

# Researching groupwork: Outsider and insider perspectives

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*Abstract: The focus of this paper is on providing a frame for developing research designs for groupwork practice. Two designs are described – one referring to the researcher who adopts an ‘outside’ location, and the other for an ‘insider’ or researcher-group-work-practitioner. Issues of epistemology, methodology, ethics and methods are raised, as are considerations of existing gaps in research knowledge. Practitioners and researchers are encouraged to think more creatively about the kinds of methods which could be used when approaching such a dynamic, complex and fascinating subject as the workings and benefits of group participation.*

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## **Introduction**

There are now more calls to firmly establish groupwork as a location for research (Preston-Shoot, 2004b), and, given that the research base for groupwork is advancing with a developing interest in evidence based interventions (Pollio, 2002), it has become increasingly imperative that we (as groupworkers) contribute. This is easier said than done: many groupworkers do not see themselves as researchers and fear they lack the skills to do justice to systematically communicating their knowledge about the work which their group has achieved.

In this paper, I will sketch the nature of some of the issues (epistemological, methodological) facing those who wish to research group programs, and then propose a research frame which can be brought to bear in developing a research design. Two 'ideal typical' research designs are described, one relating to 'outsider' or researcher-only research, and the other to 'insider' or researcher-practitioner research.

The paper concludes with some suggestions about the need to be more creative in research designs, and for research addressing the more obvious gaps in our knowledge of who may benefit from groupwork programs.

### **Researching groups: Issues facing researchers**

The most striking characteristic of all groups is their complexity – the multiple 'layers' of intersecting interaction and fluid meanings which occur over time, and within a context, and which all go into making the experience and the process of a group. Everyone in a group becomes both participant and observer, power shifts as meanings are constructed, negotiated, challenged or allowed to prevail.

Not surprisingly, how to understand and/or measure what is going on in a group challenges any research design (see for example, discussions of methodological problems in researching groupwork in Nietzel et al, 1987; Bloch, 1988; Krause and Howard, 1999; Edmonds et al, 1999; Westbury and Tutty, 1999; Borkovec and Miranda, 1999; McKenzie, 2001; Kanas, 2001). Issues of

particular significance include questions about research designs – whether process or outcome is to be studied, whether comparisons between individual and group interventions are more revealing of benefits and limitations, how participants can be followed up, the multiple variables which may influence outcome (group leader and group participant characteristics, the severity of problems which bring people to a group, the motivation of participants, the social support available to them, etc.).

A primary but difficult decision – namely, what is to count as evidence – does however, take us into heavily contested terrain. The validity and reliability, the trustworthiness and authenticity of evidence is determined by the researcher's epistemological position, what we might think of as the researcher's beliefs about the nature of social reality. In fact the use of these terms – reliability and validity, authenticity and trustworthiness – tells us a great deal about the researcher's epistemological positioning.

Generally, different epistemological positions are identified as positivist, interpretivist, and critical. Although there is not scope here to go into detailed discussion about epistemology and paradigms for research, suffice to say that positivist research draws on natural science models to study elements in the social world with the purpose of discovering rules underpinning social phenomena; interpretivist epistemology originates in social constructivist perspectives which emphasise that meaning-making is central to our perceptions of social reality and our actions in the social world; critical theoretical perspectives take a view of social reality as structured by a history of struggle over the distribution of power and resources. As an example of these epistemological differences, if the title of this paper had been 'How do we measure outcomes of group interventions' this suggests a positivist frame. Within an interpretivist frame the title might be something like 'The meaning of groupwork for leaders and participants: exploring outcomes'. Within a critical theory frame it might read – 'What works for whom in groupwork?'

In terms of what would constitute evidence within each paradigm, in the first – positivist – reliability and validity of evidence relies solely on the soundness and quality of the methodology and methods used. In the second – interpretivist

– emphasis is on the transparency of the process of doing the research to reveal trustworthy and authentic data interpretations capturing the meaning of the experience for participants. In the third – critical – the methods and process of the research are important to the extent that what is admitted as evidence is theoretically-driven.

