The use of groups by mental health professionals has increased dramatically in the last half century. By 1997, group work practice was still described as “exploding” (Conyne, Wilson, & Ward, 1997, p. vii). Despite the challenges posed by the sheer complexity of conducting research on group work, group work efficacy has been clearly demonstrated with a wide range of people, topics, problems, and symptoms (Burlingame, MacKenzie, Strauss, 2004; Conyne, in press). Although group approaches are well established, pressure to improve the application of all counseling methods is increasing, exacerbated by current economic conditions. Group work is an attractive treatment choice in part because it may be more economical than individual counseling and psychotherapy. However, the complexity of working with multiple members while harnessing and using several levels of systemic development challenges counselors in attempts to increase the effectiveness of their work in groups.

How can these challenges be overcome? Although the development of new or novel approaches would most likely improve effectiveness, more promise lies in the increased integration of the disparate but fundamental variables that have most strongly influenced the development of group work. Burlingame et al. (2004, p. 647) identified these three major factors as the process-oriented group, structured approaches to group work, and counseling theory itself.

**Group Dynamic Process Orientation**

Real-time meaningful interpersonal interaction is the foundation of potent approaches to group work that include an emphasis upon member-member communication, understanding of self, and internalization of change. The focus of the leader includes helping members to recognize and revise their interaction patterns. Leaders working from this perspective identify member thoughts, feelings, and behavior manifesting in member interpersonal interaction and employ reflection on the process to help them recognize and revise their dysfunctional patterns. As Yalom stated, “The truly potent group first provides an arena in which clients can interact freely with others, then helps them identify and understand what goes wrong in their interactions, and ultimately enables them to change those maladaptive patterns” (Yalom & Leszcz, 2005, p. xv). A useful model for developing a meaningful interactive group includes conceptualization of the leader functioning as a facilitator of the group at several systems levels: the individual or intrapsychic, the interpersonal, and group-as-a-whole. Recognition of and attention to member roles as they emerge from the group developmental stage process are critical to this expert approach in order to build a culture in which members learn from one another as well as from leaders.

**Structured Interventions**

Leader-directed structured approaches to counseling and guidance have been used for many years due to time limitations and to counselor preference because of self-perceived inadequacy of training and proficiency with more process-oriented approaches. With the onset of increased requirements for demonstrated efficiency and accountability in counseling settings, characterized by expectations of increased application of evidence-based methods, structured approaches continue to be commonly used in group work. Cognitive Behavioral Therapy (CBT) interventions seem to have become the gold standard in structured approaches to groups, in part because their structure lends itself to accepted methods of measurement and quantification. Applications include such methods as behavioral rehearsal, modeling, reinforcement, diaries, exposure procedures, and particularly skills training protocols. These interventions have been demonstrated to reduce the frequency and intensity of some specific symptoms with many clients, specific problems, and disorders (Chambless et al., 1996).

Efforts to study, identify, and use evidence-based methods combined with clinical wisdom must remain a major policy initiative of professional mental health workers. However, although symptom reduction and relief are exemplary goals, working to help people learn about themselves and change their problematic dysfunctional constructions of themselves, others, and the world will continue to be needed to provide significant relief and change. As Yalom states, groups based only upon the application of specific behavioral interventions for symptom relief “fail to reap the full therapeutic harvest. Each of these forms of group therapy can be made even more effective by incorporating an awareness of interpersonal process” (Yalom & Leszcz, 2005, p. xv). Theoretical models will need to be expanded beyond individual symptomatology to also incorporate group process applications in which leaders facilitate member-member interaction, feedback, learning, and growth to build cohesive and collaborative groups in which evidence-based specific interventions may also be applied.
Expanding Counseling Theory to Accommodate Group Process

The application of common counseling theories to group work is the topic of a number of survey books exemplified by Corey’s theories text (2008). Although there has been some increased description of the application of theoretical concepts and techniques of the theories within a group context, most continue to emphasize individual explanations and applications. Application of the theories beyond the individual to interpersonal and group-as-a-whole systemic levels will facilitate and harness the enormous therapeutic power available with process-oriented group work. One very encouraging development was the description of the rationale and mechanisms for implementation of a process-oriented CBT therapy group model (Bieling, McCabe, & Antony, 2006). Bieling et al. provide a substantive explanation of how the powerful therapeutic mechanisms available through nurturing meaningful interpersonal interaction and group cohesiveness and collaboration can be created and used to enhance and maximize the impact of specific CBT interventions in the group. Efforts to increase the rationale and methodology for systematically incorporating group process methods with other commonly-used counseling theories should continue in order to make these approaches “even more effective by incorporating an awareness of interpersonal process” (Yalom & Leszcz, 2005, p. xv).

Additional Tools to Enhance the Application of Integrated Approaches to Group Work

Two documents that may be useful as counselors attempt to increase their use of group work integrating group process, evidence-based structured interventions, and counseling theory are the Association for Specialists in Group Work’s Best Practices Guidelines (1998) and Professional Standards for the Training of Group Workers (2000). The Best Practices Guidelines recommend a systematic approach to groups characterized by three major steps: planning, performing, and processing. Counselors conduct many kinds of groups with people with different needs and different levels of functioning. One of the most challenging aspects of conducting a meaningful group experience is to identify specific needs and levels of functioning, consider the resources available in terms of time and availability, and then to apply elements most helpful to the specific members of the specific group systematically. The Professional Training Standards for the Training of Group Workers describes four types of group work from least personal and intense to most personal and intense. These levels include work/task groups, psychoeducation groups, counseling groups, and therapy groups. Integrating psychoeducation methods such as skills training within a process-oriented counseling or therapy group may enhance outcome.

Conclusion

Yalom and Leszcz (2005) have conceptualized a focus on interpersonal interaction as the “engine” of group therapy, stating that therapists skilled in utilizing this approach will be better able to conduct all types of therapy (p. xvi). Utilizing an approach to group work that increases the integration of counseling theories, interpersonal and group-level processes, and evidence-based, structured interventions can enhance the quality of group work and answer the call for increased efficiency and effectiveness in counseling practice.

References