TRAINING IN GROUP PSYCHOTHERAPY

by

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As members of the Final Examination Committee, we certify that we have read the dissertation prepared by Martha Louise Gilmore entitled Training in Group Psychotherapy and recommend that it be accepted as fulfilling the dissertation requirement for the Degree of Doctor of Philosophy.

Date

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SIGNED: Marta Louise Gilmore
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And so at this time I greet you
Not quite as the world sends its greetings,
But with my profound esteem
And the prayer that for you
Now and forever,
Day breaks and the shadows flee away.

Fra Giovanni
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ABSTRACT

The question of how psychotherapy works becomes extremely complex when considering group psychotherapy where the arena for therapeutic effects is extremely broad. One important area demonstrated to have an impact on group therapy outcome is the group leader's behavior. This study was designed to examine training in group psychotherapy in an attempt to discover what constitutes effective training. In this study a successful group psychotherapy training program was thoroughly examined in order to: identify principle components of the program and their contribution to its success; study participant evaluation of the program and its components over time; and explore the relationships between group psychotherapy training, trainee characteristics, and subsequent group leadership behavior. 53 subjects who had been in the training program or were enrolled to take it responded to 8 questionnaires measuring subject and class characteristics, evaluation of the training model, and group therapy style.

Subject and class characteristics were thoroughly described showing that subjects had a great deal of individual and group therapy experience, had positive perceptions of groups, and were sampled from a homogeneous group at different times in their training. Subjects rated their relationship with the instructor quite highly, strongly endorsed the training program, and this endorsement continued at the same high level for up to 5 years after training. Subjects rated actual leadership of groups the most valuable training experience, with videotape supervision and membership in the group also seen as very important. The importance of having a warm and supportive instructor, receiving feedback, and having a cohesive group was reported by subjects and could be seen as essential to the learning which took place. Factor analysis yielded a factor which combined both experiential and didactic training activities suggesting that the training
model achieved an integration of didactic and experiential aspects in an effective way which has long been looked for. Subjects' ratings confirmed the utility of training components perceived as ideal in the literature. The measures of group leadership did not distinguish subjects who had undergone extensive group training from subjects without such training but with prior individual therapy training and experience. Several explanations for the lack of group differences on these and other measures are considered. Multiple regression analyses showed that these leadership scales seemed to reflect the prior orientation and background experience of subjects rather than the acquisition of specific group therapeutic skills. These analyses showed no relationship between trainee characteristics, perception of trainer, or feelings about the group, and leadership style. Limitations of the study and the need for refinement in the measurement of leadership behavior and research with other training models is discussed.
INTRODUCTION

The question of whether psychotherapy benefits clients more than the passage of time has been long and hotly debated. From Eysenck's first review in 1952 (Eysenck, 1952), where the effects of psychotherapy were seen as nonexistent, the review process has become more and more rigorous and the results increasingly promising. Conclusions about the effectiveness of psychotherapy have shifted from "[the data] fail to prove that psychotherapy, Freudian or otherwise, facilitates the recovery of neurotic patients" (Eysenck, 1952, p.322), to "the average effect of psychotherapy is modestly positive (Bergin, 1971), to "[psychotherapy has] clearly positive results when compared with no-treatment, wait-list, and placebo or pseudotherapies (Bergin & Lambert, 1978, p.180). Most recently in their meta-analysis of 475 controlled studies, Smith, Glass, and Miller (1980) conclude that "the results show unequivocally that psychotherapy is effective... An applicant for therapy who is no better off than average (i.e., is at the 50th percentile) in psychological well-being, compared to all those who have not received psychotherapy, rises to the 80th percentile as a result of psychotherapy. At the end of treatment, he is better off than 80 percent of those who need therapy but remain untreated. In absolute terms, the magnitude of therapeutic effect is greater than most interventions of social science" (p.124).

Three aspects of psychotherapy have been examined in terms of their relationship to therapeutic outcome; client characteristics, therapist characteristics, and therapeutic technique. Bergin and Lambert (1978) concluded that client characteristics were strong predictors of outcome while Smith et al. (1980) found that clients who were depressed or had simple, monosymptomatic phobias showed the largest treatment effects and psychotics, neurotics, and handicapped clients showed the smallest. They also found that therapeutic effects were larger when the client was
more intelligent and more like the therapist in education and socioeconomic status. The experience of the therapist was unrelated to therapeutic effectiveness, although the range was quite low in the studies examined. Other therapist characteristics such as race, gender, attitudes, personality, and the ability to provide empathy, warmth, and genuineness have been extensively studied with inconclusive results (Bergin & Lambert, 1978). The different types of therapy, schools of thought, and techniques have been frequently examined with the conclusion that no reliable differences in effectiveness between behavioral and verbal therapies have been found (Smith et al., 1980) and that "the (generally accepted) schools of therapy have been found to be about equally effective with the broad spectrum of outpatients to whom they are typically applied" (Bergin & Lambert, 1978, p. 170). Many authors have suggested that the level of analysis has been too broad and that to make relevant conclusions actual therapist behavior must be studied in relation to therapeutic outcome (Bergin & Lambert, 1978; Lewis & McCants, 1973; Perloff & Dins, 1977; Smith et al., 1980).

While research on therapeutic outcome has become more positive over time so that we are now relatively confident that psychotherapy does something, we are still not at all clear on what it does or how it does what it does. This problem becomes even more complex when we look at group psychotherapy as we add other clients and greatly increase the potential type and number of interactions and the potential arenas for therapeutic effects. Perhaps surprisingly, Smith et al. (1980) found that individual therapy, group therapy, or both in combination were equally effective. Much of the group psychotherapy outcome research parallels the individual psychotherapy research with a few interesting exceptions. One area which has been addressed in the group literature is the idea of therapeutic factors and the examination of what both clients and therapists think these factors are. The person most associated with the study of therapeutic
Factors in group psychotherapy is Irvin Yalom who introduced a 12-factor construct of the therapeutic process in groups as perceived by therapists in 1970 (Yalom, 1970, 1975). His approach was based on a synthesis of earlier research (Corsini & Rosenberg, 1955; Dickoff & Lakin, 1963; Berzon, Pious, & Ferson, 1963) and his own research and experience. He labeled his 12 therapeutic factor constructs as follows: self-understanding, interpersonal learning (input), interpersonal learning (output), universality, instillation of hope, altruism, recapitulation of the primary family group, catharsis, cohesiveness, identification, guidance, and existential factors. Yalom (1975) then used a 60-item Q sort (5 items for each factor) to examine patients' perceptions of these therapeutic factors in their own therapy. In a review of Yalom's 1970 study and subsequent research using Yalom's construct, Butler and Fuhriman (1983) found that three factors are consistently nominated by outpatient group psychotherapy clients as being the most important. They were self-understanding, catharsis, and interpersonal learning (input). A fourth factor, cohesiveness, was also highly valued but not to the same extent as those above. Butler and Fuhriman point out that while this research is limited by its reliance on self-reports alone, it is highly useful information from the clients' perspective and provides interesting information when compared with the therapists' perspective.

In addition to the therapeutic factors research, the group psychotherapy outcome research has addressed leader behavior and its relationship to outcome in much greater detail. Aspects of leader behavior such as amount of self-disclosure and amount of here-and-now versus there-and-then comments have been examined (Bedner & Kaul, 1978). The most comprehensive and well-respected study of leader behavior and outcome is the Lieberman, Yalom, and Miles (1973) study of encounter groups which will be examined in some detail here.
Lieberman, Yalom, and Miles (1973) intensively studied the relationship between group leader behavior and client outcome. Although Lieberman et al. called their groups encounter groups, this seems to reflect the times rather than any real differences from the usual group psychotherapy forms. In retrospect, the Lieberman et al. study is best seen as research on various psychotherapy group forms using a normal student population as clients. In this study, 210 Stanford University students were assigned to 18 different groups and 69 students to a control group by a stratified random sampling of sex, class year, and previous group experience. Sixteen leaders representing nine widely-used group approaches were selected by professionals familiar with each approach as the best leaders in the Bay Area. The sixteen selected leaders were mostly psychiatrists or psychologists, all were highly experienced group leaders, and were uniformly respected by their colleagues as representing the best of their approach. Group approaches used were National Training Laboratory (traditional), Gestalt therapy, Transactional Analytic, Esalen Eclectic, Personal Growth (National Training Laboratory Groups, Western Style), Synanon, Psychodrama, Marathon, Psychoanalytically Oriented, and Encounter Tapes (leaderless groups using a tape program developed by Elizabeth Berzon).

Lieberman et al. (1973) assessed participant outcome over a wide range of areas and perspectives and over a relatively long period of time. A number of outcome measures were administered to participants and controls before the groups began, immediately after they were terminated, and six months after termination. Participant ratings included changes in self-ideal discrepancy, self-esteem, valuing of different personal behaviors (e.g., spontaneity, expression of feelings), life goals, problem-solving approaches, preferred interpersonal style, and attitudes towards encounter groups. Leaders provided professional judgment of participant change.
Coparticipants rated each other on amount of learning and friends (not involved in the study) were also asked to rate participant change. Approximately half of the participants were interviewed a few months after the groups ended. Archival data from university records were also collected. An index of participant change was developed by using measures representing the four perspectives (self, coparticipants, leader, and social network). On each measure, a participant received one of three possible scores: a positive change (•), no change (0), or negative change (−). Each principal investigator looked at the data for immediately after termination of groups and at the six-month follow-up, and a case-by-case judgement was reached through discussion.

Participants were categorized as Negative Changars when they had downward shifts on three or more measures. The Unchanged category was used when the person had no clear pattern of positive or negative gain. The category Moderate Changer was applied when the person had experienced predominately positive shifts with few or no negative changes. The category High Learner included those for whom a substantial amount of positive change had occurred (usually on five to six of the measures) and with only rare negative changes. Casualties were those who had been harmed by the group experience as determined by nomination by self, coparticipants, and/or leaders and then by follow-up interviews. Only those participants whose difficulties were clearly in reaction to the group and were more than transitory were included as casualties.

In order to examine the relationship between what happened in the groups and participant outcome, Lieberman et al. looked at leader behavior and group climate in great detail. Participants described leaders on a questionnaire, and reported on appropriate group behaviors, group cohesion, and the aspects of the group most personally helpful to them. Participants also reported the most significant event for them in each meeting. Other dimensions of leader behavior and group conditions were measured through ratings of trained clinicians who attended each
meeting in pairs. These observers provided data on discussion content, predominant work patterns, non-verbal procedures, extent of personal revelation, group climate, dominant issues, group norms, leader interventions, focus of leader's attention, and leader style.

After analysis of their data on leadership behavior, Lieberman et al. identified four basic leadership functions; Emotional Stimulation, Caring, Meaning-Attribution, and Executive Function. Emotional Stimulation represents leader behavior which emphasizes revealing feelings, challenging, confrontation, revelation of personal values, attitudes, beliefs, frequent participation as a member in the group, exhortation, and drawing attention to self. Caring as a leader style involves protecting, offering friendship, love, affection, and frequent invitations for members to seek feedback as well as support, praise, and encouragement. Such leaders express considerable warmth, acceptance, genuineness, and a real concern for other human beings in the group. Meaning-Attribution involves providing concepts for how to understand, explaining, clarifying, interpreting, and providing cognitive frameworks for how to change. These leaders may name experiences individual members or the group are having, they may suggest that they look into the experience, or they may tell a person directly what s/he’s feeling. This function was bipolar with some leaders focusing on aspects of the group as a whole while others focused more on the individual. Executive Function refers to behaviors such as limit-setting, suggesting or setting rules, limits, norms setting goals or directions of movement, managing time, sequencing, pacing, stopping, blocking, interceding, as well as such behaviors as inviting, eliciting, questioning, suggesting procedures for the group or a person, and dealing with decision-making. Typically group leaders exhibited varying amounts of all four functions and leader behavior was unrelated to described leader orientation.
Upon analysis of the relationship between client outcome and leader behavior, Lieberman et al. (1973) concluded that these four functions were related to client outcome. Emotional stimulation and Executive Function were related to outcome in a curvilinear fashion; leaders who had too much or too little of either were unsuccessful. Caring and Meaning-Attribution (either individual or group) were related to outcome in a linear fashion. High levels of each were thus associated with successful outcomes. Lieberman et al. thus found that successful group therapists show high levels of therapist Caring and Meaning-Attribution and moderate levels of Emotional Stimulation and Executive Function. This combination of leadership functions was best in producing positive outcomes with a minimum number of casualties. (It is of interest to note that the leader who, in the opinion of the authors, was the most successful of the 16 group leaders, Robert L. Goulding, has been the principal trainer for Peter Madison, whose training model was the focus for this study. Madison’s Integrative Model of Group Therapy Training is an adaptation of the Goulding model.)

Group Psychotherapy Training

Since it is becoming evident that group psychotherapy is effective and that what group leaders do is important in determining how effective it is, it becomes important to address the question of how to train therapists to be effective group leaders. Literature on the training and supervision of group psychotherapists is abundant, but is primarily speculative and often contradictory. Several authors (Berman, 1975; Cochrane, 1977; Dies, 1980) have reviewed the literature and provided a synopsis of different training programs and training methods. These authors have also discussed the consensus regarding the relative strengths and weaknesses of various training methods. Unfortunately the available data is limited to various authors’
comments on their ideas of ideal training and surveys asking trained therapists what their training was like and what they see as ideal. This has provided a wide view of what training is being done in the field and has revealed the overwhelming dissatisfaction felt by most group therapists with their own training. What is needed is to begin studies of existing programs considered to be high quality by the trainees and to identify the components they use. Once the components of these quality programs are identified, further serious research can begin relating training to later behavior of group therapists and ultimately to client outcome.

Since the field is primarily at the beginning stage in which experts and trained therapists are asking themselves what good training should consist of, it seems that Dies (1980) categorization of group psychotherapy training into four broad categories: Academic, Observation, Experiential, and Supervision is a reasonable way to begin. While these divisions are somewhat arbitrary, they are useful in reducing the confused literature into understandable parts.

Academic Component

There are two aspects to the academic component: what content is desirable and how such content can be integrated with teaching clinical skills. On the first, little consensus exists about the selection of readings or topics. Dies found that only one text (Yalom, 1975; The Theory and Practice of Group Psychotherapy) was widely endorsed, while most clinicians recommended diverse and individualized readings. (This 1975 Yalom text and a 1983 version in which Yalom shows how the principles of long-term classical group psychotherapy can be adapted to short-term groups are the principal readings used by trainees in the present study.) As to the problem of integrating theory and practice, the majority of group trainers agree that didactic instruction should precede actual group leadership, and attempt to integrate the didactic and experiential
aspects of training (Dies, 1980). Such integration has been attempted through the use of audio-visual aids (Appley & Winder, 1973; Lekin, Lieberman, & Whitaker, 1969), role-play techniques (Cochs', 1977), and self-evaluation with research and training instruments (Dies, 1980). For example, after a lecture on empathy, trainees could watch a videotape of empathic therapist statements in response to a client, could then role-play empathic statements themselves and then rate themselves and others on an empathy scale. Empirical evaluation of such methods has not been published.

Observation Component

While Berman (1975) says that observation of on-going groups is one of the most widespread training models, Dies (1974, 1980) reports that already trained therapists looking back on their training rate it as having had a low value for them. Generally, observation of psychotherapy groups includes a post-session debriefing meeting with group leaders and observers. Yalom (1975) sees such discussion as an “absolute training necessity” (p. 505).

Berman (1975) stresses that “learning through observation must not be merely a passive and cognitive experience, but demands an active and effective confrontation with that which is observed” (p. 336). Berman has also underscored the many potentially distressing effects on both group and leader behavior. Since no empirical data of such effects yet exists, he suggests that the costs and benefits of observation be carefully weighed and guidelines be stated and adhered to. Dies (1980) suggests that benefits from observation can be increased by providing for observation and discussion of leadership and group process and resulting feedback to group leaders. He also suggests the use of formal instruments to describe and evaluate group process.
What is needed is to assess the value of observation in a quality program with participants at the time of training as well as retrospectively.

**Experiential Component**

Participation in an experiential group in which group leaders become group members is seen as an essential part of training by the American Group Psychotherapy Association (120 hours minimum required) and many others (Dies, 1980). In Dies’ (1980) survey of experienced group therapists, 90% mentioned process, therapy, or training groups or workshops incorporating a major focus on experiential learning when asked “what specialized training procedures have you found especially helpful for teaching group therapeutic skills?” (p. 351).

Participation in a group allows the trainee to experience the member role, understand the group as a powerful social system, and appreciate the leader role through their own identification and unrealistic appraisal of the leader (Berman, 1975). A wide variety of experiential groups has been used, including process groups, which discuss group process but not individual therapy issues, therapy groups, and experiential workshops. Little consensus has been reached about the most appropriate focus of such groups (i.e., personal therapy versus learning about group process), however, several authors have emphasized that the similarities outweigh the differences and that the differences are primarily a matter of degree or emphasis (Dies, 1980). Formal assessment measures to provide systematic feedback about interpersonal style and contribution to group process have been used only rarely for training purposes but provides some exciting opportunities for facilitating group process and increasing understanding of theory and methodology (Dies, 1980).
Supervision Component

Training in group psychotherapy through supervision has received the greatest amount of attention in the literature, most of which remains speculative and qualitative. Conventional models, such as dyadic, co-therapy, triadic, and group supervisory formats have been used (McGee, 1968). Other less conventional methods have also been used, such as: alternate-therapist observer techniques (Jervis & Esty, 1968) where trainer and trainees alternate roles; and double reversal group psychotherapy (Finney, 1968) where trainees first observe a trainer-led group, then discuss it with the trainer while group members observe, and end with a total group discussion. Technological advances have also made possible innovative methods, such as the bug-in-the-ear approach where the trainer can deliver instructions and comments directly to the trainee while observing through a one-way mirror (Boyleston & Tuma, 1972).

The relative merits and disadvantages of each of the more conventional supervision models have been addressed in the literature with the group supervision format generally being seen as uniquely appropriate to the supervision of group psychotherapy. McGee (1968) points out that “this approach has the advantage of providing a group context in which the fledging group therapist can learn about the operation of groups and about his own feelings as a group member. In this sense, it exposes the supervisee directly to the dynamics of groups as a participant rather than as a therapist. It also provides him with a forum in which he can share anxieties and insecurities about becoming a group therapist and, hopefully, learn from the problems and contributions of others undergoing a similar experience” (p. 168).

In summary, it is evident that training in group psychotherapy is a complex, multifaceted process. Dies (1980) categories are only meant as broad organizing concepts. It
needs to be noted that they are not mutually exclusive. In reality, all of these components have both didactic and experiential aspects and many others ways of organizing this information would have been possible. At more specific levels there are numerous sub-components. For example, training through modeling, through practice, and through feedback could have been addressed. However these issues are conceptualized, the literature indicates that the group psychotherapy training programs likely to be most effective are comprehensive and stimulate trainees effectively, behaviorally, and intellectually (Dies, 1980). The particular combination of these components varies from program to program, but a conceptual framework, cognitive and effective understanding, and behavioral skills are all seen as necessary for the development of effective group psychotherapists. One way to introduce some clarity into the field is to begin with careful empirical studies of what components are found in good programs and how they are combined.

**Trainer and Trainee Characteristics**

Literature on necessary trainer characteristics for group trainers is basically nonexistent but some ideas might be extrapolated from a review of the sparse literature on individual therapy trainer characteristics. A few authors have asserted that an effective supervisor must be an effective (Montgomery, 1978) or whole (Carkhuff & Berenson, 1967) person. In a comparison of data from several studies, Carkhuff (1969) found that trainers who functioned at high levels of both facilitative and action-oriented interpersonal dimensions (empathy, respect, concreteness, genuineness, self-disclosure, confrontation, immediacy) were most effective in increasing trainees' functioning on these same dimensions. Generally, trainees' functioning moved in the direction of the functioning of their trainers. In a more controlled analogue study,
however, Payne and Gralinski (1968) found that supervisor empathy was not related to counselor learning of empathy. Bolmen (1971) found that trainer empathy and security (trainer's personal comfort and nondesigniveness) were related to liking for the trainer and perceived trainee learning. Unexpectedly, he found no relationship between trainer openness and self and peer rated trainee learning. In a study measuring changes in trainees' empathy, congruence and client behavior ratings, Silvers (1974) found no significant effects of differential matching of trainer and trainee dominance as measured by the CPI Dominance Scale. Given these contradictory findings and the problems of the measurements used, (which were developed by Roger's students - mainly Truax and Carkhuff), these findings must be considered extremely tentative (Lambert, 1980). Research studies have usually not dealt with the personal characteristics of the supervisor, or the techniques of supervision in interaction with the personal qualities of trainees (Lambert, 1980).

The issue of necessary group trainer characteristics becomes even more complicated when one considers that group training frequently includes an experiential component in which students become group members, typically in a group led by the trainer. This might be considered parallel to the way in which individual therapy supervisors often function as therapists in examining the countertransference of the student. In the most widely used form of group therapy, the Yalom style interactional group (Yalom, 1975), the leader's function, in a broad sense, is to create the group, which then has a therapeutic effect. The group members and their relationship to one another is thought to be the most potent therapeutic factor with the leader-member relationship being of lesser importance.

Literature on necessary group trainee characteristics has not been published and literature on necessary trainee characteristics has been highly speculative but is worth reviewing.
Some authors have stressed the importance of the trainees being open to his own experiences (Altuscher, 1967) and open to change and the possibility that the trainer can have a constructive impact on the trainee's life (Carkhuff & Berenson, 1967). However, no well-defined personality variables have been satisfactorily measured and related to trainee performance (Matarazzo, 1978). As Matarazzo (1978) points out, "we can probably safely say that psychological good health, flexibility, open-mindedness, positive attitudes toward people, and interpersonal skill are associated with success as a psychotherapist. These desirable characteristics, of course, are presumably associated with success in any endeavor in which human interaction is a large component. Lack of these attributes, or personality disturbance, is very likely to hinder the student's growth as a therapist" (p. 960). No empirical research exists to date which illustrates the importance of these factors or relates them to group psychotherapy trainees.

In summary, it can be seen that study of trainer and trainee characteristics in individual therapy, where research is much more advanced than in group therapy, has produced unclear findings. Studying these characteristics in group therapy is still ahead and likely to be even more difficult to research effectively. Important issues to be addressed include trainer and trainee personality, the relationship between trainer and trainee, and the relationship between trainee and other trainees. The field hardly seems ready for any sort of detailed speculations regarding these issues. Some descriptive data gathered from an established training program seems to be an important place to start to focus in on variables likely to be important.

**Purpose and Design**

The main purpose of this study was to thoroughly examine a well-established group psychotherapy program which had been uniformly endorsed as successful by participants. This
examination included identification of the principle components of this program and assessment of their relative contribution to the success of the program. These empirical findings were then compared to expert opinion found in the literature on what comprises a desirable group training program.

A second purpose of this study was to study participant evaluation of the program over time in order to see if the evaluation of components and their importance to learning changed with increased time or with increased experience. The inclusion of a group of control subjects who had not yet participated in this training was used in order to develop a body of information about naive expectations. This spread of subjects, from naive to those for whom any temporary enthusiasm would have faded, allowed a clearer comparison of these data with published surveys of already trained therapists and investigation of the stability of the evaluations over time.

