

Are Two Heads Better Than One? The Relationship Between Number of Group Leaders and Group Members, and Group Climate and Group Member Benefit From Therapy

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We examined the relationships between the numbers of group leaders and group members, and group climate and member satisfaction in 32 semistructured therapy groups for adolescents. Specifically, we compared group climate and group member satisfaction in 13 singly led and 19 co-led therapy groups ranging in size from 3 to 12 members. Group members completed the Group Climate Questionnaire after each of eight sessions, and the Youth Client Satisfaction Questionnaire at termination. Results indicated that group size was negatively related to group member ratings of engagement, and positively related to ratings of conflict. In individually led groups, group size was also positively related to ratings of avoidance, and negatively related to group members' relationship with the group. In coled groups, however, group size was negatively related to ratings of avoidance, and positively related to group members' relationship with the group. Group members who participated in coled groups reported greater benefit from treatment than those group members in individually led groups. These results suggest that coled groups have several advantages over individually led groups.

Keywords: cotherapy, coleadership, group psychotherapy, group counseling, group climate

Coleadership describes a group therapy leadership structure in which two therapists are partnered to facilitate meaningful interactions among group members (e.g., Okech & Kline, 2006). This leadership structure exists in contrast to individual leadership, in which the responsibility for facilitating group members' interactions is the sole responsibility of one therapist. Coleadership of group therapy has been practiced since at least the 1920s when Alfred Adler used this technique in his clinics in Vienna (Dreikurs, 1950; Roller & Nelson, 1993). By the 1950s, therapists and researchers recognized the potential of coleadership as a

useful modality for facilitating group interventions, and advocated for its increased use (e.g., Hadden, 1947). Today, coleadership is a widely used leadership structure across various mental health domains (see Yalom & Leszcz, 2005), and is often utilized in the training of group psychotherapists (Dies, 1994). Additionally, research has found coleadership to be the clear preference among group therapists (e.g., Friedman, 1973; Paulson, Burroughs & Gelb, 1976; Rabin, 1967).

This widespread use of coleadership may stem from its many advantages, as described in the coleadership literature. For example, Yalom and Leszcz (2005) suggest that coled group therapy may offer the opportunity for modeling healthy interpersonal interactions, increase observational range within the group, provide a greater range of transference reactions, reduce therapist anxiety, and increase objectivity. Similarly, in a recent article in the *Group Psychologist*, Breeskin stated that, "An individual group therapist, no matter how skilled, cannot conceivably keep up with the richness of group experience. Important cues, particularly nonver-

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bal ones, are in danger of being missed" (Breeskin, 2010, p. 5). Breeskin goes on further to say that individually led group therapy "falls below the minimum benchmark of approved professional practice," (p. 5) and may actually harm the therapist, the group members, and the agency in which the therapy takes place.

Despite the commonly cited advantages and widespread use of coleadership (e.g., Yalom & Leszcz, 2005), there are also some potential disadvantages to this leadership structure, when compared with individual leadership. For example, two therapists leading one therapy group is potentially an inefficient use of mental health resources (Dick, Lessler, & Whiteside, 1980). Competition between coleaders (e.g., Block, 1961; Roller & Nelson, 1993), and the harmful effects of coleaders "modeling" an unhealthy relationship (e.g., Bowers & Gauron, 1981) represent other potential disadvantages associated with coleadership.

Unfortunately, there is a lack of empirical literature on group leadership structure (Riva & Smith, 1997), and on coleadership in particular (Fall & Menendez, 2002; Luke & Hackney, 2007), on which to base decisions about leadership (i.e., coled vs. individually led) of group therapy. Because of the potential advantages and disadvantages associated with different leadership structures in group therapy, it is important to understand how each leadership structure may relate to group members' experiences of the group (e.g., their perceptions of the group climate and their satisfaction with their group experience). Understanding leadership structure is also important because research has established that group leadership is related to group member outcomes (e.g., Dies, 1994).

Leadership Structure and Group Process and Outcome

Only a few studies have compared the effects of individually versus coled counseling or therapy. One such study compared treatment delivered by one or two therapists in a couples' therapy training clinic (Hendrix, Fournier, & Briggs, 2001). These authors found significantly higher rates of session attendance in coled therapy versus individual therapy. However, they noted that this difference was largely driven by coleader pairs that included one student and one faculty member. In another analysis, comparing only the coleader pairs comprised

of two students and individual student therapists, Hendrix et al. found that coleader teams and individual therapists had equivalent outcomes in terms of treatment sessions attendance and client completion of treatment. There are two limitations that preclude wide application of the results of the Hendrix et al. (2001) study, including applying the results to group therapy. First, the interactions that occur within groups with three or more members are undoubtedly more complex than the interactions that occur within dyads. Therefore, a second pair of ears and eyes may be more important in groups than in couples counseling because of this increased interactional complexity. Second, the outcomes examined by Hendrix et al. were limited to the structural aspects of treatment (i.e., sessions attended and treatment completion).

Mehlman, Baucom, and Anderson (1983) also compared individually led and coled therapy for distressed couples. In their controlled experiment, Mehlman et al. randomly assigned couples to either immediate or delayed (i.e., therapy after 10 weeks on a waitlist) treatment; with an individual female therapist, an individual male therapist, or a female-male coleader team. While Mehlman et al. found better outcomes for couples who received immediate therapy versus delayed therapy (regardless of the number of therapists), they did not find any relationship between number of therapists and outcome. One limitation to the Mehlman et al. study, however, is that the same coleader team saw all of the couples in the coled therapy conditions. Additionally, as with the Hendrix et al. (2001) study, Mehlman et al. examined couples therapy, not therapy groups, and so the findings may not be generalizable to group therapy. Given the limitations of these studies, additional research examining individually led versus coled group therapy is warranted. As such, a major aim of the present study was to compare coleadership with individual leadership of group therapy.

Group Size and Leadership Structure

In organizational settings, large groups yield some advantages, as well as several notable disadvantages, over small groups. For example, large groups often out-perform small groups because they have access to more resources, including time, energy, and expertise (Dennis & Valacich, 1993; Haleblian & Finkelstein, 1993).

