Group Counseling: Past And Present

This paper will cover the history of Group Counseling, professional organizations of group counseling, as well as training and credentialing that is involved with group counseling. Group counseling is a form of counseling where a small group of people meet regularly to discuss, interact, and explore problems with each other and the group leader or therapist, typically a counselor(s). Members gain insight into their own thoughts and behavior, and offer suggestions and support to others within the group and without judgment. This paper gives insight as well into the history of where it all started, as well as what it means to become a counselor (education wise).

History

Group counseling or group therapy was first found to be successful in the early 1900s for treating patients with tuberculosis (Schachter, 1995). Group therapy/counseling was later used during World War II for emotional reactions or those suffering from emotional instability. In the 1950's Wilfred Bion a British psychoanalyst was best known for his work with group therapy and at that time emerging group psychotherapy. Kurt Irwin had an impact on social psychology and group psychology/group therapy with his field theory study (Schachter, 1995). He was able to argue that people may come to a group with very different dispositions, but if they share a common objective, they are likely to act together to achieve it. This is what is described as Lewin's field theory (Schachter, 1995). "What if some of the changes to the field do not represent advances, but instead retrogression? What if marketplace considerations demanding quicker, cheaper, more efficient methods act against the best interests of the client" (Yalom & Lesczc, 2005, p. xi)? The 1950s was primarily concerned with remedial and educational groups while addressing methodological issues; the1960s thrust was toward attempts to link group process to treatment outcome (Bery & Landreth, 1990). This trend continued into the1970swith the emergence of human potential groups, personal growth groups, and the treatment of children and adolescents. In the1980s, researchers continued to try to correlate such variables as curative factors, group stages, leadership style, and member roles to treatment outcomes. (Bery & Landreth, 1990) Long term group therapy has been around for many decades and has accumulated a vast body of knowledge from both empirical research and thoughtful clinical observation (Yalom & Lesczc, 2005, p. xi).

According to the reading there are 11 identifiers that make group therapy effective: Universality, Group Cohesiveness, Altruism, Instillation of Hope, Imparting Information, Interpersonal Learning, Development of Socializing Techniques, Imitating Behavior, Corrective Recapitulation of the Primary Family Group, Catharsis, and Existential Factors (Schachter, 1995). Groups have the potential to increase hopefulness and increase peer connectedness among members. It is anticipated that increased levels of individual therapeutic factors and the experience of therapeutic factors as a whole will have a positive relationship with participants' hope, coping, and suicidality. Although various approaches to group therapy have different goals, the group as an entity is central to all of them. By nature of the group interaction, the group itself takes on an identity that is a function of, yet different from its members (Schachter, 1995).

In supporting the psychoanalyst and previous researchers the theories provided seemed to hold

true even to this day when holding group counseling sessions (Schachter, 1995). Group therapy teaches the client how to identify the thoughts that underlie their feelings but in a group setting so the client does not feel alone. Group therapy provides creates a safe emotional environment and the therapist redirects the group to functionally work on the skill that the clients need. The therapist also uses tools need to help guide those in need that were once given by former researchers and psychoanalyst. Research has come a very long way but some tools are still used today (Schachter, 1995).

Professional Organizations

The American Counseling Association (ACA) is the largest association for counselors because the organization is open to all counselors. The association also serves as an educational and occupational portal for counselor as well as a rehabilitation and employment center for counselors. The other organizations are Association for Child and Adolescent Counseling (ACAC), Association for Adult Development and Aging (AADA), Association for Assessment and Research (AARC), American College Counseling Association in Counseling (ACCA), Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling (ALGBTIC) and countless other organizations. Some of these associations offer credentialing services and many provide opportunities for their members to earn continuing education credits. Some carry group insurance for professional practitioners. The groups advocate before law-makers and keep their members abreast of current counseling issues through magazines and other communications. Through their membership requirements, they act as a quality assurance check for counselors. (ACA, 2020)

Credentialing and Training

Two bodies recognized by the American Counseling Association (ACA) accredit counselor educational programs: CACREP, which provides accreditation in a variety of counseling specialties other than rehabilitation counseling, and the Council on Rehabilitation Education (CORE), which accredits only rehabilitation counselor educational programs. Both bodies are recognized by the Council for Higher Education Accreditation (CHEA). Clinical training required includes 9–15 semester hours or 14–23 quarter hours. Counseling supervisors must have at least a master's degree in an allied mental health field and 5 years of post-master's work experience or a doctorate in an allied mental health field and 3 years of postdoctoral work experience. (Additional requirements are also imposed on supervisors.) Credentialing involves the review and usually primary source verification of each practitioner's professional document portfolio. All MBHOs list providers' professional training credentials (such as MD, PhD, LPC, MFT, and CSW) and certifications (NAP, 2010).

References

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