The third purpose of this study is to begin to address the relationships between group psychotherapy training, trainee characteristics, and subsequent trainee group leadership behavior. As discussed previously, no empirical research on the relationship between training of group psychotherapy and subsequent group leadership behavior has been published. Even in individual psychotherapy the effect of training has been examined on only the microcosmic scale, as in the micro-counseling research (e.g. Carlsmith, 1969) and "these programs have not even attempted to measure more subtle, psychotherapeutic, conceptual skills and appropriate flexibility of response" (Matarazzo, 1978, p.962). The group psychotherapy research shows that a complex array of leadership behaviors affects outcome. Because of the obvious difficulties inherent in attempting to measure leadership behavior, this study focused on leadership style, that is self-reported leadership behavior. Even so, this part of the study was exploratory in nature due to the lack of established measures of leadership style and trainer and trainee
characteristics. While this broad-based exploratory approach necessitated a quasi-experimental, correlational design, it was felt that this sacrifice in experimental control was an appropriate response to the state of theory and research in the group psychotherapy literature. The third part of this study was designed to facilitate the identification of important variables in the training of group psychotherapists and the postulation of important relationships between training, trainee characteristics, and subsequent trainee group leadership behavior. Later well-controlled, experimental designs can examine variables which were shown to be important.

The Integrative Group Psychotherapy Training Model

The program provided by the Psychology Department at the University of Arizona for doctoral students in clinical psychology and related professions was chosen as the arena for this study for several reasons. First, the course, which has been named the Integrative Group Psychotherapy Training Model (called the Group Psychotherapy Course, GPC, for the purposes of this study), has been extremely well-regarded by students and is seen as one of the most valuable courses at the University of Arizona. According to surveys carried out by the University of Arizona Office of Instructional Research and Development using a standard questionnaire, the Course/Instructor Evaluation Questionnaire Form 76 (CIEQ), this course achieved a 9th decile rank in all areas for the academic years 1978 through 1986 (Madison, 1986). Areas rated were general attitude, method, content, interest, instructor, and an overall total. This highest ranking was in comparison to University of Arizona courses taught by professors, all courses taken by graduate students, all courses, all College of Liberal Arts courses, all psychology department courses, and also all courses that have used the CIEQ on a national level (over 23,000 courses). This course is also seen as valuable by professionals in the community. Three senior
level University of Arizona faculty and staff have asked to take the course and five professional staff who train other staff in group therapy at the Southern Arizona Mental Health Center took the course (Madison, 1986). Also in one recent year 25 masters or doctoral candidates in other professional programs asked to enroll and could not be accommodated. The reputation of the instructor has even been carried to another state where, in a recent survey of California State Psychological Association members, he was "identified as instructor or supervisor whose excellence and impact were so substantial" that he was commended (Morgan, 1986). Clearly this training program fits the criteria of being seen as valuable and effective by its participants. Second, the training program is comprehensive, integrating all of the desirable components recommended in national surveys of group therapy trainers and supervisors (Dies, 1980) and group therapists (Dies, 1974), plus other components such as review and supervision of videotapes of actual group sessions. Thus, it provides a diverse and complete field for research. Third, access to trainees is feasible. Finally, this program has been in process for six years with only minor changes and so provides a respectable number of trained subjects who have had essentially the same experience. A description of this training program will elucidate the training components involved.

Academic Description

The training program in group psychotherapy at the University of Arizona is divided into beginning and advanced halves. Typically, nine graduate students are enrolled, around half of whom are clinical psychology majors, while the others come from a variety of different fields. Interactional group psychotherapy (Yalom, 1975) is taught, as well as Polster-style Gestalt (Polster & Polster, 1976) and Redecision therapy (Goulding & Goulding, 1979). Texts are

First Semester

**Interactional Group.** The class meets twice a week, once for a three-hour lab and once for a two-hour seminar. During the lab, the class begins a psychotherapy group with seven members, one observer, and the trainer and one trainee co-leading. (The observer role was eliminated in fall 1985.) Observer and co-leader roles are changed every forty minutes so that in each three-hour lab, three trainees have co-led and three trainees have observed. The remaining hour is reserved for feedback and discussion.

Observers are chosen by the trainee who is to be observed. They are instructed by the trainee on any particular points of leadership for which the trainee desires feedback. The observer takes notes, in the form of a brief transcript, and does not participate as a member unless required by group events, in which case roles are temporarily shifted. After the conclusion of the group session, observers give specific feedback to the trainee they observed.

As mentioned previously, the group is co-led by the trainer and a trainee. Beginning with the interactional model, the trainer takes primary responsibility for leadership and actively models this. As the trainee co-leading begins to use appropriate interactional techniques, the trainer backs off into a supportive role, intervening when necessary. After sufficient skill is reached by all trainees, generally after four to five meetings, the trainer changes to a
coaching-observer role and two trainees co-lead together with the trainer intervening to point out options being missed or to translate interventions into interactional style. This format is used for two to three sessions ending with six to seven interactional labs total.

Alternating with the above lab meetings are two-hour seminar meetings in which readings and theory are discussed. During the first hour, each observer from the previous lab relates the current and past readings to the lab events they observed. Integration of theory and practice is specifically stressed in these reports as well as emphasized throughout the didactic portion of the course. In the second hour, the readings are discussed more generally, with the trainer also providing additional material.

**Gestalt Component.** During the last two to three weeks of the interactional group, the usual two-hour seminar is suspended for triad training in gestalt techniques. In triad training, three trainees alternate in roles of client, therapist, and observer. The trainer spends at least one hour with each triad in the role of coach. Meanwhile, during the last few sessions of the interactional group, gestalt techniques are gradually introduced by the trainer when appropriate. The overall group continues to be interactional but moves into gestalt at appropriate times, and then returns to the interactional format. As before, the trainer takes initial responsibility for leadership and gradually fades himself out as trainees become skillful. Three lab meetings use the gestalt-interactional blend. Once triad training is completed, the two-hour seminar shifts back to gestalt readings and discussion under the same format as previously described.

**Redcision Component.** Redcision therapy is a version of brief psychoanalytic therapy that uses dialogue techniques from gestalt therapy and a terminology drawn from transactional analysis. Redcision work is introduced in the same way as gestalt work was so that trainer-led examples during group sessions provide trainees with enough modeling and experience to begin
experimentation with resuscitation techniques. Tried training is again used to practice resuscitation techniques, although an eight-hour marathon was used to introduce resuscitation techniques until fall of 1984. Lab sessions led by two trainees begin to use resuscitation techniques, again combined with the interactional model. During this time, the seminar focuses on the relationship between readings and specific lab events.

Second Semester

Volunteer Client Group. During the second semester, the class meets for a three-hour lab with ten volunteer clients. These volunteer clients are undergraduate students who have volunteered to participate in the group and work on personal issues for the training experience of the trainees. They are clearly informed that the main goal of the program is training and that while personal changes may, and often do, occur, they are not the primary focus of the program. Volunteer clients are screened for psychological health; students who are relatively fragile and in need of therapy are referred elsewhere. Volunteer clients meet with the trainer weekly for instruction in the different therapy models being used, instruction in giving feedback to trainees, and in order to prevent and/or ameliorate any problems which may arise as a result of participation in the group. Volunteer clients are typically relatively well-adjusted, bright and motivated students who are interested in mental health careers.

During each lab meeting the ten volunteer clients form an inner circle with two trainees as co-therapists. The trainer and remaining trainees sit in an outside circle and do not participate except to applaud successes. The two co-leaders work for 45 minutes and then are replaced by two other trainees for a second 45 minutes. Each therapist has selected an observer in the outside circle who provides specific feedback. The trainer also observes and does not enter into
the process of the group. After the group session is over, volunteer clients, all trainees, and the
trainer move into an enlarged circle. Volunteer clients give feedback to the four leaders, and all
trainees and the trainer give feedback to the volunteer clients. After the volunteer clients leave,
the trainees and trainer meet for a one hour post-group discussion in which the meeting is
processed and specific feedback provided to the leaders. The volunteer client group begins with an
interactional mode until a cohesive group is established and then gestalt and rediscion techniques
are used as appropriate.

Clinical Group. Prior to fall 1983, each trainee also worked as a co-leader in a clinical
group with an experienced staff member of a mental health agency during the second semester.
These placements were varied and were arranged with the help of the trainer. The agency staff
were frequently graduates of this, or similar, training programs. This component was eliminated
due to the enormous amount of work already required of students.

Group Supervision. The two-hour session which was used for a seminar in the first
semester, is used as a group supervision meeting during the second semester. Issues in the
volunteer client group and clinical groups are discussed. In addition, each trainee keeps a written
summary of volunteer client group events and relates these to the reading from the previous
semester. At the end of the semester, each trainee writes an overall summary of the volunteer
client group's development and leadership issues.

A note about feedback is relevant at this time. The trainer encourages a specific format
for all feedback and all discussion of leadership work (either own or others'). Briefly, this
format suggests that feedback begin with positive comments about what was good about the work.
Then places where the work could have been better are pointed out along with options, alternative
therapist statements which could have been used. Comments are restricted to two to three points
on both the positive and the option sides. Observers also provide therapists with a brief transcript of the session with both good interventions and options listed. This feedback format is explained and modeled by the trainer throughout the program and is generally followed by all trainees.

Audio Tape Supervision. Beginning in fall 1983, audio tape supervision was introduced with videotape supervision beginning in spring 1984. This videotape supervision consists of four parts:

1. Following the lab, the instructor reviews the tapes while making a copy with supervisory comments dubbed onto it for each leader of that group session.

2. One to three days following the lab, each student who was a leader during that session (up to six students in fall and up to four in spring) watches the videotape. The student sees the group session and sees stills of the group as s/he hears supervisor comments on the scene or the action that has just occurred.

3. At the next seminar or group supervision meeting, each leader brings in one selected segment to replay and discuss with the class. At times the instructor also brings in selected segments.

4. Beginning in fall 1983, students could choose to fulfill the academic requirements of the course by writing lab reports on each session led by that student. In these reports the student selects specific events on the tape that s/he considers to be significant and wishes to discuss. The student summarizes the event, labels the events in terms of theory (e.g. agenda shaping, identifying group themes), and explains what s/he did as leader, relating this action to group theory. The student also responds to any supervisory comments that were made on the chosen events.
To summarize the academic description of the integrative group psychotherapy training model it is useful to return to Dies' (1980) four categories. The academic components of this model include specified readings which are discussed both in the abstract and in reference to specific events occurring in other portions of the course. The observation component includes observing an experienced group leader at work, observing the two different groups, observing the other student leaders, and observing the videotapes. The experiential component includes being a member of the group and being a leader. The supervision component includes feedback from the instructor and other trainees both immediately after group sessions and later on videotapes or in discussion. A fifth component could be added to underscore the importance of the integration between theory and practice provided by this model. Included here would be a large part of the seminar and supervision meetings, discussion of videotapes, and the lab reports.

Course Content

The Integrative Model for Group Psychotherapy Training is a short-term agenda-focused interactional group form into which components from gestalt and redecison therapy are integrated. The principle concepts and methods in which students are trained include: the interactional group form, an agenda-focused component, a psychodrama-gestalt dialogue component, and a childhood component. Each of the methods will be addressed in turn with enough explanation about how groups work to explain the skills learned.

The Interactional Group Form. The interactional group procedures invite group members to interact with one another in ways that maximize the likelihood that their real-world style of relating that has created problems for them appears directly and observably within the group itself. To bring this about, leaders initially learn how to promote member self-disclosure by
stimulating awareness and expression of immediately present feelings and thoughts (i.e. a here-and-now orientation). Leaders are trained to detect feelings and thoughts that appear to be, or are likely to be, shared by several members, to summarize these, focus group response around whatever theme surfaces, and promote self-disclosure in relation to the theme. In the first session, for example, themes such as anxiety about what will happen, or about confidentiality, dependably arise. Skill in noticing potentially productive themes, evoking them through effective summary, and provocatively stimulating response to the theme without guiding it are one persistent focus of training.

Interactionalizing the responses is promoted in early sessions by asking members to share their feelings with specific other members. As feelings such as competitiveness arise, leaders have members address the person the speaker feels competitive toward. Leaders help members to create a group that becomes a microcosm of the outside world in which their ways of relating have created the difficulties in living that led them to join the group. This overall process of getting members to recreate their real-world interpersonal styles is an early focus of leader training and continues to be a dominating concern throughout. The skills involved are many and complex: leaders must learn to listen for the often confusingly and indirectly expressed feelings, to help members to sharpen and focus these without imposing the leader's own views, to help members to become aware of their interpersonal patterns and of their consequences, to deal carefully with attendant resistances, to promote a climate of support and feeling of safety that will allow them to disclose and face the ill-consequences of their response styles and, eventually, to help activate the member's will to change.

Once a member has become aware of a dysfunctional interpersonal pattern through feedback from other members and has been helped to formulate an accurate cognitive picture of
her/his actions and consequences, the microcosm of the group becomes equally useful as a place to experiment with other alternatives until a possible new pattern is developed. Again, the leader skills are complex: evoking feedback, teaching members to give useful feedback that is behaviorally specific, helping to shape the new response through many trials in which successive approximations are reinforced, learning how to both give meaningful reinforcements and how to evoke them from others, sharpening the member's new pattern until s/he is getting spontaneous reinforcement in the group.

Similarly, the final step of helping members to generalize their new pattern to the outside world requires a learned judgment about when to begin, with what contexts in the person's life to encourage a first trial, practicing for a specific situation if needed, hearing reports at following sessions, helping shape ineffective attempts at generalization into increasingly successful response styles while continuing to activate the member's will to change in the face of the many difficulties that attend the generalization of a habit that now works well in the controlled and simplified context of a group to the complexities of the real world. Once the new response is being used spontaneously on the outside and being reinforced by its natural social consequences, a "cure" for that particular interpersonal pattern has been achieved.

The Agenda-Focused Component. Several important components are added to and integrated with the foregoing interactional structure. Yalom (1983) has found that the above processes that normally take one to two years to complete can be speeded up by adopting an agenda focus for each day's work. The basic concept is well known: change is facilitated if members adopt clear, behaviorally specifiable (when possible) goals that incorporate the to-be-learned new interpersonal pattern and commit themselves to carry out behaviorally specific actions in relation to other members. These commitments become the member's agenda-for-today. Thus, a person
whose extreme social shyness has been a real-life problem and whose main response to group has been to remain silent may decide on a goal of learning to enter into the group conversation appropriately and learning to manage their participation so as to contribute positively and feel good. A first agenda-for-today might be for the member to say at the beginning, "Instead of keeping myself from saying anything by telling myself that it would be rude to interrupt and then feeling badly, I will enter in and say what I am thinking and feeling about whatever is happening at that moment at least once today and feel good". Behaviorists and transactional analysts use "contract" to label what Yalom has decided to call a member's "agenda".

Leaders are trained to help members formulate clear, specific interpersonal agendas that are achievable within that group session. Again, complex skills are involved in detecting what a member wants to, or needs to, change from the often extremely general and vague initial attempts of a member to formulate a goal and to translate the goal into a session-specific agenda at the start of each meeting (the agenda round). Members and leaders become increasingly proficient so that an opening agenda round that leaders at first have difficulty in completing in a two to three hour session may take only five minutes. There is a consistent focus on effective agenda shaping throughout the training period.

Once suitable interpersonal agendas have been developed, the interactional group form described earlier takes on a form that is often as free and spontaneous as the traditional interactional group but is also focused in that members learn to respond to group events in terms of their general goal and, specifically, in terms of their agenda for that day.

Obviously, the leader skills needed have become extremely complex. Leaders must allow spontaneous, emotional events to develop from whatever source, select and use some immediate theme that is emotionally "hot" for as many members as possible and help members see their
opportunity to react to the theme in terms of their agendas. Gradually, leaders learn to see in 
almost any event of emotional interest an opportunity to help three or four members activate 
their agendas in responding to the event. This task requires numerous learned skills and, often, 
considerable creativity. Once mastered, the ability to bring about multiple agenda completions in 
relation to whatever event is emotionally stirring at the moment introduces a great efficiency. 
The interactions among group members becomes spontaneous enough to closely resemble the real 
world social scene, but now they are reacting to the scene with their new functional patterns. In 
theoretical terms, the ideas and methods embodied in the concept of behavioral contracts has been 
integrated into the original interactional group form with the benefits of both largely retained.

The Psychodrama – Gestalt Dialog Component. A second general component is now added 
which originates from psychodrama as it has been modified by gestalt therapists. This “dialog” 
component helps to extend the reach and effectiveness of the interactional group form. The 
interactional theory assumption that if one keeps eight to ten people interacting with each other 
over time they will eventually each duplicate their outside pathology in the group where it can be 
observed and changed (the “microcosm assumption”) works reasonably well if members and 
therapist have one to two years to work together. Just as agendas speed up this process, so having 
outside persons in the member’s life “brought in” to the group through psychodramatically 
representing their presence as if, for that moment, they are present in the flesh, has special 
advantages. If a member in her/his outside life is locked into a dysfunctional pattern of relating 
to a specific significant other, that dysfunctional pattern may appear only in diluted form in 
group, or, at times, in such intensity as to threaten the social fabric of the group. 

Having observed Moreno’s use of psychodrama, Frederick Perls took one specific 
technique and elaborated it into the effective therapeutic technique of having members “speak to”
the significant other after envisioning them as present, often "sitting" in an empty chair. As in psychodrama, the member may also "be" the other and respond so that a full-fledged dialog takes place. This technique allows the therapist to evoke the dysfunctional pattern as it typically occurs with a specific person in certain outside contexts, and, of course, to develop the new pattern as well.

The value of the dialog is that old and new patterns are quickly clarified, following which the member and the group can more quickly identify aspects of the old pattern that they may already have experienced within the group in a much less clear form. Further, the theme of the dialog frequently evokes strong feelings in others and immediately presents possibilities of their reacting to the dialog of the working member in terms of their own agendas-for-that-day. The new pattern can often be carried out with members in the group following the dialog, allowing it to be effectively shaped and supported by group reinforcement.

The training to carry out effective dialog work and to integrate it with agenda work; all the while maintaining a continuing interactional format takes weeks. How to promote agenda-useful dialog, to detect and focus the important emotional themes involved, to isolate and cognitively formulate the old and new patterns, to get members to try these in the group, shape them, and eventually, to generalize to the real world are the continued focus of training while dialog work is being mastered.

The Childhood Component. The final major component is straight from Freud, although in a hard to recognize form. In their "redesision therapy" the Gouldings (1979), like Perls, have dipped into Moreno's psychodramatization of Freud's ideas. Psychodramatists may have protagonists recreate difficult or traumatic scenes from their earlier development whose residues continue in the form of today's dysfunctional patterns. After re-play of some representative
scene during the period of the person's life when the dysfunctional pattern was evolving, the director may have the person work out a new pattern psychodramatically, using group members as significant others. The Gouldings take this Freudian element and use psychodrama to recreate childhood scenes. They favor using Perls' version of psychodrama in the form of dialogs with significant others present during the person's formative stages to bring about the recreation. The person is asked to "be little", or whatever age the person was at the time of the remembered scene, and to replay the remembered event. The Gouldings not only replay the old scene as it happened, they also evoke a new scene in which the issue is "redecided" and carried out in a new way.

The training here focuses on teaching leaders how to move from today's problem scene that may be occurring in the person's outside life, or at times, in the group, to an early scene. Bringing about a new "decision" is the most complex skill attempted in the training group and one that graduates often feel shaky with even at the end.

Nor are these four components all of the training. In the meantime, each leader through participation in the experiential training has identified some dysfunctional interpersonal pattern of their own, often one that has been limiting their ability to fully benefit from the training, or has become a problem in their work as therapists, or in their staff relationships. The student leader has the task of changing their own old pattern while learning group skills. Finally, all this learning is taking place in the full view of seven to eight peers, the trainer, and in the spring semester seven to eight volunteer client members; as many as 18 to 20 persons all watching the neophyte leader struggling to master complex skills!

Obviously, the student therapists are presented with a stirring challenge. The course involves learning the central skills that they envision using in their careers ahead. At the same
time they are invited to become aware of and change their own dysfunctional interpersonal patterns. The course is much talked about among students and so overwhelmingly endorsed by participants and graduates that enrollees come in knowing a great deal about what will happen. Their anticipation that the training will stress and stretch them is born out, as is their expectation that they will leave with a self-confident mastery of basic group therapy skills.
METHOD

Subjects

Subjects were graduate students who had taken the group psychotherapy course now known as the Integrative Group Psychotherapy Training Model at the University of Arizona during the academic years 1979 to 1985. Subjects also included students who had registered for the course for the academic year 1985-1986. A total of 65 potential subjects were located and sent questionnaires. 53 subjects responded yielding an 82% response rate. Further information regarding the subjects will be addressed below. Data from the trainer, a faculty member of 23 years, was also obtained.

Materials

Subject and Class Characteristics

Experience Questionnaire (EQ). This questionnaire was developed by the author. It identified the trainee's individual and group psychotherapy related activities and training and theoretical orientation before and after participation in the group psychotherapy course (GPC). Demographic data were also collected. A copy of the EQ can be found in Appendix A. This questionnaire was designed to obtain data which clearly and specifically described the population studied. Lack of such description has been a frequent flaw in earlier research.

Myers-Briggs Type Indicator (MBTI). The MBTI (Myers, 1962) is a self-report inventory based on Carl Jung's theory of psychological types. It consists of four scales: Extroversion-Introversion (E-I), Sensation-Intuition (S-N), Thinking-Feeling (T-F), and
Judging–Perceiving (J–P). The E–I scale measures the person’s preferred orientation to life; extroverted types are oriented primarily to the outer world of objects, people, and action while introverted types have a more inward orientation and tend to detach themselves from the world (Carlyn, 1977). The S–N scale is designed to measure the person’s preferred way of perceiving things; sensing types focus on perceptions from their senses and notice concrete details and practical aspects of situations while intuitive types look at things more vaguely and deal with abstractions, inferred meanings and the hidden possibilities in a situation. The T–F scale measures the person’s preferred way of making decisions; thinking types rely on logic, are skilled at objectively organizing material, weighing the facts and impersonally judging whether something is true or false while feeling types are skilled at understanding other people’s feelings and analyzing subjective impressions, basing their judgements on personal values. The fourth scale is the J–P scale which is designed to measure the person’s preferred way of dealing with the outer world. Judging types are organized and systematic, they live in a planned and orderly way, aiming to regulate life and control it. They use either thinking or feeling to deal with the outer world. Perceptive types are more curious and open-minded, they go through life in a flexible, spontaneous way, aiming to understand life and adapt to it. They use sensation or intuition to deal with the outer world.

The MBTI has been used in vocational counseling, in screening applicants for jobs, in selecting applicants for college and professional schools and in predicting academic success (Carlyn, 1977). In a review of the literature and assessment of the MBTI, Carlyn concludes that “the Myers–Briggs Type Indicator is an adequately reliable self-report inventory. The Extroversion–Introversion, Sensation–Intuition, and Thinking–Feeling scales appear to be relatively independent of each other, measuring dimensions of personality which seem to be quite similar to
those postulated by Carl Jung" (p. 461). He also concluded that the MBTI shows stability over time, has good content and construct validity and moderate predictive validity in certain areas.

The MBTI was chosen as an additional tool to describe the subject population and examine personality variables for several reasons. It is a relatively brief, non-pathologizing inventory. It has frequently been used in educational settings and educational research. In addition, as it emphasizes how people approach and perceive the world, it is an appropriate tool in investigating how people learn complex skills. Unfortunately, although the MBTI has been used in research frequently there are no published norms. However, a wealth of descriptive data about various subject samples is available.