Unfortunately, in larger groups, there is also more conflict (O'Dell, 1968), absenteeism (Durand, 1985), and less cooperation (Brewer & Kramer, 1986) than in smaller groups. Levels of participation are also lower in larger groups (Patterson & Schaeffer, 1977). Finally, members of large groups are less satisfied with their group (Mullen, Symons, Hu, & Salas, 1989).

Similar results are observed in counseling and psychotherapy groups. For example, Daley, Bloom, Defenbacher, and Stewart (1983) found that members of Anxiety Management Training groups with 10–12 members reported significantly greater improvement and missed fewer sessions than members in groups with 20 members. Castore (1962) found significant decreases in member-to-member interactions as the size of therapy groups increased. These studies suggest that larger groups may result in less effective group processes and reduced group member outcome in therapy groups.

Some authors suggest that coleadership may help to mitigate the negative effects of large groups (Daley et al., 1983; Yalom & Leszcz, 2005). However, no studies have examined this suggestion. Therefore, a second aim of the current study was to examine the interaction of leadership structure (coleadership vs. individual leadership) and group size on group climate and group member satisfaction with their group experience. Specifically, we build on Witte and Davis' (1996) suggestion that the size of the group may be less important than its staffing level.

The Current Study

Given that coleadership is the preferred modality of treatment in group therapy (e.g., Friedman, 1973; Paulson, Burroughs, & Gelb, 1976; Rabin, 1967), but that little research exists to support the use of coleadership over individual leadership, a main aim of the current study was to compare these two leadership structures. Because research has found that group climate relates to group member outcomes (e.g., Ogradniczuk & Piper, 2003), and that group climate mediates the relationship between group leadership and outcomes (Kivlighan & Tarrant, 2001), we were interested in how leadership structure relates to group climate (i.e., the interpersonal environment of the group [MacKenzie, 1983]). To examine group climate, we used the

Group Climate Questionnaire-Short Form (GCQ-S; MacKenzie, 1983). Additionally, because research has found that group member satisfaction with their group experience relates to outcomes (e.g., pre- to posttreatment changes in behavior and functioning; Shapiro, Welker, & Jacobson, 1997), we were also interested in how leadership structure relates to group member satisfaction. To examine group member satisfaction, a version of the Youth Client Satisfaction Questionnaire (YCSQ; Shapiro, Welker, & Jacobson, 1997), modified for group therapy, was used. This self-report measure assesses two dimensions of client satisfaction with their group: relationship with the group and benefits of therapy.

In addition, given that previous research has shown that group size may impact the functioning of the group (e.g., Castore, 1962; Daley et al., 1983), and the suggestion that coleadership may mitigate some of the negative effects associated with a larger group (e.g., Daley et al., 1983; Yalom & Leszcz, 2005), a secondary aim of the current study was to examine the possible interaction of leadership structure and number of group members, as it relates to both group climate and group member satisfaction.

Although relatively little research has compared coleadership with individual leadership (Fall & Menendez, 2002; Luke & Hackney, 2007), and the research that does exist finds little or no difference between the two leadership structures when experience level of the therapists being compared is similar (e.g., Hendrix et al., 2001; Mehlman et al., 1983), the theoretical literature on leadership structure suggests that there are unique advantages to coleadership (e.g., Breeskin, 2010; Yalom & Leszcz, 2005), and coleadership is the preferred treatment modality among group therapists (e.g., Friedman, 1973; Paulson, Burroughs, & Gelb, 1976; Rabin, 1967). Therefore, our first set of hypotheses reflects the notion that group members' experiences of the group climate and group member satisfaction would be better in coled groups. Specifically, we hypothesized that the group climate in coled groups would be characterized by greater engagement, and less avoidance and conflict, than the group climate in individually led groups. Additionally, we hypothesized that group members in coled groups would report a better relationship with the group

and greater benefits of therapy than group members in individually led groups.

Based on the research showing deleterious effects of larger group size in both the organizational (e.g., Mullen et al., 1989) and group counseling (e.g., Daley et al., 1983) literatures, our second set of hypotheses reflects the notion that group members' experiences of the group climate and group member satisfaction would be better in smaller versus larger groups. Specifically, we hypothesized that there would be a significant, inverse relationship between group size and engagement, and significant, positive relationships between group size and both avoidance and conflict. Additionally, we hypothesized that there would be significant, inverse relationships between group size and group member ratings of both their relationship with the group and benefits of therapy.

Our final set of hypotheses is based on the suggestion by Yalom and Leszcz (2005) that an additional leader may mitigate the negative effects of group size, thereby allowing the group to take advantage of the benefits of a larger group (e.g., the greater resources available in larger groups; Dennis & Valacich, 1993; Haleblan & Finkelstein, 1993). Specifically, we hypothesized that there would be a significant interaction between group leadership structure and number of group members such that in individually led groups, increasing group size would be associated with diminished group climate (i.e., decreases in engagement, and increases in avoidance and conflict), and with less positive group member ratings of their relationship with the group and benefits of therapy. For coled groups, however, we hypothesized that increasing group size would be associated with improved group climate (i.e., increases in engagement, and decreases in avoidance and conflict), and with more positive group member ratings of their relationship with the group and benefits of therapy.

Method

The data for this study came from an investigation of leadership, group climate, and member outcomes in semistructured therapy groups for adolescents. A detailed description of the design and methodology of this investigation can be found in Kivlighan and Tarrant (2001). It

should be noted that the Kivlighan and Tarrant study only reported on data for individually led groups. The current study uses both these data, and data collected simultaneously for coled "Choices" (see below) groups.

Treatment Groups

The treatment groups in the current study were 32 "Choices Independent Living Program" groups. The number of groups (and, therefore, group members) in the current study is lower than that used in the Kivlighan and Tarrant (2001) study because in that study, the group leadership structure of some of the groups changed at some point during the course of the therapy (e.g., a coleader was added to a group led by an individual leader). In the current study, we examined only those groups in which leadership structure was consistent from the beginning of the group.

