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Article 55

Group Counseling Pedagogy: A Comparison of Counselor Training Groups and Clinical Growth Groups

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The Association for Specialists in Group Work (ASGW) commissioned the foundational document, ASGW Professional Standards for the Training of Group Workers (ASGW, 2000), to clarify their professional niche, articulate common values, and enhance the professionalism of group work training and practice (Wilson, Rapin, & Haley-Banez, 2004). These documents described best practices and minimal training standards for the broad field of group work, raising the standards to which group workers may aspire. The ASGW Standards have been translated directly into training goals that address components of high quality instruction, including knowledge acquisition, experiential involvement, skill development, and supervised experience. Current training practices are guided by ASGW Standards and include delineated skill development and the explicit requirements for experiential work in a group, as a member or as a leader. Additionally, the 2009 Counseling for Accreditation of Counseling and Related Educational Programs (CACREP) standards will require accredited counseling programs to include “direct experiences where students participate in a small group activity, approved by the program, for a minimum of 10 clock hours over the course of one academic term” (p. 12).

Universities that educate graduate counseling students generally employ a myriad of instructional methods to comply with the professional accreditation standards when teaching group work (Connolly, Carns, & Carns, 2005). The current article will briefly examine current methods of group counseling pedagogy, specifically highlighting growth groups that this author will name “counselor training groups” (CTGs). Additionally, this article will examine variables related to outcome in group literature, specifically group cohesion and working alliance. This information will be used to compare CTGs to clinical growth groups, addressing the insinuation that CTG membership should and does

parallel clinical growth group membership. Finally, directions for future research will be provided.

Overview of Group Counseling Pedagogy

Current methods of experiential group pedagogy include observational learning such as video observation (Kaczkowski, 1984; Stockton, 1980, 1991) or attending and observing support group activities, and experiential learning such as participation in challenge course activities (Hatch & McCarthy, 2003). Other suggested experiential learning methods include the use of actors as group members with whom student leaders practice skills (Fall & Levitov, 2002), and CTG participation as group members (Connolly et al., 2005; Guth & McDonnell, 2004; Kaczkowski, 1984; Kottler, 2004; McDonnell, Toth, & Aldarondo, 2005; Stockton, 1980; Wilson et al., 2004). Although counselor educators support the use of both observational and experiential approaches to teach group work competencies, these approaches have strengths and weaknesses unique to each (Connolly et al., 2005; Guth & McDonnell, 2004; Kaczkowski, 1984; Kottler, 2004; McDonnell et al., 2005; Stockton, 1980; Wilson et al., 2004).

Observational Learning

Observational learning, also called imitation or modeling, is learning that occurs when a person observes and imitates behavior (Bandura, 1977). Bandura noted that there are four processes in observational learning, (a) attention, (b) retention, (c) reproduction, and (d) reinforcement. Although observational learning has been described as a common method of instruction, few articles have detailed how observational learning is facilitated in group counseling pedagogy. The use of video tape pedagogy (Kaczkowski, 1984; Stockton, 1980) and fish-bowl techniques (Hensley, 2002; Kane, 1995) are two forms of observational instruction available in the group counseling literature.

Counselor educators indicated that videos are used to engage students in observational learning and to provide an opportunity for students to learn from a safe distance. One specific example of observational learning through video was the Critical Incident Technique (CIT) reviewed by Kaczkowski (1984). A CIT is defined as the confrontation of the group leader by one or more members in which an explicit or implicit opinion, decision, or action is demanded of the leader. In the CIT, students watched video enactments of counseling themes and engaged in discussions throughout the video series. Students watch a video segment until a critical incident; students are then prompted to discuss what their reaction would be to the critical incident. After the discussion, the video is played so that students could observe one method of navigating the critical incident. Although CIT provided a safe learning environment, Kaczkowski noted that there are few opportunities for students to practice skills or to ask for clarification from the group leader. Additionally, Kaczkowski articulated that students engaged in observational group pedagogy do not experience the emotional context of managing explicit or implicit demands made in group counseling.

A second type of observational learning video was commercially produced by Stockton (1991). This series was developed to aid in the training of counselors. Students watched personal-growth groups transition through stages of development and were able to observe leader skills and client roles. Additional group dynamics were observed

including establishing norms, discussion of confidentiality, and promotion of Yalom's therapeutic factors (Yalom & Leszcz, 2005). This method integrated observational learning with didactic training, which allowed counselors in training to view supervision of the group leaders. Tips for managing anxiety, and engaging in self-reflection were also provided. This method attempted to normalize the experience for counselors in training through the use of novice counselor actors. The video training series had limitations similar to those of CIT in that it lacked an emotional context and limited the opportunity for students to process here-and-now dynamics in the group. Additionally, students learned theoretical application of skills, but were left unprepared for their own anxiety when performing skills as group leaders (Stockton, 1980).