**Group Climate Scale (GCS).** Also called Attitudes Toward Group Therapy, this is a Budman, Randall, and Demby (1981) adaptation of the Lieberman et al. (1973) Attitudes Toward Encounter Groups scale. It is a 24 item scale which indicates the extent to which group members felt that the group was genuine, socially beneficial, safe, and serious. The validity of this scale was demonstrated by Budman et al. (1984) in that members of a time-limited group felt that groups were more genuine and more serious (i.e. a potent treatment modality) than did members of a no-treatment control group. No data on reliability are available and unfortunately, no norms for this scale have been published. This questionnaire was chosen in order to describe the characteristics of each class as a group, since, as discussed previously, the characteristics of a group depend not only on the individuals in the group but also on the interactions between them. This use of the questionnaire is innovative as it has usually been used with group members who are patients rather than with group members who are trainees. A copy of the questionnaire can be seen in Appendix B.
Training Model Evaluation.

**Relationship Inventory (RI).** The Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1962) consists of 72 items which are answered on a six-point Likert-type scale. Items are scored into five scales evaluating level of regard, empathic understanding, congruence, unconditionality, and willingness to be known. The RI has been used to evaluate client-therapist relationship in many studies of individual psychotherapy and has been shown to be related to psychotherapy outcome (Lambert, 1980). Variations of the Barrett-Lennard have been used in group psychotherapy research (e.g. Cooper, 1969; Gurman & Gustafson, 1976; Robeck, 1972) resulting in an unclear relationship to outcome and in much speculation about the differences between optimum individual therapist/client and group therapist/client relationships. No norms for the scales are available. Following Carkhuff (1969) and others' rationale that effective therapist characteristics are also effective trainer characteristics, the RI was used to measure trainees' perceptions of their relationship to, and the characteristics of, the trainer. A copy of this questionnaire can be seen in Appendix C.

**Training Program Questionnaire (TPQ).** This questionnaire was developed by the author. It identified the components of the GPC and asked subjects to rate the effectiveness of each component on a 5 point Likert scale. In addition, subjects were asked to rank the components in terms of the importance of each in their training experience. See Appendix D for a copy of the TPQ.

**Attitudes Toward Training (ATT).** This is a questionnaire developed by Dies (1974) designed to assess attitudes toward the training of group psychotherapists. In his study, subjects were members of the Kentucky state associations of psychiatry, psychology, and social work. Of the 171 respondents, 86 had 3 years or less group therapy experience (12 psychiatrists, 47
psychologists, and 27 social workers), and 85 had more than 3 years group therapy experience (18, 51, and 16, respectively). Dies found that the items receiving the highest value in overall importance for training group therapists all involved direct therapy experience by the trainees followed by supervisory feedback. Next in value were items involving therapy experience but without supervision. The third group of items was related to observation of others. Items using didactic and self-taught procedures were seen as the least valuable. This questionnaire was used in order to assess what subjects thought of training in general. Also, a direct comparison between these subjects' responses and Dies' results makes possible an evaluation of whether the careful design of a training model appears to be related to how students feel about training in general as well as their training in particular. A copy of the ATT can be found in Appendix E.

Group Therapy Style

Group Therapy Questionnaire, Form C (GTQ-C). Also known as the Group Leadership Questionnaire (Wile, 1972), the short version of this instrument presents brief descriptions of 11 group situations and asks subjects to select from 19 possible responses all they might make as a group leader and the most important. Responses are analyzed to provide quantitative scores on 19 leadership scales. Scales and definitions are shown below.

1. Silence. The leader does nothing; s/he remains silent.

2. Group Directed. The leader appeals to the group as the leadership agency. S/he indicates that the stewardship of the group and the management of problems which arise in the group are the responsibility of the group. This scale consists of two types of responses: a relatively un-challenging abdication of leadership and a relatively challenging insistence on the responsibility of the group.
3. Reassurance-Approval. The leader supports, comforts, compliments, or expresses reassurance, approval, respect, agreement, acceptance, liking, concern, sympathy, or empathy.

4. Subtle Guidance. The leader guides the group in a nonconfronting or indirect manner. When situations, particularly difficult situations, arise in the group, s/he does not make an issue about them, but ignores them or unobtrusively redirects the attention of the group in a different direction.

5. Structure. The leader structures the group meeting. S/he makes rules, sets limits, or indicates how the group might best proceed.

6. Attack. The leader is aggressive and provocative, criticizing the group (or a member) in a more or less derisive manner. S/he accuses, chides, insults, ridicules, makes fun of, undercut defenses, or caricatures.

7. Member Feeling. The leader asks members to say how they are feeling or reacting to what is going on.

8. Leader Feelings. The leader expresses her/his own feelings.

9. Leader Experience. The leader tells the group about experiences s/he has had which are related to what is going on in the group.

10. Clarification-Confrontation Question. The leader asks members why they are doing what they are doing. Depending upon the manner and context of this response, the effect could be either an invitation to clarify or a challenge to justify.

11. Group Dynamics Question. The leader encourages members to step back from the immediate situation and examine what is happening from a wider perspective, i.e. taking into account underlying dynamics.
12. Group Atmosphere. The leader describes what is going on in the group, but with a minimum of interpretation and inference. S/he describes the mood in the group as s/he is sensing it or draws attention to group events which, while not hidden, are being overlooked or disregarded.

13. Group Dynamics Interpretation. The leader interprets the underlying group interaction. Her/his focus in the interpretation is on what is happening in the group as a whole. In situations which involve the activity of only one of the members, the leader interprets this member's behavior in relation to, as a function of, or in the context of, the rest of the group.

14. Psychodynamic Interpretation. The leader interprets events and behavior in terms of the psychodynamics of the individual members. Their behavior is interpreted as resistance or defense, as a manifestation of anxieties, guilt, or anger, or as a reaction to specified preceding events. Since many psychodynamic interpretations are also group dynamic interpretations and many group dynamic interpretations are also psychodynamic, these two scales are not always clearly distinct from each other.

15. Personal Life. The leader encourages members to talk about themselves as individuals separate from the group. If members are talking about themselves or about their lives outside the group, s/he encourages them to continue; if they are talking about the group or about themselves in the context of the group, s/he encourages them to talk about themselves as individuals distinct from the group.

16. Past and Parents. The leader encourages members to talk about the significant events in their past lives and about their relationships with their parents and siblings.

17. Behavioral Change. The leader encourages members to consider (discuss and specify) those aspects of their behavior which they may wish to change.
18. Nonverbal. The leader initiates a nonverbal procedure of some kind.

19. Role Playing. The leader initiates a role-playing or psychodrama procedure of some kind.

The GTQ (the original version) has been shown to have adequate test-retest reliability (Wile, Bron, & Pollack, 1970). Wile et al. made several preliminary attempts to collect validity data on the GTQ but appear to have abandoned the effort after several studies aimed at exploring whether naive subjects exposed briefly to very sharply defined models of group leadership would show score changes in the direction of the observed modeling. This series of empirical studies followed their initial investigation, which, curiously, did not involve group leadership at all since neither their target group nor the comparison group had experience in group work. They did succeed in showing that a variety of professionals who had worked 15 or more years in individual therapy responded differently than a comparison group, of mostly probation officers, who had no individual therapy experience. Following this quite irrelevant data gathering on individual therapists, the authors, and later Wile alone, carried out four empirical studies on effects of a sharply defined leadership modeling on how naive subjects responded to the GTQ. Wile et al. found that the GTQ detected changes in two groups who participated in nondirectively led group process exercises and showed no changes in appropriate control groups. Experimental subjects showed significant GTQ changes toward nondirectiveness, thus indicating that the GTQ was able to measure changes resulting from training experience in novice therapists. In a subsequent study (Wile, 1973) used the revised version, GTQ-C, with relatively inexperienced subjects who attended a five day workshop which emphasized both nondirective leadership and gestalt and role-playing techniques. As expected, the subjects showed
significant changes on all relevant scales (silence, structure, role-playing, and nonverbal).
Thus the GTQ-C seems to show changes in some aspects of leadership style as a result of training for novice subjects. Other types of change in leadership style have not been reported in the literature.

Although the GTQ has only limited validity data gathered in extremely short-term studies with subjects who appear to have had very little or no background in group work, an inspection of the scale suggests that the authors have identified some 19 components found in a wide variety of approaches to group work. Thus, it appears to have the potential to pick up such tendencies as the interactional group leader's tendency to habitually use responses that activate members to respond to each other rather than to the leader. Their component scales appeared to be worth using in an exploratory way in hopes that the well-defined training components in the Integrative Model would be reflected in component scale scores and provide one kind of beginning with the yet unstudied problem of how to measure what trainees learn in group therapy training programs. See Appendix F for a copy of the GTQ-C.

Group Leadership Functions Scale (GLFS). This scale (Conyne, 1975) uses the leader behaviors which were observed in the Encounter Groups: First Facts (Lieberman et al., 1973) study. Subjects rate 28 aspects of their own group leadership behavior on a 7-point Likert scale. Responses are analyzed to provide scores on the four leadership functions (Emotional Stimulation, Caring, Meaning Attribution, and Executive Function) which were observed by Lieberman et al. No empirical data or norms on the scale itself is available although it is quite closely related to the rigorous observation of Lieberman et al. See Appendix G for a copy of the GLFS.
Procedure

The questionnaires described above, along with a consent form explaining the study (shown in Appendix H), were mailed to subjects with a stamped return envelope. Directions regarding order of questionnaires and the questionnaires themselves were included. After approximately one month, letters were sent by the instructor asking subjects to please take the time to respond. After a second month, postcard reminders were sent out to subjects who had not returned the questionnaires. Subjects in the course at the time of data collection were given class time to complete the questionnaires. All questionnaires were mailed directly to the author and the instructor was kept ignorant of individual responders and responses.
RESULTS

In order to more easily report the results of this study, they will be addressed in four sections. First, the subject population will be thoroughly described in terms of subject and class characteristics. Then, results concerning the training model and its evaluation will be discussed. Then group therapy style and finally attempts to predict style will be addressed. For ease of discussion, class group 1 refers to the group who had registered for but not yet taken the Group Psychotherapy Course (GPC). Class group 2 refers to the group who had just completed the GPC, while class groups 3 to 7 designate the groups who had taken the GPC in previous years (one group per year).

Subject and Class Characteristics

Experience Questionnaire

Of the 53 subjects surveyed, 56.6% were male and 43.4% were female. The average age was in the 31 to 35 year old range. 35.8% of the subjects were employed in training positions, while 22.6% were psychologists, and 26.4% identified themselves as counselors or therapists. Educational background is presented in Table 1. As expected, examination of the educational background of subjects showed that subjects who had taken the GPC in earlier years had completed higher degrees than those who took the course later and could be assumed to still be completing their graduate education ($X^2=3.51, p<.0004, n=31$).
Table 1

Attained and anticipated educational degree and field in percents.

<table>
<thead>
<tr>
<th>Degree</th>
<th>Attained</th>
<th>Anticipated</th>
</tr>
</thead>
<tbody>
<tr>
<td>BA/BS</td>
<td>15.1</td>
<td>0.0</td>
</tr>
<tr>
<td>MA/MS</td>
<td>52.8</td>
<td>6.5</td>
</tr>
<tr>
<td>PhD</td>
<td>32.1</td>
<td>93.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field</th>
<th>Attained</th>
<th>Anticipated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Psychology</td>
<td>41.5</td>
<td>67.7</td>
</tr>
<tr>
<td>Counseling Psychology</td>
<td>18.9</td>
<td>19.4</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>3.8</td>
<td>3.2</td>
</tr>
<tr>
<td>Psychology</td>
<td>22.6</td>
<td>9.7</td>
</tr>
<tr>
<td>Other</td>
<td>13.2</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Subjects ranked their top three choices of twelve theoretical orientations in individual psychotherapy at three time periods, just before taking the GPC, just after, and at the present time (e.g., 1 to 5 years post GPC for those that had completed the GPC before the last year). Prior to the GPC, eclectic psychotherapy was picked as ranking within the top 3 most often (21.9%), with client-centered therapy (15.8%) and cognitive-behavioral therapy (14.4%) also frequently chosen. Just after taking the GPC, eclectic psychotherapy (21.6%) and gestalt therapy (18.9%) were the most often preferred orientations. One to five years after taking the GPC, eclectic psychotherapy continued to be the most popular choice with 17.6% of the nominations but there was a noticeable spread in the other orientations chosen with client-centered and
gestalt therapy (14.1% each), cognitive-behavior therapy (11.8%), and transactional analysis and analytical psychotherapy (9.4% each) all frequently chosen.

Subjects were asked about their training and experience in both individual and group psychotherapy. Subjects had an average of 3.49 courses in individual psychotherapy prior to taking the GPC and an average of 2.16 courses since beginning the GPC (s.d. = 1.38 and 2.02 respectively). Analysis of variance showed no significant difference between class groups' number of courses in individual therapy prior to the GPC, and a significant increase over time after the GPC (F=2.56, p<.04). A post-hoc test (Student Newman-Keuls procedure – SNK) showed that this was a gradual increase between groups with no two groups significantly different from each other. Table 2 shows the amount of experience subjects had in individual psychotherapy prior and post to taking the GPC. No significant differences between groups in the number of hours of experience were found.

<table>
<thead>
<tr>
<th>Hours</th>
<th>Prior</th>
<th></th>
<th>Post</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Supervised</td>
<td>Unsupervised</td>
<td>Supervised</td>
<td>Unsupervised</td>
</tr>
<tr>
<td>0-500</td>
<td>23.1</td>
<td>51.0</td>
<td>21.7</td>
<td>58.5</td>
</tr>
<tr>
<td>501-1000</td>
<td>25.0</td>
<td>11.8</td>
<td>13.0</td>
<td>12.2</td>
</tr>
<tr>
<td>1001-2000</td>
<td>32.7</td>
<td>5.9</td>
<td>23.9</td>
<td>9.8</td>
</tr>
<tr>
<td>2001-3000</td>
<td>9.6</td>
<td>5.9</td>
<td>19.6</td>
<td>2.4</td>
</tr>
<tr>
<td>&gt;3000</td>
<td>9.6</td>
<td>25.5</td>
<td>21.7</td>
<td>17.1</td>
</tr>
</tbody>
</table>
In group psychotherapy, 61.5% of the subjects had training prior to the GPC and 52.8% had sought additional training since taking the GPC. Again, there were no significant differences between groups. Table 3 shows the number of psychotherapy groups subjects had led and participated in prior and post to the GPC. There were no significant differences between class groups in the number of groups led or participated in prior to the GPC. Post GPC, however, earlier class years had led significantly more groups (F=2.32, p<.05) with most of the significant difference between groups 1 and 7 (SNK p<.05). Similarly, earlier class years had participated in more groups, but this result was not significant (F=2.06, p<.08). Subjects were asked to rate how they felt about the amount of group leadership they had done with 37.7% reporting they had done less than they wanted, 58.5% reporting it was just right, and only 3.8% doing more than they wanted.

Table 3

Number of groups led or participated in by subjects prior and post GPC in percentages.

<table>
<thead>
<tr>
<th>Number of Groups</th>
<th>Leader Prior</th>
<th>Leader Post</th>
<th>Member Prior</th>
<th>Member Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>34.6</td>
<td>7.7</td>
<td>33.3</td>
<td>51.9</td>
</tr>
<tr>
<td>1-2</td>
<td>32.7</td>
<td>40.4</td>
<td>13.7</td>
<td>28.8</td>
</tr>
<tr>
<td>3-5</td>
<td>15.4</td>
<td>28.6</td>
<td>21.6</td>
<td>11.5</td>
</tr>
<tr>
<td>6-10</td>
<td>9.6</td>
<td>7.7</td>
<td>5.9</td>
<td>0.0</td>
</tr>
<tr>
<td>&gt;10</td>
<td>7.7</td>
<td>15.4</td>
<td>25.5</td>
<td>7.7</td>
</tr>
</tbody>
</table>
Myers-Briggs Type Inventory

As can be seen in Table 4, subjects tended to be only slightly more introverted than extroverted, feeling than thinking, and perceiving than judging. They did tend to be considerably more intuitive than sensate, however. This corresponds with published distributions of college freshman (Myers, 1962) which showed extreme breadth, centered approximately around zero, except on the sensate-intuitive scale where the distribution centered more around scores indicating intuition. Non-college distributions load more towards sensate. The INFP configuration is also frequently seen as one common to many psychotherapists, with the intuitive function being seen as the most indicative of the ability to deal with abstractions and inferred meanings.

Table 4

Means, standard deviations, and ranges for Myers-Briggs scales. *

<table>
<thead>
<tr>
<th>Scale</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extroversion-Introversion</td>
<td>105.53</td>
<td>24.30</td>
<td>49-147</td>
</tr>
<tr>
<td>Sensate-Intuitive</td>
<td>125.23</td>
<td>16.76</td>
<td>65-151</td>
</tr>
<tr>
<td>Thinking-Feeling</td>
<td>108.28</td>
<td>19.31</td>
<td>49-141</td>
</tr>
<tr>
<td>Judging-Perceiving</td>
<td>104.93</td>
<td>26.45</td>
<td>55-161</td>
</tr>
</tbody>
</table>

* Scores range around 100 as an average score having equal amounts of both qualities. Scores under 100 tend towards the quality named on the left, while scores over 100 indicate more of the quality named on the right (eg. 50 on the E-I scale would be very extroverted).
Analysis of variance was used to determine if the class groups were significantly different on the Myers-Briggs scales. The only significant difference was on the sensate-intuitive scale ($F=4.51, p<.001$) where class group 3 was significantly more sensate than class groups 1, 2, 4, 5, and 7 ($SNK \ p<.001$).

**Group Climate Scale**

All scores on the Group Climate Scale were quite high which indicates that subjects had very positive feelings about groups, perceiving them as safe, socially beneficial, and genuine. Table 5 shows means and standard deviations for the three scales. Analysis of variance revealed no significant differences between groups on these scales suggesting that subjects had positive expectations about the GPC which were first confirmed and then maintained over time.

**Table 5**

Means and standard deviations for the Group Climate Scale. *

<table>
<thead>
<tr>
<th>Scale</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>31.13</td>
<td>3.30</td>
</tr>
<tr>
<td>Social Benefit</td>
<td>28.37</td>
<td>4.13</td>
</tr>
<tr>
<td>Genuineness</td>
<td>32.82</td>
<td>3.55</td>
</tr>
</tbody>
</table>

* Scores range from 8 to 40 with higher scores indicating more of the named quality.
Training Model Evaluation

Relationship Inventory

Means, standard deviations, and ranges for the Relationship Inventory scales are presented in Table 6. As stated previously no norms are available for comparison. It is interesting to note that level of regard is the highest score while unconditionality of regard is the lowest. This finding makes considerable sense when one considers that this was a training experience as well as a therapy experience. As such, learning skills and evaluation of learning was clearly important so regard was conditional, but this regard was perceived to be present at high levels. Congruence, willingness to be known and empathic understanding (in descending amounts) were seen as moderately present. It is interesting to speculate how these qualities differ from relationships in individual therapy and from relationships in true group therapy without the overriding training agenda. Analysis of variance found no significant differences between class groups on

<table>
<thead>
<tr>
<th>Scale</th>
<th>Possible Range</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Observed Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of regard</td>
<td>-54 to 54</td>
<td>37.26</td>
<td>11.08</td>
<td>6 to 54</td>
</tr>
<tr>
<td>Empathic understanding</td>
<td>-48 to 48</td>
<td>18.69</td>
<td>11.80</td>
<td>-18 to 39</td>
</tr>
<tr>
<td>Congruence</td>
<td>-51 to 51</td>
<td>30.18</td>
<td>11.12</td>
<td>5 to 47</td>
</tr>
<tr>
<td>Unconditionality of regard</td>
<td>-54 to 54</td>
<td>12.06</td>
<td>12.97</td>
<td>-13 to 48</td>
</tr>
<tr>
<td>Willingness to be known</td>
<td>-48 to 48</td>
<td>24.80</td>
<td>10.43</td>
<td>-1 to 45</td>
</tr>
</tbody>
</table>

* High scores indicate higher levels of the quality measured.
these scales, again indicating that subjects' expectations were confirmed and then maintained over time.

Training Program Questionnaire

Subjects were asked to rate the importance of each component of the training program, 88 in all, in terms of how important it was to their learning in the course. The instructor was also asked to rate the components in terms of his perception of importance for learning. These 88 scores were then reduced into 12 variables by taking the mean of the scores relevant to each component. Table 7 shows the means and standard deviations for subjects and the instructor's scores for these 12 variables.

Table 7

Means, standard deviations, and sample size for Training Program Questionnaire component variables. *

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>n</th>
<th>Instructor Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall semester</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Membership in group</td>
<td>4.32</td>
<td>.51</td>
<td>53</td>
<td>3.83</td>
</tr>
<tr>
<td>2. Leading group</td>
<td>4.64</td>
<td>.51</td>
<td>53</td>
<td>4.50</td>
</tr>
<tr>
<td>3. Observing group</td>
<td>3.78</td>
<td>.74</td>
<td>53</td>
<td>4.25</td>
</tr>
<tr>
<td>4. Triad training</td>
<td>4.01</td>
<td>.65</td>
<td>53</td>
<td>4.17</td>
</tr>
<tr>
<td>5. Videotape supervision</td>
<td>4.48</td>
<td>.48</td>
<td>27</td>
<td>4.00</td>
</tr>
<tr>
<td>6. Didactic training</td>
<td>4.26</td>
<td>.82</td>
<td>51</td>
<td>4.20</td>
</tr>
<tr>
<td><strong>Spring semester</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Leading outside group</td>
<td>4.43</td>
<td>.60</td>
<td>38</td>
<td>4.17</td>
</tr>
<tr>
<td>8. Leading group</td>
<td>4.44</td>
<td>.65</td>
<td>49</td>
<td>4.44</td>
</tr>
<tr>
<td>9. Observing group</td>
<td>3.91</td>
<td>.72</td>
<td>48</td>
<td>3.75</td>
</tr>
<tr>
<td>10. Reviewing group</td>
<td>4.21</td>
<td>.78</td>
<td>48</td>
<td>4.25</td>
</tr>
<tr>
<td>11. Videotape supervision</td>
<td>4.56</td>
<td>.69</td>
<td>26</td>
<td>4.50</td>
</tr>
<tr>
<td>12. Didactic training</td>
<td>4.12</td>
<td>.72</td>
<td>49</td>
<td>4.66</td>
</tr>
</tbody>
</table>

* Ratings went from 1 (not at all important) to 5 (very important).
An examination of ordering of the means for subjects shows that the actual experience of leading groups under supervision, whether they be training groups (as in fall), patient groups (as in outside group) or volunteer client groups (as in spring) was seen as the most important part of the learning that took place in the GPC. The videotape supervision (fall and spring) was seen as slightly more important than the second two leadership experiences for those that had it. Although everything was rated above the midpoint of importance, it is noticeable that the two observation experiences were rated as the lowest in terms of their importance to learning. No significant between group differences were found on these variables.

A different picture emerges upon examination of the instructor's scores. He rated spring didactic training (which included linking of theory to practice) as most important with spring videotape supervision and fall and spring leading group close behind. He rated lowest fall membership in group and observing volunteer client group (spring). In comparison to subjects, the instructor rated spring didactic training and fall observing group much higher and fall videotape supervision and membership in group much lower.

Subjects and the instructor were also asked to rank aspects of the GPC. Table 8 shows the means, standard deviations, overall rankings, and instructor's ranking for nine aspects of the GPC in terms of their importance for the respondent's learning. Simple inspection of the subjects' rankings reveals that Experiential Learning (seeing therapy from the other side, observing own reactions, personal work, learning by doing) was seen as most important. Modeling (observing clear models) and Personal Qualities of the Instructor (the supportive and encouraging personal qualities of the instructor) were second and third, respectively, in terms of importance. No significant between group differences were found on these rankings.
Table 8

Mean rankings, standard deviations, and overall rankings of importance for learning for nine aspects of the GPC.

