



## [The Group Option: Follow the Research](#)

June 20th, 2010

[Rev. Stephen P. Greggo, Psy. D. is Professor, Counseling Department, Trinity Evangelical Divinity School, Deerfield, IL. His interest areas are in counseling and Christian worldview, contemporary clinical practice, groups, supervision and raising up the next generation of mental health professions for kingdom service. He is the author of *Trekking toward Wholeness: A Resource for Care Group Leaders* (2008), InterVarsity Press. Dr. Greggo is our blogger for the month of June, and this is his third post.]

For members of the Society for Christian Psychology (SCP), making an informed referral for counseling care is a familiar activity. Colleagues, valued students, family members and even transitioning clients seek endorsements for who and where to go for help. The identified need might be addressed through a range of activities: spiritual formation, pastoral direction, coaching, counseling or psychotherapy. Does a small care group appear near the top of the list as a potential referral resource and viable treatment option? If it does, is there a corresponding group with an appropriate purpose readily available? The degree to which mental health research may have a legitimate bearing on how Christians design ministries for people helping is certainly a matter of debate. For those who decide to follow the research, there is ample evidence that pastors, Christian leaders and mental health professionals would be prudent to strategically network to increase group initiatives.

Not long ago, the American Group Psychotherapy Association (AGPA) commissioned a task force to articulate an established set of scientifically credible, clinical practice guidelines.<sup>[1]</sup> Mental health professionals are expected to construct treatment plans whenever indicated in accordance with established 'best practice' procedures. Evidence-based approaches and empirically supported treatments derived from research trials shape the standards of care. This impressive task force, a virtual who's who in the relevant literature, was charged with the responsibility of summarizing research findings that are stable enough to conceptually guide real life therapy procedures. For those invested in the utilization of group methods, these guidelines are worth careful consideration when planning, implementing and evaluating. Those with faith convictions rooted in Christianity who operate under professional credentials make a dual commitment. We align with our profession by staying abreast of the latest clinical literature. We reflect our faith priorities by consistently evaluating prominent trends from a Christian worldview thoroughly informed by Scripture. Since the SCP movement strives to separate modern, establishment psychology from a psychology grounded within a biblical and historical Christian theology, let me be clear on this point. Evidence-based approaches represent the epitome of contemporary, mainstream therapeutic thought. These are the source for 'best practice' criteria. Thus, it is necessary for Christian practitioners to grapple seriously with the underlying principles.

In the initial section of the task force report on creating a group, there is a fascinating statement that instantly struck a nerve. When a mental health professional considers the launch of a group, *two* essential audiences must continuously be acknowledged and addressed. The most obvious one without a doubt is the population of clients who could potentially enter the therapeutic endeavor. The other one,

though perhaps obscure, is actually the more critical. This influential audience is the network of peers, referral sources, payers and invested caregivers who ultimately make decisions regarding treatment. This audience, for better or worse, is often the silent partner with a vast potency to greatly impact the viability and success of the helping group.<sup>[2]</sup> The evidence suggests that raising a successful helping group does take an entire village. Productive and sustainable groups *require* their own support and resource association.

Group methods are a particularly useful option when there is a surrounding social context that values and esteems their existence. Counseling groups thrive when there is an encouraging buzz amongst those who offer therapeutic services to stimulate interest and sustain client investment. Small groups activate and rely on an intense level of interpersonal process. This may be a unique mechanism to produce therapeutic change, but the method itself can challenge and produce strain. As participants encounter these demands, there is a legitimate need for collaborative endorsement from trusted leaders to forge realistic expectations and sustain member commitment. The broader Christian community, reflected in both the academy and the church, could be the ideal informational and social resource to nurture care groups. The church does hold body life in high regard and vital fellowship is valued. The gospel narrative has much to say on the subject of how members function within social groups. Redemption, sanctification, ecclesiology, family life and the direction/purpose of human development are theological topics that do converge through the way of the cross on how believers relate to others.

