services on their website (51 total). There were a total of 132 direct emails sent to potential respondents. The second method used to recruit potential respondents was through a counselor education listserv (CESNET) and the listserv for the Association for Specialists in Group Work. It is not known the number of people on these listserves. As such it is not possible to generate an accurate response rate.

Of the 286 respondents who agreed to the informed consent, 261 indicated that they were currently facilitating a qualifying group and 25 said that they were not facilitating such a group (see APPENDIX C qualification statement). Of the 261 who passed the screening question, 223 responded to the CGDI items. There were no missing responses on this section, as the survey was set up such that all items had to be responded to in order for the data to be recorded and to be permitted to continue the survey. Of the 223 who responded to the CGDI items, 219 individuals responded to the demographics questionnaire. As with the CGDI items, this page was set up such that all items had to be responded to in order for the data to be recorded and to be permitted to continue the survey. One exception to the number of responses to the demographics survey was the question that asked respondents how many years experience they had running groups (see APPENDIX C, Item 2 for the actual question). Because of a problem with the Survey Monkey survey delivery platform, this question did not begin collecting data until several days after the survey was first open to respondents. As a result, only 142 respondents provided data for this question.

Of those who responded to this survey (specifically to the demographics section), they identified as the following - 157 as male, 61 as female, 176 as White, 14 as African American/Black, 8 as Asian American/Asian, 11 as Latino/Hispanic, and 9 as Other. The respondents that indicated Other identified as Bi-Racial, Caucasian/Latina, Greek/Jewish, Jewish, Mixed (Japanese/Latino), multi-ethnic, multi-ethnic Japanese American, n/a, and Norwegian.

Respondents also reported the racial/ethnic proportional makeup of the groups they used as a reference point for responding to the CGDI items. In other words,

respondents reported what the percentage of each of the following groups comprised their group - Hispanic/Latino, African American/Black, Asian American/Asian, Native American or Alaska Native, Native Hawaiian or Other Pacific Islander, and White. The descriptive statistics for this question can be found in Table 4-1.

The results from the three measures of group counselor level of experience (years of experience facilitating groups, number of group-focused academic courses, and number of group-focused continuing education hours) can be found in Table 4-2.

### **Studying the CGDI**

The first two research questions are focused on the development of the CGDI and the establishment of validity and reliability thereof.

#### **Question 1 – CGDI Validity**

Before discussing the construct validity of the CGDI as measured by a CFA, a note should be made about the content validity. During the initial study on the GDI (Phan et al., 2004), the content validity of the items was verified via a panel of group counseling experts. The items were rewritten for the CGDI, with the only change being the point of view of the question changing from the group member (e.g., “I felt a sense of belongingness to the group and that the group accepted me”) to the group counselor (e.g, “I perceive that the group members feel a sense of belongingness to the group and that the group accepts them”). The theoretical basis of each items was not altered, and as such the content validity from the GDI carries over to the CGDI.

The main validity issue being addressed in this study was the construct validity fo the CGDI. The question is as follows:

1. Will the CDGI have the same three factor structure as the GDI, including the apparent validity-based relationship between these three factors and the three factors of interest in this study (group cohesiveness, altruism and universality)?

- **Hypothesis:** The CGDI will have the same three factor structure of the GDI (based on acceptable factor loadings and goodness of fit measures found in a confirmatory factor analysis).

The CDGI items (see APPENDIX B) consisted of twenty likert scale items intended to measure the three dynamics of interest in this research study – altruism (items 1-5), group cohesiveness (items 6-15), and universality (items 16-20). A confirmatory factor analysis (referred to as CFA hereafter) was used to study the construct validity of the CGDI because there is pre-conceived theoretical assumption that the CGDI measures these three constructs. The initial study on the GDI (Phan et al., 2004) suggests that these three dynamics were measured by the GDI. Given that the CGDI items were directly adapted from the GDI, it is assumed that the CGDI measures the same three constructs. The CFA will study the factor structure of the CGDI using this theoretical assumption this assumption.

Using the LISREL software application (Joreskog & Sorbom, 1993) to conduct a CFA, two models were studied – a one-factor model and a three-factor model. These two models were compared to determine of the assumed three factor model (i.e. altruism, group cohesiveness, and universality) is a better model than a model that assumes there is only one common factor. This comparison approach was used on the basis of Marsh, Hau, and Wen's (2004) assertion that goodness-of-fit studies using so-called "cut-off" values are not as effective as comparing competing models when studying factor structure from a CFA perspective. Their research showed that CFA's goodness-of-fit measures are most effective in determining "whether the extent of difference in misspecification between two models was substantively meaningful" (pp. 337-340). Ultimately, this approach suggests that meaningful results can be reached by "comparing the performances of alternative, competing models of the same data"

(p.340). Although this is the approach used to study goodness-of-fit for all of these models, Hu and Bentler's (1999) guidelines for acceptable cut-off values will be used as a secondary method of assessing goodness-of-fit for these two models. Hu and Bentler's (1999) suggest the following cut-off values - a Root Mean Square Error of Approximation (RMSEA) < 0.06, a Non-Normed Fit Index (NNFI) > 0.95, a Comparative Fit Index (CFI) > 0.95, and a Standardized Root Mean Square Residual (SRMR) < .08. This secondary approach was used because there are several competing approaches to assessing goodness-of-fit in the literature (Marsh, Hau & Wen, 2004), and as such it is necessary to consider multiple methods of assessing the construct validity of the CGDI.