The fishbowl technique is another instructional technique that integrates observational and experiential learning. During the fishbowl technique, the course instructor selects students to act as leaders or members in a group counseling experience. These actors form an internal circle (i.e., fishbowl) while the remaining students observe from a circle formed around the internal circle (Kane, 1995). Fishbowl discussions have been described as engaging a portion of students acting as group leaders for their peers, while additional students are seated outside of the experience, observing. At the completion of the experience, all students are involved in a dialogue about the group leadership and experience as a whole (Kane, 1995). Although the majority of students in fishbowl activities learn through observation, some students also have the opportunity to engage in experiential learning as group counselors and group members while in the fishbowl. This type of active engagement often has been considered imperative for students to acquire and practice new skills (Bandura, 1977). This form of instruction provides live demonstration of skills, however is insufficient for skill development because all students do not engage in experiential group membership.

Experiential Learning

Although observational methods for group pedagogy have strengths and limitations, multiple proponents have suggested that students must engage in experiential instruction for optimal learning (Connolly et al., 2005; Guth & McDonnell, 2004; Kaczowski, 1984; Kottler, 2004; McDonnell et al., 2005; Stockton, 1980; Wilson et al., 2004). Kolb (1984) defined experiential learning as "the process whereby knowledge is created through the transformation of experience" (p. 38). Kaczowski (1984) suggested that students engaged in experiential learning developed an increased ability to provide core conditions in counseling. Likewise, Osborn, Daninhirsch, and Page (2003) suggested that leadership skills increased through observational learning, concrete experience, and active experimentation. Counselor educators have suggested that including students as group members in group experiences can engage counselors-in-training in experiential learning of group work (Connolly et al., 2008; Guth & McDonnell, 2004; Kaczowski, 1984; Kottler, 2004; McDonnell et al., 2005; Stockton, 1980; Wilson et al., 2004). Participation in groups as a member has been recognized as a widely used and accepted method of engaging students in experiential learning (Berger, 1996; Connolly et al., 2005; Hatch & McCarthy, 2003).

Fall and Levitov (2002) suggested actors play the part of group members and counseling students perform the role of group facilitator. Actors were trained to maintain and allow students to experience the group power, dynamics, and leadership role in a

close approximation of authentic group processes. A major strength of this approach was the safe learning environment for students and group members. Actors and students do not provide personal data during these mock-counseling exercises, avoiding dual roles due to the fictional nature of the experience, and minimizing risk of psychological harm to both student and “client.” Despite the safety of this instructional method, there are ethical considerations with the use of paid or professional actors who may feel obligated to perform regardless of informed consent procedures, and the cost may be prohibitive. Fall and Levitov noted that actors, despite best attempts to maintain roles, cannot experience the emotions of persons participating in growth groups. Students learning from this type of experience are able to approximate group leadership, yet learn in an atmosphere with a lack of immediacy or authentic group dynamics.

Hatch and McCarthy (2003) described the use of challenge courses in group counseling pedagogy. This mode of group instruction used focused skill development and required students to participate in activity-based learning such as ropes courses. Skills were quickly acquired yet were not easily transferred to group leadership roles. Students also noticed a rapid decline in group leadership skills unless engaged in skill maintenance activities.

Counselor Training Groups

The use of CTGs is one method through which group work instructors can provide students with an experience of group membership (Connolly et al., 2005; Guth & McDonnell, 2004; Kaczowski, 1984; Kottler, 2004; McDonnell et al., 2005; Stockton, 1980; Wilson et al., 2004; Yalom & Leszcz, 2005). Students enrolled in a group counseling class break into CTGs as part of the academic course and programs typically provide specific direction for group size, topics, and leadership. Students engage in CTGs as group members and the CTGs may be led by faculty members, clinicians, or advanced counseling students. Counselors in training are provided with the opportunity to observe and learn group leadership skills from the members’ perspective. Additionally, students are expected to learn facilitation skills which will later be implemented when they lead groups as professionals. Guth and McDonnell (2004) argued “the quintessential experience for students is participation in a small group as a member, and if possible, as a facilitator” (p. 102). Kottler (2004) advocated for CTGs and pointed out “it boggles the mind that anyone thinks that he or she can become a group leader without knowing what it is like being a client” (p. 52). Kottler implied that CTGs are designed to parallel clinical growth groups, to provide students an accurate portrayal of group leader skills and an accurate understanding of what clients experience in groups.

