Learning Centre
Queensland Centre for Mental Health Learning

QC44 Group Facilitation: Your Journey Begins

Summary of key concepts

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The five stages of group development

In 1965 Bruce Tuckman was the first to refer to the group developmental stages. He named four stages that groups go through as they come together and work on shared goals, with a 1977 revision by Tuckman and Jensen adding a fifth stage. It was later realised that this developmental process can be universally applied to any group.

Group stages have been widely researched, and some other authors have used different names to describe the same concept. However, they all essentially agree that the process is the same and that most groups follow a similar, predictable path.

The following table describes Tuckman's stages of group development.

Definition	The group members	The facilitator(s)
Stage 1: Forming Testing and development 	When the group first convenes, group members begin to get to know each other. They may show politeness, reserve, curiosity or anxiety as they familiarise themselves with each other and the structure and goals of the group. 'How am I similar, how am I different, how do I fit in?' are some of the private thoughts that members may have. Serious feelings and disclosures are usually withheld, and contentious topics may be minimised because the trust and support between group members is not yet developed to sustain this.	Group members rely upon the facilitator to lead introductions and shape the direction of the group. The facilitator encourages interactions to facilitate connection and rapport and co-creates a group agreement to this end. The forming stage also includes facilitator pre group preparation.
Stage 2: Storming Intragroup conflict 	Group storming expresses the striving of group members to create safety and find common ground. Group members may have fears of failure or exposure but are beginning to be 'real' with each other as they adapt to the tasks and activities of the group that require them to work together. Tension may emerge as members adopt and enact different roles. Likes and dislikes, degrees of warmth or reserve are felt towards others and/or group tasks. Members may judge each other according to private criteria: 'she's pretty', 'he's strange', 'they're likeable', 'not sure about them', 'the facilitator isn't doing much' etc. Some members may pull right back while others are excited and want to jump in. The resulting turbulence is akin to a storm.	To navigate and support the group in passing successfully through this stage, the facilitator must tolerate some conflict while working to build safety and trust between themselves, members and the whole group as well as between individual members. They do this by using strategies such as: • reinforcing ground rules and expectations • working to identify and respond meaningfully, and quickly, to behaviour that does not fit with group's goals and purpose • identifying issues and actively assisting group members in resolving conflict.

Definition	The group members	The facilitator(s)
Stage 3: Norming Development of group cohesion 	This stage is characterised by emerging cohesion as group members continue to adjust to being together in the group. Group members agree on and abide by the group's purpose and rules governing interpersonal conduct i.e. group norms. Group norms channel and strengthen the range of interactions within the group because the norms build safety. Deepening safety and trust leads to members taking positive interpersonal risks towards growth and learning. In the norming stage, group members begin to feel they *belong* to the group. They develop a personal stake in its activities, direction, and achievements. Therapeutic factors are evident, and the group's increasing coherence generates creativity and momentum.	The facilitator is able to take a more peripheral, less active, role as the group members' level of interpersonal trust is heightened, resulting in a willingness to cooperate and commit to tasks and goals collectively moving the group along. The facilitator works to maintain a balance between support and challenge and focuses on group growth and maintenance of cohesion through the provision of feedback, promotion of insight and encouragement of problem solving.
Stage 4: Performing Functional role relatedness 	This stage is characterised by cohesion and the depth of personal and interpersonal expression through authentic contribution, exchanges, and feedback, which makes the group highly productive. Ideas, information, problem-solving, humour and care flow freely; outcomes are sought; and group loyalty and morale is high, resulting in cohesive and productive activities and experiences. Conflict may be present, but group members have enough trust in each other and the group, resulting in an ability to work through these differences and more quickly move past tension.	The group is largely autonomous as relations between members are securely established and do not require direct guidance and shaping by the facilitator to be fruitful and productive. The facilitator's focus is allowing the group to guide and run itself with minimal intervention and continue to encourage group problem solving and decision making.
Stage 5: Ending (Adjourning) Separation 	This stage involves concluding the group. The work of the group is done and disengagement from relationships within the group context begins. Group members formally and/or informally evaluate the gains and group outcomes and celebrate the journey of the group together. For some, farewells are painful, and the group's adjournment is a time of sadness as shared purpose gives way to the fears and facts of individual existence. The experience of group adjournment is partly a function of how far the group progressed: members of a group that never progressed beyond the storming phase may feel relief that the interactions are winding down.	The facilitator works to assist with the expression of feelings, the process of saying goodbye, acknowledgement of accomplishments and tying up of loose ends. The ending stage should also encompass some form of evaluation guided by the facilitator.

The eleven therapeutic factors

Yalom and Leszcz provide evidence for the existence of group therapeutic factors. Group facilitators must find ways to enable these factors to emerge, for these factors are what make a group therapeutic.

