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Pre-Group Preparation in College Counseling Centers: Through the Use of an Audio-Visual Aid

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**PRE-GROUP PREPARATION IN COLLEGE COUNSELING CENTERS:
THROUGH THE USE OF AN AUDIO-VISUAL AID**

PROFESSIONAL DISSERTATION

SUBMITTED TO THE FACULTY

OF

**THE SCHOOL OF PROFESSIONAL PSYCHOLOGY
WRIGHT STATE UNIVERSITY**

BY

DARIUS CAMPINHA-BACOTE, PSY.M.

**IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE
OF
DOCTOR OF PSYCHOLOGY**

Dayton, Ohio

September, 2012

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June 15, 2011

I HEREBY RECOMMEND THAT THE DISSERTATION PREPARED UNDER MY SUPERVISION BY **DARIUS CAMPINHA-BACOTE** ENTITLED **PRE-GROUP PREPARATION IN COLLEGE COUNSELING CENTERS: THROUGH THE USE OF AN AUDIO-VISUAL AID** BE ACCEPTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PSYCHOLOGY.

Martyn S. Whittingham, Ph.D.
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Eve M. Wolf, Ph.D.
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ABSTRACT

The current dissertation articulates the importance of pre-group preparation, specifically in college counseling centers. The dissertation examines relevant research related to the need for pre-group preparation, as well as the various methods in which information can be delivered to clients. The researcher found that although there are several effective ways to prepare clients for group therapy, an underutilized, efficient, and cost effective way to deliver this information is through the use of an audiovisual aid (Acosta, Yamamoto, Evans & Skilbeck, 2006; D'Augelli & Chinsky, 1974; Egan, 1970; Hoehn-Saric, 1964; Martin & Shewmaker, 1962; Orne and Wender, 1968; Sloane, Cristol, Pepernik, & Staples, 1970; Strupp & Bluxom, 1973; Yalom, 1970; Yalom, Houts, Newell, & Rand, 1967). Boldt and Paul (2011) stated, "College students in this millennial generation just won't come to group therapy." (p. 41). Due to the reluctance of college students joining group, the above authors suggest that an audio visual aid may be helpful in preparing clients to begin group therapy. This dissertation involved the creation of a professionally produced audio-visual aid, geared towards college students, with the intent to prepare clients for a wide range group therapies that may be offered at a given counseling center.

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CHAPTER I

The need for pre-group preparation in psychotherapy groups has been studied extensively over the past seven decades (Dewey, 1938; Hartford, 1962; Kurland, 2005; Levine, 1979; Lieberman, Yalom & Miles, 1973, Rosenzweig & Folman, 1974; Yalom & Leszcz, 2005). Researchers have proposed several methods of how to prepare clients for group ranging from semi-structured interviews, preparatory talks to prospective groups members, written explanatory material supplied for study before the start of group, tape recording, the negotiation of a group contract, and film/video-taped introduction to group work (Acosta, Evans, Yamamoto, & Wilcox, 1980; Acosta, Yamamoto, Evans & Skilbeck, 2006; D'Augelli & Chinsky, 1974; Egan, 1970; Hoehn-Saric, 1964; Martin & Shewmaker, 1962; Orne and Wender, 1968; Sloane, Cristol, Pepernik, & Staples, 1970; Strupp & Bluxom, 1973; Yalom, 1970; Yalom, Houts, Newell, & Rand, 1967). However, there is a paucity of research regarding the provision of providing an audiovisual aid in pre-group preparation.

Although proposed decades ago and empirically supported, the aforementioned method of audiovisual aid in preparing members for group therapy sessions is underutilized in today's counseling centers. Focus has been directed mainly towards verbal communication in combination with handouts and information about the particular counseling centers via websites (State University of New York, University of Buffalo Counseling Services, 2009). Although verbal communication and handouts are empirically supported methods of pre-group preparation, research purports that the use of

audiovisual aids has also been found to be an effective form of preparation (Carey, Jefford, Krishnasamy & Aranda, 2007; Chelf *et. al.* 2001). Although the use of visual aids in pre-group preparation has been found to be successful in preparing group members, it is not a practice that is consistently being put into action in college counseling centers. Consistent with research, the goals of the proposed audiovisual aid are to ultimately lower attrition rates, decrease anxiety of group members, and provide more effective treatment outcomes.

The target population for this audiovisual aid is undergraduate college students from a middle-sized university. This quick four minute and forty-two second audiovisual aid covers the basics of group, common ground rules that need to be followed for participation in group therapy, issues of confidentiality, an explanation of the therapeutic factors, and the role of the client and therapist. A final goal was to dispel common myths about group therapy.

Aim and Purpose

The purpose of this project was to design a pre-group preparation audiovisual aid to educate prospective undergraduate students at university counseling centers with an orientation to group therapy. The researcher's aim was to standardize the audiovisual aid so that it can be easily utilized in college counseling centers across the United States. Due to the audiovisual aid addressing a general overview of what group therapy is, it is suggested that it will be broad enough to cover multiple types of counseling groups prevalent in today's counseling centers including process groups, stress management groups, peer-support groups, student adjustment groups, and several other types of groups. The audiovisual aid is in a format that it can be easily converted to be viewed

from a computer or shown via television to perspective group members. As with any pre-group preparation method, the goal is to have group members become more aware of the purpose of group and enable them to gain insight into what they will be experiencing throughout the course of therapy (Kincade & Kalodner, 2004).

After viewing the video, it is suggested that a therapist be present to address any additional questions the prospective group members may have with regarding the group process. If the audiovisual is viewed in an online format, an additional space is required for the prospective group members to type any questions they may have. These questions can then be forwarded to a therapist who would respond to these questions via email. In either case, the prospective group members will sign a document (either paper or electronically) stating that they have watched the video and were given the opportunity to ask additional questions. Consistent with research, the purpose is to ensure that each prospective member is adequately prepared for the pending group experience (Golden, Corazzini & Grady, 1993; Kincade & Kalodner, 2004). Additionally, researchers suggest that pre-group preparation is beneficial for individual members, but benefits the group as a whole, leading to more successful group experience (Rutan & Stone, 2001; Burlingame, Fuhriman & Johnson, 2002; Yalom and Leszcz, 2005).