In this paper my focus will be on positivist and interpretivist positions. For the former, the experimental design is the exemplar of positivist research. In the latter, there is greater variety in designs but they are chiefly those that rely on description, observation and interaction with the researched.

### **Positivist research designs**

What can be observed in much group focused research is that it is very often designed for groups which *are* researchable, that is, where the group intervention can be controlled for a particular population. This tends to exclude a number of other kinds of groups, or in the case of long term, often psychoanalytically-oriented groups, makes them especially problematic from a research design perspective.

By controlling the group effect to be studied, researchers attempt to compare like with like in relation to a time-limited intervention. For this reason, the majority of empirical studies focus on short-term interventions with homogenous populations. Hence there is a preponderance of studies looking at the impact of group models that are derived from Cognitive Behavioural theory. This means that there are a substantial number of studies of groups which are structured and may use psychoeducational, skill-based and/or manualised interventions in short term groups. However, the findings from studies of short-term group interventions do provide evidence for their efficacy (favourable outcomes in clinical trials), applicability and efficiency (Piper and Joyce, 1996).

The literature contains a number of examples of Randomised Controlled Trials – usually cited as the ‘gold standard’ of evidence on outcome within positivist epistemology. However, the Randomised Controlled Trial may be neither possible in its most rigorous form, nor particularly desirable in relation to research on groups.

RCTs are designed to exclude rather than include such contextual factors as the organisational setting of the group, the role of family, work and friendships in sustaining (or otherwise) individuals, factors which may be of considerable significance in assessing the gains or losses associated with participation in a group (see Donenberg, 1999; also Wilberg and Karterud, 2001). Long term, open groups pose further difficulties for RCT designs in economic and practical terms as Steiner et al (2001, p.422) point out. Harding and Higginson (2003) comment critically in relation to the use of RCTs in cancer and palliative care research because patients in such groups are sick and vulnerable and the ethics of subjecting them to RCTs is highly questionable. Further, it is also the case that the RCT methodology is suitable for measuring particular kinds of therapeutic interventions such as CBT thus leading to an evidence base biased in the direction of more structured, closed and short term programs (see McDermott, 2003).

Within the practice literature on groupwork, ideas have been put forward to encourage and assist groupworkers to think about the extent to which their groups are achieving espoused objectives. Yalom (1975) and later Bloch and Aveline (1996, pp.93-98) have, for example, proposed that there are a number of 'curative factors' at work in all groups, regardless of treatment modality, for example, group cohesiveness, learning from interpersonal action, insight, universality, generation of hope, etc.

These factors refer particularly to issues of group process and as such, refer principally to the less tangible but often especially fulfilling aspects of group participation. However, how to operationalise them for purposes of measuring outcome is quite problematic, given their conceptual ambiguity and the attendant difficulty of establishing whether there is a cause-effect relationship between these elements and outcomes for individuals.

### **Interpretivist research designs**

In the literature there is less evidence of published studies using interpretivist designs. Research which relies on observational, descriptive and interactional methods – as we know – continues to

struggle for acceptance and recognition within scientific journals. (However there are some exceptions to this: see for example the October, 1996 edition of *Australasian Psychiatry*, and papers in discipline-specific journals such as this journal as well as *Social Work Practice with Groups*). Interpretivist research can at times lack rigour and take the form of reportage rather than analysis: the fault here lies with researchers rather than epistemology or methodology. However, its acceptance is often hampered by criteria for research adequacy being applied to it which originate with positivist research rather than criteria relevant to the interpretivist paradigm. (For a full discussion of criteria for evaluating interpretivist research see Fossey et al, 2002.)

Interestingly, the qualitative methods most often used in interpretivist designs – interviewing, observing, attention to process, interpreting meaning – suggest that groupworkers (and social workers in particular) are especially suited to undertaking this kind of research. We should build on our strengths!