Researchers have found that students are in favor of group participation and the inclusion of experiential learning in classes (Krupp & Wheelan, 1979). One of the primary goals of this practice was to promote students’ experience of group counseling from the client perspective (Kottler, 2004). Group participation allowed members/students to develop sensitivity to the needs of others, to experience the growth potential of group work (Cerio, 1979), and to augment theoretical competence and conceptual knowledge (McDonnell et al., 2005). Furthermore, participation in CTGs can provide an opportunity for students to engage in personal development as a result of group membership (Connolly et al., 2005; Guth & McDonnell, 2004; Kaczowski, 1984;

Kottler, McDonnell et al.; Stockton, 1980; Wilson et al., 2004). Engaging students as group members provided the potential for personal growth, the ability to live what they learned in the didactic training and provide an understanding of client perspectives (Connolly et al., 2005). Students involved in groups as members observed the group dynamics and skills demonstrated by group leaders, and easily transfer new learning outside of the group experience and into future leadership experiences (Yalom & Leszcz, 2005). Although Yalom and Leszcz reported this method was widely accepted as part of the group counselor training program and that one half to two-thirds of training providers included it, Thomas (2006) cautioned that CTGs are not without problems. He reported that there is a fine line between learning and therapy in CTGs. Although counseling pedagogy accepts the use of CTGs, little is known about the parallel between CTGs and clinical growth groups, titled the “parallel assumption” in this article.

Clinical Growth Groups

In contrast to CTGs, clinical growth groups are typically led by mental health professionals and involve individuals seeking self-growth. These are distinctions from CTGs which are comprised of students engaged in group counseling pedagogy. Berman and Zimper (1980) defined a growth group as a small group process designed for participants who are psychologically “normal.” Growth groups are not problem-oriented; instead, they focus on interpersonal relations among group members and help participants improve their interpersonal functioning. The general goal of growth groups was to enhance the individual’s ability to make fuller use of social and interpersonal potential through better understanding and a broadened experiencing of self in relation to other people. As such, goals for growth groups included an increased openness with others, increased congruence between subjective feelings and overt behaviors, increased genuineness, increased sensitivity to others, and self-actualization (Hurley, 1997). Research on growth groups indicated that significant interpersonal changes occur because of growth group participation (e.g., Berman & Zimper, 1980; Solomon, Berzon, & Davis, 1970).

In a review of growth group literature, Berman and Zimper (1980), found that significant interpersonal changes occurred because of involvement in 10 or more hours of growth group interventions. Berman and Zimper suggested that outcomes from clinical growth group participation include self-actualization, higher levels of interpersonal orientation, and changes in attitudes that are sustained in varying degrees over time. In contrast to sustained change, the review indicated that behavioral changes are not sustained over time. Solomon et al. (1970) found that participation in self-exploration groups enabled individuals to become more open, sensitive to others, self-accepting, and self-motivating in their study of 24 rehabilitation clients. Additionally, Cooper (1987) reports that group counseling has been effectively used with a wide variety of populations (e.g., adolescents, prisoners, executives, and college students) and issues (e.g., depression, substance abuse, career development, assertiveness, and personal growth).

Counselor Training Groups Compared to Clinical Growth Groups

Clinical growth groups are used to produce change in various populations with a wide variety of topics. CTGs are used within group pedagogy to increase skill development, allow students to understand group processes from the member's perspective, and allow for experiential learning of group facilitation. Shapiro and Bernadett-Shapiro (2001) described the implementation of CTGs in a group counseling course, and suggested that to implement CTGs in a group counseling course, participation should parallel member experiences in clinical growth groups. Shapiro and Bernadett-Shapiro suggested that the affective and cognitive training is a model of what clients do in therapy and CTGs provide this experience for counselors-in-training. Although proponents of CTGs highlight the parallels between CTGs and clinical groups, this article explores whether the parallel exists, and questions 'should these groups parallel one another'? One method of exploring this "parallel assumption" is through comparing outcomes of clinical growth groups and CTGs. Wright and Duncan (1986) explored outcomes in training groups, using self-report measures of help and harm, specifically asking if group participation was harmful or helpful to graduate students participating in experiential training groups. The authors found that strong group cohesion in training groups significantly positively correlated with individual outcomes similar such as to those found in clinical growth groups