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean Ranking</th>
<th>Standard Deviation</th>
<th>Overall Ranking</th>
<th>Instructor Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive/Theoretical Framework</td>
<td>5.34</td>
<td>2.83</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Cohesive Group</td>
<td>5.04</td>
<td>2.74</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Feedback</td>
<td>4.87</td>
<td>2.05</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Desensitization/Demystification</td>
<td>5.73</td>
<td>2.84</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Modeling</td>
<td>3.91</td>
<td>1.89</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Experiential Learning</td>
<td>3.42</td>
<td>2.11</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Vicarious Learning</td>
<td>6.14</td>
<td>2.35</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Successful/Competent Feelings</td>
<td>5.77</td>
<td>2.73</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Personal Qualities of Instructor</td>
<td>4.45</td>
<td>2.28</td>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>

Inspection of the instructor’s rankings and comparison of these to those of the subjects yields an image consistent with findings regarding the component variables. The instructor ranked experiential learning much lower than subjects in the same way that he rated membership in the group lower. The instructor also valued successful and competent feelings much more than subjects and devalued the importance of his own personal qualities. No narcissism here!

**Content Analysis.** Subjects were asked five open-ended questions in an attempt to gather more spontaneous data and the answers were content analyzed. Subjects were first asked to identify positive or negative effects that were still with them. 65% of the subjects mentioned some sort of self-growth as a longstanding effect. For example, "a willingness to engage in direct
and meaningful interactions with others", "trusting myself and others more", "a greater realization of the humanness of all people", and "greater awareness of myself" were typical statements. 69% mentioned the learning of group therapy skills and 39% stated that they had attitudinal changes in terms of increased self-confidence and/or increased positive feelings about group therapy. (Categories were not mutually exclusive.)

Next, subjects were asked to identify attitudes, general approaches, or specific techniques learned in the GPC and still used by them today. 84% mentioned specific group therapy skills such as "process commentary", "keeping group in here and now", and "interactional therapy techniques". 53% mentioned general skills useful for group or individual therapy such as summarizing, clarifying, and using contracts. 41% reported learning general group skills such as seeing group dynamics and process, and skill in developing a working group with good norms. It was of interest to note that 31% of subjects mentioned some sort of self-growth as a longlasting and important effect again here.

Subjects were also asked what they learned from the GPC. 86% again mentioned specific group therapy skills and 30% mentioned general group skills. The importance of self-growth was seen again with 44% stating that they benefitted personally and professionally in some way from the GPC. 35% again mentioned attitudinal changes. "The GPC was a pivotal course in my personal development as both an individual and group therapist. Prior to that time, I did not like nor want to be involved in group therapy as either therapist or client. Now, I think group therapy is one of the most valuable methods for change and personal growth."

When subjects were asked what they liked about the GPC, 54% reported liking for the instructor as a person, therapist, or role model. "The warmth of (the instructor) was valuable - along with his ability to take personal risks." "The depth of his (the instructor's) commitment to
his students is unequalled in my experience." 54% also liked aspects of the experiential nature of the course. Also liked was the emotional support and peer relationships (37%), the feedback (35%), and the didactic aspects (26%).

When asked what they disliked about the course, the major issue was the paperwork in terms of taking transcripts or writing the paper (26%). Many complaints were actually compliments in that some said "there were times when it was emotionally difficult but this was only part of the growth process", and others thought that the course should have been longer, "(I didn't like) that it was only available for two semesters".

Subjects were also asked to compare the GPC with other therapy courses and other training experiences. 100% of subjects rated the GPC as better than most therapy courses they had taken and 96% rated it better than most training experiences they had had.

Factor Analysis. A principal component factor analysis rotated to the Kaiser normalized varimax criterion was performed on 9 of the 12 calculated scores regarding the training program components. Videotape supervision (fall and spring) and leading outside group were excluded from this analysis due to their relatively low n. Results indicated that 2 factors had eigenvalues greater than 1 and cumulatively accounted for 75.4% of the variance. Table 9 shows the factor loadings for each of the items.

Factor 1, accounting for 61.1% of the variance was tentatively labeled as an "experiential and didactic" factor as it combined didactic experiences along with participation as a leader and a member in the group. Factor 2, accounting for 14.3% of the variance was labeled as an "observational" factor as it included observation of the group and review of the group immediately afterwards. Based on the rotated factor matrix, estimated factor scores were obtained yielding
Table 9
Varimax factors for the Training Program Questionnaire. *

<table>
<thead>
<tr>
<th>Variable</th>
<th>Factor 1</th>
<th>Factor 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall semester</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Membership in group</td>
<td>.47</td>
<td>.36</td>
</tr>
<tr>
<td>2. Leading group</td>
<td>.92</td>
<td></td>
</tr>
<tr>
<td>3. Observing group</td>
<td></td>
<td>.85</td>
</tr>
<tr>
<td>4. Triad training</td>
<td>.67</td>
<td>.58</td>
</tr>
<tr>
<td>5. Didactic training</td>
<td>.83</td>
<td></td>
</tr>
<tr>
<td>Spring semester</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Leading group</td>
<td>.87</td>
<td></td>
</tr>
<tr>
<td>7. Observing group</td>
<td>.42</td>
<td>.84</td>
</tr>
<tr>
<td>8. Reviewing group</td>
<td></td>
<td>.85</td>
</tr>
<tr>
<td>9. Didactic training</td>
<td>.80</td>
<td>.46</td>
</tr>
</tbody>
</table>

* Factor loadings less than .30 have been omitted.
one score on each factor for all subjects. These scores were used in later multiple regression analyses.

Attitudes Toward Training

Table 10 shows the means for each of the 23 items in this questionnaire. In addition the rank order of the frequency of endorsement as a major training method in the respondent's own experience is shown.

A Spearman rank-order correlation was computed between the mean "importance for training" rating and the corresponding frequency of endorsement as a major training method in the respondent's own experience for each item in section A. The obtained value was significant (Rs=.92, p<.01), indicating a strong relationship between subjects' own training and their opinions about training. This was quite different from Dies' (1974) sample which showed a non-significant Spearman R of .38.

An examination of the ordering of mean ratings of items in section A reveals that the single item receiving the highest value was co-therapy experience with a qualified therapist (item 3). This was followed by items in which the trainee participated in therapy situations with or without supervision following (items 11, 10, 9, and 6, respectively). These were followed by items in which the trainer was given information didactically or through observation rather than participation (items 5, 8, 4, and 1). Least valuable were self-taught, audio-only observation, and T-group training workshops (items 12, 7, and 2).

Spearman rank-order correlations were computed between this data and data from the Dies sample (reproduced in Table 11) on each of the three sections with a significant correlation in the rating of training methods (Rs=.64, p<.05) and non-significant results in all other
Table 10

Items, item means, standard deviations, and ranks for the Attitudes Toward Training Questionnaire.

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Rank Order of Endorsement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Training Methods (1-7 rating)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Attendance at group psychotherapy workshops.</td>
<td>4.57</td>
<td>1.47</td>
<td>9.5</td>
</tr>
<tr>
<td>2. Attendance at T-group training workshops.</td>
<td>3.58</td>
<td>1.60</td>
<td>12</td>
</tr>
<tr>
<td>3. Co-therapy experience with qualified therapist.</td>
<td>6.70</td>
<td>.70</td>
<td>1</td>
</tr>
<tr>
<td>4. Serving as a recorder-observer in a group.</td>
<td>4.62</td>
<td>1.52</td>
<td>7</td>
</tr>
<tr>
<td>5. Didactic seminars—theory, research, case study.</td>
<td>4.93</td>
<td>1.27</td>
<td>6</td>
</tr>
<tr>
<td>6. Supervised experience in individual therapy.</td>
<td>5.21</td>
<td>1.46</td>
<td>4</td>
</tr>
<tr>
<td>7. Careful analysis and discussion of audio tape produced by experts.</td>
<td>4.18</td>
<td>1.59</td>
<td>11</td>
</tr>
<tr>
<td>8. Discussion of films or videotapes produced by experts.</td>
<td>4.67</td>
<td>1.65</td>
<td>9.5</td>
</tr>
<tr>
<td>9. Participation as a patient in a therapy group.</td>
<td>5.58</td>
<td>1.50</td>
<td>3</td>
</tr>
<tr>
<td>10. Co-therapy experience with a peer.</td>
<td>5.64</td>
<td>1.31</td>
<td>2</td>
</tr>
<tr>
<td>11. Discussion of your own therapy tapes with a supervisor.</td>
<td>5.71</td>
<td>1.21</td>
<td>5</td>
</tr>
<tr>
<td>12. Learning by doing, self-taught (practice reading).</td>
<td>4.31</td>
<td>1.58</td>
<td>8</td>
</tr>
<tr>
<td><strong>B. Didactic Seminars (percentages)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Research.</td>
<td>13.04</td>
<td>8.16</td>
<td>-</td>
</tr>
<tr>
<td>2. Case Study.</td>
<td>30.39</td>
<td>15.71</td>
<td>-</td>
</tr>
<tr>
<td>3. Theory.</td>
<td>34.85</td>
<td>11.38</td>
<td>-</td>
</tr>
<tr>
<td>4. Other.</td>
<td>21.73</td>
<td>21.42</td>
<td>-</td>
</tr>
<tr>
<td><strong>Theoretical Exposure (1-5 rating)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Psychoanalysis.</td>
<td>3.17</td>
<td>1.14</td>
<td>-</td>
</tr>
<tr>
<td>2. Ego psychology.</td>
<td>3.51</td>
<td>.99</td>
<td>-</td>
</tr>
<tr>
<td>3. Existentialism.</td>
<td>3.29</td>
<td>.98</td>
<td>-</td>
</tr>
<tr>
<td>4. Nondirective.</td>
<td>3.30</td>
<td>1.05</td>
<td>-</td>
</tr>
<tr>
<td>5. Psychodrama.</td>
<td>4.06</td>
<td>.79</td>
<td>-</td>
</tr>
<tr>
<td>6. Neo-Freudian—Adler, Fromm, Horney, Sullivan.</td>
<td>3.69</td>
<td>.96</td>
<td>-</td>
</tr>
<tr>
<td>7. Social learning approaches (e.g., Bandura and Walters, Rotter).</td>
<td>3.43</td>
<td>.84</td>
<td>-</td>
</tr>
<tr>
<td>8. Behavior modification.</td>
<td>3.11</td>
<td>.97</td>
<td>-</td>
</tr>
</tbody>
</table>
Reproduction of Dies' (1974) data for the Attitudes Toward Training Questionnaire.

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>Rank Order of Endorsement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Training Methods (1-7 rating)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Attendance at group psychotherapy workshops.</td>
<td>4.71</td>
<td>7</td>
</tr>
<tr>
<td>2. Attendance at T-group training workshops.</td>
<td>4.66</td>
<td>10</td>
</tr>
<tr>
<td>3. Co-therapy experience with qualified therapist.</td>
<td>6.10</td>
<td>2</td>
</tr>
<tr>
<td>4. Serving as a recorder-observer in a group.</td>
<td>4.25</td>
<td>9</td>
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<tr>
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<td>5.5</td>
</tr>
<tr>
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<td>5.34</td>
<td>1</td>
</tr>
<tr>
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<td>8</td>
</tr>
<tr>
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<tr>
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<td>12</td>
</tr>
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<td>5.18</td>
<td>5.5</td>
</tr>
<tr>
<td>11. Discussion of your own therapy tapes with a supervisor.</td>
<td>5.41</td>
<td>4</td>
</tr>
<tr>
<td>12. Learning by doing, self-taught (practice reading).</td>
<td>3.93</td>
<td>3</td>
</tr>
<tr>
<td><strong>B. Didactic Seminars (percentage)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Research</td>
<td>21.08</td>
<td>-</td>
</tr>
<tr>
<td>2. Case Study</td>
<td>39.27</td>
<td>-</td>
</tr>
<tr>
<td>3. Theory</td>
<td>25.93</td>
<td>-</td>
</tr>
<tr>
<td>4. Other</td>
<td>13.72</td>
<td>-</td>
</tr>
<tr>
<td><strong>Theoretical Exposure (1-5 rating)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Psychoanalysis.</td>
<td>2.81</td>
<td>-</td>
</tr>
<tr>
<td>2. Ego psychology.</td>
<td>3.27</td>
<td>-</td>
</tr>
<tr>
<td>3. Existentialism.</td>
<td>2.68</td>
<td>-</td>
</tr>
<tr>
<td>4. Nondirective.</td>
<td>3.08</td>
<td>-</td>
</tr>
<tr>
<td>5. Psychodrama.</td>
<td>2.82</td>
<td>-</td>
</tr>
<tr>
<td>6. Neo-Freudian-Adler, Fromm, Horney, Sullivan.</td>
<td>3.02</td>
<td>-</td>
</tr>
<tr>
<td>7. Social learning approaches (e.g., Bandura and Walters, Rotter).</td>
<td>3.35</td>
<td>-</td>
</tr>
<tr>
<td>8. Behavior modification.</td>
<td>3.01</td>
<td>-</td>
</tr>
</tbody>
</table>
comparisons (training methods - endorsing, Rs=.46; didactic seminars, Rs=-.20; theoretical exposure, Rs=.33). Thus, these two samples had similar views of group training methods but different views about didactic seminars and theoretical orientation and different experiences of their own group therapy training.

**Group Therapy Style**

**Group Leadership Questionnaire**

Means and standard deviations for the Group Leadership Questionnaire are presented in Table 12. Note that subjects were asked to respond in two ways to the questions. First they picked all responses they might consider making (option response - OR) and second they picked the one most important response (chosen response - CR) both resulting in scales with a range of 0 to 11. Due to the forced choice nature of the CR, scales are not independent of one another for the latter scoring method.

For the option response, subjects scored highest on the member feeling scale, indicating that subjects considered asking group members about their feelings or reactions to group events most often. Next highest was group dynamics question where the leader encourage members to reflect on group process. The next highest scores clustered together and included a more interpretive group focus (group atmosphere interpretation and group dynamics interpretation), leader feelings, and personal life (which resembles client self-disclosure). For the chosen response a similar pattern was noted except that structure was seen relatively more frequently.

Analysis of variance showed significant differences between class groups on 5 scales. On the Group-Directed scale, class groups were significantly different on both the OR and the CR responses (F=3.43, p<.007 and F=2.33, p<.048, respectively). Student Newman-Keuls showed
Table 12

Means, and standard deviations for the Group Leadership Questionnaire. *

<table>
<thead>
<tr>
<th>Scale</th>
<th>Option Response</th>
<th>Chosen Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Standard Deviation</td>
</tr>
<tr>
<td>1. Silence</td>
<td>1.98</td>
<td>2.27</td>
</tr>
<tr>
<td>2. Group-Directed</td>
<td>4.21</td>
<td>2.27</td>
</tr>
<tr>
<td>3. Reassurance-Approval</td>
<td>3.04</td>
<td>2.31</td>
</tr>
<tr>
<td>4. Subtle Guidance</td>
<td>1.96</td>
<td>2.00</td>
</tr>
<tr>
<td>5. Structure</td>
<td>3.57</td>
<td>1.76</td>
</tr>
<tr>
<td>6. Attack</td>
<td>.28</td>
<td>.57</td>
</tr>
<tr>
<td>7. Member Feeling</td>
<td>9.11</td>
<td>1.91</td>
</tr>
<tr>
<td>8. Leader Feeling</td>
<td>4.28</td>
<td>3.09</td>
</tr>
<tr>
<td>9. Leader Experience</td>
<td>.26</td>
<td>.59</td>
</tr>
<tr>
<td>10. Clarification-Confrontation Question</td>
<td>2.42</td>
<td>2.69</td>
</tr>
<tr>
<td>11. Group Dynamics Question</td>
<td>5.64</td>
<td>2.63</td>
</tr>
<tr>
<td>12. Group Atmosphere</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpretation</td>
<td>4.47</td>
<td>2.25</td>
</tr>
<tr>
<td>13. Group Dynamics Interpretation</td>
<td>4.51</td>
<td>2.60</td>
</tr>
<tr>
<td>14. Psychodynamic Interpretation</td>
<td>1.85</td>
<td>1.99</td>
</tr>
<tr>
<td>15. Personal Life</td>
<td>4.15</td>
<td>2.66</td>
</tr>
<tr>
<td>16. Past and Parents</td>
<td>1.61</td>
<td>2.31</td>
</tr>
<tr>
<td>17. Behavioral Changes</td>
<td>2.11</td>
<td>2.62</td>
</tr>
<tr>
<td>18. Nonverbal</td>
<td>1.38</td>
<td>2.31</td>
</tr>
<tr>
<td>19. Role-Playing</td>
<td>2.79</td>
<td>2.66</td>
</tr>
</tbody>
</table>

* Subjects were asked to respond in two ways to the questions. First they picked all responses they might consider making (option response) and second they picked the one most important response (chosen response) both resulting in scales with a range of 0 to 11.
that class group 1 made significantly more group directed OR choices than did class groups 3 and 7 at the .05 probability level. On the CR choices no pair of groups significantly differed, but groups 1 and 4 chose the group-directed response most often. In general, it seems that consideration and choice of group directed responses decreased with increased training and experience. On the Subtle Guidance scale, class group 1 scored significantly higher on the OR than any other class (F=4.34, p<.002, SNK p<.05) but this significance did not hold for the CR. So group 1 considered subtle guidance responses significantly more often but did not actually choose to make these responses. Showing the opposite pattern on the Structure scale, group differences were significant only for the CR choices (F=2.31, p<.05) and not for the OR choices. No significance between pairs of groups were found but groups 5 and 7 scored slightly higher.

On the OR choices for the Member feeling scale, groups differed significantly (F=2.99, p<.015) and group 7 scored significantly lower than either group 2 or 4 (SNK p<.05). Similarly on the CR choices, groups differed significantly (F=3.77, p<.004), groups 6 and 7 scored significantly lower than group 4, and group 6 scored significantly lower than group 2 (SNK p<.05). It seems that groups 2 and 4 considered and chose member feeling responses most often while groups 6 and 7 did this least often.

It was noticeable that almost no one chose items on the Clarification-Confrontation Question scale and there were no significant between group differences. However, there were group differences in the frequency of considering (OR) these items (F=2.64, p<.028) and group 2 considered them significantly more than did group 4 (SNK p<.05). Similarly, almost no one chose items from the Nonverbal scale with no significant group differences, but in considering these options groups differed significantly (F=2.45, p<.039) and group 1 did so significantly more than group 2 did (SNK p<.05).
Factor Analysis. A principal component factor analysis rotated to the Kaiser normalized varimax criterion was performed on the two (option response and chosen response) sets of scales of the Group Leadership Questionnaire. Factor analysis of the option response resulted in 6 factors with eigenvalues greater than 1 accounting for 71.9% of the variance. However, the varimax rotation failed to converge in 24 iterations so that coherent and meaningful content clusters were not evident and factor scores could not be obtained. This analysis was thus discarded and will not be discussed further. For the chosen response, results indicated that 9 factors had eigenvalues greater than 1 and cumulatively accounted for 74.6% of the variance. Table 13 shows the factor loadings for each of the items. Factor 1 accounted for 11.9% of the variance and was labeled the "cognitizing A" factor. This factor consisted primarily of items which involved asking for and giving meaning to the group atmosphere and looking at individual's problems in a straight forward here-and-now way. Factor 2 was labeled the "intimacy" factor and accounted for 10.0% of the variance. It included items in which the leader shared personal experiences or initiated nonverbal exercises. It did not include items in which the leader encouraged members' sharing feelings, however. Factor 3 accounted for 9.6% of the variance and was labeled "modeling". This factor included the leader modeling the sharing of feelings with the group and asking members how group events resembled events in the member's past. Factor 4 was labeled "challenging" and included items in which the leader asks for specific clarification from the member about action, motivation, and desired behavioral change. This factor accounted for 8.5% of the variance. Factor 5 accounted for 7.6% of the variance and was labeled "reinforcing" as it included items in which the leader reinforced members through reassurance and approval or through direct attack on members' behavior. Factor 6 accounted for 7.3% of the variance. It was named directive and included items in which the leader provided direction for action and
Table 13

Varimax factors for scales of the Group Leadership Questionnaire.*

<table>
<thead>
<tr>
<th>Scale</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
<th>Factor 4</th>
<th>Factor 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Silence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Group-Directed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.30</td>
</tr>
<tr>
<td>3. Reassurance-Approval</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.76</td>
</tr>
<tr>
<td>4. Subtle Guidance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Structure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Attack</td>
<td></td>
<td>.31</td>
<td></td>
<td></td>
<td>.75</td>
</tr>
<tr>
<td>7. Member Feeling</td>
<td>-.62</td>
<td>-.30</td>
<td>-.35</td>
<td>-.32</td>
<td></td>
</tr>
<tr>
<td>8. Leader Feeling</td>
<td></td>
<td></td>
<td>.80</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Leader Experience</td>
<td></td>
<td></td>
<td></td>
<td>.92</td>
<td></td>
</tr>
<tr>
<td>10. Clarification-Confrontation Question</td>
<td></td>
<td></td>
<td></td>
<td>.87</td>
<td></td>
</tr>
<tr>
<td>11. Group Dynamics Question</td>
<td></td>
<td></td>
<td></td>
<td>.42</td>
<td></td>
</tr>
<tr>
<td>12. Group Atmosphere Interpretation</td>
<td></td>
<td></td>
<td>.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Group Dynamics Interpretation</td>
<td></td>
<td></td>
<td>.69</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Psychodynamic Interpretation</td>
<td></td>
<td></td>
<td></td>
<td>.81</td>
<td></td>
</tr>
<tr>
<td>15. Personal Life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.77</td>
</tr>
<tr>
<td>16. Past and Parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.45</td>
</tr>
<tr>
<td>17. Behavioral Change</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Nonverbal</td>
<td></td>
<td></td>
<td></td>
<td>.89</td>
<td></td>
</tr>
<tr>
<td>19. Role-Playing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 13, continued.

<table>
<thead>
<tr>
<th>Scale</th>
<th>Factor Loadings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Silence</td>
<td>.80</td>
</tr>
<tr>
<td>2. Group-Directed</td>
<td>-.71</td>
</tr>
<tr>
<td>3. Reassurance-Approval</td>
<td></td>
</tr>
<tr>
<td>4. Subtle Guidance</td>
<td>.89</td>
</tr>
<tr>
<td>5. Structure</td>
<td>.73</td>
</tr>
<tr>
<td>6. Attack</td>
<td>.39</td>
</tr>
<tr>
<td>7. Member Feeling</td>
<td></td>
</tr>
<tr>
<td>8. Leader Feeling</td>
<td></td>
</tr>
<tr>
<td>9. Leader Experience</td>
<td></td>
</tr>
<tr>
<td>10. Clarification-Confrontation Question</td>
<td></td>
</tr>
<tr>
<td>11. Group Dynamics Question</td>
<td>-.63</td>
</tr>
<tr>
<td>12. Group Atmosphere</td>
<td></td>
</tr>
<tr>
<td>Interpretation</td>
<td>.47</td>
</tr>
<tr>
<td>13. Group Dynamics Interpretation</td>
<td>.44</td>
</tr>
<tr>
<td>14. Psychodynamic Interpretation</td>
<td>.74</td>
</tr>
<tr>
<td>15. Personal Life</td>
<td></td>
</tr>
<tr>
<td>16. Past and Parents</td>
<td></td>
</tr>
<tr>
<td>17. Behavioral Change</td>
<td>.41</td>
</tr>
<tr>
<td>18. Nonverbal</td>
<td></td>
</tr>
<tr>
<td>19. Role-Playing</td>
<td>-.80</td>
</tr>
</tbody>
</table>

* Factor loadings less than .30 have been omitted.
structure but did not include direction to role play. Factor 7 accounted for 1.2% of the variance and was labeled "cognitizing B". This factor included items in which the leader asked for or provided explanations about group events in terms of the psychodynamics of the group and of individual members. Factor 8 was labeled "subtle guidance" and consisted of items in which the leader indirectly directed the group's action. Factor 9 was named "silence" as it included items in which the leader responded with silence. Factors 8 and 9 accounted for 6.5% and 6.0% of the variance respectively.