The first model studied was a one-factor model, which held that all of the items on the CDGI were measuring one common factor. This model was chosen because of the literature that suggests group cohesiveness is a factor that may be a ubiquitous dynamic in counseling groups (Martin, Garske & Davis, 2000). This model had a RMSEA of 0.12, a NNFI of 0.80, a CFI of 0.82, and a SRMR of .097. All of these fell well below Hu and Bentler's (1999) guidelines for acceptable cut-off values. The next step was to compare this model to the three-factor model in order to use Marsh, Hau, and Wen's (2004) approach of comparing competing models in order to assess goodness-of-fit.

The three-factor model was based on the theoretical assumption that this CGDI measured altruism, group cohesiveness, and universality. This three-factor model had a RMSEA of 0.078, a NNFI of 0.88, a CFI of 0.90, and a SRMR of .08. The RMSEA, NNFI and CFI all fell below Hu and Bentler's (1999) cut-off values, while the SRMR was

just within their guidelines. Using Marsh, Hau, and Wen's (2004) approach of comparing competing models, this model was better fit than the one factor model. Because this model seems to be a significantly better fit, a deeper analysis of the factor loadings of this model was conducted.

The model diagram illustrating the factor loadings of the three-factor model generated by the LISREL program can be seen in Figure 4-1. These loadings indicate that some items did not meet Gables and Wolf's (1993) cut-off value for loadings  $\geq .40$ . The loadings for items 2 (.25) and 3 (.18) on the altruism construct indicate that these items may not be measuring this construct. The same is also true for item 14 (.33) in relation to the group cohesiveness construct, and for item 18 (.37) in regard to the universality construct.

LISREL also provides suggestions for reorganization of the model to increase the goodness-of-fit. These suggestions are made in terms of adding paths from the three latent constructs to other items in the model, and in terms of allowing for covariation between some of the items in the model. Those suggestions are illustrated in Table 4-3. Although each of these changes would make a positive change to the loadings and reduce error variance between items, none of these changes fit with the theoretical assumptions the CFA is based on in the first place. As such, a change was not made given the problematic issues around using a CFA in an exploratory fashion (Klein, 2005).

## **Question 2 – CGDI Reliability**

The second question addressed the reliability of the CGDI. This research question is as follows:

2. Will the CDGI meet an acceptable level of reliability?

- **Hypothesis:** The CGDI will meet an acceptable level of reliability (at least a 0.7 on a Cronbach's alpha study).

The reliability of the CGDI was studied by conducting a Cronbach's alpha study (Cronbach, 1951) for each of the three proposed factors that the CGDI was designed to measure. This approach was used because a Cronbach's alpha study operates on the assumption that there is only one construct that is being measured by the items in question (Cronbach, 1951). To meet acceptable levels of reliability for an exploratory study of a new instrument, each construct should result in a 0.7 Cronbach's alpha coefficient (Nunnally, 1978). The first construct that was measured by the CGDI was altruism. Items 1-5 on the CGDI (see APPENDIX B) purportedly measured this construct. The Cronbach's alpha for these items was 0.64, and as such did not meet the 0.7 acceptable level. The second construct measured by items 6-15 on the CGDI (see APPENDIX B) was group cohesiveness. The Cronbach's alpha for these items was 0.78, meeting the acceptable level of reliability for this study. The third construct measured by items 16-20 on the CGDI was universality. The Cronbach's alpha for these items was 0.72, also meeting the acceptable level of reliability for this study. Given the low alpha for the altruism construct (0.64), a further analysis was done based on the factor loadings found in the CFA from research question 1. When removing the two items that did not meet Gables and Wolf's (1993) cut-off value (items 2 and 3), the new Cronbach's alpha was 0.72, which meets the cut-off for acceptable reliability.

### **Demographics and the CGDI**

The last four questions will deal specifically with the investigating the relationship between demographic data and group counselors' responses to the CGDI.

### Question 3 – Counselor Race/Ethnicity

The first question about demographics addressed the relationship between counselor race/ethnicity and responses to the CGDI. The question is as follows:

3. Will there be a significant relationship between group counselors' race/ethnicity and their responses on the CGDI
  - **Hypothesis:** There will not be a significant relationship between group counselors' race/ethnicity and their responses on the CGDI (where significance is set at  $p \leq 0.01$ )

For the race/ethnicity category question, respondents were given the options of Hispanic/Latino, African American/Black, Asian American/Asian, Native American or Alaska Native, Native Hawaiian or Other Pacific Islander, White, and Other (with an option for giving an open ended response for the Other category). This question was answered based on a multiple regression analysis of the relationship between counselor-reported race/ethnicity, and each of the three constructs measured by the CGDI. There was not a significant relationship found between the altruism construct and counselor race/ethnicity, where the whole model ANOVA  $F=2.03$ , and  $p=.11$ . There was also no significant relationship found between group cohesion and counselor race/ethnicity, where the whole model ANOVA  $F=1.42$ , and  $p=.24$ . There was a significant relationship found between universality and counselor race/ethnicity, where the whole model ANOVA  $F=3.50$ , and  $p=.01$ . Further investigation of this shows that the significance seems to be between counselors that self-identified as African American and the universality construct measured by the CGDI, where  $t=3.31$  and  $p=.001$ . For every unit that universality increases for whites (the constant in the ANOVA model was White counselors because of their majority status), this study shows that universality increases 2.11 units for African Americans. Even when the item for this construct that

did not meet acceptable factor loadings (item 18) was excluded from the analysis, the ANOVA remained significant at  $F=3.72$  and  $p=.01$  with the African American/Black relationship remaining significant where  $t=2.78$  and  $p=.01$