Choices is a group therapy program for youth ages 13–15 years. Each Choices group consisted of eight, 2-hr sessions. Choices sessions consist of structured group exercises, didactic material, and group discussion and interactions. Although the sessions are semistructured, group leaders were trained to emphasize member-to-member interaction. The groups ranged in size from 3 to 12 members with a mean of 6.58 ($SD = 2.29$) members per group. Thirteen of the groups were individually led and 19 of the groups were coled.

Group Members

Group members were 87 boys and 89 girls referred by the Division of Family Services. The group members had a mean age of 15.05 years ($SD = 0.97$). Their racial/ethnic backgrounds were: 48% White, 37% African American, and 15% Native Americans, Latinos, or Asian Americans. The group members reported experiencing a large number of problems including alcohol and drug use, physical abuse, and school suspensions or expulsions.

Group Leaders

Group leaders were 41 adults who had previously facilitated one or more these groups. Thirty-five of the group leaders were women and six were men. Their ages ranged from 26 to 52 years, with a mean of 32.9 ($SD = 9.1$).

Group leaders were predominately White (86%). Most of group leaders held a bachelor's degree or higher (82%). Group leaders were given the option of coleading or individually leading their group. Kivlighan and Tarrant reported data only on those leaders who initially opted to individually lead their group, whereas the current study reports on data from all groups with a consistent leadership structure (i.e., individually and coled groups) across the life span of the group.

Measures

Group Climate Questionnaire-Short Form (GCQ-S). Group climate was measured with the short form of the GCQ-S (MacKenzie, 1983). The GCQ-S is a 12-item measure that assesses the interpersonal environment in the group. The GCQ-S consists of three scales: engagement, avoidance, and conflict. Engagement refers to the degree of cohesion, orientation to the group work, and the importance of the group to the group members. The engagement scale contains five items. A sample item on the engagement scale is "The members tried to understand why they do the things they do, tried to reason it out." Avoidance refers to the degree to which individuals avoid responsibility for their own problems and rely on the other group members or leaders. The avoidance scale contains three items. A sample item from the avoidance scale is "The members avoided looking at important issues going on between themselves." Conflict refers to interpersonal conflict and distrust in the group. The conflict scale contains four items. A sample item from the conflict scale is "There was friction and anger between the members."

Responses to the GCQ-S items are made on a 6-point Likert scale ranging from 1 (*not at all*) to 6 (*extremely*). The GCQ-S has been used in studies to assess climate differences across groups (Kanas & Barr, 1986; MacKenzie, Dies, Coché, & Rutan, 1987), and to examine the relationships between group climate and group member interpersonal problems (Kivlighan & Angelone, 1992), and other outcomes (Ogrodniczuk & Piper, 2003). Previous research has found good reliability of the GCQ-S, with coefficient alphas of .94 for engagement, .92 for avoidance, and .88 for conflict (Kivlighan & Goldfine, 1991).

Youth Client Satisfaction Questionnaire (YCSQ). Client satisfaction with treatment was assessed using the 14-item YCSQ (Shapiro, Welker, & Jacobson, 1997). Factor analysis of the scale by Shapiro et al. revealed two factors: relationship with therapist and benefits of therapy. Cronbach's alphas for both factors were .85 in the original measurement development study by Shapiro et al. The relationship with therapist scale contains six items. Sample items from this scale include "Did [your counselor] understand you?" "Did [your counselor] have good ideas that helped you?" and "Did you like your counselor?" The benefits of therapy scale contains eight items. Sample items from this scale include "Do you feel differently now because of counseling?" "Did counseling change the way you feel about yourself?" and "Did counseling help your problems to get better?" All items are scored on a 4-point Likert scale ranging from 0 (*not at all*) to 3 (*a great deal*).

Shapiro et al. (1997) established validity of the YCSQ by examining the relationships between relationship with therapist and benefits of therapy scores, and demographic and treatment variables. YCSQ ratings were significantly correlated with parents' relationship with the youths' treatment, parents' ratings of the youths' outcome, and pre- to posttreatment changes on the Child Behavior Checklist and Global Assessment of Functioning. Kivlighan and Tarrant (2001) revised the relationship with therapist scale to assess the youth's relationship with the group as a whole (i.e., relationship with the group). Data from this revised version of the scale was used in the current study. In this study the Cronbach's alphas for the relationship with the group and the benefits of therapy scales were .83 and .84, respectively.

Procedure

Group leaders and group members completed consent forms before the first group meeting. All groups met for 2 hr a week, for 8 wk. Group members completed the GCQ-S at the end of each session they attended. Group members also completed the YCSQ at termination.

Results

Analyses of Group Member Satisfaction Data

The mean scores for relationship with the group and benefits of therapy were 2.39 ($SD = 0.69$) and 1.60 ($SD = 0.93$), respectively. The correlation between relationship with the group and benefits of therapy was .40 ($p < .001$).

In the subsequent analyses we examine the interaction between the number of leaders and the number of members in the groups. To reduce multicollinearity, number of leaders and number of members were centered when making the interaction term.

Because group members' ratings of satisfaction (i.e., relationship with the group and benefits of therapy) were nested within groups, hierarchical linear modeling (HLM; Bryk & Raudenbush, 1992) was used to analyze the relationships between group leadership structure, group size, and the two group satisfaction variables. The specific HLM model for relationship with the group is depicted below. (The model for benefits of therapy was identical, with the exception that benefits of therapy served as the dependent variable).

The Level 1 conditional model for relationship with the group for member i in Group t was:

$$Y_{ti} = \beta_{0i} + e_{0i}$$

where Y_{ti} represents the relationship with the group score for member i in group t , and e_{0i} represents individual error.