In order to address the question of whether student participation in CTGs and client participation in clinical groups parallel one another to provide an accurate learning environment; I suggest an exploration of CTG participants, purpose, and process and how these are similar and different from clinical growth groups. Students in CTGs, theoretically, experience personal growth and skill development because of group participation. The potential for personal growth in experiential groups (i.e., CTG) was based on the assumption that these experiential groups align with clinical growth groups with regard to group development, cohesion, leadership effect, and personal outcomes. Unique differences between CTGs and clinical growth groups include the potential mandatory participation in groups as an academic requirement; the potential that groups are lead by instructors or advanced group students, and ethical considerations linked to academic evaluation and dual roles of student and group member in CTGs. Furr and Barrett (2000) suggest the structure of group counseling pedagogy is one main difference between CTGs and clinical groups. Although differences exist between CTGs and clinical growth groups, similarities between CTGs and clinical growth groups are also clear. For example, similar to clinical group members who are screened prior to the start of a group, student-members of CTGs are pre-screened through the admission process to the counseling program in which they are enrolled. Furthermore, students are self-selected into graduate counseling programs, as are individuals in clinical growth groups who seek to further individual development.

Group counseling pedagogy seeks to provide counselors in training with an accurate experience of group membership and model of group leadership. The CTGs model of instruction potentially affords students an opportunity for personal growth and outcomes while providing an opportunity to experience a group as a member; paralleling clinical group membership (i.e., parallel assumption). In order to explore the parallel assumption further, this article will briefly describe variables found in clinical growth

group literature. For example, if the parallel assumption is true, the variables influencing outcomes in clinical groups should also influence outcomes in CTGs; two common factors associated with clinical group outcomes are group cohesion and the working alliance.

The unique dynamics of CTGs pedagogy, including group cohesion and working alliance, suggest that students may have an increased opportunity for personal outcomes as a result of group participation: to date, no literature indicates which variables in CTGs influence personal outcomes. Despite this limitation in the literature, I will continue to seek variables that impact the effectiveness of group work in clinical growth groups, founded in the assumption that CTGs parallel clinical group membership. One variable cited in group literature is the therapeutic alliance (Wright & Duncan, 1986), referring to the relationship between group member and the group leader. Another variable indicated by Johnson, Burlingame, Olsen, Davies, and Gleave (2005), and Joyce, Piper, and Ogrodniczuk (2007), is group cohesion or relationship between group members.

Group Cohesion

Group cohesion is a strong force of therapeutic group outcomes (Dion, 2000); however, the multidimensional definitions limit accurate assessment of the construct (Kaul & Bednar, 1978). Definitions of group cohesion were broad and encompassed both between-member relations as well as the relationship between group members and the group leader (Yalom & Leszcz, 2005). Dion urged the continued evaluation of group cohesion to limit extraneous variables such as the relationship between group members and the group leader, the working alliance. Johnson (2005) integrated attractiveness to leader as a construct within group. In contrast, Budge (1981) argued that group members can feel cohesive towards the group and other members without feeling cohesion towards the leader, especially when mandated or during the storming stage of group development when emotions are turbulent. Although Budge posited that group cohesion fluctuates with contextual factors; Yalom and Leszcz (2005) indicated that group cohesion, being with a group on a regular basis and feeling connected to the group, was a curative factor. Yalom and Leszcz further argued that group cohesion is thought to be a prerequisite to and natural consequence of successful group therapy.

In counseling groups, group cohesion is often noted as a positive correlate to beneficial outcomes (Lorentzen, Sexton, & Høglend, 2004), and has been linked to healthy effects on group behavior and functioning, including reduction or elimination of social loafing (Karau & Hart, 1998; Karau & Williams, 1997); reduced drop out rate (Gardner, Gabriel, & Hochschild, 2002; Spink & Carron, 1994); inter-group conflict (Dion, 2000; Morran, 2005); and absenteeism (Carron, Widmeyer, & Brawley, 1988; Keller, 1983). Positive behaviors impacted by group cohesion are improved communication among group members (Wech, Mossholder, Steel, & Bennett, 1998); stronger adhesion to group norms (Prapavessis & Carron, 1997); enhanced problem solving (Rempel & Fisher, 1997); increased work output (Langfred, 1998; Prapavessis & Carron, 1997); more effective small-group performance (Dion & Evans, 1992); and participant reported well-being (Dion, 2000). Wright and Duncan (1986) found positive correlations in training groups between group cohesion and individual outcomes, but no additional studies have explored group cohesion in experiential counselor training groups.