#### **Question 4 – Group Member Race/Ethnicity**

The second question about demographics addressed the relationship between group member race/ethnicity and responses to the CGDI. The question is as follows:

4. Will there be a significant relationship between the level of the 3 dynamics measured by the CGDI and the race/ethnicity of the group members?
  - **Hypothesis:** There will not be a significant relationship between the level of the 3 dynamics measured by the CGDI and the race/ethnicity of the group members (where significance is set at  $p \leq 0.01$ ).

For the group member race/ethnicity question, respondents were asked to estimate the percentage of the following categories that made up the group they used as a reference point for responding to the CGDI items - Hispanic/Latino, African American/Black, Asian American/Asian, Native American or Alaska Native, Native Hawaiian or Other Pacific Islander, and White. This question formatted such that all of the percentages had to total exactly 100. This research question was answered based on a multiple regression analysis of the relationship between group member-reported race/ethnicity, and each of the three constructs measured by the CGDI. There was not a significant relationship found between the altruism construct and group member race/ethnicity, where the whole model ANOVA  $F=.24$ , and  $p=.87$ . There was also not a significant relationship found between the group cohesion construct and group member race/ethnicity, where the whole model ANOVA  $F=.26$ , and  $p=.86$ . Finally, there no significant relationship found between the universality construct and group member race/ethnicity, where the whole model ANOVA  $F=2.16$ , and  $p=.10$ .

### Question 5 – Counselor Level of Experience

The third question about demographics addressed the relationship between counselors' level of experience and responses to the CGDI. The question is as follows:

5. Will there be a significant relationship between group counselor level of experience and the 3 dynamics being measured by the CGDI?
  - **Hypothesis:** There will not be a significant relationship between the level of the 3 dynamics measured by the CGDI and the group counselor level of experience (where significance is set at  $p \leq 0.01$ ).

There were three questions that assessed group counselor level of experience (see APPENDIX C). The three categories were the number of years experience in facilitating groups, the number of group-focused classes taken in the respondents' academic program of study, and number of group-focused continuing education hours taken by each respondent. Based on the analysis of the correlation among these two groups of variables (the three measures of experience and the three constructs measured by the CGDI), there were no significant correlations found between any of the three measures of group counselor experience, or the three constructs measured by the CGDI (see Table 4-4).

### Question 6 – Group Counselor Gender

The last demographics question was in relation to self-reported gender of the group counselors. The question was:

6. Will there be a significant relationship between group counselor gender and the 3 dynamics being measured by the CGDI?
  - **Hypothesis:** There will be a significant relationship between the level of the 3 dynamics measured by the CGDI and the group counselors' gender (where significance is set at  $p \leq 0.01$ ).

This was analyzed by doing a t-test to determine if there was significant difference between each gender category (female and male) on each of the three constructs

measured by the CGDI. There was a significant relationship found between gender and the altruism construct where  $t=2.26$  and  $p=.01$ . There was no relationship found between gender and group cohesiveness (where  $t=3.37$  and  $p=.76$ ) or universality (where  $t=.98$  and  $p=.021$ ). A further analysis of the altruism construct showed that when removing the two items that did not meet Gables and Wolf's (1993) cut-off value (items 2 and 3), there was no significant relationship found between gender and the altruism construct where  $t=2.42$  and  $p=.09$ .

### **Summary**

There were mixed results found in this statistical analysis. The altruism construct did not meet acceptable levels of reliability. Although the three-factor model that the CGDI was built on had better goodness-of-fit values than the one-factor model (Marsh, Hau & Wen, 2004), its goodness-of-fit values fell below some accepted standards for this type of analysis (Hu & Bentler, 1999). There were also some issues with low loading values for some items on the CGDI and reliability concerns for the altruism construct. Additionally, there were some significant relationships found between some demographic factors and the CGDI constructs. Overall, the three-factor model is good fit, but has some flaws that may warrant the need to adjust the CGDI for future use. The next chapter will highlight a detailed discussion of the results found in this chapter, and implication of these results will be also be discussed.