The Level 2 conditional model for relationship with the group was:

$$\begin{aligned} \beta_{0i} = & \gamma_{00} + \gamma_{01}(\text{number of group leaders}) \\ & + \gamma_{02}(\text{number of group members}) + \\ & \gamma_{03}(\text{number of group leaders by number of} \\ & \text{group members interaction}) + u_0 \end{aligned}$$

where γ_{00} represents the overall mean level of relationship with the group, γ_{01} represents the slope for number of group leaders, γ_{02} repre-

sents the slope number of group members, γ_{03} represents the slope for the interaction of number of group leaders by number of group members, and u_0 represents error.

Table 1 contains the coefficients for the HLM analyses for relationship with the group and benefits of therapy. The significant gamma ($\gamma_{00} = 2.36$) for the intercept for relationship with the group indicates that the average level of this variable was greater than zero. There was a significant interaction effect for the number of group leaders by the number of group members ($\gamma_{03} = 0.05$). This significant interaction effect is illustrated in Figure 1. For individually led groups, an increasing number of members was related to a poorer relationship with the group. For coled groups, an increasing number of members was related to a better relationship with the group.

The significant gamma ($\gamma_{00} = 1.57$) for the intercept for benefits of therapy indicated that the average level of benefit of therapy was greater than zero. There was also a significant main effect for the number of group leaders ($\gamma_{01} = 0.12$). Group members reported more benefit in coled groups than in individual leader groups.

Analyses of Group Climate Data

Cronbach's alphas for interitem reliability for engagement, avoidance, and conflict were .86, .75, and .79, respectively. The engagement, avoidance, and conflict scales are group characteristics constructed from the climate ratings of individual group members. To justify aggregation across individual group members it was important to demonstrate within-group agreement and between-groups differences (Klein & Kozlowski, 2000), and so we calculated an interrater agreement score (rWG) for engagement, avoidance, and conflict scales. An rWG can range from 0, for no agreement, to 1, for complete agreement. Average interrater agreement was .83 for engagement, .85 for avoidance, and .84 for conflict. Because these values exceeded the .60 criterion for aggregation suggested by Glick (1985), group climate scores were aggregated across group members to obtain an individual measure for each of the group climate variables, for each group, for each session. These aggregated scores were used in the subsequent analyses.

Table 1
Group Member Satisfaction and Group Climate as a Function of the Number of Group Leaders and the Number of Group Members

Effects	γ Coefficient	SE	t-test	p value
Relationship with the group				
Intercept	2.36	0.09	26.40	0.000
Number of leaders	0.11	0.09	1.29	0.212
Number of members	-0.02	0.03	-0.61	0.552
Leaders by members interaction	0.05	0.02	2.19	0.046
Benefits of therapy				
Intercept	1.57	0.07	23.48	0.000
Number of leaders	0.12	0.06	2.25	0.041
Number of members	-0.01	0.03	-0.26	0.799
Leaders by members interaction	0.01	0.03	0.31	0.759
Engagement				
Intercept	3.29	0.09	36.65	0.000
Number of leaders	0.10	0.11	0.94	0.355
Number of members	-0.09	0.04	-2.28	0.031
Leaders by members interaction	0.01	0.04	0.321	0.751
Avoidance				
Intercept	3.07	0.05	58.58	0.000
Number of leaders	-0.04	0.05	-0.67	0.505
Number of members	0.01	0.02	0.52	0.604
Leaders by members interaction	-0.05	0.02	2.23	0.046
Conflict				
Intercept	1.89	0.12	15.86	0.000
Number of leaders	-0.07	0.12	-0.63	0.536
Number of members	0.09	0.04	2.31	0.039
Leaders by members interaction	0.07	0.04	1.51	0.141

The aggregated mean scores for engagement, avoidance, and conflict were 3.40 ($SD = 0.70$), 3.08 ($SD = 0.53$), and 1.96 ($SD = 0.89$), respectively. The correlation between engagement and avoidance was .49, the correlation between engagement and conflict was -.22, and the correlation between avoidance and conflict was .15. MacKenzie (1983) reported correlations of -.44, -.18, .30, for the correlations between engagement and avoidance, engagement and conflict, and avoidance and conflict, respectively. Miles and Kivlighan (2008) reported correlations of -.36, -.14, and .36, for the correlations between engagement and avoidance, engagement and conflict, and avoidance and conflict, respectively. It should be noted that the correlation between engagement and avoidance, in the current study was quite different from the correlations reported by MacKenzie, and Miles and Kivlighan.

The studies by MacKenzie (1983) and Miles and Kivlighan (2008) were both conducted with adult group members, whereas the group members in the current study were adolescents in

groups facilitated by adults. Given their age, these adolescents are likely in many other settings (e.g., in a classroom) in their lives in which they are expected to obey or please adult authority figures (e.g., parents, teachers), and to behave in "acceptable" ways. Because the group therapists were also adult authority figures, and the group members were in a semi-structured group setting, the adolescent group members may have perceived that depending on the leaders for direction, and doing things in the way that are acceptable to the group, were behaviors that were desired by the adult leaders, or required by the group therapy setting. As such, for adolescents, these behaviors (though characterized by group therapists and the GCQ-S as "avoidance") may not be seen by these adolescent group members as being incompatible with engagement in the group. Rather, for adolescents, these behaviors may be seen as engaging in the group in a way that is appropriate and expected by the adult or adults leading the group. In contrast, given the greater level of autonomy afforded to adults with regard to their