CHAPTER II

Many group theorists have advocated for pre-group preparation (Bednar & Kaul, 1994; Burlingame, Fuhriman & Johnson, 2002; Couch, 1995; Santarsiero, Baker & McGee, 1995). Santarsiero, Baker, and McGee specifically talked about how preparation is essential for group cohesion. These theorist postulate that group cohesion is important, as it is an integral piece of why group members will stay in group therapy, even if difficult issues are brought up. It is suggested that the longer members stay in group, the greater likelihood that they will benefit from group therapy. Through their research they found that there were negative outcomes with groups when they were conducted without the aid of a preparatory meeting of members. Couch's research supported this finding and added that a pre-group meeting of clients increased each client's satisfaction and comfort level with the group experience. Additionally, Bednar and Kaul found that pre-group training was one of the most salient factors when determining the success of a client's experience with group therapy.

Researchers Bernard and MacKenzie (1994) stressed the importance of pre-group preparation in that it serves multiple purposes. They found that pre-group training or contracting with group members may serve to dispel both their fears and anxieties. Their research demonstrated that clients who are new to group often fear being attacked, and embarrassing themselves in front of other group members and/or facilitators, and have the experience of emotional contagion. Emotional contagion, described as the tendency to catch and feel emotions that are similar to and influenced by those of others, is

something that Bernard and MacKenzie stated is very common amongst individuals involved in a group setting. Yalom and Leszcz (2005) expanded on this issue of emotional contagion, and found that in severe cases, a client can begin showing symptoms and characteristics of another member in the group. Yalom and Leszcz stated that emotional contagion can be potentially dangerous to a group, in that if the negative emotions of one group member are taken on by several group members, the group may become unstable and the likelihood of a positive treatment outcome may decrease.

To combat these fears and emotional contagion, Bernard and Mackenzie (1994) along with Vinogradov and Yalom (1989) emphasized the safe and supportive nature of the group experience. By promoting a safe and supportive setting for the clients to work on their issues, it may be easier for the client to be more open and honest throughout the course of therapy. It is suggested that these issues should be discussed with the client prior to their admittance into the group (i.e. through some format of pre-group preparation). It is also suggested that through this preparation, the client will be better able to understand what is expected of him/her with regards on how to keep the therapy setting safe and supportive.

Mayerson's (1984) research indicated that the therapist should strive to instill a sense of self-efficacy within each member. By encouraging the client to engage in appropriate interpersonal behaviors, he suggested that it may increase the likelihood of a beneficial therapeutic outcome. Although Mayerson stated that there are several factors which play a part in the building of one's self-efficacy, he purported that the therapist is one of these factors and can help in positively influencing the client's self-efficacy. It is suggested that this instillation of self-efficacy should be done through the use pre-group

preparation. It is suggested that through pre-group preparation, an individual can both be encouraged to engage in appropriate behaviors, as well as be told that he/she can change over time.

With a primary goal of therapy being to increase the likelihood of a successful treatment outcome, Beutler, Crago, and Arizmendi (1986) reported several significant indicators which a therapist should address in a pre-group meeting. Similar to Bernard and MacKenzie (1994), they agreed that if the potential group member had their fears dispelled, they were more likely to report a successful treatment outcome. In addition, their research indicated that if the client's misconceptions were adequately addressed, they were more likely to have a successful treatment outcome. Another determinant Beutler, Crago, and Arizmendi addressed in their research was whether or not specific details about the role of both the individual and the group were addressed. They found that if these areas were sufficiently covered, clients seemed more apt to have positive treatment outcomes. The last aspect that Beutler, Crago, and Arizmendi examined was the attitude of the clients. They found that if the therapist was able to enable the clients to establish an optimistic attitude towards group, the likelihood of a successful outcome increased dramatically.

Consistent with the findings of Beutler, Crago, and Arizmendi (1986), Dies and Dies (1993) reported that if realistic goals for treatment are established early, there is a greater likelihood of clinical improvement. Kivlighan, Corazzini, and McGovern (1985) along with Mayerson (1984) and Yalom (1985) agreed with Dies and Dies, but stressed the importance of helping clients become more at ease about their own expectations. To do this, they suggested that in the pre-group preparation period the therapist should begin

helping the client understand specific skills they will gain throughout the course of the group therapy sessions. These skill sets include self-disclosure, interpersonal feedback, anxiety management, and the here-and-now interaction. Additionally, these researchers highlighted the importance of giving the client a rationale for group therapy during the pre-group preparation. They suggested that the therapist articulate something similar to what Mayerson (1984) stated, the “Group therapy setting is one which provides a special opportunity to interact with others so as to gain insight into one’s current Interactional patterns and to experiment with new ones” (p. 194).

An important aspect of group therapy is the issue of attrition or as Yalom and Leszcz (2005) termed it, group dropout. Yalom and Leszcz stated that there are multiple reasons for high attrition rates in the group therapy setting ranging from an inability to share the therapist, complications of concurrent individual and group therapy, early provocateurs, problems in orientation to therapy, and complications arising from subgrouping. To minimize premature attrition and therapeutic casualties as well as help explain the framework on how the group is operated, Dies and Teleska (1985) proposed that in pre-group preparation four concepts should be clearly explained. These four concepts are developmental trends, general ground rules, the issue of confidentiality, and the therapeutic factors.

Developmental Trends and General Ground Rules

Yalom and Leszcz (2005) suggested that one way to track these developmental trends (or ways to track group development) would be in determining the degree of emotionality, cohesion, and intimacy the group has. They found that the higher the degree the group has in each of these categories, generally speaking, the more developed

the group is. Dies and Teleska (1985) were not definitive on specific ground rules but suggested that the therapist choose ones that keep the group as a cohesive unit. DeLucia-Waack, Gerrity, Kalodner, and Riva (2004) however, did discuss some basic ground rules that they believe should be explained to potential group members. These rules/expectations included adherence and respect for the attendance policy, arriving/leaving on time, communication with group leaders, as well as behavioral and emotional expectations (e.g., group members should be instructed to share their emotional concerns with the group but also have the right to not respond to a question if they do not wish to). The importance of following these rules/expectations is not only to add to the cohesiveness of a group, but to enable each member to be clear of how the group will operate, ultimately leading to a decreased level of confusion and/or frustration. DeLucia-Waack et al., (2004) also stressed the importance of explaining to these potential members that group is a microcosm of the real world in that it is a place where they can give and receive feedback about their beliefs and behaviors. These researchers suggested that the therapist encourage the potential group members to take risks and experiment in this safe environment in an attempt for them to learn ways that they may change and grow.