Table 4-1. Group member race/ethnicity (as a percentage of group)

	N	Minimum	Maximum	Mean	Std. Deviation
Hispanic/Latino	144	0	100	13.83	16.198
African American/Black	153	0	100	24.18	23.350
Asian American/Asian	106	0	50	7.23	9.517
White	213	0	100	70.81	24.687

Table 4-2. Counselor level of experience

	N	Minimum	Maximum	Mean	Std. Deviation
Years Experience	142	0	42	9.87	9.397
Classes	218	0	20	1.94	1.896
Continuing Ed Hours	218	0	1000	34.52	109.209

Table 4-3. LISREL suggested changes to three factor model

Suggestion to add path:

from	to	New Estimate
Item 6	Altruism	0.54
Item 12	Universality	0.38
Item 13	Universality	0.47
Item 15	Universality	0.52

Suggestions to allow for covariance:

between	and	New Estimate
Item 3	Item 2	.11
Item 10	Item 9	.05
Item 13	Item 10	-.05
Item 14	Item 10	-.07
Item 14	Item 13	.09
Item 15	Item 10	-.05
Item 15	Item 12	.07
Item 15	Item 13	.09
Item 16	Item 14	.09
Item 18	Item 17	.09
Item 19	Item 16	-.10
Item 20	Item 17	-.10

Table 4-4. Relationship between experience and CGDI constructs

		Years Experience	Classes	Continuing Ed
Altruism	Pearson Correlation	.033	.033	-.098
	Sig. (2-tailed)	.698	.628	.148
	N	142	218	218
Cohesion	Pearson Correlation	.046	.025	-.039
	Sig. (2-tailed)	.585	.718	.563
	N	142	218	218
Universality	Pearson Correlation	.193	.013	-.087
	Sig. (2-tailed)	.021	.844	.203
	N	142	218	218

\* Correlation is significant at the 0.01 level (2-tailed).

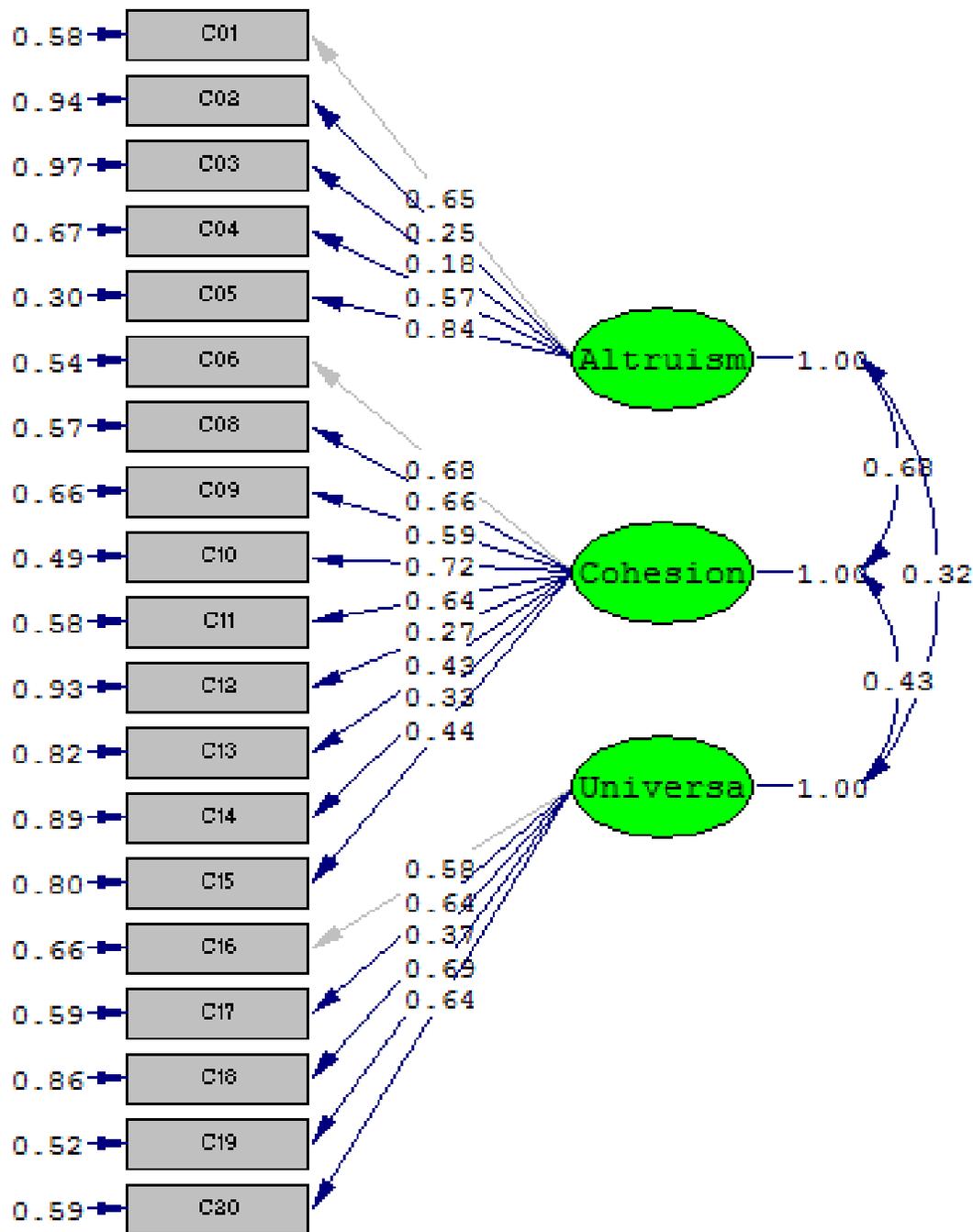


Figure 4-1. Factor Loadings for the three factor CGDI model

## CHAPTER 5 DISCUSSION

This chapter will provide a discussion of the results found in this dissertation study. It will begin with a summary and an interpretation of these findings, a limitations section will be included to temper any conclusions made from this research, and a discussion about the future of this assessment method will conclude this chapter.