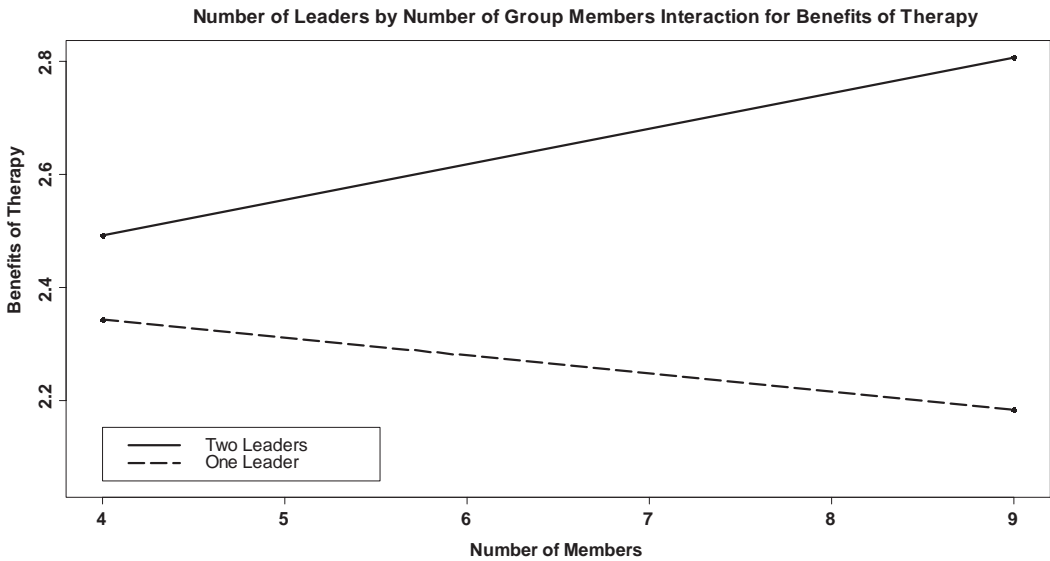


Figure 1. Number of group leaders by number of group members interaction for the benefits of therapy.

behavior, depending on group leaders for direction and doing things in ways that are acceptable to the group may reflect avoidance in a way that is incompatible with engagement, as found in the studies by MacKenzie and Miles and Kivlighan. Regardless of age, however, depending on the leaders for direction and doing things in ways that one believes are acceptable to the group likely hinders the depth with which the therapy proceeds (even if these behaviors, for adolescents, are not incompatibly with engagement with the group).

As with group member satisfaction scores, group climate scores were nested within groups. HLM was used to take into account this nesting. We modeled each group climate variable (i.e., engagement, avoidance, and conflict) as a latent variable in these HLM analyses. For example, the group engagement scores from the six group sessions were used as Level 1 indicators of an engagement latent variable. Leadership structure and group size were Level 2 variables that were modeled as predictors of the latent group climate variables in two separate HLM analyses, one with relationship with group as the dependent variable, and one with benefits of therapy as the dependent variable.

Table 1 contains the coefficients for the analyses of group climate. The significant gamma

($\gamma_{00} = 3.29$) for the intercept for engagement indicated that the average level of engagement was greater than zero. Only the main effect for the number of members was significant ($\gamma_{20} = -0.09$), indicating that as the number of group members increased the level of group engagement decreased.

The significant gamma ($\gamma_{00} = 3.07$) for the intercept for avoidance indicated that the average level of avoidance was greater than zero. There was also a significant interaction effect for the number of group leaders by the number of group members ($\gamma_{03} = -0.05$). This significant interaction effect is illustrated in Figure 2. For groups with an individual leader, as the number of members increased, avoidance also increased. For coled groups, as the number of members increased, group avoidance decreased.

The significant gamma ($\gamma_{00} = 1.89$) for the intercept for conflict indicated that the average level of conflict was greater than zero. The only significant effect was the main effect for the number of group members ($\gamma_{00} = 1.89$). As the number of group members increased, group conflict also increased.

In summary, we found partial support for each set of hypotheses. Consistent with our hypotheses involving group leadership structure (i.e., number of group leaders), we found that

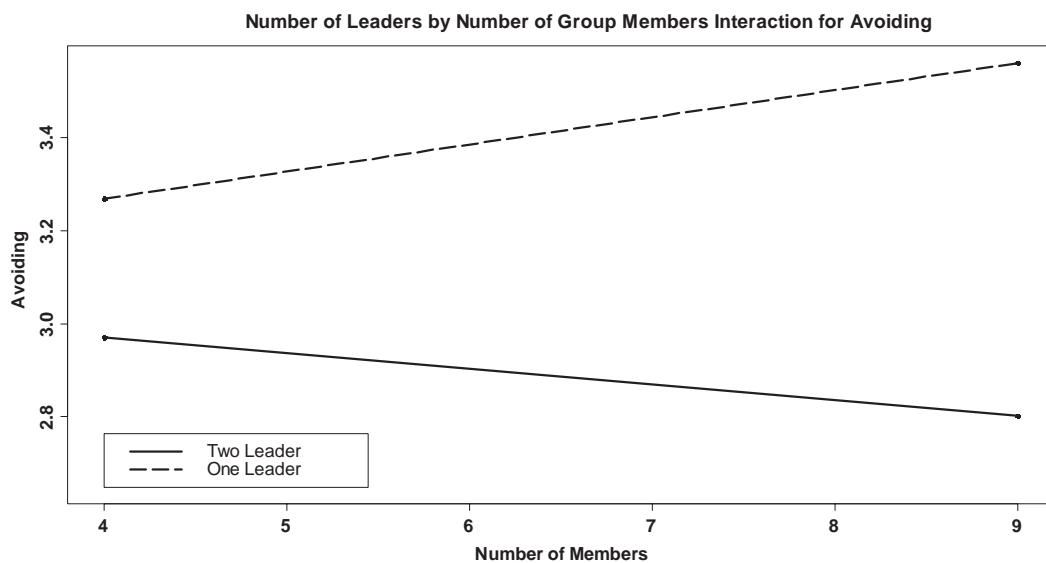


Figure 2. Number of group leaders by number of group members interaction for avoiding.

members in coled groups reported greater benefits of therapy than members in individually led groups. Contrary to our hypotheses involving group leadership structure, however, we did not find any significant relationships between group leadership structure and any of the group climate variables, or relationship with the group.

Consistent with our hypotheses involving number of group members, we also found that increasing group size was associated with decreases in engagement and increases in conflict. Contrary to our hypotheses involving number of group members, however, we did not find significant relationships between group size and avoidance, relationship with the group, or benefits of therapy.