Working Alliance

As noted previously, literature describing group cohesion has included the relationship between group members and the group leader. The relationship between member and leader has also been noted as one variable impacting counseling group effectiveness; Joyce et al. (2007) describe this relationship as the therapeutic alliance or working alliance. Researchers have indicated that the working alliance impacts individual therapy settings (Horvath & Greenberg, 1989; Kokotovic & Tracey, 1990). The use of working alliance and outcome data by counselors demonstrates the effects of counseling to clients, promotes longer engagement in counseling, achievement of significant change, and decreased deterioration in the therapeutic relationship (Whipple et al., 2003). Limited empirical data explored the impact of working alliance in group work (Budman & Gurman, 1988; Joyce et al., 2007; Lorentzen et al., 2004; Marziali, Munroe-Blum, & McCleary, 1997). The working alliance in groups was much more dynamic and group facilitators were responsible for the therapeutic atmosphere for the group (Yalom & Leszcz, 2005). For example, leaders may prompt and reinforce unity through attending to expressions of positive affect towards other members, and can minimize unity through lack of attending to positive affect, or attending to non-threatening group conflict.

Effective group leaders fostered an environment that was safe yet strong enough to challenge and withstand highly charged emotions. Kokotovic and Tracey (1990) suggested the working alliance was developmental and must be established immediately, while other researchers argued that working alliances take time to become influential (Hersoug, Hoglend, Monsen, & Havik, 2001). Suh, Strupp, and Samples-O'Malley (1986) found that poor working alliances early, if strengthened, led to better therapeutic outcomes. Regardless of theoretical differences, researchers agreed that the working alliance between individual members and the group leader is a potential factor influencing group success (Miller & Duncan, 2004). Group leaders had a powerful role in groups, screening group members, deciding topics of discussion, and setting and maintaining boundaries and rules within the group (Okech & Kline, 2005).

A further demonstration of the impact of group leaders is their role in building and maintaining group cohesion. Yalom and Leszcz (2005) suggested the most important group leadership role is to build and maintain the therapeutic group climate. Yalom and Leszcz supported the notion that leader-member relationships are integral for change to take place among group members; therefore, the relationship between group members and the leader must be intentionally developed and maintained.

Researchers have found positive correlations between strong member-leader relations and therapeutic outcomes (Dion, 2000; Johnson et al., 2005). Horvath and Symonds' (1991) conceptualization of the effective relationship was based on the hypothesis that the therapist's ability to be empathic and congruent and to assume a stance of unconditional positive regard toward the client was necessary for client improvement. Johnson et al. (2005) supported this hypothesis, noting that lack of empathy by group leaders led to negative change or no change, whereas member-leader agreement indicated a positive working relationship. Although the effect of the group leader and the working alliance is commonly explored in group literature, no conceptual or empirical research has investigated this construct in CTGs.

Group Cohesion and Working Alliances in Counselor Training Groups

Counselor Training Groups are unique educational experiences for counselors in training. The population and purpose of these groups may impact individual outcomes, group cohesion and working alliance, two variables found to impact individual outcomes in clinical growth groups. CTGs may parallel clinical groups with regard to size of groups, potential for individual outcomes, and may have similar group processes which enhance students' ability to learn and transfer group counseling skills. However, the question remains, should CTGs parallel clinical groups? There are apparent differences between CTGs and clinical groups with regard to population and purpose. For instance, student members in CTGs may engage multiple relationships with students and group leaders; students may have classes with group-mates or leaders if leaders are advanced students in the program, as suggested by Furr and Barrett (2000). Additionally, despite best efforts to minimize the evaluative component of CTGs, the experience is linked to coursework, which may reduce members' sense of safety, and may imply that CTGs have attendance policies similar to that of academic courses. The unique experience that counselors in training share throughout their training program may negatively affect group cohesion, working alliances, and outcomes while in the CTG.

Conversely, the shared academic experience by CTG students may increase group cohesion; a major difference between CTGs and CGGs. Heightened expectations regarding skill and personal development may promote students active engagement in CTGs in a different way from what is expected from clinical growth group members. Comparing CTGs to clinical groups, it is conceivable that students experiencing higher engagement and stronger working alliances may achieve higher skill development, greater positive personal outcomes, and have higher levels of group cohesion; however, research is needed to support these hypotheses.