### **Summary of Findings**

The research questions asked in this study were broken down into two sections – validity and reliability study of the CGDI, and a study of the relationship between the three constructs on the CGDI and the demographic information that was collected. Each of these sections will be summarized separately.

### **Validity and Reliability of the CGDI**

There were mixed results in the construct validity study of the CGDI. The original research question and hypothesis about validity were:

1. Will the CDGI have the same three factor structure as the GDI, including the apparent validity-based relationship between these three factors and the three factors of interest in this study (group cohesiveness, altruism and universality)?
  - **Hypothesis:** The CGDI will have the same three factor structure of the GDI (based on acceptable factor loadings and goodness of fit measures found in a confirmatory factor analysis).

Conducting this type of analysis required comparing this three factor model to another model that would be considered a plausible alternative (primary consideration), as well as looking at several “cut-off” values for acceptable results (secondary consideration).

On the primary consideration, the three factor model was a much better fit than the model used as a comparison (one factor model). On the secondary consideration, the three factor model did not meet the cut-off values. Because the CGDI three factor model

passed the primary test, a further analysis of the model was done to attempt to understand the mixed results. When looking at the ways each of the twenty items fit into the model, it was found that the majority of them (sixteen) were a good measure of the constructs they were designed to measure. The remaining four seemed to be poor measures of their respective constructs. This deeper analysis, while not providing conclusive proof, provided more support that the three factor model of the CGDI was a valid measure of altruism, cohesiveness, and universality. This conclusion is tempered with the understanding that further study on this instrument should be done taking into account these findings, mainly due to the imperfect results on both the factor structure and factor loadings.

The reliability study of the CGDI also had some mixed results. The original research question and hypothesis about validity were:

2. Will the CDGI meet an acceptable level of reliability?
  - **Hypothesis:** The CGDI will meet an acceptable level of reliability (at least a 0.7 on a Cronbach's alpha study).

Using this method of analysis, the items that were designed to measure the group cohesion and universality constructs were found to be reliable measures of these two constructs. Alternatively, the items that were designed to measure the altruism construct were not found to be reliable indicators of this construct. A further analysis was done to attempt to understand these results in light of the validity study described earlier. After removing the two items that did not seem to be good predictors of the altruism construct (items 2 and 3), the reliability of the remaining items intended to measure altruism (items 1, 4 and 5) were found to be a reliable measure of the altruism construct.

## Demographic Analysis

The next three questions addressed by this study were focused on analyzing the relationship between the three constructs being measured by the CGDI and the demographic information collected. The first question about demographics addressed the relationship between counselor race/ethnicity and responses to the CGDI. The question is as follows:

3. Will there not be a significant relationship between group counselors' race/ethnicity and their responses on the CGDI
  - **Hypothesis:** There will not be a significant relationship between group counselors' race/ethnicity and their responses on the CGDI (where significance is set at  $p \leq 0.01$ )

A significant relationship was not found between the altruism or group cohesion constructs and the group counselors' race/ethnicity, but a significant relationship was found between the universality construct and group counselors' race/ethnicity. Upon further analysis, it seems that the relationship is between group counselors who reported African-American/Black as their identity and their responses to the items measuring the universality construct. This relationship remained significant even when an item (item 18) that did not predict the universality construct well, as found in the CFA, was excluded from the analysis.

The second question about demographics addressed the relationship between group member race/ethnicity and responses to the CGDI. The question is as follows:

4. Will there be a significant relationship between the level of the 3 dynamics measured by the CGDI and the race/ethnicity of the group members?
  - **Hypothesis:** There will not be a significant relationship between the level of the 3 dynamics measured by the CGDI and the race/ethnicity of the group members (where significance is set at  $p \leq 0.01$ ).

The analysis showed that there was not a significant relationship between any category of group member race/ethnicity and the three constructs measured by the CGDI.

The third demographics question was in relation to the group counselors' level of experience. The research question was:

5. Will there be a significant relationship between group counselor level of experience and the 3 dynamics being measured by the CGDI?
  - **Hypothesis:** There will not be a significant relationship between the level of the 3 dynamics measured by the CGDI and the group counselor level of experience (where significance is set at  $p \leq 0.01$ ).

As with the last question, there was no significant relationship found between the three measures of group counselor experience (years experience as a group counselor, number of group-focused academic courses, and number of group-focused continuing education hours) and the three constructs measured by the CGDI.

The last demographics question was in relation to self-reported gender of the group counselors. The question was:

6. Will there be a significant relationship between group counselor gender and the 3 dynamics being measured by the CGDI?
  - **Hypothesis:** There will be a significant relationship between the level of the 3 dynamics measured by the CGDI and the group counselors' gender (where significance is set at  $p \leq 0.01$ ).

There was a significant relationship found between gender and the altruism construct, whereas there was no significant relationship found between gender and the group cohesiveness or the universality construct. Again, when the two items that did not seem to be good predictors of the altruism construct (items 2 and 3) were removed from the analysis, there was no significant relationship found between the altruism construct and gender.