A highly noteworthy absence in the literature is reference to or studies of how group participants measure outcome or effectiveness. Where these are noted, they are in the form of anecdotes or comments from satisfaction surveys, often used to promote what might be called ‘smiling evaluations’ (Preston-Shoot, 2004a) which encourage ‘good feelings’ in group participants and researchers, and maybe funding bodies. Group participants’ views are rarely taken seriously or judged to comprise evidence of outcome.

## **Finding a research frame**

Given all the foregoing, how are we to go about researching outcome in groupwork practice? Perhaps we can most usefully begin by finding a frame and a focus for our research plan. Regardless of the kind of research we want to do, we need to pose and answer the following questions:

- *Why measure or research outcome?*
- *Who should do it?*

- *When – what time frame?*
- *Where – what is the context?*
- *Ethical considerations?*
- *What is to be measured or researched?*
- *What is to constitute evidence?*

**Why, in the first place, do we want to measure or research outcomes in groupwork?**

We can identify a number of compelling reasons:

- To establish evidence – to know ‘what works’, ‘what works for whom’, ‘what doesn’t work’
- To establish accountability – to funders, service users, service providers
- To close the gaps in what is known, or to open up areas where we do not know
- To improve our practice and the effectiveness of what we do – to benefit those for whom groupwork is the chosen intervention
- To change practice if that is indicated. This might mean being prepared to do things differently if the evidence from research is contrary to our beliefs: to avoid stopping with the ‘smiling evaluation’

**Who should do the research or the evaluation? Whose group is it?**

There are many stakeholders to any group evaluation – group participants, group leaders, funding bodies, the community more generally. And there are advantages and disadvantages arising from the different positioning of different stakeholders to the evaluation, for example funding bodies want value-for-money which often suggests that they are looking for short-term, more immediate benefits; leaders want to see that their work is effective; participants may want to be cured, or to be helped, or to ‘do their time’; communities want to see that the group program deals with disruptive or problematic behaviours, or at the least, reduces the risk of them occurring. Communities might also want

to see their usefulness in building cohesion and bonds between people. Researcher/practitioners may want to focus on research-generated knowledge to enable them to 'go on' as group leaders. These are very different agendas and suggest very different goals, aims, objectives and methods of evaluating a group. And they also indicate potentially very different standards for what will constitute evidence that these objectives are being met.

#### **When should it be done, when should outcomes be measured?**

Evaluation should be an intrinsic and ongoing aspect of groupwork, there from the beginning, built into the program or milieu. More often than not – and sometimes reflecting the source from which the wish to measure originated – evaluation is an ending activity, tacked on, usually in the guise of a 'satisfaction survey' or exit interview. While this is useful in providing a snapshot of what is or has happened, it is limited in its ability to generate more substantial knowledge. Other methods, for example, ongoing surveys or interviews with participants and the use of standardized measures at various time points (pre-group, beginning, middle, end, and at post-group), can provide greater quantity and quality of data for analysis.

#### **How can it be done ethically?**

Ethical considerations, like the evaluation itself, must be part of the process from the beginning. Usually, group programs are offered to people who are in some sense vulnerable e.g. unwell, disabled, managing their lives with difficulty, engaging in problematic behaviour (criminality, substance abuse). They may be either voluntary or involuntary group participants. Particular ethical considerations refer to the freedom of subjects to participate or not in the research, to not be harmed (physically, emotionally) by the research, and to be able to consent to the research only after all aspects of it have been fully explained to them. (For a thought-provoking discussion of ethical issues in groupwork research, see Lewis, 2004).

The tension here is balancing tendencies (and interference)



from the forces of the 'nanny state' with genuine need to protect and minimise harm (Harding and Higginson, 2003). This means that researchers should consider using methods that are, by and large, non-intrusive and not requiring participants to do more than they are comfortable with or more than is required to answer the research questions.

#### Where should it be done?

The context in which a group outcome is measured is highly significant. It *does* make a difference whether the group is part of a model or demonstration program, a RCT or replication study, is part of an in-patient or out-patient program, occurs in private practice or as a community-based program. Different contexts make different kinds of evaluations possible, limiting some aspects, facilitating others. So, it is important to think about how the influence of context might be accounted for in the research, for example, whether the group under study is one amongst a number of programs participants engage in, whether participants have support for their participation from families, etc.