Directions for Future Research

One deficit in counselor education literature is related to the lack of empirical research exploring the personal outcomes experienced by students involved in CTGs. To accurately conceptualize the use of CTGs in group counselor education, additional research is needed on the CTG experience from the students' perspectives. To address this limitation, research should ask "what do students describe as strengths of the CTG method and what are limitations of this approach?" Foundational documents from ASGW and CACREP require group participation, yet allow for academic freedom in creating the group experience. A review of the literature shows minimal consistency and description of CTG application, yet this pedagogical technique is widely used. A question to explore CTG implementation would ask multiple training programs "how do you meet the standards of experiential training?" Counselor educators agree that experiencing group participation is a valuable learning opportunity for counselors in training, and support the use of groups on the notion that CTGs accurately reflect group membership. In order to address the assumption that CTGs parallel CGGs, researchers may compare students enrolled in CTGs and students engaged in CGGs comparing the benefits, effects, and reactions of counseling students.

Morran (2005) indicated that continued scrutiny and evaluation of experiential training is necessary to ensure effective pedagogical practices and promote competent

group workers. A meta-analysis of current group work literature may provide a comprehensive view of group cohesion and working alliance data, which may inform future research on CTGs to explore if the data parallel one another. Another potential source for future research is grounded in the assumption that CTGs are comparable to clinical growth groups and that they provide students an accurate representation of group process and leadership skills. Using assessment tools related to group cohesion, working alliance, and personal outcomes, how do students in CTGs compare to existing literature from CCGs? Additionally, researchers can assess participants enrolled in CTGs and participants in CCGs using assessment tools to explore similarities and differences between CTGs and CCGs with regard to group cohesion, working alliance, and personal outcomes. Future research may explore the premise that experiential group training methods provide students a realistic view of groups as a member and the rationale for use of CTGs. Drawing from clinical growth group literature, exploratory research may focus on data related to group cohesion, working alliance, and personal outcome. Using the Working Alliance Inventory-Short form (WAI-S; Kokotovic & Tracey, 1989) may provide information about the relationship in CTGs between group members and the leaders. The unique relationships between group leader and member in CTGs may influence the working alliance, as will the evaluative role that is often associated with group instruction. Based on these initial findings, clarification regarding the parallel process of CTGs and clinical groups can be examined. Using the group cohesion variable indicated in clinical group literature may provide information from students involved in CTGs. Data on this variable may be impacted by the shared experiences of group members enrolled in counseling programs. Additionally, examining group cohesion allows researchers to explore the between-member interactions unique to CTGs. One assessment tool that gathers data for between-member relations is the Group Cohesion Scale-Revised (GCS-R; Treadwell, Lavertue, Kumar, & Veeraraghavan, 2001). This information can provide insight into the amount of cohesion towards fellow group members reported by CTG participants. Finally, personal outcomes may be evaluated using the Outcome Rating Scale (ORS; Miller & Duncan, 2004). This assessment tool will provide information about student change on four dimensions including measuring change in individual functioning, interpersonal relationships, the social role performance (e.g., quality of life and work adjustment), and overall, general well-being. Information related to change in individual and social change may provide insight into the effect of group participation on student's personal development.

Conclusion

ASGW (2000) and CACREP (2009) require group participation as a group member or leader. Many counseling programs have adopted unique methods of meeting this need, through the use of challenge course participation (Hatch & McCarthy, 2003), use of actors (Fall & Levitov, 2002), and use of CTGs (Connolly et al., 2005; Guth & McDonnell, 2004; Kaczkowski, 1984; Kottler, 2004; McDonnell et al., 2005; Stockton, 1980; Wilson et al., 2004). CTGs provide students a unique opportunity to experience group work from the member perspective and allow for the modeling and observation of leader skill. Proponents of this method suggest that students have an opportunity for learning skills but also achieving personal growth as part of group membership. The

underlying premise of CTGs in group pedagogy implies that CTGs parallel clinical groups in between-member dynamics and leader skills. To explore this premise, further research is needed to evaluate group cohesion, working alliance, and personal outcome from students involved in CTGs. Morran (2005) suggested continued scrutiny and evaluation of experiential training is necessary to ensure effective pedagogical practices and promote competent group workers. If the parallel assumption is upheld by empirical researchers, the argument for use of CTGs is strengthened; however, if the parallel assumption is not supported by empirical research, counselor educators may need to revisit the use of CTGs in group pedagogy.

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