## Interpretation of Results

The purpose of this dissertation was to conduct an initial validity and reliability study of the CGDI, as well as to better understand the relationship between key demographic variables and the constructs measured by this instrument. The results of this study will be interpreted in terms of how these findings inform a general understanding of validity and reliability of the CGDI. The first topic that will be covered is validity.

The CGDI was found to have a moderate level of construct validity. This is due in part to the inadequate goodness-of-fit values for the resulting CFA data, and in part to the lack of agreement on the best way to interpret CFA models in general. The predetermined three factor model (altruism, group cohesion, and universality) for the CGDI was a significantly better fit than the one-factor model (group cohesion only) used for comparison. These suggest that although some authors have posited that group cohesion is the dominant dynamic present in counseling (Martin, Garske & Davis, 2000), the CGDI was in fact likely measuring two constructs other than group cohesion (presumably altruism and universality). Although this three factor model was a better fit than the competing model, it did not meet cut-off values proposed by some leading authors in the CFA field (Hu & Bentler, 1999). Marsh, Hau, and Wen's (2004) disagree with Hu and Bentler's (1999) in that they propose CFA's are best suited for comparisons between theoretical models as opposed to absolute values of significance or goodness-of-fit. Further, 16 of the items that were designed to measure each of three constructs in the GDI were good measures, but 4 were not. In particular, two of the items that measured the altruism construct seemed to be problematic in terms of certain demographic factors and reliability for measuring altruism (this will be covered in more

detail in the following sections). The CGDI factor structure and item loadings seem to indicate that this instrument is doing a moderately good job of measuring the constructs it was designed to measure, with the notable exception of the two items (items 2 & 3) that caused consistent problems throughout the data analysis. This suggests that more work should be done to improve the construct validity of the CGDI. Specifically, a content and theoretical analysis should be done on the items that did not have acceptable loading values for the constructs they were designed to measure (i.e. items 2, 3, 14, and 18). This is particularly true for those items that, when removed, improved the reliability of the altruism construct and nullified the significance between gender and the altruism construct (i.e. items 2 and 3). This will be discussed in more detail later in the sections on reliability and demographic factors. In total, the CGDI seems to be measuring the three construct it was designed to measure, but will require more refinement to be confident in this claim.

When looking at validity in terms of generalizability across demographic categories addressed in his study, the CGDI also showed of moderate level of validity. There was no significant relationship found between the items on the CGDI and group member race/ethnicity or group counselor level of experience. There was significant relationship found between the universality construct and group counselors who self-identified as African American. This may suggest that the items designed to measure this construct may be measuring something about these respondent's racial/ethnic identification. This cannot be determined with this data, particularly given that only 14 respondents identified as African American. There was also a significant relationship found between counselor gender identification and the altruism construct. This relationship disappeared

when the two “bad” items were thrown out, but having only three items is a sub-standard method of determining psychometrics of an instrument such as this one. Once again, the CGDI seems to have a moderate level of validity in terms of generalizability, but there are some key issues that need to be resolved. Further items analysis and study will be need in this area for the CGDI.

In terms of reliability, the CGDI once again showed mixed results. Although the items that were designed to measure the universality and group cohesiveness constructs were found to be reliable measures of these constructs, the items that were designed to measure the altruism construct were not found to be reliable measures. This reliability problem for the altruism items may be related to items 2 & 3, which were also found to not be good measures of this construct during the CFA discussed earlier in this section. Although it does seem these two items may be the problem, more analysis is needed to understand the nature of this low reliability.

I total, the CGDI showed promise in terms of construct validity, generalizability, and reliability. This is tempered by the fact that there were also some problems found in all of these areas. The next section will discuss how to address these issues, as well as further steps needed to fully develop this instrument.

### **Next Steps in Developing the CGDI/GDI Method**

The first steps needed to further develop the CGDI are related to addressing the psychometric problems revealed in this study. The first step is to do a theoretical content analysis and do new item development. This needed because of the items that loaded poorly during the CFA, particularly the items 2 & 3 that caused consistent problems through the data analysis. If a theoretical decision cannot be made about why these items are not functioning as intended, new items will need to be developed and

added to the instrument. The next step would be to do new construct and generalizability study that included a more racially and ethnically diverse response pool. This is needed to both determine if the issues with measuring counselor race/ethnicity have been addressed, as well as be sure there are not problems with other race/ethnicity categories when there is a more representative sample. Once these issues have been addressed, the CGDI can undergo further psychometric development.

One of the key developmental steps for the CGDI will be studying it for external validity. For example, a widely used instrument called the Group Climate Questionnaire – Short Form (GCQ-S; MacKenzie, 1983) includes a subscale that measures the construct *engagement*. This subscale is thought to relate to Yalom's (2005) concept of group cohesion. By giving this instrument in tandem with this CGDI/GDI assessment method, it can be determined if the group cohesion construct as measured by the CGDI/GDI is convergent with the GCQ-S subscale of engagement. This type of study is needed to be sure this assessment method is couched within current understandings of the constructs it was designed to measure.