#### What is it that is being measured or evaluated?

How this question will be answered takes us back through all the earlier questions. It is a question about epistemologies, about values, about what outcome the group has been established to achieve and in whose interests the group exists in the first place. Whether it will be measured as achieving its objective will depend on what the group's objective was in the first place. This is not as straightforward as it sounds as there are always objectives which are *not* specified, or objectives which evolve, or unexpected objectives, or unintended outcomes. Is the objective of the group to cure patients, to control them and their behaviour, to support and maintain them in their everyday lives, to change them? A group might have all of these as its objectives, or several of them. It may even have contradictory objectives, or mutually exclusive objectives, and there may not be consensus amongst the many stakeholders on what precisely these objectives are. But it is vital

that efforts are made to, at the least, recognise and identify what are the likely objectives which are to be measured/evaluated.

The question about what is to be measured is further complicated by whether our focus is on changes that participants make as a result of the group, or whether our focus is on understanding and measuring the group processes that are causal in effecting changes, e.g. the role of the leaders, the theoretical base, the interactions of participants, the structure of the group, etc. Distinguishing these foci at the outset is crucial.

### **What is to constitute evidence?**

As we noted earlier, the question of what constitutes evidence is essentially an epistemological one. Different research designs emanate from different epistemological positions and the acceptance of data as evidence is determined by those understandings of ontology and methodology with their attendant rules and guidelines for methods of data collection, data analysis and interpretation. For example, comments from participants might be accepted as evidence within interpretivist research, drawing as it does on social constructivist perspectives, but are unlikely to be part of an experimental design – except when ‘translated’ into some other objective and measurable form.

### **From the frame to the design**

These questions then, are proposed as a kind of orientation frame which helps us to clarify our research focus and our research stance prior to the development of a research question and design. I shall now consider how we might go about measuring outcome in a group.

There are two different researcher ‘locations’ which we could adopt, the researcher as ‘researcher-only’ or ‘outsider’ and the ‘practitioner-researcher’ or ‘insider’. These locations are separate and very different but can serve a similar and shared purpose, principally that of building groupwork as a recognised and vibrant site of research, informed by and augmented by the ‘view’ from

both locations – inside and outside. Personally and professionally, I am interested in what we can learn and combine from both, but I am myself, as a practising groupworker, more a ‘practitioner-researcher’ or ‘insider’ than a ‘researcher-only’ or ‘outsider’.

I want to sketch here the kinds of ‘ideal typical’ research that might emerge from each research location. However, it is important to emphasise that, regardless of the insider or outsider location of the researcher, the measuring and evaluation task must begin with a clear conceptual focus, one which has arrived at answers to the questions posed earlier.

#### **‘Researcher-only’, ‘outsider’ research**

Measuring group outcome can be best served by the adoption of quasi-experimental, flexible research designs which include observational elements. So here the argument is for groupwork researchers to take the middle ground between positivist and interpretivist research designs, (sometimes called post positivist) utilising both quantitative and qualitative methods.

This would proceed from a multi-dimensional perspective, recognising that there are many stakeholders to every group – leaders, participants, funding bodies, communities. Each has a valid and valuable perspective. In fact, the researcher’s first task is to align the evaluation with the goals the group has been established to meet. As we saw earlier this means being alert to the multiple goals, objectives and consequences likely to attend the group’s evolution, as well as an understanding of the theoretical position underpinning the group’s design. It suggests a parallel focus on process and outcome which requires the use of multiple methods of data gathering – a systematic literature review, standardized scales, observation, self-reports from leaders, participants, significant others (which might include other people in the organisation, other service providers, family members, etc.), interviews and questionnaires.

Very importantly, we would want to establish some kind of baseline at the beginning of the group in a way which can allow for the tracking of changes within the group over time which can be attributed to the group itself, for example, standardised

scales measuring depression or quality of life at several time points, e.g before, during and after group participation. Follow-up interviews and assessment for participants is a key element, indicating the extent to which the group intervention led to sustained changes.