Group Leadership Function Scale

Means and standard deviations for the Group Leadership Function Scale are shown in Table 14. No significant differences between groups were found on these functions. It is interesting to note that the scale means shown by this sample (high caring and meaning attribution with

<table>
<thead>
<tr>
<th>Function</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Stimulation</td>
<td>30.02</td>
<td>5.33</td>
</tr>
<tr>
<td>Caring</td>
<td>36.00</td>
<td>5.22</td>
</tr>
<tr>
<td>Meaning Attribution</td>
<td>34.94</td>
<td>4.23</td>
</tr>
<tr>
<td>Executive Function</td>
<td>30.66</td>
<td>5.10</td>
</tr>
</tbody>
</table>

* All scales have possible range from 7 to 49 with higher score indicating higher levels of the function.
moderate emotional stimulation and executive function) have the same relative position to each other as that found by Lieberman et al. (1973) to be the most effective in producing positive outcomes with a minimum number of casualties.

**Prediction of Group Therapy Style**

Stepwise multiple regression analyses were used in order to determine if experience variables, personality variables, relationship with the instructor variables, group climate variables, and perception of the training program variables could significantly predict scores on the Group Leadership Questionnaire scales and scores on the Group Leadership Function Scale. The criterion for inclusion used throughout these analyses was $p<.05$.

**Group Leadership Questionnaire – Option Responses**

Eight scales could not be significantly predicted by any variables. These were Group-Directed, Reassurance-Approval, Structure, Leader Feeling, Clarification-Confrontation Question, Group Atmosphere Interpretation, Group Dynamics Interpretation, and Personal Life. Five scales (Silence, Group Dynamics, Past and Parents, Behavior Change, and Role Play) could be significantly predicted but there was no intuitively reasonable explanation for the relationship between the predicted and predictor variables. These five multiple regressions will not be discussed further, but are summarized for interest in tables 15 through 19 which show the scales, the predictor variables, $R^2$, $R^2$ change, Beta, and significance.
### Table 15

Stepwise multiple regression of Silence - option response - scale.

<table>
<thead>
<tr>
<th>Predictors</th>
<th>R Square</th>
<th>R Square Change</th>
<th>Beta</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior training in encounter groups</td>
<td>.28</td>
<td>.28</td>
<td>.69</td>
<td>.023</td>
</tr>
<tr>
<td>Transactional Analysis Orientation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-post GPC</td>
<td>.47</td>
<td>.19</td>
<td>-.46</td>
<td>.009</td>
</tr>
<tr>
<td>Client-Centered Orientation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short-post GPC</td>
<td>.61</td>
<td>.14</td>
<td>.37</td>
<td>.004</td>
</tr>
</tbody>
</table>

### Table 16

Stepwise multiple regression of Group Dynamics Question - option response - scale.

<table>
<thead>
<tr>
<th>Predictors</th>
<th>R Square</th>
<th>R Square Change</th>
<th>Beta</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Led &quot;other&quot; groups pre GPC</td>
<td>.23</td>
<td>.23</td>
<td>.48</td>
<td>.046</td>
</tr>
</tbody>
</table>
Table 17
Stepwise multiple regression of Past and Parents - option response - scale.

<table>
<thead>
<tr>
<th>Predictors</th>
<th>R Square</th>
<th>R Square Change</th>
<th>Beta</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiential Orientation long-post GPC</td>
<td>.48</td>
<td>.48</td>
<td>.85</td>
<td>.002</td>
</tr>
<tr>
<td>Perception of safety in group</td>
<td>.68</td>
<td>.20</td>
<td>-.48</td>
<td>.000</td>
</tr>
</tbody>
</table>

Table 18
Stepwise multiple regression of Behavior Change - option response - scale.

<table>
<thead>
<tr>
<th>Predictors</th>
<th>R Square</th>
<th>R Square Change</th>
<th>Beta</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member in &quot;other&quot; groups pre GPC</td>
<td>.25</td>
<td>.25</td>
<td>.50</td>
<td>.035</td>
</tr>
</tbody>
</table>

Table 19
Stepwise multiple regression of Role-play - option response - scale.

<table>
<thead>
<tr>
<th>Predictors</th>
<th>R Square</th>
<th>R Square Change</th>
<th>Beta</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member in &quot;other&quot; groups pre GPC</td>
<td>.28</td>
<td>.28</td>
<td>.52</td>
<td>.025</td>
</tr>
</tbody>
</table>
The Subtle Guidance scale was significantly predicted by two variables as shown in Table 20. Subtle guidance is when the leader guides the group in a nonconfronting or indirect manner. This scale score was significantly predicted by the amount the subject disliked being on the hot seat and by a long-post GPC rational-emotive orientation. The first predictor variable could be reflecting a general desire to not be confronted which intuitively matches the desire to be indirect and nonconfrontive oneself. The rational-emotive orientation could be related in that the emphasis on making thinking clear and obvious would be opposite to subtle guidance toward a particular goal.

<table>
<thead>
<tr>
<th>Predictors</th>
<th>R Square</th>
<th>R Square Change</th>
<th>Beta</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disliked being on the hot seat</td>
<td>.27</td>
<td>.27</td>
<td>1.10</td>
<td>.026</td>
</tr>
<tr>
<td>Rational-Emotive Orientation</td>
<td>.64</td>
<td>.37</td>
<td>-.84</td>
<td>.001</td>
</tr>
<tr>
<td>long-post GPC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Attack scale score, as shown in Table 21, was significantly predicted by the rated importance of the personal qualities of the instructor. This might reflect an emphasis on personal power and charisma which is both experienced by the subject and is used by the subject in aggressive and provocative ways to influence the group.

Table 21
Stepwise multiple regression of Attack - option response - scale.

<table>
<thead>
<tr>
<th>Predictors</th>
<th>R Square</th>
<th>R Square Change</th>
<th>Beta</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rated importance of personal qualities of instructor</td>
<td>.27</td>
<td>.27</td>
<td>.52</td>
<td>.026</td>
</tr>
</tbody>
</table>

The Member Feeling scale score was significantly predicted by a pre GPC reality therapy orientation as is shown in Table 22. One could speculate that perhaps this theoretical orientation has little focus on feeling and leaves subjects less likely to address feeling issues.

Table 22
Stepwise multiple regression of Member Feeling - option response - scale.

<table>
<thead>
<tr>
<th>Predictors</th>
<th>R Square</th>
<th>R Square Change</th>
<th>Beta</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reality Therapy Orientation pre GPC</td>
<td>.24</td>
<td>.24</td>
<td>-.49</td>
<td>.040</td>
</tr>
</tbody>
</table>
Leader Experience scale scores were significantly predicted by three variables; pre GPC training in "other" groups, post GPC leadership of encounter groups and pre GPC training in gestalt groups. The regression is shown in Table 23. As Leader Experience is the leader telling the group about experiences s/he has had that are related to group events, it seems likely that the three predictor variables are reflecting in part the amount of previous experience the leader has to reflect on and perhaps also the self-confidence and willingness to disclose such experience.

Table 23
Stepwise multiple regression of Leader Experience - option response - scale.

<table>
<thead>
<tr>
<th>Predictors</th>
<th>R Square</th>
<th>R Square Change</th>
<th>Beta</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training in &quot;other&quot; groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pre GPC</td>
<td>.39</td>
<td>.39</td>
<td>.81</td>
<td>.006</td>
</tr>
<tr>
<td>Led encounter groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>post GPC</td>
<td>.65</td>
<td>.26</td>
<td>.60</td>
<td>.000</td>
</tr>
<tr>
<td>Training in Gestalt groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pre GPC</td>
<td>.86</td>
<td>.21</td>
<td>.48</td>
<td>.000</td>
</tr>
</tbody>
</table>
Table 24 shows the multiple regression for the Psychodynamic Interpretation scale. Scores were significantly predicted by two variables; disliking being on the hot seat and a long-post GPC rational-emotive orientation. Perhaps psychodynamic interpretations are less confrontive or personally risky. Presumably, such interpretations are not part of the rational-emotive paradigm.

Table 24

Stepwise multiple regression of Psychodynamic Interpretation - option response - scale.

<table>
<thead>
<tr>
<th>Predictors</th>
<th>R Square</th>
<th>R Square Change</th>
<th>Beta</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disliked being on hot seat</td>
<td>.24</td>
<td>.24</td>
<td>1.16</td>
<td>.039</td>
</tr>
<tr>
<td>Rational-Emotive Orientation long-post GPC</td>
<td>.72</td>
<td>.48</td>
<td>-.96</td>
<td>.000</td>
</tr>
</tbody>
</table>

The last option response scale was Nonverbal, Table 25, scores of which were significantly predicted by pre GPC leading of gestalt groups, pre GPC membership in “other” groups, and dislike of being on the hot seat. The meaning of involvement in “other” groups is unclear since we cannot tell what these consist of. However, gestalt group leadership would frequently involve use of nonverbal procedures and conversely people who avoid the hot seat would probably avoid non-verbal procedures as well.
Stepwise multiple regression of Nonverbal - option response - scale.

Table 25

<table>
<thead>
<tr>
<th>Predictors</th>
<th>R Square</th>
<th>R Square Change</th>
<th>Beta</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Led gestalt groups</td>
<td>.45</td>
<td>.45</td>
<td>1.06</td>
<td>.002</td>
</tr>
<tr>
<td>pre GPC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member in &quot;other&quot; groups</td>
<td>.64</td>
<td>.19</td>
<td>.51</td>
<td>.000</td>
</tr>
<tr>
<td>pre GPC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disliked being on hot seat</td>
<td>.80</td>
<td>.16</td>
<td>-.64</td>
<td>.000</td>
</tr>
</tbody>
</table>

Group Leadership Questionnaire – Chosen Response – Factors

Six factors could not be significantly predicted by any variables. These were Cognitizing A, Modeling, Challenging, Directive, Subtle Guidance, and Silence. While the factors of Reinforcing and Cognitizing B could be significantly predicted, no intuitively obvious explanation for these predictions comes to mind. What is quite noticeable, however, is that every predictor variable involves either participation in a group (as leader or member) or theoretical orientation. These two areas deserve further attention. Tables 26 and 27 show the factors which could be predicted, the predicted variables, R Square, R Square change, Beta, and significance.
### Table 26

**Stepwise multiple regression of Reinforcing factor – chosen response.**

<table>
<thead>
<tr>
<th>Predictors</th>
<th>R Square</th>
<th>R Square Change</th>
<th>Beta</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adlerian Orientation – pre GPC</td>
<td>.23</td>
<td>.23</td>
<td>.52</td>
<td>.044</td>
</tr>
<tr>
<td>Psychoanalytic Orientation</td>
<td>.45</td>
<td>.22</td>
<td>.74</td>
<td>.011</td>
</tr>
<tr>
<td>Behavior Therapy Orientation</td>
<td>.69</td>
<td>.24</td>
<td>.62</td>
<td>.001</td>
</tr>
<tr>
<td>Client-centered Orientation</td>
<td>.87</td>
<td>.18</td>
<td>.47</td>
<td>.000</td>
</tr>
</tbody>
</table>

### Table 27

**Stepwise multiple regression of Cognitizing B factor – chosen response.**

<table>
<thead>
<tr>
<th>Predictors</th>
<th>R Square</th>
<th>R Square Change</th>
<th>Beta</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trained in Encounter Groups</td>
<td>.24</td>
<td>.24</td>
<td>.53</td>
<td>.037</td>
</tr>
<tr>
<td>Led interactional with added components groups</td>
<td>.45</td>
<td>.21</td>
<td>-.45</td>
<td>.012</td>
</tr>
</tbody>
</table>
The stepwise multiple regression predicting the intimacy factor of the Group Leadership Questionnaire was able to significantly explain 97 percent of the variance (adjusted for the number of independent variables and the number of cases) using 4 variables. The first variable in the equation made intuitive sense as a predictor as it was the number of encounter groups led post GPC and the intimacy factor reflected the amount of personal experiences shared and nonverbal exercises initiated. The second and third factors both concerned pre GPC psychodynamic groups with membership being entered in the equation first and training coming next with an ameliorating effect. A psychodynamic orientation just after the GPC was the last variable entered. It seems likely that the importance of the psychodynamic experience, training, and orientation relates to this factor due to this orientations' emphasis on the therapist's reflecting the client rather than revealing the self and on the lack of direction by the therapist once the initial contract is set. Table 28 shows this multiple regression.

Table 28

Stepwise multiple regression of Intimacy factor – chosen response.

<table>
<thead>
<tr>
<th>Predictors</th>
<th>R Square</th>
<th>R Square Change</th>
<th>Beta</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Led encounter groups post GPC</td>
<td>.80</td>
<td>.80</td>
<td>1.02</td>
<td>.000</td>
</tr>
<tr>
<td>Member in psychodynamic groups – pre GPC</td>
<td>.86</td>
<td>.06</td>
<td>-.55</td>
<td>.000</td>
</tr>
<tr>
<td>Trained in psychodynamic groups – pre GPC</td>
<td>.92</td>
<td>.06</td>
<td>.38</td>
<td>.000</td>
</tr>
<tr>
<td>Psychodynamic Orientation short-post GPC</td>
<td>.97</td>
<td>.05</td>
<td>.25</td>
<td>.000</td>
</tr>
</tbody>
</table>
Group Leadership Function Scale

Three scales of the Group Leadership Function Scale could not be significantly predicted by any variables. These were Emotional Stimulation, Caring, and Meaning-Attribution. The Executive Function scale was significantly predicted by long-post GPC eclectic orientation as shown in Table 29. No obvious explanation for this result presents itself, but again the importance of theoretical orientation should be noted.

Table 29
Stepwise multiple regression of Executive Function.

<table>
<thead>
<tr>
<th>Predictors</th>
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DISCUSSION

For clarity, this study will be discussed in the four sections used previously. Then limitations and implications of this study will be addressed.

Subject and Class Characteristics

As expected given the subject sample, the majority of the subjects were working towards their Ph.D and earlier class groups had reached this goal more than groups who had just taken the GPC. The majority of the subjects were in clinical and counseling psychology. It was interesting that the frequency that subjects reported that their orientation was eclectic decreased consistently from the time prior to taking the GPC (generally the third or fourth year of graduate school) through the time just after the GPC, to its relatively lowest point 1 to 5 years post GPC. On the other hand, gestalt therapy increased in popularity just after the GPC and then decreased again but remained at a higher percentage than pre GPC. This finding suggests that subjects increased their differentiation in theoretical orientation as they increased their training and experience, and that the GPC influenced their theoretical orientation greatly at first with a moderate long-lasting effect. In terms of training and experience in both individual and group psychotherapy, the data reveal that the class groups were not significantly different prior to taking the GPC. After the GPC, the class groups were significantly different only in ways that would be predicted based on the number of years since each group took the GPC. In terms of training and experience then, it appears reasonable to infer that the subjects were sampled from a homogenous group at different periods of time in their training.
It should be noted that this subject sample is considerably different from samples used by Wile (1973) in his attempts to validate the Group Leadership Questionnaire. His sample consisted of naive subjects who appeared to have little to no group experience, although he did not thoroughly describe the experience they did have. In comparison, this sample had a great deal of group experience with 62% having had training and 65% having led at least one group prior to taking the GPC. Since taking the GPC, 53% had sought additional training and 92% had led at least one group. This level of experience makes these subjects much more similar to Dies (1974) sample where half had three years or less group experience and half had more than three years experience.

On the personality measure, the Myers-Briggs Type Inventory, subjects also seemed to come from a homogeneous population with one exception. On the sensate-intuitive scale, class 3 was significantly more sensate than classes 1, 2, 4, 5, and 7. This indicates that, as a group, class 3 was more likely to focus on perceptions from their senses and notice concrete details and practicalities rather than dealing with abstractions, and inferred meanings as would the other classes. This difference did not appear to effect class 3's other responses differentially however.

On the Group Climate Scale subjects reported very positive perceptions of groups in general, with high ratings on all three scales and no significant differences between class groups. It makes sense that the contrast group should have positive expectations, as it seems obvious that only people who were relatively positive about the idea of groups would be interested in taking the GPC and thus qualify as subjects for this study. Also, as discussed previously, the GPC has an outstanding reputation among students which would certainly influence responses on this scale. It should also be noted that all groups had equally positive experiences in the GPC and that their positive feelings about groups were maintained over time.
Training Model Evaluation

On the Relationship Inventory subjects rated their relationship with the instructor quite highly, without any significant group differences. They reported that his level of regard and congruence were highest, his willingness to be known and empathic understanding were moderately high, and his unconditionality of regard was lowest, although still high compared to the neutral point. The fact that there were no between group differences on this inventory leads to a number of hypotheses. One is that the contrast group (class group 1 who had not yet had the GPC) or all the groups were responding in ways that reflected either social desirability or some unforeseen demand characteristics of the inventory or study itself. Another possibility is that the contrast group had heard enough positive comments from previous students of the GPC that they made accurate guesses as to what they expected their relationship with the instructor to be like. This seems quite likely as the GPC has been well known for its popularity with students which has necessitated early registration in order to obtain a place in the class. The instructor also has some contact with students before the GPC in a screening interview which would give the contrast group a brief interaction on which to base their answers. Further support for this conclusion was provided by a follow-up study (Madison, 1986) which found that the contrast group evaluated the instructor as very highly effective even before taking the GPC.

The meaning of the scores on the Relationship Inventory remains somewhat unclear due to the lack of appropriate norms for comparison. Expert opinion (Dies, 1983; Gurman and Gustafson, 1976) has argued that the relationship variables in group therapy should differ in kind and importance from those in individual therapy. Gurman and Gustafson concluded that the consistent importance of relationship variables in effecting outcome in individual psychotherapy does not appear to extend to group treatment. As Yalom (1975) points out, “to a very large extent, it is
the group which is the agent of change. This makes for a crucial difference in the basic role of the
individual therapist and the group therapist. In the individual format the therapist functions as
the solely designated direct agent of change; in the group therapeutic format he functions far more
indirectly" (p. 107). Hopefully this preliminary research can provide a beginning data base for
future examination of the nature and importance of group member - leader and group trainee -
trainer relationships in both therapeutic and educational contexts.

The two parts of the Training Program Questionnaire provide two different pictures of
what subjects saw as important in their learning and an interesting comparison to the instruc­
tor's views. In rating actual components of the GPC, the subjects saw leading groups as the most
important activity for learning with videotape supervision about equivalent for those that had it.
Subjects also rated membership in the group as very important, with reviewing the group in
spring, didactic training, triad training, and observation following in order of decreasing impor­
tance for learning. The instructor had different views, most noticeably a higher evaluation of the
importance of didactic training in spring and a much lower evaluation of the importance for the
learning value of being a member in the group.

A second view of the training model was obtained by asking subjects and the instructor to
rank aspects of the GPC. Here the items reflected aspects relevant to all activities of the GPC
rather than ranking the activities themselves. Consistent with their above views, subjects
ranked experiential learning as the most important aspect of the GPC. The instructor ranked
experiential learning much lower than subjects which likely reflects the relatively low emphasis
he placed on learning via membership in the group. Next in importance for subjects was
modeling (observing clear models), which implied having a chance to try out the modeled behav­
ior as compared to vicarious learning which was ranked in last place by both subjects and the
instructor. Vicarious learning might reflect then the relatively low value of observation activities. Comparable to the subjects' perceived importance of didactic activities, the cognitive/theoretical framework and desensitization/demystification were seen in the lower middle range of importance for them.

The ranking of aspects also provided information about several components which were not tapped in ranking simple activities. The importance of having a warm and supportive instructor, receiving feedback, and having a cohesive group (ranks 3 through 5, respectively) all were reported by subjects here. These components might be considered the basic qualities essential for a good learning environment. Curiously, the instructor devalued the importance of his contribution as a person and instructor in comparison to subjects.

The open-ended questions provided a wealth of more subjective data regarding the importance that the GPC and its instructor have had for subjects' personal and professional lives. Obviously, the course has had a profound and enduring impact on those who have participated in it.

The factor analysis of the Training Program Questionnaire was surprisingly different from the literature in its yielding of a factor which combined both experiential and didactic activities. Previous studies have found that didactic training is often seen as the least helpful training experience while experiential training is seen as essential (Dies, 1974, 1980). Perhaps this finding indicates that, when appropriately integrated, didactic and experiential training form an effective gestalt which endures over time. It certainly provides validation for the emphasis placed on integration of theory and practice during the GPC.

The significant correlation between subject's own training and their opinions about training on the Attitudes Toward Training questionnaire, suggests that this sample believed that their training experience was exactly what it should be. This was quite different from Dies
(1974) findings in which he stated "much of the training received by these group practitioners has not been perceived as especially helpful in their professional development". This idea is supported by the significant correlation between the two samples on ratings of training methods. Perhaps, Dies' sample would have been satisfied with this training program. It is quite evident that the items which subjects rated as important in their training were items which reflected the actual experiences they received in the GPC.

**Group Therapy Style**

The Group Leadership Questionnaire showed between group differences on five scales. The contrast group scored significantly differently when compared in pairs with other groups on three scales. On the Group-Directed scale, group 1 made significantly more option-response (OR) choices than did groups 3 or 7. Group 1 made significantly more OR choices on the Subtle Guidance scale than did any other group and significantly more OR choices on the Nonverbal scale than group 2 did. None of these differences remained significant for the chosen response, CR, choices. On other scales the contrast group did not differ significantly in pairwise comparisons with the other groups. Examination of the items which make up the scales that group 1 scored differently on shows that the group-directed responses were generally ones in which the leader disclaims responsibility for the group and reinforces the idea that the group can make its own choices. While this is certainly appropriate at times there were also situations described in which this response could be seen abandoning the group or giving the group "carte blanche" for destructive acting out (e.g. "during a group's attack of a member, let whatever happens happen, even if they ask for your advice"). The subtle guidance items were ones in which the leader acts to change the focus of the group in an indirect, almost subversive way (e.g. "direct attention away..."
from a group's attack of a member by bringing up another issue). Since group 1 considered these responses as options but did not choose them any more often, it would be reasonable to infer a relationship between having taken the GPC and considering such options less frequently.

Significant between groups differences occurred for groups that had taken the GPC when considered as a whole along with the contrast group and alone in pairwise comparisons. No specific pattern was evident that would yield an explanation and further consideration was attributed to unknown group differences that this study apparently did not tap.

Results of the principal component factor analysis of the chosen responses on the Group Leadership Questionnaire revealed nine factors some of which had relatively little face validity since they included items which intuitively should have clustered with other items. The two cognitizing factors compare with Lieberman et al. (1973) bipolar meaning-attrition factor except that their factor split along the group versus individual dimension while the cognitizing factors included both group and individual and split along the here-and-now versus psychodynamic dimension. The intimacy, modeling, and reinforcing factors relate to Lieberman et al.'s emotional stimulation while the directive factor relates to their executive function factor.