Confidentiality

The issue of confidentiality is an important piece of any therapy session that must be taken seriously (DeLucia-Waack, Gerrity, Kalodner & Riva, 2004; Yalom & Leszcz, 2005). Yalom and Leszcz stated that it is an essential piece of not only group therapy sessions, but in any client-therapist relationship. They maintained that a client is less likely to be open and honest in the therapy session if he/she does not have confidence that

what they say will be remain within the group. These researchers also stated that it is important for a therapist to discuss with groups members the circumstances in which confidentiality would need to be broken by the therapist. These would be instances when the client threatens to harm themselves or others, or disclosed having abused an elder or a child. Yalom and Leszcz stated that the purpose of discussing the issue of confidentiality as early as possible is to ensure that the client has full knowledge of the role of the therapist throughout the course of treatment. It is suggested, however, that by including areas where confidentiality would be breached, it may deter potential clients from wanting to join a group. As a result, it is suggested that this topic be addressed in the video and that the client's therapist should follow up this conversation in person.

Therapeutic Factors

As described by Yalom and Leszcz (2005), the therapeutic factors consist of an instillation of hope, universality, imparting information, altruism, the corrective recapitulation of the primary family group, development of socializing techniques, imitative behavior, interpersonal learning, group cohesiveness, catharsis, and existential factors. Instilling hope in a client is defined by these researchers as the therapist increasing the clients' belief and confidence in the processes of therapy. The factor universality is the concept of the therapist dispelling the belief that the clients' issues are unique to them, but rather there are similarities between all members of the group. The factor of imparting information includes providing psychoeducational material to the clients as well as advice and suggestions that are directly related to the clients' identified problem. Altruism is described by the authors as the client not only benefiting from interacting with others in the group, but also being a benefit to others. The authors define

the corrective recapitulation of the primary family group as the group being representative of a family. Their research concluded that the facilitators are often viewed as parental figures and due to the likelihood that clients have had difficult experiences with their families, it is their hope that the therapist is able to recognize this and be able to address any issues that arise throughout the course of the therapy sessions.

Yalom and Leszcz (2005) stated that the development of socializing techniques is also an important therapeutic factor in group treatment. Through the use of feedback where the client is both the recipient and giver of feedback, the therapist is able to gain a better understanding of how the client socializes with others. It is suggested that therapist can both gain an understanding of the client's social behavior, as well as better understand the issues the client is struggling with. Imitative behavior is defined by the authors as client actions that mimic therapist actions. The authors suggested that the therapist pay close attention to his/her own mannerisms and model appropriate behavior throughout the course of therapy. Interpersonal learning is a therapeutic factor which Yalom and Leszcz defined as encompassing the facilitation of insight and working through transference, as well as the provision of a corrective emotional experience. They describe the client becoming more insightful in that the client becomes more aware of the issues present in his/her life and begin to find ways to address them appropriately. Transference issues are described by the authors as distortions (or misinterpretations) that the client has of the therapist. An example that these authors gave of a transference distortion was a psychiatrist "going out to meet a new client in the waiting room and having the client dispute that the therapist was who he said he was because he was so physically different from the client's imaginings of him." (Yalom & Leszcz, 2005, p.

205-206). Corrective emotional experience is described by Yalom and Leszcz, and Alexander and French (1946) as exposing the client to emotional situations that he/she could not likely handle in their past. The job of the therapist is then to correct the behaviors/thoughts that are the result of this experience, and begin to psychologically repair the individual.

Group cohesiveness is defined by Yalom and Leszcz (2005) as a positive relationship between the individuals in the group. The authors proposed that successful group outcome is largely dependent not only on the interactions between the group facilitators and the client, but the relationships among the clients. The therapeutic factor of catharsis is described by Yalom and Leszcz as an attempt to cleanse the client of suppressed affect. Throughout the process of therapy, the group facilitators challenge the client to experience and express his or her feelings within the group. In short, Yalom and Leszcz asserted that this process can be therapeutic for the client. The last therapeutic factor that Yalom and Leszcz noted is that of existential factors. They maintained that that this factor is made up of recognition of the following: life is at times unfair and unjust; ultimately there is no escape from some of life's pain or from death; no matter how close one gets to other people, one must still face life alone; facing the basic issues of their life and death allows one to live his or her life more honestly and become less caught up in trivialities; one must take ultimate responsibility for the way he or she lives his or her life no matter how much guidance and support one gets from others. It is suggested that facilitators should choose which of these issues are specific to the group he/she is running and address them if they deem it necessary.

Several researchers have examined the misconceptions that many clients hold and bring with them prior to coming to the first group meeting regarding the process of group (Heilter, 1973; Nichols, 1976; Nichols & Jenkinson, 2006; Orne & Wender, 1968; Strupp & Bloxom, 1973; Yalom, 1970). Nichols stated that individuals unprepared for their first group meeting may find the experience traumatic or disturbing and/or experience insecurity and anger. Nichols and Jenkinson found that a belief many clients held prior to group was what they coined obstructing misconceptions. This is defined as myths and/or fears of what group therapy will be like. Nichols stated that common obstructing misconceptions include fears of being forced to make shameful revelations, of being exposed to scorn, or undergoing experiences which either embarrass or demand too much of a person (Nichols & Jenkinson, 2006, pp. 70). To combat this they suggested that the therapist dispel the fear of being attacked by other group members or the group leader after disclosing information. In addition, they found that these obstructing misconceptions were a result of the client not realizing that others in the group are there for the same sort of issues and falsely believing that they were the only one in the group that needed help.