The CGDI/GDI method also needs to be studying in terms of its validity as a “mirror” instrument tool. Although the CGDI was adapted directly from the GDI, the two instruments need to be given together simultaneously in a group environment to determine if they have validity to be used in this manner. For example, even if both instruments are shown to be measuring universality, altruism and group cohesiveness from both the group member and group counselor perspectives, when given in tandem this construct validity may not hold up. As such, this type of further study is needed.

### **Limitations of this Study**

There are several limitations for this study. The first is the self-report nature of the data collected. In general this also a limitation for data, but there is particular limitation for this study in relation to the data collected about group member race/ethnicity. This study relied on group counselors to accurately determine and estimate the race ethnicity of their group members.

There were also a very low number of non-white counselors that responded to this study. While this may reflect the actual percentage of practicing counselors, it makes it difficult to determine statistical significance related to these populations. If this instrument is to be considered culturally sensitive and appropriate, this limitation should be addressed in future studies of the CGDI.

A glaring limitation of this study is the malfunction of the Survey Monkey software in collecting data about group counselors' years of experience running groups. There were 77 responses missed. Ultimately, this means that no statistical conclusions can be drawn about this demographic category. This is a significant problem given the importance of this demographic factor. This also must be addressed in any future study of the CGDI.

### **Future Directions for the CGDI and the Mirror Instrument Method**

The CGDI/GDI method of assessing group dynamics and group counselors' conceptualization thereof has implications for the field of group counseling. In addition, this method also has implications for the future of outcome research in counseling as a whole. ACA (2005), the central professional organization for counselors, has outlined professional standards that place the client at the center of concern for the field of counseling. The mirror instrument method provides a way to place the client as the

central focus of process and outcome assessment in counseling. As stated at the beginning of this dissertation, this study was conducted because group counseling (and counseling in general) is conducted by using the self-of-the-counselor as the central facilitator of therapeutic action. As such the counseling field is caught between two competing goals. One is to provide individualized counseling to each and every client based on their own personal background and circumstance. The other is to answer the call for evidence based mental health practice (Committee on Quality Health Care in America, 2001) and outcome assessment of counselor training methods (CACREP, 2009). Although it is not possible to meet both of these goals in total, the mirror instrument method of concurrently assessing client and counselor conceptualizations of the counseling process and outcomes provides a way to meet both goals in a significant way. The individual perspective of each client and/or group member can be taken into account, as well as the counselors' understanding of this perspective. These two data points can then be compared with outcome assessments to better understand the inner workings of effective counseling. As with any assessment method, trade-offs are made and not all issues can be covered. Even so, this method provides a bridge between these two goals of the contemporary counseling field. If the mirror instrument method can, in fact, deliver on its design, other tandem instruments can be developed to suit other forms and foci of counseling. Development of the CGDI is the first step toward investigating if this mirror instrument approach can deliver for the counseling profession.

APPENDIX A  
ITEMS FROM THE GDI (PHAN ET AL., 2004)

1. I felt that helping others has given me more self respect.
2. I felt like putting others' needs before my own needs
3. I was forgetting myself and thinking of helping others
4. I was giving parts of myself to others
5. I felt that I was helping others and having an important impact in their lives
6. I felt a sense of belongingness to the group and that the group accepted me
7. I felt like keeping in touch with other people
8. I felt that after revealing embarrassing things about myself, I was still accepted by the group
9. I have the feeling that I am no longer alone
10. I feel that I belong to a group of people who understand and accept me
11. I learned that I am not the only one with my types of problem (i.e. "We're all in the same boat")
12. I am seeing that I was just as well off as other people
13. I learned that others have some of the same "bad" thoughts and feelings as I
14. I learned that others had parents and backgrounds as unhappy or mixed up as I
15. I learned that I am not very different from other people and that the group gave me a "Welcome to the human race" feeling.
16. I recognized that life is at times unfair and unjust
17. I recognized that ultimately there is no escape from some of life's pain and death
18. I recognized that no matter how close I get to other people, they still must face life alone
19. I learned that by facing the basic issues of their life and death, I am more able to live my life more honestly and be less caught up in trivialities

20. I learned that I must take ultimate responsibility for the way I live my life no matter how much support and guidance I get from others

APPENDIX B  
CGDI ITEMS AND DIRECTIONS

For the following items, please think about ONE group that you are currently facilitating, leading, and/or running. It can be a counseling group or a counseling supervision group. Use this group as a reference point for answering all of the following items.

Please rate all of these items as they relate to the group described above.

1. I perceive that the group members feel that helping others has given them more self respect.
2. I perceive that the group members feel like putting others' needs before their own needs
3. I perceive that the group members are forgetting themselves and thinking of others in the group
4. I perceive that the group members are giving parts of themselves to each other
5. I perceive that the group members feel they are helping each other and having an important impact in each others' lives
6. I perceive that the group members feel a sense of belongingness to the group and that the group accepts them
7. I perceive the group members feel like keeping in touch with each other
8. I perceive the group members feel that after revealing embarrassing things about themselves, they are still accepted by the group
9. I perceive that the group members feel they are no longer alone
10. I perceive that the group members feel they belong to a group of people who understand and accept them
11. I perceive that the group members learned that they are not the only ones with their types of problems (i.e. "We're all in the same boat")
12. I perceive that group members see that they are just as well off as other people
13. I perceive that group members learned that others have some of the same "bad" thoughts that they do