The interpretation of data would arise from combining findings arrived at through all these methods – a bit like opening different windows onto group phenomena. Data interpretation would not seek to undercut findings from different ‘windows’ but rather to use them in combination as reflecting (or illuminating) different facets of the whole. This might mean that differences and contradictions appear in the data. Interpretation would then rely on making sense of these as reflecting different aspects of group elements which, in combination, refer to and allow the complexity and multifaceted nature of the enterprise to emerge.

#### **‘Researcher practitioner’, ‘insider’ research**

Group workers are often not researchers but rather practitioners who rely on the accretion of practice wisdom in deciding what works for whom. Kanas (2001, p.290) comments: ‘...the best evidence for the clinician is his or her own results with prior patients similar to the one being considered, or the results of similar therapists in similar settings with similar patients receiving similar treatment’. However, every group can also be thought of as an ongoing process of research-in-action: indeed groups owe their vitality and energy to the fact that they are continually researching themselves. As Long (1992, p.78) points out, groups ‘... constantly interact with the results of their own observations’. In fact, they can be thought of as exemplifying participatory action research (McTaggart, 1993; Wadsworth, 1997), characterised by a cycle of action, reflection on that action, further action. This is the case regardless of the type of group or the time frame it has adopted. A psychotherapy group may assist a participant to think through an important decision but in the process others will be engaged in re-viewing their own ways of thinking and acting, weighing up whether or not the group is able to help them.

Considering groups to be sites of research-in-action also

alerts us to what Long (1992, p.79) refers to as a 'data problem'. Because the meanings of actions and processes within the group are not self-evident but rather emerge through the exchanges and interactions taking place amongst participants, we need to understand the context (both internal and external to the group) and how it is being constructed and interpreted in the minds of participants.

As practitioners evaluating our groups, we can identify ourselves as 'insider' researchers with a location that both obscures elements of what is happening as well as enriches our perspective. From this location we might give central importance to the concept of 'Thinking Group', that is, working from the perspective of the group-as-a-whole, focusing on the *group* as the unit of attention and analysis rather than on individuals. While we may identify changes that individuals achieve, what these mean and how they were arrived at refer specifically to the nature and interpretation made of the experience of working together. Individuals working together can be studied as such, from the viewpoint that there is some kind of relationship between individuals in a group which may account for the changes we observe or assert have occurred for individuals (McDermott, 2002, pp.195-206).

In studying the group's progress there are a number of observable signs indicative of the extent and way in which the group is working. These refer to the extent to which the group is achieving its purposes – for individuals and for the collective; what is happening over time, for example, how are individuals and the group as a whole changing over time. Importantly, how we pose, interpret and make sense of these observable signs will depend on the theoretical and knowledge base that informs our practice.

As described earlier, the group can be thought of as synonymous with the cycles ascribed to participatory action research – action, reflection on action, further action. Sharpening one's observational and listening skills with this framework in mind, provides access to feedback about where the process is heading and how and to what extent it is achieving the group's purpose. The skills which practitioners already possess are also skills which can be brought to the research endeavour – understanding process, making interpretations/analysing data.

Deriving credible evidence by analyzing and interpreting data for the insider, practitioner-researcher, is only problematic if we apply criteria derived from positivist epistemology where validity and reliability are primary. However, practitioner-researchers work from the interpretivist position in which the focus is on trustworthiness and authenticity. Their perspective is that of researchers-in-action. However, 'goodness' criteria in interpretivist research – multiple methods, rigour, attention to detail, transparency – remain central (see Fossey et al, 2002). Insider researcher-practitioners must acknowledge the limits and the advantages of their location, adopt the capacity to step back from their practice, and ensure that they remain within a theoretical frame. Supervision, co-leadership and various recording and monitoring strategies are vitally important to so doing.

