# COMPARAISON AMONG THE GROUP COUNSELORS WHO UTILIZE DIFFERENT MODELS

Nilüfer Voltan Acar\*

#### ABSTRACT:

Four group counselors who employed different models were evaluated by their group members on the Group Leader's Evaluation Scale. The Kruskal Vallis H Test was administrated. The significant difference was found among four distributions. To find out the source of difference, the Mann Witney U Test was utilized. Among four leaders, the leader who employed humanistic approach (learning model) obtained higher scores than the other three group counselors.

#### **KEY WORDS:**

Learning Model, Group Counseling, Group Leader's Evaluation, Therapeutic Forces.

#### ÖZET:

Ayrı psikolojik danışma modeli kullanan dört ayrı psikolojik danışma grubu lideri, Grup-Lideri Değerlendirme Ölçeğinde, grup üyelerince değerlendirilmişlerdir. İstatistiksel analiz için Kruskal Vallis H Testi kullanılmıştır. Farkın kaynağını bulmak içinse Mann Witney U testi uygulanmıştır. Dört grup arasında, humanistik yaklaşımı (öğrenme modeli) benimseyen grup lideri diğer üç grup liderine göre Grup Lideri Değerlendirme Ölçeği'nden daha yüksek puan almıştır.

## ANAHTAR SÖZCÜKLER:

Öğrenme Modeli, Grupla Psikolojik Danışma, Grup Liderinin Değerlendirilmesi, Terapötik Güçler.

## 1. INTRODUCTION

Either indivudual counseling or group counseling has an important role in the enhancement and actualization of an indivudual. A series of researches carried out on this subject can be found in Turkey. In other words, the researches are generally about the effect of group counseling on the group members. These are based on the analyse of scores of the inventories that are self-reports [1, 2, 3, 4]. All the researches are about to catch the change of the group members through the group process.

Whereas in the group process, the therapeutic forces have a great influence on the change of group members. In other words, expectations, attractiveness of the group, belonging, client commitment, client readiness, clients' acceptance of responsibility, security, self-disclosure, client participation, communication, feed-back, therapeutic tension and the leader, influence the change and the enhancement.

One of the most considerable therapeutic forces is the group leader [5]. However, there are few studies that focus on the group counselors' behavior.

The aim of this study is to examine the behaviors of the group leaders (group counselors) who utilize different models, learning model or medical model. Group leaders who use different models may have various ways of reacting, taking or not taking into consideration of group dynamics. Yet in the minimum, all the group leaders may follow the same rules of behaving in the group. That is, they should use therapeutic conditions in either case.

## 2. METHODOLOGY

**Subjects:** Four group leaders who utilize different models are compared. The first leader, (A), had her training in humanistic approach; later she was exposed to psychodrama and Gestalt approach. She has her Ph.D in Psyhological counseling and Guidance. She has led several groups for 17 years. She is closer to the learning model rather than medical model. The group members who evaluated her were nine university students who attended to counseling groups.

The second leader, (B), had her training in humanistic approach. She has a masters degree in Psychological counseling and Guidance. She works in a psychiatry clinic; she is closer to medical model. The group members who evaluated her were psychotic patients who could attend to the group therapy sessions.

The third leader, (C), is a psychiatrist who utilizes medical model. He has led groups for ten years. Eight neurotic group members who evaluated him were out-patients who could attend to the group therapy.

The fourth leader, (D), has her masters in clinical psychology. She has led groups for five years. She is

<sup>\*</sup> Prof. Dr. Nilüfer Voltan Acar, Hacettepe Üniversitesi Eğitim Fakültesi, Psikultojik Daruşma ve Rehherlik Anabilim Dalı Öğretim Üyesi.

close to the medical model. Eight group members who evaluated her were out-patient psychotics, who attended to the group therapy sessions.

**Instrument**: At the end of ten-twelve sessions of group counseling or group psychotherapy, the group leaders were evaluated by their group members on the Group Leader's Evaluation Scale (G.L.E.S) which was developed by Voltan-Acar [6, 7].

Group Leader's Evaluation Scale (G.L.E.S) is a five point Likert Scale. It has 49 items, thirteen of which are reversed. The minimum score that can be received is 49 and the maximum score that can be acquired is 245. Patterson's [8], therapeutic conditions were taken as a base to develop the items. For each condition, nine items were evolved. Ten judges were employed to assess the content validity. Cronbach Alpha coefficient of the G.L.E.S is 0.87 [7].

Analysis of the Data: There are four different groups (A, B, C, D). The Kruskal Vallis H Test was used to find out whether there is a difference among four distributions. If the difference was significant, then the Mann Witney U Test was utilized to find out the source of the difference.

## 3. RESULTS

The result of the Kruskal Vallis H Test was (H: 17.92>11.34,  $\alpha=.01$ ). To find the source of the difference, the Mann Witney U Test (small groups) was employed.

**Table 1.** H Test Result of Four Group Leaders' Scores of G.L.E.S

Groups	n	R	H
A		9	201.5
В	7	144.5	16.92
С	8	91	•
D	8	221	

16.92 > 11.34,  $\alpha = .01$ 

D

To find the source of the difference, the Mann Witney U Test (small groups) was employed.

**Table 2.** U Test Result of Four Group Leaders' Scores of G.L.E.S

Groups	Α	В	С	Ď
A		U=12	U=20	U=24
В			U=22	U=27
			P:2.68	P:116
С				U=2Q
				P:117

It is shown that among A-B, A-C, A-D, there is a significant difference in favor of the group leader A; there is no significant difference among B-C, B-D and C-D on the above table.

#### 4. DISCUSSION

The group Leader's Evaluation Scale was developed to evaluate the attitudes and the behavior of the group leaders. As it was mentioned before, the humanistic approach was taken as a base while developing the scale. One of the four groups was led by a leader of medical origin. The other group was led by a clinical psyhologist who works in a medical setting. As long as the leaders C, D use medical model [5], it was expected that the two of the four would get lower scores than the other two leaders (A-B) who utilize learning model.

Eventhough one of the leaders (B), who was considered as having humanistic approach (learning model) had scored lower scores, she received the second highest rank of points among the four group leaders. Yet, the difference was not significant in favor of the group leader B. This may be due to the clinical setting which she works. The source of the difference may not be because of the models that were utilized by the leaders, but it may be because of the group counselors' experience.

Further studies can be done at various settings such as high schools, universities, community mental health settings. In other words, it will be helpful to carry out a study in a preventive counseling setting rather than a clinical setting. Then, there will be an oppurtunity to compare different group leaders.

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