Nichols and Jenkinson (2006) proposed that problematic misconceptions including obstructing misconceptions and inappropriate role expectations may interfere with the individual's participation in group therapy. These researchers defined an inappropriate role expectations as the client misunderstanding the role of the therapist. They speculated that if the client was not properly briefed, they would likely view their therapist in the same way that he/she might view a medical practitioner. In short, the client might believe that he/she would not be taking an active role in therapy, but rather

that he or she would be simply be observed by the therapist and magically fixed. Nichols and Jenkinson found that many clients also bring with them a great deal of tension and anxiety, which these authors refer to as distracting emotions. Although they suggested that this is a normal phenomenon that happens early on in group, they warn that if the therapist is unable to find a way to empower these individuals to cope with their stress or provide them with appropriate coping strategies to combat these distracting emotions, their anxiety and tension will likely increase. This anxiety and tension can heighten to such an extent that these researchers state it can be potentially damaging and distracting to the group process.

Another potentially damaging and distracting issue that that can take away from the group process is an inappropriate colluding of clients, commonly known as defensive group dynamics (Heilter, 1973; Nichols, 1976, Orne and Wender, 1968; Strupp & Bloxom, 1973; Yalom, 1970). This term refers to the issue of clients who, due to their collective anxieties, show resistance to the therapy process. If these behaviors are not addressed by the therapist, there could be a repercussion effect where the group members believe the therapist should have prevented this from happening, furthering their resistant feelings to therapy. Ultimately this could lead to deterioration of the group process. To prevent this, the researchers stressed that the therapist should instill in the clients a willingness to participate as well as provide them with a knowledge and acceptance of the targets of the group. Overall, they found that all of the above issues have a greater likelihood of occurring if the client is poorly motivated.

Although poor motivation may play a role in resistance to group treatment and problematic participation, Yalom (1970) contested that it is normal for group members to

feel confused, puzzled and even discouraged at the beginning of a group. He suggested that one cannot be clear on the evaluation of whether or not the group is successful until at least 12 sessions have passed. To decrease the feelings of confusion, researchers Borgers and Tyndall (1982) along with Bowman and DeLucia (1993) proposed that group norms be presented as early as possible. These researchers posited that there are a several variables that can interfere with the group process and it is critical to consider how these variables might be best addressed. Borgers and Tyndall suggested three methods that can be used to prepare group members for the group process. These three methods consisted of the cognitive method, vicarious experiencing, and behavioral preparation.

Cognitive Method

The cognitive method consists primarily of providing the client with basic factual information such as time, location, and fees. Additionally, Borgers and Tyndall (1982) in conjunction with Bowman and DeLucia (1993) stated the need for a preliminary interview to be conducted. It is suggested that this preliminary interview focus on the role-expectations of both the therapist and the client as well as the issue of confidentiality. Borgers and Tyndall maintained that specifics about what the client will be doing in therapy as well as what the therapist will be doing in therapy need to be discussed during this interview. Similarly, Goldstein (1975) found that the structuring of such expectations has been shown to be an important contributor to increased attraction and a more lasting and productive helper-client relationship. Several other researchers have also supported the use of the cognitive method (DeJulio, Bentley & Cockayne, 1979; Evensen & Bednar, 1978; Lee & Bednar, 1977; Yalom, Houts, Newell & Rand,

1967). Borgers and Tyndall (1982) along with Bowman and DeLucia (1993) found that through the use of cognitive performance information, the group will experience increased group cohesion and an increase in here-and-now interaction among group members. They proposed that when using this method it is necessary to remember that there may be group members who need to participate in some initial experiences before they can trust others with important personal issues.

Vicarious Experiencing

Another method in preparing clients for participation in group therapy is through the use of vicarious experiencing. This method consists of using audio and videotapes of client expectations to prepare potential clients for therapy. Proponents of vicarious experiencing have stated that it has proven to be an effective way to educate potential clients on what to expect in therapy (Truax, Shapiro, & Wargo, 1968; Whalen, 1969). Whalen found that viewing a filmed model preceded by detailed, descriptive instructions of client expectations encouraged open interpersonal expression and inhibited impersonal discussion. Truax, Shapiro, and Wargo's research indicated that the use of audiotapes of a model client produced the greatest impact on clients' concept of what their role was as group clients. The tape effectively taught clients to describe themselves, but did not have a significant effect on how clients viewed themselves after the group experience. Interestingly, these researchers found that a vicarious experiencing component is more effective when paired with a cognitive component. One possible explanation for this finding is that the client can be oriented to and convinced of the value of learning from models through the use of a cognitive component.

Behavioral Preparation

The third method suggested by Borgers and Tyndall (1982) along with Bowman and DeLucia (1993) to be used with clients when preparing them for the group experience is that of behavioral preparation. This approach involves a series of behavioral practice trials in which clients engage in structured activities. Researchers Evansen and Bednar (1978) found the behavioral preparation method to be effective for high-risk takers but ineffective for low risk-takers, on whom this method had an inhibitory effect. They conclude that individual differences must be considered when choosing a method of preparation. It is suggested that these individual differences include but not be limited to characteristics such as race, gender, and ethnicity.

Many researchers have proposed alternative methods for the facilitation of pre-group preparation (Acosta, Evans, Yamamoto, & Wilcox, 1980; Acosta, Yamamoto, Evans & Skilbeck, 2006; D'Augelli & Chinsky, 1974; Egan, 1970; Hoehn-Saric, 1964; Martin & Shewmaker, 1962; Orne and Wender, 1968; Sloane, Cristol, Pepernik, & Staples, 1970; Strupp & Bluxom, 1973; Yalom, 1970; Yalom, Houts, Newell & Rand, 1967). Yalom suggested preparatory individual semi-structured interviews should be used to prepare prospective group therapy clients. Yalom, Houts, Newell, and Rand suggested that preparatory talks to an audience of prospective group members or to an actual group at its first gathering would be most beneficial to a successful group outcome. In contrast, Martin and Shewmaker, along with Egan, proposed that a written explanatory material should be supplied for study before a group begins.