The finding that there were no significant differences between groups on the Group Leadership Function Scale implies the possible conclusion that subjects who took the GPC did not learn anything that the contrast subjects did not already know. However, many other possibilities exist. This scale is a self-report inventory with potentially high social desirability and with little behavioral description. It is possible that all subjects responded to these questions on the basis of some a priori assumptions about what is therapeutic in the abstract. This hypothesis is supported by an examination of the data which shows that subjects scored in the middle range on all scales, indicating perhaps that subjects "played it safe". However, it is interesting
to note that the relative position of scale means paralleled the pattern recommended by Lieberman et al. (1973). It is also quite likely that this scale was unable to measure the skills learned in the GPC.

**Prediction of Group Therapy Style**

The attempt to predict group therapy style resulted in somewhat piecemeal and unclear findings with a surprising emphasis on theoretical orientation and prior training and experience. Regressions predicting Group Leadership Questionnaire option response scales were significant on 11 scales but only six of these made intuitive sense. For these six the majority of the predictors concerned either theoretical orientation or some kind of group experience. Similar results were found for regressions of the factors of the Group Leadership Questionnaire and the Group Leadership Function Scale which are discussed below.

The stepwise multiple regression predicting the intimacy factor of the Group Leadership Questionnaire was able to significantly explain 97 percent of the variance (adjusted for the number of independent variables and the number of cases) using 4 variables; the number of encounter groups led post GPC, membership and training in psychodynamic groups pre GPC, and a short-post GPC psychodynamic orientation. These predictors made intuitive sense since the intimacy factor reflected the amount of personal experiences shared and nonverbal exercises initiated. This would coincide well with encounter group work and be fairly antithetical to a psychodynamic perspective.

The regression predicting the reinforcing factor was able to significantly predict 87 percent of the variance (83% when adjusted) using 4 variables. All 4 variables had to do with the subject's theoretical orientation at different points in time and Adlerian, psychoanalytic,
behavior therapy, and client-centered orientations were all included. No obvious explanation for the importance of this wide range of orientations presents itself. Indeed this finding is surprising in itself as Lieberman et al. (1973) found that leader behavior was unrelated to leader orientation.

The regression predicting the cognitizing B factor was able to significantly explain 45 percent of the variance (37% when adjusted) using 2 variables, both of which concerned experience with groups. The first variable entered was pre GPC training in encounter groups while the second variable was post GPC leadership of interactional with other components groups. Again, no obvious explanation exists but the importance of training and experience in the prediction of leadership style is seen.

The regression predicting the executive function scale of the Group Leadership Function Scale was able to significantly explain 24 percent of the variance (19% when adjusted) using one variable; an eclectic orientation long-post GPC. The meaning of this is unclear since eclectic orientation is not particularly descriptive of any one style. Perhaps the real interest of this then is again that theoretical orientation is being related to leadership style.

In summary, these findings suggest that there are two major areas which relate to leadership style as measured by the Group Leadership Questionnaire and the Group Leadership Function Scale. Contrary to earlier research theoretical orientation was related to group leadership style. Of the 11 variables which significantly predicted the Group Leadership Questionnaire factors and Group Leadership Function Scales, 6 concerned the theoretical orientation. This area clearly deserves further attention. The other area was composed of experience in groups in terms of training, membership, and leadership of groups. These types of variables provided the other 5 predictor variables. This suggests that the training we provide our students is really
related to their subsequent behavior, although the exact relationship remains unclear and needs further attention.

It is quite interesting to note that many types of variables which were anticipated to be related to group leadership behavior did not appear as significant predictors. Trainee personality, relationship with the instructor, attitudes towards groups, and perception of the training program all were noticeably absent from the multiple regressions. A number of conclusions could be drawn from this. First, it is possible that these variables are simply not related to group leadership behavior. Second, perhaps these variables are relevant and would be important given another sample of subjects, but within the ranges measured here, their importance is not seen. Third, these variables may be related to group leadership behavior in other circumstances with other instructors and other training programs, but these relationships are not seen within the limits of this study.

**Limitations of This Study**

Before proceeding to some speculative comments on the implications of this study, some comments on the weaknesses and limitations of this study are warranted.

It should be emphasized that this study is completely post-hoc without any experimental manipulations and is thus correlational in nature and cannot be used to infer causality. In addition, this study was limited to one training program under the direction of one instructor, and thus its findings can be used only with caution in regards to other training programs and other instructors. It is quite possible that different circumstances would yield different results. Another limitation of this study is the fact that subjects were studied at different points in time.
relative to their participation in the GPC. This type of non-equivalent groups design means that
the effects of time and history cannot be disregarded.

Probably the most significant weakness of this study is the fact that it relied entirely on
self-report. It is interesting to speculate how the results might have differed if it had been pos-
sible to actually observe the group leadership behavior of the subjects. Of course, the tremen-
dous logistical and financial costs to obtaining access to groups scattered across the country made
this impossible. The use of two measures of leadership style as an attempt to converge on “true”
leadership style was of questionable value. Throughout the duration of this study, continued
thought was given to the relevance of the Group Leadership Questionnaire scales to leadership re-
sponses learned from a theory developed after the initial development of the scale. It seems quite
likely that the pattern of differences found between contrast and trained group subjects would
have been clearer if the measurement tools were more sophisticated and directly relevant to the
training. On the other hand, the Group Leadership Questionnaire does present a wide variety of
response options which can apply to almost any form of group therapy and thus this study’s
findings can be compared to other group training programs which may choose to use this scale in
the future.

Summary and Implications

This study had numerous important findings which are summarized below in four
sections: findings regarding group training, the problem of measuring group leadership, issues
not needing further research, and issues in need of further examination.
Findings Regarding Group Training

1. One important accomplishment of this study is its comprehensive description of a successful training program and its components along with a thorough description of the population which has undergone this training.

2. This study demonstrated that the Integrative Model for Group Psychotherapy Training is strongly endorsed by trainees and that this endorsement continues at the same high level for up to 5 years after the completion of training. This is a particularly important finding since group experiences have often been found to have an intense but shortlived effect.

3. Through the thorough examination of the components of the Integrative Model, this study showed that this model contained the training program components which were perceived as ideal by trained therapists in looking back on their own training (Dies, 1974, 1980).

4. This study provided confirmation of the utility of the components perceived as ideal in the literature (Dies, 1974, 1980).

5. In addition to embodying these components, this study showed that the Integrative Training Model achieved an integration of didactic and experiential aspects in an effective way which has long been looked for.

6. This study established that effective clinical training can be achieved within an academic setting. This brings into doubt the long held assumption that academic training should focus on theory and research while leaving real clinical training to the vagaries of internship and supervisory experiences.

7. This study established the extremely high value of group membership in group training. Such membership is essential in learning group skills and theory from the inside and also in helping trainees change personal qualities which are likely to effect their professional work.
The Problem of Measuring Group Leadership

1. This study provides the first thorough examination of the Group Leadership Questionnaire and the Group Leadership Function Scale. Until now they have remained measures which were recommended for use in the literature (Dies, 1980) but have been untried and untested.

2. This study showed that these two measures of group leadership do not distinguish subjects who have undergone extensive group training from subjects without such training but with prior individual therapy training and experience. These scales seem to reflect the prior orientation and background experience of subjects rather than the acquisition of specific group therapeutic skills.

Issues Not Needing Further Research

1. This study showed no relationship between trainee characteristics, perception of trainer, or feelings about the group, and leadership style. This study then adds one more to the numbers who have attempted to demonstrate the importance of trainer and trainee characteristics with null or inconclusive results (Lambert, 1980; Matarazzo, 1978). While these findings are tentative due to the problems in measuring leadership style, it seems that personality characteristics of the trainees are unimportant, given the usual selection criteria for graduate training in psychology, and that this area should not be focused on in future work as long as selection criteria remain rigorous.

Issues In Need Of Further Examination

1. The personal characteristics of the trainer and his relationship to trainees was repeatedly seen as important in this study. This area deserves more attention in order to specify necessary trainer qualities.
2. One area in obvious need of attention is that of more refined measurement of group leadership style or behavior. It became obvious that the Group Leadership Function Scale was an inadequate attempt to transform Lieberman et al.'s (1973) great work into a more efficient tool. Other authors should attempt this again in terms of developing both a self-report inventory and a clear, simple behavioral checklist which could be used in a standard way by trained raters. While the Group Leadership Questionnaire fared better, it still has flaws in terms of the lack of normalized, consistent scales which could summarize the results in a coherent manner and possibly in its relevance to newer group forms. Modification and further examination of this questionnaire seems warranted.

3. Another area in need of research is that of the development of group leadership measures which are designed to specifically tap the skills taught in a particular group therapy training program. These measures would of necessity be much more specific than those mentioned above and would probably have a more restricted range of relevance.

4. In addition to improvement in measurement of leadership style, clear empirical research using a number of training models with a number of instructors needs to be carried out. The results of this study suggest that attention be paid to the theoretical orientation of trainees (which is probably related to their previous training) and to the actual experiences that students have in terms of training, leading, and participating in group psychotherapy.
APPENDIX A

Subject # _____
Date _____

Experience Questionnaire (PRGPC) (for C1)

Please answer each of the following questions by circling one answer, filling in the blank or following the instructions. Several questions mention the Group Psychotherapy Course (GPC) which is the psychology course in Group Psychotherapy taught by Peter Madison, Ph.D. at the University of Arizona.

1. Sex: M F
2. Age: 25-30 31-35 36-40 41-45 >45
3. Highest degree attained: ________, year: ________, field: ___________________________
   anticipated: ________, year: ________, field: ___________________________

4. Present employment: Job Title: ____________________________, %time: ________
   Duties: ____________________________

5. What year of your graduate studies will you be in when you take the GPC?
   1st  2nd  3rd  4th  5th  >5th

6. What is your present theoretical orientation in individual psychotherapy?
   (Rank your top 3 choices where 1 is your most preferred orientation)
   _____ Psychoanalysis  _____ Adlerian Psychotherapy  _____ Analytical Psychotherapy
   _____ Client-Centered Therapy  _____ Rational-Emotive Therapy  _____ Behavior Therapy
   _____ Cognitive-Behavior Therapy  _____ Gestalt Therapy  _____ Reality Therapy
   _____ Experiential Psychotherapy  _____ Transactional Analysis  _____ Eclectic Psychotherapy
7. What do you expect your theoretical orientation in individual psychotherapy to be just after taking the GPC?  
(Rank your top 3 choices where 1 is your most preferred orientation)  
___ Psychoanalysis ___ Adlerian Psychotherapy ___ Analytical Psychotherapy  
___ Client-Centered Therapy ___ Rational-Emotive Therapy ___ Behavior Therapy  
___ Cognitive-Behavior Therapy ___ Gestalt Therapy ___ Reality Therapy  
___ Experiential Psychotherapy ___ Transactional Analysis ___ Eclectic Psychotherapy  

8. What is your training and experience in individual psychotherapy?  

Number of courses: 0 1 2 3 4 >4  
Hours of supervised experience (1000 hours equals 1 year at half-time):  
0-500 501-1000 1001-2000 2001-3000 >3000  
Hours of unsupervised experience:  
0-500 501-1000 1001-2000 2001-3000 >3000  

9. What training and experience in individual psychotherapy do you expect to have after beginning the GPC and before graduating?  

Number of classes: 0 1 2 3 4 >4  
Hours of supervised experience (1000 hours equals 1 year at half-time):  
0-500 501-1000 1001-2000 2001-3000 >3000  
Hours of unsupervised experience:  
0-500 501-1000 1001-2000 2001-3000 >3000  

10. Do you have any training in group psychotherapy?  

No ___ Yes ___  
If Yes: What orientation was this training? (Rank all that apply according to amount of training where 1 is the most training you received)  
___ Interactional ___ Interactional with added components from other systems  
___ Gestalt ___ Psychodynamic ___ Encounter ___ Other ____________________
11. How many psychotherapy groups have you led?

0 1-2 3-5 6-10 >10

What orientation did you use? (Rank all that apply according to frequency of use of each orientation where 1 is the most frequently used)

___ Interactional ___ Interactional with added components from other systems __ Gestalt ___ Psychodynamic ___ Encounter ___ Other

12. How many psychotherapy groups have you participated in as a member (including experiential training groups)?

0 1 2 3 >3

What orientation was used? (Rank all that apply according to frequency of use of each orientation where 1 is the most frequently used)

___ Interactional ___ Interactional with added components from other systems __ Gestalt ___ Psychodynamic ___ Encounter ___ Other

13. Do you expect to have any other training in group psychotherapy besides the GPC?

No Yes

If Yes: What orientation will this training be? (Rank all that apply according to amount of training where 1 is the most training you expect to receive)

___ Interactional ___ Interactional with added components from other systems __ Gestalt ___ Psychodynamic ___ Encounter ___ Other

14. How many psychotherapy groups do you expect to lead after beginning the GPC and before graduating (not including those associated with the GPC)?

0 1-2 3-5 6-10 >10

What orientation will you use? (Rank all that apply according to frequency of use of each orientation where 1 is the most frequently used)

___ Interactional ___ Interactional with added components from other systems __ Gestalt ___ Psychodynamic ___ Encounter ___ Other
15. Leading this amount of group psychotherapy will be:
   Less than I wanted    Just right    More than I wanted

16. How many psychotherapy groups do you expect to participate in as a member (including experiential training groups) after beginning the GPC and before graduating (not including those associated with the GPC)?
   0  1  2  3  >3

What orientation do you expect will be used? (Rank all that apply according to frequency of use of each orientation where 1 is the most frequently used)
   ____ Interactional       ____ Interactional with added components from other systems
   ____ Gestalt             ____ Psychodynamic  ____ Encounter  ____ Other__________________
Experience Questionnaire (CGPC) (for C2)

Please answer each of the following questions by circling one answer, filling in the blank or following the instructions. Several questions mention the Group Psychotherapy Course (GPC) which is the psychology course in Group Psychotherapy taught by Peter Madison, Ph.D. at the University of Arizona.

1. Sex: M F
2. Age: 25-30 31-35 36-40 41-45 >45
   anticipated: ______, year: ______, field: ___________________________

4. Present employment: Job Title: ____________________________ %time: ______
   Duties: ____________________________________________________________
   __________________________________________________________________

5. What year of your graduate studies are you in?
   1st 2nd 3rd 4th 5th >5th

6. What was your theoretical orientation in individual psychotherapy prior to taking the GPC?
   (Rank your top 3 choices where 1 is your most preferred orientation)
   ___ Psychoanalysis   ___ Adlerian Psychotherapy   ___ Analytical Psychotherapy
   ___ Client-Centered Therapy   ___ Rational-Emotive Therapy   ___ Behavior Therapy
   ___ Cognitive-Behavior Therapy   ___ Gestalt Therapy   ___ Reality Therapy
   ___ Experiential Psychotherapy   ___ Transactional Analysis   ___ Eclectic Psychotherapy
7. What is your present theoretical orientation in individual psychotherapy?
   (Rank your top 3 choices where 1 is your most preferred orientation)
   ___ Psychoanalysis   ___ Adlerian Psychotherapy   ___ Analytical Psychotherapy
   ___ Client-Centered Therapy ___ Rational-Emotive Therapy ___ Behavior Therapy
   ___ Cognitive-Behavior Therapy ___ Gestalt Therapy ___ Reality Therapy
   ___ Experiential Psychotherapy ___ Transactional Analysis ___ Eclectic Psychotherapy

8. What was your training and experience in individual psychotherapy prior to beginning the GPC?
   Number of courses: 0 1 2 3 4 >4
   Hours of supervised experience (1000 hours equals 1 year at half-time):
   0-500 501-1000 1001-2000 2001-3000 >3000
   Hours of unsupervised experience:
   0-500 501-1000 1001-2000 2001-3000 >3000

9. What training and experience in individual psychotherapy have you had since beginning the GPC?
   Number of classes: 0 1 2 3 4 >4
   Hours of supervised experience (1000 hours equals 1 year at half-time):
   0-500 501-1000 1001-2000 2001-3000 >3000
   Hours of unsupervised experience:
   0-500 501-1000 1001-2000 2001-3000 >3000

10. Did you have any training in group psychotherapy prior to beginning the GPC?
    No  Yes
    If Yes: What orientation was this training? (Rank all that apply according to amount of training where 1 is the most training you received)
    ___ Interactional   ___ Interactional with added components from other systems
    ___ Gestalt   ___ Psychodynamic   ___ Encounter   ___ Other
11. How many psychotherapy groups had you led prior to beginning the GPC?

0 1-2 3-5 6-10 >10

What orientation did you use? (Rank all that apply according to frequency of use of each orientation where 1 is the most frequently used)

___ Interactional ___ Interactional with added components from other systems
___ Gestalt ___ Psychodynamic ___ Encounter ___ Other____________________

12. How many psychotherapy groups had you participated in as a member (including experiential training groups) prior to beginning the GPC?

0 1 2 3 >3

What orientation was used? (Rank all that apply according to frequency of use of each orientation where 1 is the most frequently used)

___ Interactional ___ Interactional with added components from other systems
___ Gestalt ___ Psychodynamic ___ Encounter ___ Other____________________

13. Have you had any other training in group psychotherapy since beginning the GPC?

No                     Yes

If Yes: What orientation was this training? (Rank all that apply according to amount of training where 1 is the most training you received)

___ Interactional ___ Interactional with added components from other systems
___ Gestalt ___ Psychodynamic ___ Encounter ___ Other____________________

14. How many psychotherapy groups have you led since beginning the GPC (not including those associated with the GPC)?

0 1-2 3-5 6-10 >10

What orientation did you use? (Rank all that apply according to frequency of use of each orientation where 1 is the most frequently used)

___ Interactional ___ Interactional with added components from other systems
___ Gestalt ___ Psychodynamic ___ Encounter ___ Other____________________
15. Leading this amount of group psychotherapy has been:
   Less than I wanted  Just right  More than I wanted

16. How many psychotherapy groups have you participated in as a member (including experiential training groups) since beginning the GPC (not including those associated with the GPC)?
   0  1  2  3  >3

   What orientation was used? (Rank all that apply according to frequency of use of each orientation where 1 is the most frequently used)
   ___ Interactional    ___ Interactional with added components from other systems
   ___ Gestalt    ___ Psychodynamic    ___ Encounter    ___ Other_________________
Experience Questionnaire (POGPC) (for C3-7)

Please answer each of the following questions by circling one answer, filling in the blank or following the instructions. Several questions mention the Group Psychotherapy Course (GPC) which is the psychology course in Group Psychotherapy taught by Peter Madison, Ph.D. at the University of Arizona.

1. Sex: M F
2. Age: 25-30 31-35 36-40 41-45 >45
3. Highest degree attained: ________, year: ________, field: __________________________
   anticipated: ________, year: ________, field: __________________________

4. Present employment: Job Title: _____________________________ %time: _______
   Duties: __________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

5. What year did you take the GPC?

6. What year of your graduate studies were you in when you took the GPC?
   1st 2nd 3rd 4th 5th >5th

7. What was your theoretical orientation in individual psychotherapy prior to taking the GPC?
   (Rank your top 3 choices where 1 is your most preferred orientation)
   __ Psychoanalysis  __ Adlerian Psychotherapy  __ Analytical Psychotherapy
   __ Client-Centered Therapy  __ Rational-Emotive Therapy  __ Behavior Therapy
   __ Cognitive-Behavior Therapy  __ Gestalt Therapy  __ Reality Therapy
   __ Experiential Psychotherapy  __ Transactional Analysis  __ Eclectic Psychotherapy
8. What was your theoretical orientation in individual psychotherapy just after taking the GPC?
(Rank your top 3 choices where 1 is your most preferred orientation)

___ Psychoanalysis ___ Adlerian Psychotherapy ___ Analytical Psychotherapy
___ Client-Centered Therapy ___ Rational-Emotive Therapy ___ Behavior Therapy
___ Cognitive-Behavior Therapy ___ Gestalt Therapy ___ Reality Therapy
___ Experiential Psychotherapy ___ Transactional Analysis ___ Eclectic Psychotherapy

9. What is your present theoretical orientation in individual psychotherapy?
(Rank your top 3 choices where 1 is your most preferred orientation)

___ Psychoanalysis ___ Adlerian Psychotherapy ___ Analytical Psychotherapy
___ Client-Centered Therapy ___ Rational-Emotive Therapy ___ Behavior Therapy
___ Cognitive-Behavior Therapy ___ Gestalt Therapy ___ Reality Therapy
___ Experiential Psychotherapy ___ Transactional Analysis ___ Eclectic Psychotherapy

10. What was your training and experience in individual psychotherapy prior to taking the GPC?

Number of courses: 0 1 2 3 4 >4
Hours of supervised experience (1000 hours equals 1 year at half-time):
0-500 501-1000 1001-2000 2001-3000 >3000
Hours of unsupervised experience:
0-500 501-1000 1001-2000 2001-3000 >3000

11. What training and experience in individual psychotherapy have you had since beginning the GPC?

Number of classes: 0 1 2 3 4 >4
Hours of supervised experience (1000 hours equals 1 year at half-time):
0-500 501-1000 1001-2000 2001-3000 >3000
Hours of unsupervised experience:
0-500 501-1000 1001-2000 2001-3000 >3000
12. Did you have any training in group psychotherapy prior to taking the GPC?

   No       Yes

If Yes: What orientation was this training? (Rank all that apply according to amount of training where 1 is the most training you received)

   ___ Interactional ___ Interactional with added components from other systems ___ Gestalt ___ Psychodynamic ___ Encounter ___ Other

13. How many psychotherapy groups had you led prior to taking the GPC?

   0  1-2  3-5  6-10  >10

   What orientation did you use? (Rank all that apply according to frequency of use of each orientation where 1 is the most frequently used)

   ___ Interactional ___ Interactional with added components from other systems ___ Gestalt ___ Psychodynamic ___ Encounter ___ Other

14. How many psychotherapy groups had you participated in as a member (including experiential training groups) prior to taking the GPC?

   0  1  2  3  >3

   What orientation was used? (Rank all that apply according to frequency of use of each orientation where 1 is the most frequently used)

   ___ Interactional ___ Interactional with added components from other systems ___ Gestalt ___ Psychodynamic ___ Encounter ___ Other

15. Have you had any other training in group psychotherapy since beginning the GPC?

   No       Yes

If Yes: What orientation was this training? (Rank all that apply according to amount of training where 1 is the most training you received)

   ___ Interactional ___ Interactional with added components from other systems ___ Gestalt ___ Psychodynamic ___ Encounter ___ Other
16. How many psychotherapy groups have you led **since** beginning the GPC (not including those associated with the GPC)?

|   | 0   | 1-2 | 3-5 | 6-10 | >10 |

What orientation did you use? (Rank all that apply according to frequency of use of each orientation where 1 is the most frequently used)

- __Interactional__
- __Interactional with added components from other systems__
- __Gestalt__
- __Psychodynamic__
- __Encounter__
- __Other__________________

17. Leading this amount of group psychotherapy has been:

- Less than I wanted
- Just right
- More than I wanted

18. How many psychotherapy groups have you participated in as a member (including experiential training groups) **since** beginning the GPC (not including those associated with the GPC)?

|   | 0   | 1   | 2   | 3   | >3  |

What orientation was used? (Rank all that apply according to frequency of use of each orientation where 1 is the most frequently used)

- __Interactional__
- __Interactional with added components from other systems__
- __Gestalt__
- __Psychodynamic__
- __Encounter__
- __Other__________________
APPENDIX B

Subject **

Date

Attitudes toward Group Therapy

The following are a series of statements about the value of and problems of psychotherapy groups. How closely do these opinions fit your own? Please indicate your agreement or disagreement by marking each statement in the left margin according to how strongly you agree or disagree with it. Please mark every one. Write in 1, 2, 3, 4, or 5, to stand for the following answers.