Clinicians are trained to follow the implications of the latest research. It is interesting to note what's happening regarding groups. A special section on group therapy recently appeared in the academic journal *Psychotherapy Research* (2010).<sup>[3]</sup> Notice this at the outset. There is sufficient credible group research to warrant this exclusive attention in a clinically oriented, academic journal. The overview to this particular volume was provided by Gary Burlingame, faculty member in the psychology department at Brigham Young University and prolific author/researcher in academic publications on the effectiveness of small group care.<sup>[4]</sup> For starters, Burlingame reiterated 'old but gold' news regarding two nearly undisputed findings based upon decades of clinical research. Granted, general agreement amongst psychological researchers is never simple to achieve. This makes these preliminary statements that form the basis of understanding rather important. First, there is consensus that sufficient empirical evidence does exist to conclude that group is an effective modality when weighed against individualized care. When treatment outcome is important, the research is generally favorable. There is no research-based substantiation for the common practice of downgrading group to 'economy class' or maligning this method to a 'step-down' service. Second, groups are a constructive option for diverse populations. In other words, group applications are viable across a broad spectrum of severity and range of difficulties. For those with group interests, these findings are worth sharing. This impressive evidence may serve to expand the audience providing leadership support. This is the audience that those interested in purely Christian approaches have good reason to cultivate.

A blog is not the platform to report a review of research. It is a fine forum to bring impressions out into the open to stimulate peer exchange. Here is my observation based upon Burlingame's overview and the subsequent journal articles. Group research is growing in its sophistication and there are efforts that have improved controls for potential confounding errors. In addition, there is progress in gleaning information on the unique aspects of group treatment itself, namely, the impact of *being with* others. The hallmark of group is its potential to activate 'process,' otherwise known as relational communication. There are efforts underway to establish reliable and valid measurement tools for research and clinical applications to identify the contributions of small group process variables such as cohesion, participation, giving and receiving feedback. When such tools are applied, our understanding of group dynamics is increased, not only in the realm of the academic and abstract, but in the actual medium of client care. Overall, there is

ample reason to be confident in group treatment designs and our ability to track growth related to clinical/interpersonal objectives. A related impression will be highlighted in this blog next week- the emerging international collaborative endeavor to expand research into group methods. This important trend is of interest to those who train people helpers to serve across the globe.

Visitors to this web site are dedicated to the exploration of Christian psychology. It is best that I express my objective directly. What would it take to elevate groups to a higher place on our list of referral resources? Surely, this would require an increase in well designed, targeted leader-directed care groups that have blueprints consistent with contemporary practice guidelines. It would also require that Christians ponder the implications of small group process variables (e.g. cohesion, interpersonal risk taking, participation, and giving/receiving feedback) from a biblical perspective. There is certainly room to add quality research that investigates distinctively Christian fellowship variables within select care groups. Rather than groan over the lack of such systematic efforts that are plainly Christian, it might be worth following the available research. It does offer useful directions to build small care communities that are of considerable interest to those who can see a connection between behavioral change, relational skills, character building and Christ-likeness. To refine our Christian oriented care groups, it would be worthwhile to *follow the research*.

---

[1] Howard Bernard, Gary Burlingame, Phillip Flores, Les Greene, Anthony Joyce, Joseph C. Kobos, Moyln Leszcz, Rebecca R. MacNair Semands, William E. Piper, Anne M. Slocum McEaney & Diane Feirman, "Clinical practice guidelines for group psychotherapy," *International Journal of Group Psychotherapy*, **58**(4), (2008): 455-542.

[2] Ibid, p. 258.

[3] This journal is a publication of the Society for Psychotherapy Research dedicated to the promotion of scientific research in therapy that is international and multidisciplinary.

[4] Gary M. Burlingame, "Small group treatments: Introduction to special section." *Psychotherapy Research*, **20**(1), (2010): 1-7.

Posted in [Christian Psychology](#), [Small Groups](#), [Stephen Greggo](#) |