Finally, consistent with our hypotheses regarding the interaction of group leadership structure and group size, the interaction between leadership structure and group size was significant for avoidance and relationship with the group. Specifically, in individually led groups, as group size increased, ratings of avoidance increased, and ratings of relationship with the group decreased. In contrast, in coled groups, as group size increased, ratings of avoidance decreased, and ratings of relationship with the group increased. Contrary to our hypotheses, however, the interaction between

group leadership structure and group size was not significant for engagement, conflict, or benefits of therapy.

Discussion

There is a saying that “two heads are better than one.” Consistent with this saying, group therapists have embraced the notion that two therapists are better than one, as reflected in the widespread use of, and preference for, coleadership (e.g., Friedman, 1973; Paulson, Burroughs & Gelb, 1976; Rabin, 1967; Yalom & Leszcz, 2005). However, there exists little empirical literature on which to base decisions on group leadership structure in group therapy (Fall & Menendez, 2002; Luke & Hackney, 2007). As such, a primary aim of the current study was to empirically examine group leadership structure in therapy groups for adolescents.

In the current study, consistent with our first set of hypotheses regarding group leadership structure, we found some potential advantages of coleadership over leadership by an individual therapist. Specifically, group members in coled groups reported greater benefits of therapy than those in individually led groups, as well as significant interactions of group leadership structure and group size in relationship to avoidance and relationship with the group.

Previous research on coled therapy versus therapy by a individual therapist in couples therapy suggests that there may be no difference between coled and individually led therapy when all of the therapists being compared are of a similar level of experience (Hendrix et al., 2001, Mehlman et al., 1983). There are two important differences between the current study, and the studies by Mehlman et al. and Hendrix et al. First, the treatment in the current study involved group therapy, and groups averaged between six and seven members per group. The Mehlman et al. and Hendrix et al. studies involved couples therapy, and thus there were only two participants in the treatment. The interactional complexity in a system expands as the number of participants in the system increases. As such, a second therapist may not be as crucial in less complex systems, such as when counseling dyads. Because of the increased interactional complexity in groups, a "second set of eyes and ears" may make a big difference when group leaders are trying to keep track of multiple interactions. This is consistent with the theoretical writing on group coleadership that suggests that one of the benefits of coleadership is greater observational range in the group (e.g., Yalom & Leszcz, 2005). That is, in the complex interpersonal system that is group therapy, having more than one leader increases the chances of at least one of the therapists being able to attend to the many verbal and nonverbal interactions that are taking place within the group at any given time. This way, coleaders may help catch one another's "blind spots" within any given session, and thus serving to provide a better experience (i.e., more therapeutic) for the group members.

The current study did not provide support for our other hypotheses regarding group leadership structure, however. That is, there were no significant main effects for group structure (individually vs. coled) with regard to conflict or engagement (the significant interactions between group leadership structure and group size for avoidance and for relationship with the group are discussed below). It may be that the increased observational range allowed by having two leaders in the group may be particularly useful in helping individual group members feel as though their needs are being met, as reflected in the higher benefits of therapy ratings for coled groups. That is, with more than one

leader, there is a greater chance for at least one therapist to be able to attend to the needs of each individual group member, whether these needs are explicitly stated or not. Future research should examine the relationship between group leadership structure and outcome variables beyond group members' perceptions of benefits of therapy.

The current study also provided partial support for our hypotheses regarding group size. Specifically, increased group size was related to decreased levels of engagement and increased levels of conflict in the group. These findings are similar to studies of group size in organizational settings. For example, Lundgren and Bogart (1974) found that increasing group size was related to decreasing cohesion, a construct similar to engagement. They also found that increasing group size was related to a more competitive and argumentative group culture.

One explanation for the negative effects associated with larger groups may be found in the concept of deindividuation (Zimbardo, 1969). As group size increases group members feel more anonymous and less responsible for their actions. This deindividuation in turn leads to a weakening of individual behavioral controls and a lowered tendency to express behaviors that are normally inhibited. As a result, it may be that group members in larger groups, where there is greater deindividuation, may be less inhibited when it comes to expressing emotions and behaviors related to conflict (e.g., anger, distrust, rejection) than they might be in smaller group settings. In addition, this deindividuation may also contribute to social loafing (e.g., Karau & Williams, 1993) in larger groups. That is, in larger groups, participants may feel less individual responsibility and motivation for actively engaging in the work of the group than in smaller groups.

Our second aim in the current study was to examine whether group leadership structure interacted with group size to affect group climate and group member satisfaction. Group counseling and psychotherapy research suggests that there are potential benefits to smaller groups. For example, Daley et al. (1983) reported greater improvement and better attendance in smaller groups, and Castore (1962) reported decreased member-to-member interactions as group size increases. The significant main effects of group size on engagement and conflict

in the current study are consistent with this research, as they represent some of the potential negative consequences of larger group size. Research in organizational settings, however, shows that larger groups can have both negative (e.g., more conflict; O'Dell, 1968) and positive (e.g., more resources and better performance; Dennis & Valacich, 1993) consequences. Therefore, an important question is how to take advantage of the positive consequences of larger group size, while minimizing the negative consequences.

Theoretical writing in the group counseling and psychotherapy literature suggests that the presence of a coleader may help to mitigate some of the negative effects associated with the increased complexity of larger groups (e.g., Yalom & Leszcz, 2005). Therefore, in the current study, we hypothesized that there would be an interaction between group leadership structure and group size such that in individually led groups, increased group size would be associated with negative consequences for the group (i.e., less engagement, more avoidance and conflict, and lower ratings of group members' relationship with the group and benefits of therapy), whereas in coled groups, increased group size would be associated with positive consequences for the group (i.e., higher engagement, less avoidance and conflict, and higher ratings of group members' relationship with the group and benefits of therapy).