Researching a system of which one is a part raises many tricky ethical as well as methodological issues, for example, using archived data in the light of privacy laws, ensuring service users are not disadvantaged or compromised in the service they receive. Very importantly, such projects require support from the organization itself. This might entail permitting a worker to access the clients of other workers, or giving assent to taking the results of 'insider' research seriously, even if it suggests significant changes to the status quo of practice. (For a detailed discussion of these issues and others, see Campbell, 1997).

If the group is an on-going long term group, it will be very important for the researcher-practitioner to identify a time period during which they will observe, monitor and record the group's progress, perhaps repeating the data gathering and observations after several months in order to have comparative data to analyse. With a time limited group, the research or evaluation can be part of the entire 'life' of the group, with some data gathered at strategic points, for example, at the beginning, middle and end when participants might be surveyed or complete standardized tests such as Quality of Life scales. Recording group processes may take place continuously, for example through the use of journals by both leaders and participants.

## Where do we go from here?

I have been arguing that it is essential that we increase our efforts to identify groupwork practice as a research location, that is, as a site demanding rigorous attention from researchers on an ongoing basis. There exists a small but useful body of research already but it is somewhat limited both in size and in methodological focus. Being aware of and sensitive to the particularities of groupwork as an intervention and a practice, suggests that we need to be more adventurous in designing research that is multidimensional and multimethod. Research can most usefully come from a combined 'assault' from 'outsider' and 'insider' locations. As we have discussed, different designs and approaches are relevant depending on where the researcher is located and each has an inter-related contribution to make. As an example, it is interesting to read the following two publications as a pair. Kissane et al (2004) conducted a RCT on a group intervention for women with advanced breast cancer. While the final results are not yet available, they report on the process of doing the research, the mixed quantitative and qualitative methods, and reflect on the benefits from the point of view of researchers and therapists providing the intervention. The women who were in the group later spontaneously published their own account (*The Thursday Girls*, 2004). Taken together, these studies provide a very rich and multi-faceted picture of the impact of the intervention.

We know that there are gaps in what we know about outcome in group interventions. For example:

- We know little about the appropriateness of groupwork in different contexts or cultures, about the importance of characteristics of participants – gender, class, marginalized status, ethnicity – in affecting the way people use or may benefit from groupwork. People from different cultures or minority groups have rarely been studied in relation to group interventions and therefore (until we have the research findings) we should be circumspect in 'importing' group interventions and expecting them to work for everyone
- We know little about the views of consumers on group interventions. Group participants are as yet a largely untapped

source with regard to involvement in research

To date we have tended to utilize research designs and approaches that are well-established. There is room for thinking about different designs and approaches. For example, Conversation Analysis (Silverman, 1993) as a method for placing a micro focus on the group as 'talk-in-interaction' may yield interesting insights about the ways in which talk shapes identity, and how groupworkers might use talk more strategically.

Some work has been done on the elements that make group programs 'time-effective' for participants, dissolving the short-term/long-term divide of much group outcome research (McKenzie, 1994; Helfmann, 1994; Piper and Joyce, 1996, Budman, 1996). Identifying 'time-effectiveness' or the 'dose-response curve' for group interventions for people with different issues would seem to offer a very useful contribution to our thinking about the elements in groupwork which make a difference to participants and how quickly or effectively they can be achieved. This suggests a very valuable perspective and research focus to bring to group outcome research.

We need to think more creatively and strategically about how the voices and experiences of group program consumers or participants can be included in the design and analysis of group programs, indeed their potential as co-researchers. We might, for instance, adopt a Participatory Action Research design (Wadsworth, 1997), or design research around the kinds of questions prior group participants propose are the ones they would like answers to. Using prior group participants as a critical reference group to assist in designing, monitoring and interpreting research on groups is another possible strategy.

Very importantly too, we need, as group leaders, to have an openness to learning from the findings of group outcome studies. Such findings should inform our practice, but 'taking them on board' is often quite difficult for practitioners – all of us are potential 'victims' of our own sometimes idiosyncratic beliefs about 'what works' in groupwork. But the research endeavour is incomplete unless it leads to the creation of systematized knowledge, supported by evidence, which is communicated to those who work in the field, who then make use of it.



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