In addition to in-person, preparatory talks and the provision of written materials, specific research has focused on the use of audio and audiovisuals in preparing

prospective group members for the group process (Acosta, Evans, Yamamoto, & Wilcox, 1980; Acosta, Yamamoto, Evans & Skilbeck, 2006; D'Augelli & Chinsky, 1974; Hoehn-Saric, 1964; Orne and Wender, 1968; Sloane, Cristol, Pepernik, & Staples, 1970; Strupp & Bluxom, 1973). D'Augelli and Chinsky concluded that it is best to use tape recorded instructions and examples to appropriately prepare clients for group. Strupp and Bluxom expanded on the research of Hoehn-Saric et al, Orne and Wender, and Sloane, Cristol, Pepernik and Staples on the topic of adequately preparing clients for psychotherapy. After an extensive analysis of past research, Strupp and Bluxom promoted the use of film or videotaped introduction to group work. Strupp and Bluxom believed that preparing potential clients using an audio visual format was the best platform to present the material. Strupp and Bluxom created a preparatory therapy film (called Turning Point) where potential concerns of lower-class clients were addressed. In comparison to a control film (not preparatory) and a clinical interview. Their research supported the use of a preparatory video film, in that those who watching the Turning Point film had a more favorable therapy experience.

Acosta, Yamamoto, Evans and Skilbeck (2006) agreed with Strupp and Bluxom (1973) that the most effective method to prepare clients for group is the use of an audiovisual aid. Their findings indicated that in relation to individuals that had no pre-group preparation, individuals who were prepared via an audiovisual format held more positive attitudes toward psychotherapy and in general were more knowledgeable about the group therapy process. The video they constructed in earlier research, entitled "tell it like it is," was approximately 12 minutes in length (Acosta, Evans, Yamamoto, & Wilcox, 1980). They proposed that a 12 minute duration is ideal in that it is long enough

to adequately cover the material, yet brief enough that it can be watched on the same day of the initial therapy session. They asserted that a benefit of having a short video that can be played the same day as the initial intake session is that it is more convenient for clients who must travel some distance, by bus or foot, to arrive at the clinic.

Researchers Acosta, Evans, Yamamoto, and Wilcox (1980) proposed that a 12 minute duration is ideal, in that it should be long enough to adequately cover the material, yet brief enough that it can be watched on the same day of the initial therapy session. Based on feedback given to the researcher by the center director and group program coordinator, it was felt that 12 minutes may be too long of a time to view before their formal intake and recommended a much short time frame. With this in mind, the researcher aimed to incorporate the necessary information into a three to five minute time frame.

A three to five minute time frame is consistent with what researchers Oehrli, Piacentine, Peters, and Nanamaker (2011) found. Based on the observations of their study, they concluded that a video be limited to three to four minutes in length to be most efficacious. Their study focused on creating a screencast that would facilitate student learning in a university setting. They found that compared to longer videos, a video that is in the three to four minute range was the most effective length to keep students attention and provide the necessary information. This recent research done by Oehrli, Piacentine, Peters, and Nanamaker support the length of the current video (i.e., four minutes long).

Research findings indicate that there is a need for a pre-group preparation aid or tool in university counseling centers; specifically, it is has been found to be essential for a

successful group outcome (Golden, Corazzini, & Grady, 1993; Kincade & Kalodner, 2004). DeLucia-Waack, Gerrity, Kalodner, and Riva (2004) suggested that for the purpose of pre-group preparation, it is most beneficial to include verbal information in combination with handouts. Further, their research indicated that an informal pre-group meeting of members prior to the start of the group is optimal. Similar to other researchers, they stated that information provided to clients should include a brief description of group counseling and why it works. Topics addressed might include the typical number of sessions, trust building exercises, issues of confidentiality, explanation of ground rules for the group, rights and responsibilities of group members, and expectations for being in group.

Kincade and Kalodner (2004) examined the use of groups in college counseling centers. They agreed with Golden, Corazzini, and Grady (1993) who stated that group therapy is an important modality that should be considered by all college counseling centers. Kincade and Kalodner added that due to the high demand for psychological services in the college counseling center population, group treatment is an effective way to reach a multitude of clients. Unfortunately, as Conyne, Lamb, and Strand (1975) have noted, although university counseling centers have provided a variety of group therapy experiences, little has been done with regards to rigorous research on this population. Today, research on group intervention with this population remains sparse. One gap in the research is in how to enhance existing groups by keeping members in the group. Concern regarding high attrition rates is a challenge that many college counseling centers have been struggling to address for the past several decades. It is suggested that through

the use of proper pre-group preparation with an audiovisual aid, lower attrition rates can be achieved and maintained.

Researchers Chickering and Reisser (1993) along with Whitaker (1992) suggested that the efficacy of group therapy in college counseling centers is related to the concerns that college students confront. These concerns include identity development, struggles between dependence and interdependence, and career decisions. The researchers suggested that if these individuals are around others who share similar concerns, they are more likely to be open and honest about their thoughts and feelings. Due to the varying types of groups existent in today's college counseling centers, clinicians have been able to address several other common student issues (Brown, Lipford-Sanders, & Shaw, 1995; Chojnacki & Gelberg, 1995; Freeman, 2001; Halstead, 1998; Kincade & Kalodner, 2004; Welch, 1996). These issues include gay/lesbian/bisexual/transvestite issues, athletes, academic concerns, alcohol education, and African American student adjustment. The aforementioned researchers postulated that because of the vast number of groups that students have access to at their respective college counseling centers, the majority of students can have their concerns sufficiently addressed in a group counseling format.

Kincade and Kalodner (2004) purported that students are more apt to be open and honest in group therapy sessions in college counseling centers due to the safe and supporting environment that is maintained. They found that in this transitioning period in their lives, there are few safe environments where students can talk about their concerns, and group therapy provides such a place. In addition, Bishop (1990) found that the demand for counseling services on college campuses are so great that individual therapy is not a sufficient means of therapy. With this in mind, Bishop proposed that group

therapy was the proper type of therapy to handle the influx of student issues and concerns. Furthermore, along with Bowman and DeLucia (1993), Corey (1985) stated that group therapy approach is frequently more helpful than an individual therapy approach. It is suggested that the concerns for the need to increase group therapy services in college counseling centers which Bishop and Corey expressed nearly two decades ago has escalated, only increasing the need for the presence of group therapy in college counseling centers. With the need for group therapy in college counseling centers increasing, the specific elements of how information should be delivered to potential group therapy clients is important as well.