Consistent with this set of hypotheses, based on the results of the current study, it appears that coleadership may be particularly advantageous as group size increases. In the individually led groups, increased group size was related to greater levels of avoidance, and decreased quality of group members' relationship with the group. In coled groups, however, increased group size was associated related to lower levels of avoidance, and increased quality of group members' relationship with the group. We suspect that two leaders maximize the groups chance of utilizing the additional resources that increased memberships brings. For example, if one group leader is taking the lead in helping two group members communicate better, the other leader can be observing the reactions of the other members. This second group leader can pull other group members into the interaction by, for instance, requesting their feedback concerning the interaction. It is difficult for an

individual leader to be both involved in interactions and observing interactions, simultaneously. The second group leader can make sure that the group makes full use of its resources by keeping track of the involvement of noninteracting members. In addition, research by Maslach, Stapp, and Santee (1985) shows that the deindividuation associated with larger groups, as discussed above, can be lessened when group members receive individual attention. The research by Maslach et al. may help to explain why groups with two leaders are less avoiding and group members are more satisfied as group size increases. The two leaders can provide the individual attention that may help members feel less anonymous in larger groups.

Limitations

There are several limitations that qualify the interpretation of the results. First, group leaders were not assigned to type of leadership structure. Rather, group leaders opted to lead the groups individually or with a coleader or both. Because of lack of random assignment to type of leadership structure, it is inappropriate to make causal attributions about the effect of individual versus coleadership. We also do not know why leaders choose to lead groups by themselves or with a partner. Perhaps the "better" group leaders for some reason choose the coleader model. For example, the leaders that chose to colead may be more secure in their leadership ability and therefore more willing to make themselves vulnerable by allowing another leader see them in a leadership role. It would be interesting for future research to examine what goes into the choice of leading a group by one's self or leading with a partner.

Second, we examined semistructured structured groups composed of adolescents. It is unclear if more unstructured groups like those described by Yalom and Leszcz (2005), and groups composed of adult group members, would also benefit from a coleader model. Third, the group leaders were paraprofessionals with only a small amount of formal group training. Therefore, it is possible that leaders with less training may need to rely on a coleader more than leaders with more extensive group training. Future research should examine the individual versus coleadership with different types of groups and group leaders.

Finally, in the current study we examined the relationships between group leadership structure and group size, and group climate and group member satisfaction. Although both group climate and satisfaction have been found to relate to outcomes in therapy (e.g., Ogrodniczuk & Piper, 2003; Shapiro et al., 1997, respectively), it will be important for future research to examine the relationships between leadership structure and group size, and other outcome variables important to group treatment.

Implications

Despite these limitations, the results of this study were quite encouraging with regard to the use of coleadership in group treatments. Future research should look at mediating and moderating variables that may lead to more or less effective coleadership. Future research should also continue to examine the relationships between group leadership structure and group size in other types of group treatments, and with different populations. If future studies confirm the superiority of coled groups, Breeskin's (2010) advocacy of coleadership may come to be seen as a best practice in all group treatments. Given the interactions between group leadership structure and group size found in the current study, it may be particularly important for group therapists to utilize coleadership in larger groups. If group therapists are unable to utilize a coleader, an alternative may be to maintain small membership in any given group. This way, there is a greater possibility that each individual member will be able to benefit from individual attention from the therapist, and reduce the impact of deindividuation.

References

- Block, S. (1961). Multi-leadership as a teaching and therapeutic tool in group practice. *Comprehensive Psychiatry*, 2, 211–218. doi:10.1016/S0010-440X(61)80013-8
- Bowers, W. A., & Gauron, E. F. (1981). Potential hazards of the co-therapy relationship. *Psychotherapy: Theory, Research, & Practice*, 18, 225–228. doi:10.1037/h0086083
- Breeskin, J. (2010). The co-therapist model in groups. *The Group Psychologist*, 20, 5–6. Retrieved from <http://www.apadivisions.org/division-49/publications/newsletter/2010/11/issue.pdf>
- Brewer, M., & Kramer, R. (1986). Choice behavior in social dilemmas: Effects of social identity, group size, and decision framing. *Journal of Personality and Social Psychology*, 50, 543–549. doi:10.1037/0022-3514.50.3.543
- Bryk, A., & Raudenbush, S. (1992). *Hierarchical linear models: Applications and data analysis methods*. Thousand Oaks, CA: Sage Publications.
- Castore, G. F. (1962). Number of verbal interrelationships as a determinant of group size. *The Journal of Abnormal and Social Psychology*, 64, 456–458. doi:10.1037/h0042997
- Daley, P. C., Bloom, L. J., Deffenbacher, J. L., & Stewart, R. (1983). Treatment effectiveness of anxiety management training in small and large group formats. *Journal of Counseling Psychology*, 30, 104–107. doi:10.1037/0022-0167.30.1.104
- Dennis, A., & Valacich, J. (1993). Computer brainstorming: More heads are better than one. *Journal of Applied Psychology*, 78, 531–537. doi:10.1037/0021-9010.78.4.531
- Dick, B., Lessler, K., & Whiteside, J. (1980). A developmental framework for cotherapy. *International Journal of Group Psychotherapy*, 30, 273–285.
- Dies, R. (1994). The therapist's role in group treatments. In H. S. Bernard & K. R. MacKenzie (Eds.), *Basics of group psychotherapy* (pp. 60–99). New York, NY: Guilford Press.
- Dreikurs, R. (1950). Techniques and dynamics of multiple psychotherapy. *Psychiatric Quarterly*, 24, 788–799. doi:10.1007/BF02229835
- Durand, V. (1985). Employee absenteeism: A selective review of antecedents and consequences. *Journal of Organizational Behavior Management*, 7, 135–167. doi:10.1300/J075v07n01_09
- Fall, K. A., & Menendez, M. (2002). Seventy years of co-leadership: Where do we go from here? *Texas Association for Counseling and Development Journal*, 30, 24–33.
- Friedman, B. (1973). Cotherapy: A behavioral and attitudinal survey of third-year psychiatric residents. *International Journal of Group Psychotherapy*, 23, 228–234.
- Glick, W. H. (1985). Conceptualizing and measuring organizational and psychological climate: Pitfalls in multilevel research. *Academy of Management Review*, 10, 601–616. doi:10.2307/258140
- Hadden, S. B. (1947). The utilization of a therapy group in teaching psychotherapy. *The American Journal of Psychiatry*, 103, 644–648.
- Haleblian, J., & Finkelstein, S. (1993). Top management team size, CEO dominance, and firm performance: The moderating roles of environmental turbulence and discretion. *Academy of Management Journal*, 36, 844–863. doi:10.2307/256761
- Hendrix, C., Fournier, D., & Briggs, K. (2001). Impact of co-therapy teams on client outcomes and therapist training in marriage and family therapy. *Contempo-*