14. I perceive that group members learned that others had parents and backgrounds as unhappy or mixed up as their own
15. I perceive that group members learned that they are not very different from other people and that the group gave them a "Welcome to the human race" feeling.
16. I perceive that group members recognized that life is at times unfair and unjust
17. I perceive that group members recognized that ultimately there is no escape from some of life's pain and death
18. I perceive that group members recognized that no matter how close I get to other people, they still must face life alone
19. I perceive that group members learned that by facing the basic issues of their life and death, they are able to live their lives more honestly and be less caught up in trivialities
20. I perceive that group members learned that they must take ultimate responsibility for the way they live their lives no matter how much support and guidance they get from others

## APPENDIX C ADDITIONAL QUESTIONS

### **Screening Question**

Are you currently facilitating and/or running a counseling group, psycho-educational group or counselor supervision group? A counseling or psycho-educational group is defined as a group that is being run by a counselor in effort to help clients in any way. A counselor supervision group is defined as a supervisor who is either running group supervision, or teaching a course that involves group supervision within the course.

### **Demographic Questionnaire**

1. What is your age in whole years?
2. How many years experience do you have running/facilitating counseling groups, psycho-educational groups and/or counselor supervision groups?
3. What gender do you identify as?
  - a. Male
  - b. Female
  - c. Other (please specify)
4. What race/ethnicity do you identify as?
  - a. Latino/Hispanic
  - b. African American/Black
  - c. Asian American/Asian
  - d. Native American or Alaska Native
  - e. Native Hawaiian or Other Pacific Islander
  - f. White
  - g. Other (please specify)

5. Please estimate the racial/ethnic percentages of the members of the group you used as reference point for responding to this instrument. Please use percentages (total should equal 100)
  - a. Latino/Hispanic
  - b. African American/Black
  - c. Asian American/Asian
  - d. Native American or Alaska Native
  - e. Native Hawaiian or Other Pacific Islander
  - f. White
6. How many classes did you take in your academic counselor training program that was specifically focused on group counseling?
7. How many continuing education hours have you completed that were specifically focused on group counseling? Please estimate if you do not know the exact amount

APPENDIX D  
EMAIL INVITATION

Dear Fellow Group Workers,

I am writing this email to invite your participation in a study being conducted in the effort to create an instrument to assess group workers' conceptualization of group dynamics. The resulting data from this study will be used to determine the reliability and factor structure of the Conceptualization of Group Dynamics Inventory (CGDI). The criterion for participation in this study is that each person is that each participant should be currently leading or facilitating a working group (i.e. a counseling group, therapy group, psychoeducational group and/or a clinical supervision group). If you meet this criterion and are interested in contributing to the understanding and study of group workers' conceptualization of group dynamics, please click on the following link to be take this assessment. Please contact me via this email address ([ktate@ufl.edu](mailto:ktate@ufl.edu)) or by phone at 352-871-3208 if you have any questions or concerns about this study.

Thank you for your time in considering participating in this study, and look forward to hearing from you. Have a great day!

Kevin Tate, M.Ed. Ed.S.

Doctoral Candidate

University of Florida, College of Education

Counselor Education Program

## APPENDIX E INFORMED CONSENT

*Protocol Title:* Development of Conceptualization of Group Dynamics Inventory (CGDI).

Please read this consent document carefully before you decide to participate in this study.

*Purpose of the research study:* The purpose of this study is to develop an instrument that measures group counselors' case conceptualization ability, as well as to understand the relationship between this ability and demographic attributes of the counselor and group members.

*What you will be asked to do in the study:* Your participation consists of filling out the Conceptualization of Group Dynamics Inventory and a short demographics questionnaire.

*Time required:* Approximately 15 minutes

*Risks and Benefits:* The only potential risk is the reporting of demographic information. This is almost completely eliminated by the use of an online survey program that allows for truly anonymous responses to these questions.

*Compensation:* There is no compensation for this study.

*Confidentiality:* Upon participation in this study, demographic information will be collected and compared to your responses on the assessments. All of this demographic information and the information shared in this survey will remain confidential and be reported in an anonymous fashion only. Participants' names will not be associated with any of the data during reporting nor will individual responses be divulged. The results of the assessments will be recorded and stored on a secure hard drive 3 years.

*Voluntary participation:* Participation is completely voluntary and there will be no

negative consequences for refusal to participate.

*Right to withdraw from the study:* You have the right to withdraw from the study at anytime without consequence.

*Whom to contact if you have questions about the study:* Kevin Tate, Doctoral Candidate, University of Florida Counselor Education Program, 1206 Norman Hall, POB 117046, Gainesville, FL 32611-7046, 352-871-3208.

*Whom to contact about your rights as a research participant in the study:* UFIRB Office, Box 112250, University of Florida, Gainesville, FL 32611-2250, 352-392-0433.

*Agreement:* I have read the procedure described above. By clicking “Next” below, I voluntarily agree to participate in the study.

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## BIOGRAPHICAL SKETCH

Kevin A. Tate received his B.S. in psychology, M.Ed. and Ed.S. in mental health counseling, and Ph.D. in counselor education from the University of Florida. He currently serves as Senior Assistant Director for Career Development at the University of Florida Career Resource Center. He is married to Tyson Tate, and has one daughter named Mercy Tate.