1: I strongly agree with this statement.
2: I agree with this statement.
3: I do not agree or disagree with this statement.
4: I disagree with this statement.
5: I strongly disagree with this statement.

____1. The open and direct expression of feelings toward one another in a group usually degenerates into criticism without leading to productive change.

____2. Psychotherapy groups are at the forefront of what needs to be done. They offer a unique way of breaking down the barriers between people.

____3. The situations that arise in psychotherapy groups have no relevance to the real world.

____4. People play the sensitivity game - they give out a lot of caring and bluntness, but it's just a thing they do to earn group acceptance.

____5. Psychotherapy group experience is good preparation for living in a really democratic society.
6. Psychotherapy groups encourage people to be open and frank too fast.

7. I think this would have been a better world if every child had started in psychotherapy groups in the first year of school.

8. In these times we ought to be spending a lot more money on psychotherapy groups as a way of opening up channels of communication.

9. A person's individuality is frequently pushed aside in psychotherapy groups.

10. The first exciting thing that's been on the education horizon in the last decade is the use of psychotherapy groups in the schools.

11. Group members develop the ability to be more direct about their feelings, but it's artificial because they really don't have to take responsibility for the consequences of what they say.

12. It is a hit-and-run kind of relating that gives the illusion of being in contact.

13. Although some may learn, too many people get hurt in psychotherapy groups.

14. Psychotherapy groups are one of the few places where genuine feelings can be expressed and received.

15. Psychotherapy groups are just an adult plaything.

16. The emphasis on psychotherapy groups detracts from individual responsibility to society.

17. Psychotherapy groups are the modern equivalent of a lonely hearts club.

18. People may be forced to reveal things against their better judgement.

19. People are attracted to psychotherapy groups because of their own personal needs; the groups operate on too emotional and personal a level to be much use in solving social problems.

20. We are raised with all sorts of inhibitions that prevent us from relating to others; psychotherapy groups help us to become more truly ourselves.

21. If businessmen, military men, and politicians went through the experience of a psychotherapy group, they would be less likely to treat people the way they do now.

22. This kind of intense experience is more than some people can take.
23. People express their genuine selves in psychotherapy groups.

24. Since the relationships in a group are only temporary, people may behave cruelly and irresponsibly toward each other.
APPENDIX C

Relationship Inventory

Below are listed a variety of ways that one person could feel or behave in relation to another person. Consider these statements as if you were answering just before your completion of the Group Psychotherapy Course. Please consider each statement with respect to whether you think it is true or not true in your relationship with Peter Madison during your enrollment in the Group Psychotherapy Course. Mark each statement in the left margin according to how strongly you feel it is true or not true. Please mark every one. Write in +3, +2, +1; or -1, -2, -3, to stand for the following answers:

1. He respects me.  
2. He tries to see things through my eyes.  
3. He pretends that he likes me or understands me more than he really does.  
4. His interest in me depends partly on what I am talking to him about.  
5. He is willing to tell me his own thoughts and feelings when he is sure that I really want to know them.

+3: I strongly feel that it is true.  
+2: I feel that it is true.  
+1: I feel that it is probably true, or more true than untrue.  
-1: I feel that it is probably untrue, or more untrue than true.  
-2: I feel that it is not true.  
-3: I strongly feel that it is not true.
6. He disapproves of me.

7. He understands my words but not the way I feel.

8. What he says to me never conflicts with what he thinks and feels.

9. He always responds to me with warmth and interest - or always with coldness and disinterest.

10. He tells me his opinions or feelings more than I really want to know them.

11. He is curious about "the way I tick", but not really interested in me as a person.

12. He is interested in knowing what my experiences mean to me.

13. He is disturbed whenever I talk about or ask about certain things.

14. His feeling toward me does not depend on how I am feeling toward him.

15. He prefers to talk only about me and not at all about him.

16. He likes seeing me.

17. He nearly always knows exactly what I mean.

18. I feel that he has unspoken feelings or concerns that are getting in the way of our relationship.

19. His attitude toward me depends partly on how I am feeling about myself.

20. He will freely tell me his own thoughts and feelings, when I want to know them.

21. He is indifferent to me.

22. At times he jumps to the conclusion that I feel more strongly or more concerned about something than I actually do.

23. He behaves just the way he is, in our relationship.

24. Sometimes he responds to me in a more positive and friendly way than he does at other times.

25. He says more about himself than I am really interested to hear.

26. He appreciates me.
27. Sometimes he thinks that I feel a certain way, because he feels that way.
28. I do not think that he hides anything from himself that he feels with me.
29. He likes me in some ways, dislikes me in others.
30. He adopts a professional role that makes it hard for me to know what he is like as a person.
31. He is friendly and warm toward me.
32. He understands me.
33. If I feel negatively toward him he responds negatively to me.
34. He tells me what he thinks about me, whether I want to know it or not.
35. He cares about me.
36. His own attitudes toward some of the things I say, or do, stop him from really understanding me.
37. He does not avoid anything that is important in our relationship.
38. Whether I am expressing "good" feelings or "bad" ones seems to make no difference in how positively or how negatively he feels toward me.
39. He is uncomfortable when I ask him something about himself.
40. He feels that I am dull and uninteresting.
41. He understands what I say, from a detached, objective point of view.
42. I feel that I can trust him to be honest with me.
43. Sometimes he is warmly responsive to me, at other times colder disapproving.
44. He expresses ideas or feelings of his own that I am not really interested in.
45. He is interested in me.
46. He appreciates what my experiences feel like to me.
47. He is secure and comfortable in our relationship.
48. Depending on his mood, he sometimes responds to me with quite a lot more warmth and interest than he does at other times.

49. He wants to say as little as possible about his own thoughts and feelings.

50. He just tolerates me.

51. He is playing a role with me.

52. He is equally appreciative - or equally unappreciative - of me, whatever I am telling him about myself.

53. His own feelings and thoughts are always available to me, but never imposed on me.

54. He does not really care what happens to me.

55. He does not realize how strongly I feel about some of the things we discuss.

56. There are times when I feel that his outward response is quite different from his inner reaction to me.

57. His general feeling toward me varies considerably.

58. He is willing for me to use our time to get to know him better, if or when I want to.

59. He seems to really value me.

60. He responds to me mechanically.

61. I don't think that he is being honest with himself about the way he feels toward me.

62. Whether I like or dislike myself makes no difference to the way he feels about me.

63. He is more interested in expressing and communicating himself than in knowing and understanding me.

64. He dislikes me.

65. I feel that he is being genuine with me.

66. Sometimes he responds quite positively to me, at other times he seems indifferent.

67. He is unwilling to tell me how he feels about me.

68. He is impatient with me.
69. Sometimes he is not at all comfortable but we go on, outwardly ignoring it.

70. He likes me better when I behave in some ways than he does when I behave in other ways.

71. He is willing to tell me his actual response to anything I say or do.

72. He feels deep affection for me.

73. He usually understands all of what I say to him.

74. He does not try to mislead me about his own thoughts or feelings.

75. Whether I feel fine or feel awful makes no difference to how warmly and appreciatively - or how coldly and unappreciatively - he feels toward me.

76. He tends to evade any attempt that I make to get to know him better.

77. He regards me as a disagreeable person.

78. What he says gives a false impression of his total reaction to me.

79. I can be very critical of him or very appreciative of him without it changing his feeling toward me.

80. At times he feels contempt for me.

81. When I do not say what I mean at all clearly he still understands me.

82. He tries to avoid telling me anything that might upset me.

83. His general feeling toward me (of liking, respect, dislike, trust, criticism, anger, etc.) reflects the way that I am feeling toward him.

84. He tries to understand me from his own point of view.

85. He can be deeply and fully aware of my most painful feelings without being distressed or burdened by them himself.
APPENDIX D

Subject #: ______
Date: ______

Training Program Questionnaire (PRGPC) (for C1)

1. Looking at your expectations about the Group Psychotherapy Course (GPC) please identify any positive or negative effects that you expect to stay with you after the end of the course.

2. Think about your work as a therapist (group and individual) and identify any attitudes, general approaches, or specific techniques that you expect to learn in the GPC that you expect to use after the end of the course.
Listed below are the different components of the training program used in the Group Psychotherapy Course (GPC). Please read the items and then decide how important you expect each component to be in your learning in this course.

<table>
<thead>
<tr>
<th>Fall Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Being a member of the group.</td>
</tr>
<tr>
<td>a. Watching the instructor do therapy with others.</td>
</tr>
<tr>
<td>b. Watching fellow student leaders do therapy with others.</td>
</tr>
<tr>
<td>c. Having leaders do therapy with me.</td>
</tr>
<tr>
<td>d. Giving feedback to leaders.</td>
</tr>
<tr>
<td>e. Hearing others give feedback to leaders.</td>
</tr>
<tr>
<td>2. Co-leading the group.</td>
</tr>
<tr>
<td>a. Leading the group.</td>
</tr>
<tr>
<td>b. Observing and tracking my co-leader.</td>
</tr>
<tr>
<td>c. Receiving feedback.</td>
</tr>
<tr>
<td>d. Seeing the results of my interventions.</td>
</tr>
<tr>
<td>e. Experiencing myself as being successful as a leader.</td>
</tr>
<tr>
<td>f. Planning strategy using a theoretical model.</td>
</tr>
<tr>
<td>a. Taking a transcript.</td>
</tr>
<tr>
<td>b. Giving specific feedback and suggestions.</td>
</tr>
<tr>
<td>c. Formulating specific transactions theoretically.</td>
</tr>
<tr>
<td>d. Observing process of group and leader development.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Very Important</th>
<th>Not at all Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

(Numbers represent a Likert scale from 1 to 5, where 1 is not at all important and 5 is very important.)
<table>
<thead>
<tr>
<th>4. Tried training.</th>
<th>Very Important</th>
<th>Not at all Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Leading.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>1. being therapist</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>2. seeing clients make changes</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>3. getting feedback</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>b. Observing.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>1. taking a transcript</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>2. giving feedback and suggestions</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>3. observing process</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>4. formulating theoretically</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>c. Being client.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>1. watching leader</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>2. observing positive effects from the therapy</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>3. giving feedback</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>5. Videotape supervision.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>a. Watching myself as a group member.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>b. Watching myself do therapy on videotape.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>c. Watching others do therapy on videotape.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>d. Watching group process on videotape.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>e. Hearing instructor's comments on videotape.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>f. Watching effects of others doing therapy with me.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>g. Watching effects of therapy on others.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>6. Didactic material.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>a. Readings.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>b. Discussion - linking theory to lab experience.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>c. Developing theoretical models.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>
d. Comparing theoretical models.  
Very Important: 1 2 3 4 5  
Not at all Important: 1 2 3 4 5  
e. Correlating technique with theory.  
Very Important: 1 2 3 4 5  
Not at all Important: 1 2 3 4 5  

Spring Semester  
1. Co-leading outside group (omit this section if you do not plan to do this).  
   a. Leading.  
      Very Important: 1 2 3 4 5  
      Not at all Important: 1 2 3 4 5  
   b. Observing co-leader.  
      Very Important: 1 2 3 4 5  
      Not at all Important: 1 2 3 4 5  
   c. Giving and receiving feedback.  
      Very Important: 1 2 3 4 5  
      Not at all Important: 1 2 3 4 5  
   d. Relating experiences to theoretical models.  
      Very Important: 1 2 3 4 5  
      Not at all Important: 1 2 3 4 5  
   e. Working with a different population.  
      Very Important: 1 2 3 4 5  
      Not at all Important: 1 2 3 4 5  
2. Co-leading volunteer client (VC) group.  
   a. Leading.  
      Very Important: 1 2 3 4 5  
      Not at all Important: 1 2 3 4 5  
   b. Practicing with a supportive audience.  
      Very Important: 1 2 3 4 5  
      Not at all Important: 1 2 3 4 5  
   c. Receiving feedback from observers and VCs.  
      Very Important: 1 2 3 4 5  
      Not at all Important: 1 2 3 4 5  
   d. Seeing impact of interventions.  
      Very Important: 1 2 3 4 5  
      Not at all Important: 1 2 3 4 5  
   e. Hearing clear options.  
      Very Important: 1 2 3 4 5  
      Not at all Important: 1 2 3 4 5  
   f. Observing and tracking co-leader.  
      Very Important: 1 2 3 4 5  
      Not at all Important: 1 2 3 4 5  
   g. Planning strategy.  
      Very Important: 1 2 3 4 5  
      Not at all Important: 1 2 3 4 5  
   h. Relating group and individual processes to theory.  
      Very Important: 1 2 3 4 5  
      Not at all Important: 1 2 3 4 5  
   i. Feeling successful as a leader.  
      Very Important: 1 2 3 4 5  
      Not at all Important: 1 2 3 4 5  
   j. Learning to do therapy in front of my peers and the instructor.  
      Very Important: 1 2 3 4 5  
      Not at all Important: 1 2 3 4 5  
   k. Identifying my "trouble spots" when my own issues interfered in my work.  
      Very Important: 1 2 3 4 5  
      Not at all Important: 1 2 3 4 5  
3. Observing VC group.  
   a. Taking transcript.  
      Very Important: 1 2 3 4 5  
      Not at all Important: 1 2 3 4 5  
   b. Giving specific feedback and suggestions.  
      Very Important: 1 2 3 4 5  
      Not at all Important: 1 2 3 4 5
<table>
<thead>
<tr>
<th></th>
<th>Very Important</th>
<th>Not at all Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>c. Formulating specific transactions theoretically.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>d. Observing process of group and leader development.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>e. Seeing results of interventions.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4. Review at end of group without VCs.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>a. Comparing my impressions with others.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>b. Hearing encouragement and praise.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>c. Sharing self-doubts with other student leaders.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5. Videotape supervision.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>a. Watching myself do therapy on videotape.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>b. Watching others do therapy on videotape.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>c. Watching group process on videotape.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>d. Hearing instructor's comments on videotape.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>e. Watching effects of my doing therapy.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>f. Watching effects of others doing therapy.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6. Didactic material.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>a. Relating experience to theory.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>b. Developing and discussing options.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>c. Discussing strategy.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>d. Discussing group and individual processes.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>e. Feeling group support.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>f. Writing paper.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
Listed below are nine aspects of the training program. Please rank them in terms of their importance to what you expect to learn from the training program where 1 is the most important and 9 is the least important.

_____ Cognitive/Theoretical Framework (specific, linked to experiential).
_____ Cohesive Group (supportive, freedom to experiment and self-disclose, good group norms).
_____ Feedback (frequent, consistent, reinforcing).
_____ Desensitization/Demystification (getting used to doing and watching therapy).
_____ Modeling (observing clear models).
_____ Experiential Learning (seeing therapy from the other side, observing own reactions, personal work, learning by doing).
_____ Vicarious Learning (learning from others' work and feedback both personally and professionally).
_____ Having a feeling of being successful and competent by the end of the program.
_____ The supportive and encouraging personal qualities of the instructor.

How do you expect the GPC to compare to other therapy courses you have had during graduate school?

Better than most    About the same    Worse than most

How do you expect the GPC to compare to other training experiences in therapy that you have had during graduate school?

Better than most    About the same    Worse than most
What do you expect to learn from the GPC?

What do you expect to like about the GPC?

What do you expect to dislike about the GPC?
1. Looking back at the Group Psychotherapy Course (GPC) from your perspective of today, please identify any positive or negative effects that are with you today.

2. Think about your work as a therapist (group and individual) and identify any attitudes, general approaches, or specific techniques that you learned in the GPC that you expect to continue to use.
Listed below are the different components of the training program used in the Group Psychotherapy Course (GPC). Please read the items and then decide how important each component has been in your learning in this course.

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Very Important</th>
<th>Not at all Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Being a member of the group.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>a. Watching the instructor do therapy with others.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>b. Watching fellow student leaders do therapy with others.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>c. Having leaders do therapy with me.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>d. Giving feedback to leaders.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>e. Hearing others give feedback to leaders.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>2. Co-leading the group.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>a. Leading the group.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>b. Observing and tracking my co-leader.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>c. Receiving feedback.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>d. Seeing the results of my interventions.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>e. Experiencing myself as being successful as a leader.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>f. Planning strategy using a theoretical model.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>3. Being observer.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>a. Taking a transcript.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>b. Giving specific feedback and suggestions.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>c. Formulating specific transactions theoretically.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>d. Observing process of group and leader development.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>
4. Triad training (omit this section if you did not have triad training).
   a. Leading.
      1. being therapist
      2. seeing clients make changes
      3. getting feedback
   b. Observing.
      1. taking a transcript
      2. giving feedback and suggestions
      3. observing process
      4. formulating theoretically
   c. Being client.
      1. watching leader
      2. observing positive effects from the therapy
      3. giving feedback

5. Videotape supervision (omit this section if you did not have this).
   a. Watching myself as a group member.
   b. Watching myself do therapy on videotape.
   c. Watching others do therapy on videotape.
   d. Watching group process on videotape.
   e. Hearing instructor's comments on videotape.
   f. Watching effects of others doing therapy with me.
   g. Watching effects of therapy on others.
Very Important | Not at all Important
---|---
6. Didactic material. | | |
a. Readings. | 1 | 2 | 3 | 4 | 5
| 1 | 2 | 3 | 4 | 5
b. Discussion - linking theory to lab experience. | 1 | 2 | 3 | 4 | 5
c. Developing theoretical models. | 1 | 2 | 3 | 4 | 5
d. Comparing theoretical models. | 1 | 2 | 3 | 4 | 5
e. Correlating technique with theory. | 1 | 2 | 3 | 4 | 5

Spring Semester
1. Co-leading outside group (omit this section if you did not do this). | 1 | 2 | 3 | 4 | 5
| 1 | 2 | 3 | 4 | 5
a. Leading. | 1 | 2 | 3 | 4 | 5
b. Observing co-leader. | 1 | 2 | 3 | 4 | 5
c. Giving and receiving feedback. | 1 | 2 | 3 | 4 | 5
d. Relating experiences to theoretical models. | 1 | 2 | 3 | 4 | 5
e. Working with a different population. | 1 | 2 | 3 | 4 | 5
2. Co-leading volunteer client (VC) group. | 1 | 2 | 3 | 4 | 5
| 1 | 2 | 3 | 4 | 5
a. Leading. | 1 | 2 | 3 | 4 | 5
b. Practicing with a supportive audience. | 1 | 2 | 3 | 4 | 5
c. Receiving feedback from observers and VCs. | 1 | 2 | 3 | 4 | 5
d. Seeing impact of interventions. | 1 | 2 | 3 | 4 | 5
e. Hearing clear options. | 1 | 2 | 3 | 4 | 5
f. Observing and tracking co-leader. | 1 | 2 | 3 | 4 | 5
g. Planning strategy. | 1 | 2 | 3 | 4 | 5
h. Relating group and individual processes to theory. | 1 | 2 | 3 | 4 | 5
i. Feeling successful as a leader. | 1 | 2 | 3 | 4 | 5
j. Learning to do therapy in front of my peers and the instructor. | 1 | 2 | 3 | 4 | 5
k. Identifying my "trouble spots" when my own issues interfered in my work.

3. Observing VC group.
   a. Taking transcript.
   b. Giving specific feedback and suggestions.
   c. Formulating specific transactions theoretically.
   d. Observing process of group and leader development.
   e. Seeing results of interventions.

4. Review at end of group without VCs.
   a. Comparing my impressions with others.
   b. Hearing encouragement and praise.
   c. Sharing self-doubts with other student leaders.

5. Videotape supervision (omit this section if you did not do this).
   a. Watching myself do therapy on videotape.
   b. Watching others do therapy on videotape.
   c. Watching group process on videotape.
   d. Hearing instructor's comments on videotape.
   e. Watching effects of my doing therapy.
   f. Watching effects of others doing therapy.

6. Didactic material.
   a. Relating experience to theory.
   b. Developing and discussing options.
   c. Discussing strategy.
   d. Discussing group and individual processes.
   e. Feeling group support.
   f. Writing paper.
Listed below are nine aspects of the training program. Please rank them in terms of their importance to what you learned from the training program where 1 is the most important and 9 is the least important.

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cognitive/Theoretical Framework (specific, linked to experiential).</td>
</tr>
<tr>
<td>2</td>
<td>Cohesive Group (supportive, freedom to experiment and self-disclose, good group norms).</td>
</tr>
<tr>
<td>3</td>
<td>Feedback (frequent, consistent, reinforcing).</td>
</tr>
<tr>
<td>4</td>
<td>Desensitization/Demystification (getting used to doing and watching therapy).</td>
</tr>
<tr>
<td>5</td>
<td>Modeling (observing clear models).</td>
</tr>
<tr>
<td>6</td>
<td>Experiential Learning (seeing therapy from the other side, observing own reactions, personal work, learning by doing).</td>
</tr>
<tr>
<td>7</td>
<td>Vicarious Learning (learning from others' work and feedback both personally and professionally).</td>
</tr>
<tr>
<td>8</td>
<td>Having a feeling of being successful and competent by the end of the program.</td>
</tr>
<tr>
<td>9</td>
<td>The supportive and encouraging personal qualities of the instructor.</td>
</tr>
</tbody>
</table>

How did the GPC compare to other therapy courses you had during graduate school?

- Better than most
- About the same
- Worse than most

How did the GPC compare to other training experiences in therapy that you have had during and since graduate school?

- Better than most
- About the same
- Worse than most
What did you learn from the GPC?

What did you like about the GPC?

What did you dislike about the GPC?
Training Program Questionnaire (POGPR) (for C3-C7)

1. Looking back at the Group Psychotherapy Course (GPC) from your perspective of today, please identify any positive or negative effects that are still with you today.

2. Think about your work as a therapist (group and individual) and identify any attitudes, general approaches, or specific techniques that you learned in the GPC that you still use today.
Listed below are the different components of the training program used in the Group Psychotherapy Course (GPC). Please read the items and then decide how important each component was in your learning in this course.

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Very Important</th>
<th>Not at all Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Being a member of the group.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>a. Watching the instructor do therapy with others.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>b. Watching fellow student leaders do therapy with others.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>c. Having leaders do therapy with me.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>d. Giving feedback to leaders.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>e. Hearing others give feedback to leaders.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>2. Co-leading the group.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>a. Leading the group.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>b. Observing and tracking my co-leader.</td>
<td>1 2 3 4 5</td>
<td></td>
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<td>f. Planning strategy using a theoretical model.</td>
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<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>d. Observing process of group and leader development.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>
4. Tried training (omit this section if you did not have tried training).
   
   a. Leading.
      1. being therapist
      2. seeing clients make changes
      3. getting feedback
   
   b. Observing.
      1. taking a transcript
      2. giving feedback and suggestions
      3. observing process
      4. formulating theoretically
   
   c. Being client.
      1. watching leader
      2. observing positive effects from the therapy
      3. giving feedback

5. Videotape supervision (omit this section if you did not have this).
   
   a. Watching myself as a group member.
   b. Watching myself do therapy on videotape.
   c. Watching others do therapy on videotape.
   d. Watching group process on videotape.
   e. Hearing instructor's comments on videotape.
   f. Watching effects of others doing therapy with me.
   g. Watching effects of therapy on others.
6. Didactic material.
   a. Readings.  
   b. Discussion – linking theory to lab experience.  
   c. Developing theoretical models.  
   d. Comparing theoretical models.  
   e. Correlating technique with theory.  