- rary *Family Therapy: An International Journal*, 23, 63–82. doi:10.1023/A:1007824216363
- Kanas, N., & Barr, M. (1986). Process and content in a short-term inpatient schizophrenic group. *Small Group Behavior*, 17, 355–363. doi:10.1177/104649648601700306
- Karau, S. J., & Williams, K. D. (1993). Social loafing: A meta-analytical review and theoretical integration. *Journal of Personality and Social Psychology*, 65, 681–706. doi:10.1037/0022-3514.65.4.681
- Kivlighan, D., & Angelone, E. (1992). Interpersonal problems: Variables influencing participants' perception of group climate. *Journal of Counseling Psychology*, 39, 468–472. doi:10.1037/0022-0167.39.4.468
- Kivlighan, D. M., & Goldfine, D. C. (1991). Endorsement of therapeutic factors as a function of stage of group development and participant interpersonal attitudes. *Journal of Counseling Psychology*, 38, 150–158.
- Kivlighan, D., & Tarrant, J. (2001). Does group climate mediate the group leadership–group member outcome relationship? A test of Yalom's hypotheses about leadership priorities. *Group Dynamics: Theory, Research, and Practice*, 5, 220–234. doi:10.1037/1089-2699.5.3.220
- Klein, K., & Kozlowski, S. (2000). *Multilevel theory, research, and methods in organizations: Foundations, extensions, and new directions*. San Francisco, CA: Jossey-Bass.
- Luke, M., & Hackney, H. (2007). Group co-leadership: A critical review. *Counselor Education and Supervision*, 46, 280–293.
- Lundgren, D., & Bogart, D. (1974). Group size, member dissatisfaction, and group radicalism. *Human Relations*, 27, 339–355. doi:10.1177/001872677402700402
- MacKenzie, K. R., Dies, R., Coché, E., & Rutan, J. (1987). An analysis of AGPA Institute groups. *International Journal of Group Psychotherapy*, 37, 55–74.
- MacKenzie, K. R. (1983). The clinical application of a group climate measure. In R. R. Dies & K. R. MacKenzie (Eds.), *Advances in group psychotherapy: Integrating research and practice* (pp. 159–170). New York, NY: International Universities Press.
- Maslach, C., Stapp, J., & Santee, R. (1985). Individuation: Conceptual analysis and assessment. *Journal of Personality and Social Psychology*, 49, 729–738. doi:10.1037/0022-3514.49.3.729
- Mehlman, S. K., Baucom, D. H., & Anderson, D. (1983). Effectiveness of cotherapists versus single therapists and immediate versus delayed treatment in behavioral marital therapy. *Journal of Consulting and Clinical Psychology*, 51, 258–266.
- Miles, J., & Kivlighan, D. (2008). Team cognition in group interventions: The relation between coleaders' shared mental models and group climate. *Group Dynamics: Theory, Research, and Practice*, 12, 191–209. doi:10.1037/1089-2699.12.3.191
- Mullen, B., Symons, C., Hu, L., & Salas, E. (1989). Group size, leadership behavior, and subordinate satisfaction. *Journal of General Psychology*, 116, 155–170. doi:10.1080/00221309.1989.97111120
- O'Dell, J. W. (1968). Group size and emotional interaction. *Journal of Personality and Social Psychology*, 8, 75–78. doi:10.1037/h0025326
- Ogrodniczuk, J., & Piper, W. (2003). The effect of group climate on outcome in two forms of short-term group therapy. *Group Dynamics: Theory, Research, and Practice*, 7, 64–76. doi:10.1037/1089-2699.7.1.64
- Okech, J., & Kline, W. (2006). Competency concerns in group co-leader relationships. *Journal for Specialists in Group Work*, 31, 165–180. doi:10.1080/01933920500493829
- Patterson, M., & Schaeffer, R. (1977). Effects of size and sex composition on interaction distance, participation, and satisfaction in small groups. *Small Group Behavior*, 8, 433–442. doi:10.1177/104649647700800403
- Paulson, I., Burroughs, J., & Gelb, C. (1976). Co-therapy: What is the crux of the relationship? *International Journal of Group Psychotherapy*, 26, 213–224.
- Rabin, H. M. (1967). How does co-therapy compare with regular group therapy? *American Journal of Psychotherapy*, 21, 244–255.
- Riva, M., & Smith, R. (1997). Looking into the future of group research: Where do we go from here? *Journal for Specialists in Group Work*, 22, 266–276. doi:10.1080/01933929708415530
- Roller, B., & Nelson, V. (1993). Cotherapy. In H. I. Kaplan & B. J. Sadock (Eds.), *Comprehensive group psychotherapy* (3rd ed., pp. 304–312). Baltimore, MD: Williams & Wilkins.
- Shapiro, J. P., Welker, C., & Jacobson, B. (1997). The Youth Client Satisfaction Questionnaire: Development, construct validation, and factor structure. *Journal of Clinical Child Psychology*, 26, 87–98. doi:10.1207/s15374424jccp2601_9
- Witte, E., & Davis, J. (1996). *Understanding group behavior, Vol. 1: Consensual action by small groups*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Yalom, I., & Leszcz, M. (2005). *The theory and practice of group psychotherapy* (5th ed.). New York, NY: Basic Books.
- Zimbardo, P. (1969). The human choice: Individuation, reason, and order versus deindividuation, impulse, and chaos. *Nebraska Symposium on Motivation*, 237–307.

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