Instillation of hope	Group therapy instils a sense of optimism about the future and the belief that even the most challenging struggles can be overcome. It empowers individuals to change what they can change in their lives, partly by facing what they imagine could not be changed.
Universality	Through group therapy, members discover that they are not alone in their suffering. This realisation fosters a profound connection as they realise others face similar challenges. The sharing of experiences diminishes feelings of isolation, paving the way for healing.
Imparting of information	Education is a powerful tool in group therapy. Members gain knowledge related to their specific situations, be it resources or personal success stories. This newfound knowledge empowers them to make informed decisions and take control of their lives.
Altruism	Group therapy provides a platform for individuals to support one another, fostering a sense of significance and self-worth. As members recognise their capacity to help others, their confidence and self-esteem soar.
Corrective recapitulation of primary family group	Within the safety of the group, individuals can address and rectify past family and childhood traumas. The group serves as a surrogate family, enabling the development of healthier relationship patterns and the healing of old wounds.
Development of socialising techniques	Group therapy hones vital social skills such as tolerance, boundaries, empathy, and conflict resolution. These skills, practiced within the group, extend into members' lives outside of therapy, enhancing their ability to connect with others on a deeper level.
Imitative behaviour	By observing fellow group members apply new and effective problem solving techniques other members learn alternative functional ways to confront challenges and manage relationships.
Interpersonal learning	Group therapy offers a unique opportunity to explore and understand relationships and intimacy. Members engage in open and authentic communication, receiving support and constructive feedback. This is a pivotal step toward developing healthy interpersonal connections.
Group cohesiveness	In group therapy, individuals experience a sense of belonging, acceptance, and value. This nurturing environment empowers them to take risks and share their deepest thoughts and emotions while undergoing transformative change.
Catharsis	Group therapy provides a safe space for the release of pent-up emotions associated with past psychological wounds. This emotional release brings relief and paves the way for significant shifts in one's internal framework.
Existential factors	Group therapy guides members on an existential journey, helping them find meaning in their lives. It encourages an acceptance of the complexities of the human condition, allowing members to navigate life's challenges with resilience and purpose.

Evaluation of therapeutic groups

Types of evaluation

Formative evaluation:	Occurs as the group is running and generates feedback to help refine and improve the group's effectiveness.
Summative evaluation:	Occurs after the group has concluded. It clarifies whether the group has met its goals.

What to evaluate

To capture a comprehensive understanding of a group's effectiveness, evaluation needs to cover a range of components. The table below summarises what to evaluate and some key focus points for each.

What to evaluate	Focus of the evaluation
Individual goals	For each group member: **'Is this group working for me and how do I know?'** • To what extent is this group process supporting me towards my personal goals? • How is this group helping me achieve my goals? • What is my level of satisfaction? • Am I developing skills, using my strengths, understanding more about myself, and learning ways of dealing with life through being with these people and doing these activities?
The group process	**'Is this group developing? How do we know?'** • Is the group moving through the stages, getting stuck or going backwards? • The quality and consistency of the group working alliance. • Do group members feel safe? • Are group members engaging in discussion and activities with the facilitator and each other? • Rules and boundaries. Are group rules being respected by all? • Is the group still working and progressing towards collectively agreed goals? • Do the discussions, activities and content meet the needs of the group?
The facilitator	**'Are my skills, style and behaviour meeting individual and group goals and supporting group process?'** • Do I have confidence in my ability to hold the facilitation of the group? • How effective is my delivery of content and activities? • Do I have the necessary content knowledge to work with the group? • How well do I observe group process and manage group dynamics? • How do I manage my internal reactions as the facilitator?
Each session	**'Has this session gone to plan?'** • Were all the activities implemented? Why or why not? • How did the facilitators work together? • Do I/we have any recommendations for the running of future sessions?
Overall group outcomes	**'Has this group reached its goals and targeted outcomes?'** • How do we measure the outcomes of the group (see ideas below)? • Do we have outcomes that management and the organisation can use for decision making? • Are the resources allocated to the group justified/adequate for the outcomes achieved?

How to evaluate

There are many different methods and tools that can be used to evaluate therapeutic groups. It is important to incorporate both formative and summative evaluation methods through the group's lifespan. How the group will be evaluated is part of the pre-group planning during the forming stage.

Some measures will be more sensitive to changes related to the group than others, depending on the type of group. Many outcome measures are broad. Therefore, use multiple evaluation methods as relying on one broad outcome measure alone is generally not enough to accurately measure change attributable to the therapeutic group.

Some examples of evaluation include:

	**Scaling questions** For example: • On a scale of 1 – 5, with 5 being 'extremely helpful' and 1 being 'not helpful', how would you rate today's small group activity? Why? • Scaling images/emojis – sad face through to happy face.
	**Pre and post questions that look at rating** • Knowledge • Skills • Satisfaction • Confidence.
	**Feedback provided to the facilitator by group members following an intervention or interaction** • This can include simple, whole group evaluations where the group is asked what they liked, what they did not like so much and things they would change.
	**Reflection** • Reflection within supervision • Group facilitator self reflection forms • Group act tool: https://equipcompetency.org/sites/default/files/downloads/2022-07/GroupACT_published_220321.pdf
	**Clinical and functional outcome measures that can be used pre and post group program.** Some examples are: • Health of the Nation Outcome Scale (HoNOS). • The Strengths and Difficulties Questionnaire (SDQ). • The Life Skills Profile (LSP). • Social and Occupational Functioning Assessment Scale (SOFAS).
	**Forms that evaluate** • Each group session • The whole group program.
	**Formal rating measures such as:** • The Outcome Questionnaire – Group Questionnaire https://www.oqmeasures.com/oq-gq/

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