Although the need for group therapy in college counseling centers is increasing, recent research has indicated that many college students are reluctant to attend group (Boldt & Paul, 2011). Specifically, these researchers stated that, “College students in this millennial generation just won’t come to group therapy.” (Boldt & Paul, 2011, p. 41). This supports Yalom and Leszcz’s (2005) research in misconceptions which states “Clients may think of group therapy as cheap therapy—an alternative for people who cannot afford individual therapy or a way for managed health care systems to increase profits.” (Yalom & Leszcz, 2005, p. 295). Boldt and Paul postulated that to break this reluctance, group therapy needs to be seen as intuitive and appealing. Additionally, they stated that therapy needs to be viewed as an accepting and supportive environment. With these reluctances and misconceptions existence in today’s college counseling centers, there is a great need to provide a pre-group preparation tool that can sufficiently address these reluctances by being intuitive and appealing, as well as show an accepting and supportive environment while demystifying misconceptions.

Although research supports the use of audio and audiovisuals in preparing prospective group members for the group process (Acosta, Evans, Yamamoto, & Wilcox, 1980; Acosta, Yamamoto, Evans & Skilbeck, 2006; D'Augelli & Chinsky, 1974; Hoehn-Saric, 1964; Orne and Wender, 1968; Sloane, Cristol, Pepernik, & Staples, 1970; Strupp & Bluxom, 1973), there is still much discussion regarding such factors as the gender, race and age of the person presenting the information. Geisleman (1979) has reported on whether gender of the speaker's voice impacts on recall. Geisleman's research consisted of sixty participants (30 males and 30 females) who were instructed to listen to a list of twenty sentences. Ten sentences were spoken by a male, and the other ten sentences were spoken by a female. Prior to being read the sentences, subjects were asked to recall as many sentences as he/she could. It was noted that participants were not told that the sentences would be spoken by a male and a female. Although dated, these results indicated that male voices have what Osgood, Suci, and Tannenbaum (1957) term a higher potency factor than female voices. In short, the gender of the speaker influenced the perceived meaning of the sentences, in that sentences read by a male were perceived as having more meaning. Although over three decades old, it is suggested that this potency factor may still be inherent in the male voice, and as such, this study would support the idea that a male voice should be used when producing an audiovisual aid.

In contrast, Harrison's (2009) more recent study on whether gender of the teacher impacts learning found that there were no significant differences. Harrison's dissertation studied the effectiveness of being taught on a computer versus being taught by a human. In addition, she studied whether the gender of the teacher impacted performance on standardized tests. After an analysis of 172 participants, she found that participants who

were taught by a human performed significantly better than those taught by a computer. Although a human voice enabled the participants to produce significantly higher scores, the impact of the gender of the human voice was not found to have a significant impact on performance. Therefore, Harrison's research suggested that the gender of the individual relaying the information in the service of pre-group preparation is inconsequential.

Wolin (2003) completed a meta-analysis regarding the relationship between intent to purchase a product and the gender of the spokesperson. Wolin found that some studies suggested that the gender of the spokesperson significantly affects consumer's attitudes toward a product (Bellizzi & Milner, 1991; Debevec & Iyer, 1986; Peirce & McBride, 1999). In this same meta-analysis Wolin found a study produced by Freiden (1984), which posited that the gender of the spokesperson does not significantly affect consumer's attitude towards a product.

After an in-depth analysis of relevant literature on the impact of the gender of the spokesperson on an individual, it becomes clear that the findings are mixed. As such, it is suggested that there is no significant difference regarding the gender of the spokesperson when constructing a video for pre-group preparation, and either a male or female may be used. With this research in mind, it is concluded that the current researcher has the freedom to choose the gender for the individual who will be the spokesperson for the pre-group preparation video.

Researchers Lauber and Drevenstedt (1994) asked the question of whether or not the age of the therapist impacts the therapeutic alliance. Specifically, these researchers studied the preference that elderly persons had for the age of their therapist. Their study

consisted of 30 males and 30 females aged 60 and over, who read and listened to the script of a segment of a simulated therapy session with an elderly male or female client experiencing distress over a family problem. They rated pictures depicting younger and older male and female therapists, matched on attractiveness and likeability and equated for competency, as to their therapist preference. Results indicated that regardless of gender, respondents preferred older to younger therapists (meaning that they preferred a therapist who looks more like them). With these findings in mind, it is suggested that the age of the therapist does impact both the perceived likeability and competency in which the client places on the therapist. This finding supports the need for a video whose target audience is college aged students, to incorporate actors/actresses as well as a narrator whose age is similar to college age (i.e., 18-24 years of age).

The ethnicity of the actors/actresses in a video may also impact the viewers' perceived likeability and competency of the actors/actresses presenting the information. Research in the field of health care has debated the importance of race concordance in successful patient outcomes. Race concordance occurs when the healthcare provider and client/patient are of the same ethnicity/race. Traylor, Schmittiel, Uratsu, Mangione, and Subramanian (2010) examined the predictors of patient-physician race/ethnicity concordance among diabetes patients in an integrated delivery system. The study population consisted of 109,745 patients and 1,750 physicians. Analysis of this finding indicated that although there was no significant difference if the patient was Hispanic, White, or Asian, if the patient was African American, the availability of physicians who looked like them did appear to impact whether or not the patient would follow the treatment plan. With these findings in mind, it is suggested that when producing a video

on pre-group preparation, the individuals depicted in the video should represent various ethnic/racial groups. The intent behind this recommendation is that if a client sees someone who looks like him/her, they are more likely to be invested in the therapy process. Traylor, Schmittiel, Uratsu, Mangione, & Subramanian's study supported that this is particularly true for African American clients, in that a client who self identifies as this ethnicity will be less invested in the therapy process if they do not see anyone like themselves.

Although researchers have stated there is a great need for group therapy in college counseling centers, Bishop (1990) argues that budgeting for these types of services in colleges is slowly diminishing. Kincade and Kalodner (2004) state that college counseling centers have begun to make cost a priority in developing ways to effectively reach students. It is proposed by the current researcher that through the use of a standardized audiovisual aid for the purpose of pre-group preparation, college counseling centers can reduce the cost of individually preparing each prospective client for the group process. In conclusion, it is suggested that an audiovisual aid is not only a more cost efficient method, but it also adequately prepares individuals for the group process. Specifically, it is suggested that through the use of an easy-to-use audio visual aid client referrals for group will likely increase. With this in mind, it is postulated that with more groups running and fewer individual therapy sessions occurring, counseling centers can utilize time more efficiently. Although research is needed to prove this link, the goal is to increase the overall savings (both for a monetary and time efficiency standpoint).