<table>
<thead>
<tr>
<th>Very Important</th>
<th>Not at all Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Spring Semester**

1. Co-leading outside group (omit this section if you did not do this).
   a. Leading.  
   b. Observing co-leader.  
   c. Giving and receiving feedback.  
   d. Relating experiences to theoretical models.  
   e. Working with a different population.  

| 1              | 2                   |
| 3              | 4                   |
| 5              |                      |

2. Co-leading volunteer client (VC) group.
   a. Leading.  
   b. Practicing with a supportive audience.  
   c. Receiving feedback from observers and VCs.  
   d. Seeing impact of interventions.  
   e. Hearing clear options.  
   f. Observing and tracking co-leader.  
   g. Planning strategy.  
   h. Relating group and individual processes to theory.  
   i. Feeling successful as a leader.  
   j. Learning to do therapy in front of my peers and the instructor.  

| 1              | 2                   |
| 3              | 4                   |
| 5              |                      |
k. Identifying my "trouble spots" when my own issues interfered in my work.

3. Observing VC group.
   a. Taking transcript.
   b. Giving specific feedback and suggestions.
   c. Formulating specific transactions theoretically.
   d. Observing process of group and leader development.
   e. Seeing results of interventions.

4. Review at end of group without VCs.
   a. Comparing my impressions with others.
   b. Hearing encouragement and praise.
   c. Sharing self-doubts with other student leaders.

5. Videotape supervision (omit this section if you did not do this).
   a. Watching myself do therapy on videotape.
   b. Watching others do therapy on videotape.
   c. Watching group process on videotape.
   d. Hearing instructor's comments on videotape.
   e. Watching effects of my doing therapy.
   f. Watching effects of others doing therapy.

6. Didactic material.
   a. Relating experience to theory.
   b. Developing and discussing options.
   c. Discussing strategy.
   d. Discussing group and individual processes.
   e. Fealing group support.
   f. Writing paper.
Listed below are nine aspects of the training program. Please rank them in terms of their importance to what you learned from the training program where 1 is the most important and 9 is the least important.

  _____ Cognitive/Theoretical Framework (specific, linked to experiential).
  _____ Cohesive Group (supportive, freedom to experiment and self-disclose, good group norms).
  _____ Feedback (frequent, consistent, reinforcing).
  _____ Desensitization/Demystification (getting used to doing and watching therapy).
  _____ Modeling (observing clear models).
  _____ Experiential Learning (seeing therapy from the other side, observing own reactions, personal work, learning by doing).
  _____ Vicarious Learning (learning from others' work and feedback both personally and professionally).
  _____ Having a feeling of being successful and competent by the end of the program.
  _____ The supportive and encouraging personal qualities of the instructor.

How did the GPC compare to other therapy courses you had during graduate school?

  Better than most  About the same  Worse than most

How did the GPC compare to other training experiences in therapy that you have had during and since graduate school?

  Better than most  About the same  Worse than most
What did you learn from the GPC?

What did you like about the GPC?

What did you dislike about the GPC?
APPENDIX E

Subject: Attitudes toward Group Therapy Training

Section A: Please rate the following types of learning experiences in terms of their overall importance for training group therapists on the scale at the right. Also please place a checkmark beside those method(s) which have played an important role in your own training as a group therapist.

<table>
<thead>
<tr>
<th>Method</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Attendance at group psychotherapy workshops.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>2. Attendance at T-group training workshops.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>3. Co-therapy experience with a qualified therapist.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>4. Serving as a recorder-observer in a group.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>5. Didactic seminars (theory, research, case study).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>6. Supervised experience in individual therapy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>7. Careful analysis and discussion of audio tape produced by experts.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8. Discussion of films or videotapes produced by experts.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>9. Participation as a patient in a therapy group.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>10. Co-therapy experience with a peer.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>11. Discussion of your own therapy tapes with a supervisor.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>12. Learning by doing, self-taught (practice reading).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>
Section B: Please fill in the percentage of time you think should be devoted to each of the following categories in a group therapy seminar.

Research ____%  Case Study ____%  Theory ____%  Other ____%

Section C: Please rate the following theoretical orientations in terms of their comparative value for the training of group therapists on the scale at the right.

<table>
<thead>
<tr>
<th>Orientation</th>
<th>Not at all Valuable</th>
<th>Very Valuable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Psychoanalysis.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>2. Ego psychology.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>3. Existentialism.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>4. Nondirective.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>5. Psychodrama.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>7. Social learning approaches (e.g., Bandura and Walters, Rotter).</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>8. Behavior modification.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>
GROUP LEADERSHIP QUESTIONNAIRE

This questionnaire presents eleven situations which sometimes occur in human interaction groups and asks you to indicate how you would respond if you were the leader in the group. A list of nineteen alternative responses is provided for each situation.

A separate answer sheet is provided on which to record your responses. For each situation:

a. Darken the circle under all the responses you might consider making if you were the leader faced with that situation.

b. Place an X through the one response which you feel is most important to make.

c. To the right of the page write any responses that you might make which have not been included on the list.
You are the leader in a group which is meeting today for the first time. All eight members, young adults, are present as you enter the room and sit down. You introduce yourself and the members introduce themselves. Then everyone turns and looks at you expectantly. There is silence. What do you do?

1. Do nothing.
2. Say that the group is theirs to make use of as they wish.
3. Reassure them that a certain amount of tension is typical in the beginning of a group.
4. Break the ice with casual conversation.
5. Describe the purposes and procedures of the group.
6. Say that everyone seems so uptight that you wonder if the group is going to get off the ground.
7. Ask how they feel in this first meeting (about being in the group or about each other).
8. Say how you are feeling (example: tense and expectant).
10. Ask why everyone is silent.
11. Ask what they think might be going on in the group.
12. Describe how they seem to be expecting you to start things.
13. Suggest that they are wanting you to be an inspirational and protective leader.
14. Describe the silence as an expression of their anxieties about the group.
15. Ask everyone to say why he came to the group.
16. Lead into a discussion of their family relationships and past experiences.
17. Encourage them to discuss their goals in behavioral terms.
18. Use a nonverbal procedure (examples: milling around, focusing on bodily tensions).
19. Use a role-playing or psychodrama procedure (example: encourage a member to act out one of his problems).
Situation 2: A Filibuster

The group spends much of the second session talking about politics. No one appears displeased with the discussion, and it looks like it may continue for the remainder of the meeting. What do you do?

1. Do nothing.
2. Ask if they are satisfied with how the group is going today (say, "Is this really the way you want to use the time?").
3. Join in on the discussion.
4. Try to draw them into a more meaningful discussion without criticizing what they were doing.
5. Suggest that they talk about more immediate things.
6. Describe their discussion as cocktail party chatter.
7. Ask how they feel about what has been going on.
8. Say how you are feeling (example: bored).
10. Ask why they are talking about politics.
11. Ask what they think might be going on in the group today.
12. Describe the group mood of avoidance and withdrawal.
13. Suggest that their interest in politics may have something to do with their concern about the interrelationship — or "politics" — within the group.
14. Suggest that they are discussing politics to avoid talking about more immediate thoughts and feelings.
15. Encourage them to talk about themselves.
16. Lead into a discussion of their family relationships and past experiences.
17. Encourage them to consider behavior they may wish to change.
18. Use a nonverbal procedure to get things going.
19. Use a role-playing or psychodrama procedure.
Situation 3: A Group Silence

The third meeting begins with a silence. Several minutes pass and still no one says anything. It is beginning to look like the silence might continue for some time. What do you do?

1. Do nothing.
2. Ask if they are satisfied with how the group is going today.
3. Say that silences are often productive.
4. Help the group to get started without making a special point about their silence (ask questions or bring up things to talk about).
5. Say that they are wasting time.
6. Remark that they look pretty foolish, sitting around waiting for someone else to say something.
7. Ask how they feel when everyone is silent.
8. Say how you are feeling or, possibly, laugh at the absurdity of the situation.
10. Ask why everyone is silent.
11. Ask what they think might be going on in the group today.
12. Say that it seems that no one wants to talk today.
13. Say that each person appears to have resolved not to be the first to speak.
14. Interpret their silence as an expression of resentment about how the group is going.
15. Encourage them to talk about themselves.
16. Lead into a discussion of their family relationships and past experiences.
17. Encourage them to consider behavior they may wish to change.
18. Encourage them to express themselves nonverbally.
19. Use a role-playing or psychodrama procedure to get things going.
Situation 4: A Distressed Woman

Later in this third meeting, one of the women describes how her boyfriend just told her that he wants to break off their relationship. She seems quite upset, skipping from one idea to another, and returning repetitively to the same few despairing thoughts. She has been looking directly at you from the beginning of her remarks, ignoring the rest of the group. When she finishes talking, she asks for your comments. What do you do?

1. Do nothing.
2. Redirect her question to the group (ask how the group might be able to help her).
3. Express interest in her and concern about her difficulties.
4. Try to draw the others into the discussion without making a point of the fact that she had left them out.
5. Suggest that she ask the group rather than you.
6. Accuse her of basking in self pity.
7. Ask the members how they feel about what is going on.
8. Say how you are feeling.
9. Share a similar experience in your own life.
10. Ask why she is asking you.
11. Ask what they think might be going on in the group today.
12. Describe how the group has accepted the role of passive observer.
13. Suggest that her appeal for your undivided attention may be an attempt to regain the feeling of being valued – special – which she lost when her boyfriend rejected her.
14. Suggest that her preoccupation with being rejected is a way of not having to consider her own participation in the breakup.
15. Talk about her problems with her boyfriend, leading perhaps to a general exploration of her problems with intimacy.
16. Encourage her to relate this to her family relationships and past experiences.
17. Encourage her to discuss her problems in behavioral terms.
18. Use a nonverbal procedure to get at her underlying feelings.
19. Use a role-playing or psychodrama procedure to obtain a more here-and-now expression of what happens with her boyfriend.
One of the men has said very little throughout the meetings, although he seems to follow with interest everything that has been happening. It is now the middle of the fourth session and some of the others are finally beginning to question him about his silence. He remains basically uncommunicative, however, and the group seems uncertain how to pursue the matter. What do you do?

1. Do nothing.
2. Even if they look to you for help, leave it to the group to deal with the situation.
3. Say that each person is free to decide when he wants to talk, adding that you would like to hear from him when he does feel like talking.
4. Encourage him to speak but without making a point of his silence (example: ask for his opinion about the group).
5. Tell him that he is not going to get much out of the group if he does not put much into it.
6. Try to get him to react (example: accuse him of being a parasite, sitting back and living off the others).
7. Ask how he feels about what the group is saying to him and ask how they feel about his reaction to their remarks.
8. Say how you are feeling.
9. Share a similar experience in your own life.
10. Ask him why he has been silent and ask the others why they object to his silence.
11. Ask how they would describe what has been going on in the group today.
12. Describe how the group seems uncertain about how to discuss this with him.
13. Describe the nonverbal ways in which he interacts with others — eye contact, laughter, attentive expression.
14. Interpret his silence as an expression of tenseness and anxiety about the group.
15. Encourage him to talk about himself (example: ask if he is usually quiet in group situations).
16. Encourage him to relate his behavior to his family relationships and past experiences.
17. Encourage him to use this situation to consider behavior he may wish to change.
18. Encourage him to express himself nonverbally.
19. Ask him to role-play an important situation in his life.
In the fifth meeting, one of the men talks about his marital problems. The others offer numerous suggestions. He listens to each of them one at a time and then explains why that particular suggestion will not work. What do you do?

1. Do nothing.
2. If they ask your opinion, reflect the question back to the group.
3. Show interest in him and express concern about his difficulties.
4. Seeing the interaction as a stalemate, bring up another issue for discussion.
5. Describe the interaction as a stalemate and suggest that they talk about something else.
6. Criticize him for not seriously considering his problem and wasting the group's time.
7. Ask how he feels about the group response to his problem and ask how they feel about his reaction to their suggestions.
8. Say how you are feeling.
9. Share a similar experience in your own life.
10. Ask him why he rejects all their suggestions and ask them why they are giving so much advice.
11. Ask what they think is going on in the group today.
12. Describe the eagerness with which they are giving him advice.
13. Describe how he asks for help and then rejects all the suggestions.
14. Describe how he is the focus around which all the other members are projecting their own problems — suggest that their advice may have more to do with them than it does with him.
15. Try to help him understand what happens between him and his wife.
16. Encourage him to relate this to his family relationships and past experiences (perhaps his difficulties with his wife have something to do with his feelings toward his mother).
17. Encourage him to talk about the problem in behavioral terms.
18. Use a nonverbal procedure.
19. Use a role-playing or psychodrama procedure to obtain a more here-and-now expression of what happens with his wife.
Situation 7: A Member Cries

It is the middle of the sixth meeting. A woman who had been unusually silent for the first half of this meeting, makes a brief attempt to fight back tears and then begins to cry. No one says anything about it. What do you do?

1. Do nothing.
2. Ask why no one has said anything about the fact that someone is crying.
3. Express concern and reassurance.
4. Continue as if nothing out of the ordinary were happening.
5. Suggest that it might be more useful for her to talk than just to cry.
6. Accuse her of putting on a show.
7. Ask about feelings (examples: encourage her to give words to her feelings; ask the members how they feel about her crying).
8. Say how you are feeling (examples: moved, embarrassed).
9. Share a similar experience in your own life.
10. Ask her why she is crying (ask what's the matter).
11. Ask them to describe what is happening at that meeting.
12. Say that someone in the group is crying.
13. Describe her crying as an act of involvement in the group and a willingness to share her more private feelings with them.
14. Suggest that she may feel that the only time people are willing to listen and pay attention to her is when she is crying.
15. Encourage her to talk about the events in her life which may be upsetting her.
16. Encourage her to relate what she is feeling to her family relationships and past experiences.
17. Encourage her to talk about her difficulties in behavioral terms.
18. Use a nonverbal procedure to explore the rich emotional experience of crying.
19. Ask her to role-play the situation which her crying is about.
Situation 8: The Polite Group

The eighth meeting begins in a mood of superficial agreeableness. Everyone is being super-polite. Rambling remarks, evasive comments, behavior which ordinarily would immediately be challenged is being tolerated. It is clear that the group is protecting itself against any possible expression of aggressive feeling. What do you do?

1. Do nothing.
2. Ask if they are satisfied with how the group is going today.
3. Join in on whatever they are discussing.
4. Try to draw them into a more meaningful discussion.
5. Suggest that they get down to real feelings.
6. Be aggressive yourself - criticize the group for pussy-footing around.
7. Ask how they feel about what has been going on.
8. Say how you are feeling.
9. Share similar experiences in your own life.
10. Ask why everyone is being so polite.
11. Ask what they think might be going on in the group today.
12. Describe the group mood of politeness.
13. Say that there seems to be an unspoken agreement among the members to be polite and avoid anything that might rock the boat.
14. Suggest that all this politeness is a reaction against the anger of the previous meeting.
15. Encourage them to relate this to what is happening in their lives outside the group.
16. Lead into a discussion of their family relationships and past experiences.
17. Encourage them to use the situation to consider behavior they may wish to change.
18. Use a nonverbal procedure to get at the underlying feeling.
19. Use a role-playing or psychodrama procedure.
Situation 9: A Group Attack

Throughout the meetings one of the men had been insisting that he has no problems. In the middle of this eighth meeting, the group attacks him for "hiding behind a mask". At the present moment the whole interaction seems to be gaining in intensity - he responds to their accusations by increasing his denial; they respond to his denial by increasing their attack. You are not sure how he is being affected by it. What do you do?

1. Do nothing.
2. Even if they ask for your advice, let whatever happens happen.
3. Say that each person has the right to be the kind of person he wants to be.
4. Direct attention away from their attack by bringing up another issue.
5. Say that he is not going to get anything out of group if he does not put anything into it.
6. Join in on the attack.
7. Ask how he feels about what they are saying and how they feel about what he is saying.
8. Say how you are feeling.
10. Ask why they are attacking and why he is denying.
11. Ask what they think might be going on in the group today.
12. Comment on the intensity of the argument between him and the rest of the group.
13. Describe the interaction as a standoff - they respond to his intellectualizing with increased attack, and he responds to their attack with increased intellectualizing.
14. Describe his denial as resistance to becoming involved in the group and describe the group's attack as an attempt to force him to become involved.
15. Ask if the kind of thing happening in the group now ever occurs in his life outside the group.
16. Encourage him to relate these group events to his family relationships and past experiences.
17. Encourage him and the others to use this event to consider behavior they may wish to change.
18. Ask him and the others to express nonverbally how they feel toward each other.
19. Suggest that he and another member role-play each other's side in the argument.
In the ninth session, two men get into a heated argument over a minor point. The real reason for
the argument appears to be their rivalry for the attention of one of the women. Finally one of the
men jumps up enraged and threatens to hit the other. What do you do?

1. Do nothing.
2. Ask the members what they want to do about the situation.
3. Comment on the willingness with which these men are able to accept their aggressive feelings.
4. Defuse the situation by redirecting the group's attention to another issue.
5. Say that physical violence is not allowed in group.
6. Tell him to sit down, shut up, and stop acting like a child.
7. Ask about feelings (examples: ask the two men and the woman how they feel about each other; ask
   the members how they feel about what is going on).
8. Say how you are feeling.
9. Share a similar experience in your own life.
10. Ask the two why they are doing what they are doing.
11. Ask what they think might be going on between these two men.
12. Describe the mood of tension in the group.
13. Attribute the argument to competition between the two men for the attention of this woman.
14. Describe his aggressive behavior as a defense against his more passive and dependent feelings.
15. Encourage the threatening member to talk about himself (perhaps his behavior is a reflection of
difficulties he is having in his life outside the group).
16. Encourage him to relate these group events to his family relationships and past experiences.
17. Encourage him and the rest of the group to use this event to consider behavior they may wish to
change.
18. Use a nonverbal procedure (example: arm wrestling).
19. Ask other members to role-play the interaction between the two men.
Situation 11: The Sexualized Meeting

The tenth meeting begins in a mood of seductiveness. At the center of the interaction is a girl who, for several meetings now, has repeated a pattern of flirting with a man until he begins to show interest in her. In the present meeting, she has just stopped flirting with one man and has begun with another. Everyone seems to be taking part in the sexual mood, if not as an active participant, at least as a fascinated observer. What do you do?

1. Do nothing.
2. Ask if they are satisfied with how the group is going today.
3. Talk in an approving way about the intensity with which everyone seems to be involved.
4. Seeing the interaction as a stalemate, lead the group in another direction.
5. Suggest that they talk about what is going on rather than simply continuing to do it.
6. Accuse her of being a flirt who is basically afraid of men.
7. Ask about feelings (examples: ask the three major participants how they feel about each other; ask the members how they feel about what is going on).
8. Say how you are feeling (example: fascinated).
9. Share a similar experience in your own life.
10. Ask her why she is flirting the way she is.
11. Ask what they think might be going on among these three.
12. Describe the mood of seductiveness in the group.
13. Describe how the whole group seems to be fascinated by the interaction among the three.
14. Suggest that she flirts with different men because she is afraid of involvement with any one.
15. Ask if this is the way she relates to men outside the group.
16. Encourage her and the others to relate these group events to their family relationships and past experiences.
17. Encourage them to use this event to consider behavior they may wish to change.
18. Ask them to express nonverbally how they feel about each other.
19. Suggest that the three change roles and repeat the interaction.
Group Leadership Questionnaire Answer Sheet

Darken the circle under all the responses that you might consider making if you were the leader faced with that situation. Place an X through the one response you have darkened which you feel is most important to make. To the right of the page write any responses that you might make which have not been included on the list.

<table>
<thead>
<tr>
<th>Responses</th>
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<tbody>
<tr>
<td>Situation</td>
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APPENDIX G

Subject: 
Date: 

GROUP LEADERSHIP FUNCTIONS SCALE

Instructions: Respond to each of the items below with respect to your general and actual interpersonal behavior effectiveness. Consider the entire 1 to 7 scale for each item and circle the appropriate number.

As the facilitator of a personal growth group I ...

<table>
<thead>
<tr>
<th>Item</th>
<th>Very Low</th>
<th>Moderate</th>
<th>Very High</th>
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<tbody>
<tr>
<td>1. reveal my feelings to others.</td>
<td>1 - 2 - 3 - 4 - 5 - 6 - 7</td>
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<tr>
<td>2. show understanding of others.</td>
<td>1 - 2 - 3 - 4 - 5 - 6 - 7</td>
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<td>3. clarify others' feelings.</td>
<td>1 - 2 - 3 - 4 - 5 - 6 - 7</td>
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<td>4. suggest or set limits.</td>
<td>1 - 2 - 3 - 4 - 5 - 6 - 7</td>
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<td>5. offer my friendship to others.</td>
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<td>6. challenge others' behavior.</td>
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<td>7. conceptualize ideas.</td>
<td>1 - 2 - 3 - 4 - 5 - 6 - 7</td>
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<td>8. elicit others' reactions.</td>
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<td>9. manage my time and that of others.</td>
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<td>10. confront others.</td>
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<td>11. interpret others' statements.</td>
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<td>12. praise others.</td>
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<td>13. accept others.</td>
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<td>14. exhort others.</td>
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<tr>
<td>15. manage activities involving others.</td>
<td>1 - 2 - 3 - 4 - 5 - 6 - 7</td>
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</table>
16. explain situations involving others. 1 - 2 - 3 - 4 - 5 - 6 - 7
17. participate actively with others. 1 - 2 - 3 - 4 - 5 - 6 - 7
18. question others. 1 - 2 - 3 - 4 - 5 - 6 - 7
19. give emotionally to others. 1 - 2 - 3 - 4 - 5 - 6 - 7
20. summarize others' statements. 1 - 2 - 3 - 4 - 5 - 6 - 7
21. suggest procedures. 1 - 2 - 3 - 4 - 5 - 6 - 7
22. am genuine with others. 1 - 2 - 3 - 4 - 5 - 6 - 7
23. take risks with others. 1 - 2 - 3 - 4 - 5 - 6 - 7
24. translate behavior to ideas. 1 - 2 - 3 - 4 - 5 - 6 - 7
25. develop close relationships with others. 1 - 2 - 3 - 4 - 5 - 6 - 7
26. deal with decision-making. 1 - 2 - 3 - 4 - 5 - 6 - 7
27. help others understand their experience. 1 - 2 - 3 - 4 - 5 - 6 - 7
28. inspire others. 1 - 2 - 3 - 4 - 5 - 6 - 7
Dear Colleague:

I am presently (still!) working on my dissertation on Group Psychotherapy Training. I am requesting your help in completing my dissertation by asking you to fill out the enclosed questionnaires and mailing them to me in the enclosed, stamped envelope by May 20. Several of the questionnaires are interesting and thought-provoking to complete and I will be glad to provide feedback about any of the questionnaires and the results of my study. Your participation is voluntary and all responses will be kept confidential. I am the only person (besides yourself) who will know your individual responses to the questionnaires.

It is essential that I obtain a good return rate on these questionnaires, so please, fill out the questionnaires in the order you receive them (listed below for reference) and return them as soon as possible. If you would like to know any of the results, please enclose a note specifying which you would like.

Thank you,

Martha Gilmore

Order of questionnaires: 1. Attitudes toward group therapy training; 2. Group leadership questionnaire; 3. Myers-Briggs Type Inventory; 4. Group leadership functions scale; 5. Experience questionnaire; 6. Attitudes toward group therapy; 7. Training program questionnaire; and 8. Relationship inventory.
REFERENCES