CHAPTER III

The process of developing the final video was a 12-month process. This process consisted of three drafts of the script and the production of three videos. The researcher first developed a script based on the review of the literature regarding what is needed to be incorporated in a group preparation tool. The initial script included general information regarding the group (e.g., time, location, fees, etc.), explained the benefit of group therapy, clearly identified the role of the therapist, dispelled common myths, and identified the ground rules that need to be followed. Additionally, the script discussed the limits of confidentiality, included an explanation of the therapeutic factors (i.e., instillation of hope, altruism, imparting information, group cohesiveness, etc.), discussed developmental trends common in groups (e.g., inappropriate colluding of members), identified realistic goals for treatment, discussed appropriate client behaviors, and identified skills the client will achieve. This script was reviewed by the dissertation committee for accuracy and editing.

In developing the final version of the video, a script was used (See Appendix A), and it was decided to pay a professional videographer to obtain the desired quality that would not distract the viewer from the material being presented. After the advice of the dissertation committee, it was decided to add in actors to simulate the group process.

CHAPTER IV

After two drafts of the video, which included an integration of the previous research of what needs to be included into a pre-group preparation tool to adequately prepare clients for group, the final video of four minutes and forty-two seconds was produced. The video was filmed in the Counseling and Wellness Center at Wright State University. A total of 12 mock client volunteers were used as the group members of the study, in addition to two mock therapist volunteers and a narrator who presented the content.

The 12 volunteer clients were college students, ages 23 to 26 who willingly agreed to participate in the video. The age group of these volunteer clients is similar to the age group of college students who will be viewing the video, thus allowing the viewer to personally relate to the actors. In an attempt to show a diverse group, the group volunteers consisted of six males and six females, of whom one self-identified as Indian American, and one self-identified as African American. The intent behind having an equal number of males and females, as well as varying ethnic groups was to have the video depict a realistic representative of what therapy group in a college counseling center would look like.

The two actors playing chosen were two practicing group therapists. One mock therapist was a Caucasian male with a Ph. D. in Clinical Psychology with over ten years of clinical experience, while the second mock therapist was as a Cape Verdean female with a Ph. D. in Nursing having over 35-years of clinical experience. The purpose behind

having therapists with differing genders and ethnicity is to show potential clients that therapists also come from diverse backgrounds and from both genders. This is consistent with research identifying the need to represent differing genders and members from varying ethnic groups when providing services (Osgood, Suci, & Tannenbaum, 1957; Traylor, Schmittiel, Uratsu, Mangione, & Subramanian, 2010).

The narrator of the video was a 26-year old African American male. Although there are mixed findings as to whether or not the gender influences the delivery of information being provided, there is support that the male voice has the potential for a higher potency factor than females (Geiselman, 1979). It was with that in mind, that a male was used as the narrator of this video. The literature also reports that for African American clients, race may play a role in the receiving of information being provided (Traylor, et al., 2010). Specially, African American clients may prefer an African American narrator that looks like them. Therefore, having an African American narrator of this video will potentially have a positive impact for African American college students viewing the video. In contrast, individuals who identify as Caucasian do not have a preference to the ethnicity of the individual providing information. This further supports the need for an African American to be shown, as individuals who self identify as African Americans would prefer an African American individual and those who self identify as Caucasian have no preference.

In the production of the video, the videographer provided the volunteer group members, therapists and narrator with specific directions to ensure the authenticity of the group process. Specifically, he advised the researcher not to use a teleprompter, as it would appear artificial. Therefore, the researcher (who was also the narrator) memorized

his lines to depict that he was actually talking to the potential clients. The intent behind this was to not appear as if the researcher was reading off of a cue card, which may have detracted the viewer's attention from the video. In addition, the group volunteers were instructed by the videographer to capture a range of emotions that one may experience throughout course of a group therapy (e.g., confusion, anxiousness, happiness, enthusiasm, etc.). The videographer also took time to ensure group members did not show emotions that could be seen as negative to the viewer (e.g., sadness, anger, frustration). Further, the videographer spent a large amount of time ensuring that group members appeared as natural as possible, in attempts to increase the realism of the video. This task was accomplished by instructing the volunteer therapists to engage the group members in a lively discussion. In all, the taping took approximately three hours and was edited during a two week period.

Overall, the final video was able to include all the necessary elements needed to prepare clients for group, and done in a quality high enough in which it enhanced the content of the video. This video was produced in a format that can be viewed in a group setting via a television (i.e., through a DVD and/or VHS), or electronically through a computer. The videographer created a version of the video which is a much larger file, and of a higher quality. It is suggested that this version of the tape may be used by individuals who want to replicate the study and/or adapt the video to their respective needs.

CHAPTER V

After completion of the final video, it became clear that hiring a professional videographer increased the production value of the film. Not only did the production value increase, both it is thought that viewers are better able to listen to what is being presented due to the high quality of the video. In the final product, a mixture of students was used to create the feel of a real group experience. The researcher was able to include a diverse sample of students, in regards to both gender and ethnicity. The added value of this is that students from differing ethnicities may be better able to relate to the video if he/she were to see someone who shares their ethnicity (Traylor, Schmittziel, Uratsu, Mangione, & Subramanian, 2010).

Additionally, there was debate on whether or not the gender of participants in the video would affect the viewer's attitudes toward the video (Bellizzi & Milner, 1991; Debevec & Iyer, 1986; Peirce & McBride, 1999). In attempts to control this variable, the researcher used an equal number of male and female participants. Further, the researcher decided to incorporate both a male and female therapist. It is suggested that although there is mixed research regarding the gender of the spokesperson and/or individuals used in a production, by having gender equality throughout the film, this debate would be null.

Overall, it is suggested that the video was able to integrate both past and current research regarding what needs to be included in a comprehensive pre-group preparation video, and is in line with the appropriate length that a video needs to be to maintain the

viewer's attention. Further, it was created in such a format as to be easily disseminated and in a high enough quality as to not take away from the content of the video.

CHAPTER VI

The intent behind producing this pre-group preparation video is to enable college counseling centers to prepare potential group members in both a cost and time effective manner. In line with this intent, the researcher has agreed to disseminate copies of the video for free to any counseling centers that requests a copy. The requesting college counseling center would need to go to Wright State University's Counseling and Wellness Center to obtain a free downloadable copy of the video. This dissertation project was designed to promote the betterment of psychology as a whole, and it is suggested that if the cost of this pre-group preparation video is free, the majority of college counseling centers may be able to incorporate this video into their current pre-group preparation materials. Further, it is suggested that because this video incorporates all the facets needed to appropriately prepare a group member for group therapy, there is no need for additional preparation materials.

A possible limitation of the final product is that the narrator was not a professionally trained actor. It is suggested that if a professionally trained actor would have read the created script, the production value for the product would have increased. Further, due to the mock group members present in the video not being professional actors, it is suggested that if they were, the quality of the video would have been enhanced significantly. In contrast, it is suggested that because the narrator and mock group members used were not professionally trained actors, it added to the believability of the film. Additionally, although the research indicates that if the identified areas of

focus are included in a video it will be effective, it is unclear if college students will be as receptive as the literature suggests.

An additional limitation was that no person had an identifiable disability. It was suggested that by having an individual who had a visible disability, it may have encouraged participation from individuals who identify as such. Further, it is suggested that if a focus group was performed, many people may believe that the young age of one of the leaders shown in the video may result in people seeing her as a group member and not a leader.

With these limitations in mind, future researchers are encouraged to evaluate the product of the current research in order to determine whether it is effective with the college student population. Further, although the literature of what needs to be incorporated in a pre-group preparation tool is sufficiently addressed in this video, it is recommended that future therapists determine if the video is indeed applicable to college students. Specifically, future researchers could address if the video adequately increases the likelihood of joining group therapy, increases perceptions of group as effective, decrease fear and anxiety regarding attending group, effect the video has on a diverse group of individuals, and further outcome measures. Additionally, although the current researcher has done an extensive literature review, it is postulated that new information may arise. It is inevitable that there will be more research done on pre-group preparation, and as such, future researchers are encouraged to integrate this new information into the current study.

Further, it is suggested that future studies may include a focus group which would include a diverse sample of college students watching the created video. Suggestions of

what researchers would be evaluating would be if the participants attitudes towards group changed after watching the video, if any myths regarding group therapy were dispelled, and if it increased their likeliness and willingness to join group. Additionally, It is suggested that future therapists determine if there are any similarities in responses to the aforementioned questions based on gender, ethnic background, sexual identity, and any other diversity variables that the researcher may want to consider.

Appendix

Script

- Hello. *This brief video segment will introduce you to the idea of group therapy!*
While group therapy is a recommended treatment for many college students, it is something that most students have not considered. This video will briefly explain group therapy, address some questions you may have and then encourage you to follow up by asking your therapist more about the specific groups running at your center.
- The areas covered in this video will include: Why group therapy?; general information about group therapy, ground rules, common myths, confidentiality, therapeutic factors, goals for treatment, skills you will learn, and effective client behaviors. We understand that this may be an uncomfortable process for you, and the purpose of this video is to ease any possible worries you may be having.
- Does group therapy work?
- It may surprise you to know that research has shown that overall, group therapy is as effective as individual therapy. Group therapy is also considered particularly effective for college students. Since students are typically facing many challenges related to relationships, group therapy is often considered by experts to be one of the best places to begin to understand and work on those relationships. You

should discuss with your therapist what kind of changes you might expect from the group you are being referred to.

- There are many types of group in existence in today's college counseling centers. They can range from process groups, anger management groups, social skills building groups, mindfulness groups, student adjustment groups, relationship groups, peer-support groups, stress management groups, and several others. Regardless of the group that you will be attending, there are several things that need to be considered. Please refer to your therapist about the specific things you need to know such as fees, number of sessions, location, and meeting times.
- There are several ground rules that need to be followed! One of the most important ground rules is attendance. Making sure that you are on time and stay for the length of the group sessions is important so that you can get the most out of group. Please consult your therapist for further information regarding this.
- How do I get the most I can from group therapy?
- You will not be magically fixed in group therapy. As a client, you need to take an active role in therapy. This includes such things as participating, actively listening, and asking questions when you are unsure about anything that is going on. Additionally, keep in mind that when you first begin attending group, confusion, anxiety, and nervousness are all normal reactions you may experience. Often times in group therapy clients may be confused about what is going for the first few sessions, but studies have shown that if they stick it out, they end up benefiting from it!

- Confidentiality is an extremely important aspect of any type of therapy. Please consult your therapist regarding the specifics of their confidentiality policies. To keep each other safe, you are asked to maintain the confidentiality of what happens in group.
- Remember that others attending group have the same general issues, and can be a great source of support through this process. Also remember to trust the therapeutic process. You will likely feel anxious at the start of group and may even think that it is not doing any good; but just remember that others in the group are also going through similar feelings. As group progresses, you may be asked to work on the issue that brings you to therapy. The group leader will be there to create a safe environment in which you can learn more about yourself and others. Opportunities for you to grow will always be there. Additionally, know that just as you can learn from others in the group, they can learn from you!
- The goal is not for you to overcome every issue that is brought up, but to raise your awareness level about how this issue is impacting you and gradually move towards change. Know that change does not happen overnight, but it should happen throughout the course of group.
- Depending on the group you attend, different skills will be learned. In some groups you may learn more effective ways of dealing with relationships, while in others you may find out how to cope without the use of alcohol. Make sure to consult with your therapist to see what group is right for you depending on the specific needs you have. You will also be asked to challenge yourself, and take

risks. It is important in any group that you joining that you seek your own personal growth. You may want to start sharing a little of yourself at first, and as you feel comfortable, gradually open up more to the group.

- Although there are different groups that require different behaviors from clients, generally speaking, successful client behaviors include good attendance, maintaining confidentiality, learning what is expected in the groups and being motivated toward your own growth and the growth of others. These are all areas that your therapist will go over with you prior to the start of group.
- Be sure to ask how the issues you are dealing with might be treated with group therapy. In some cases, group therapy is the ideal place to address your issues, while others issues may be more suited for other types of therapy.
- A lot of information has been presented to you, and you may have had questions throughout the course of video. Your therapist will be able to answer any questions, so please be sure to ask. Your time and your attention is appreciated and best of luck in group therapy.

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