

AN EVALUATIVE REPORT OF A PARTICIPANT APPROACH TO TEACHING GROUP THERAPY TO PSYCHIATRY RESIDENTS

GEORGE M. GAZDA and WILLIAM PITTMAN

University of Georgia, Augusta

Various methods have been utilized in training group therapists. Some of the methods reported in the literature are role training and experiential training (J. L. Moreno, 1946); didactic teachings, vicarious experiences (Hadden, 1947); apprenticeship training, seminar discussion groups, participant learning (Ahearn, 1968; Sadock, Kaplan, and Freedman, 1968; Sisson, Sisson, and Gazda, 1973; Warkentin, 1955); and various combinations of the above single approaches (Berman, 1953; Ganzarian, Davanzo, and Cizaletti, 1958; Horwitz, 1968; Ruiz and Burgess, 1968).

J. L. Moreno (1946) was the originator of the experiential mode for training and treatment. His development of psychodrama and sociodrama and his pioneering work in group therapy, having coined the terms group therapy and group psychotherapy (Gazda, 1975), provided the theoretical rationale for succeeding experiential models.

Participant learning, whether used as the sole technique or in combination with one of the other techniques listed above, is believed by the authors to be extremely effective (Sisson, et al., 1973; McMurrain and Gazda, 1974; Ahearn, 1968). The present study was initiated in an attempt to obtain some evidence to support this belief. The senior author's participant learning approach, which he uses with psychiatric residents at the Medical College of Georgia, was the subject of evaluation. The study's unique feature is that it reports the results of a questionnaire administered to current and past group members, in an attempt to validate and improve the participant approach to teaching group therapy. The senior author's particular approach to group counseling/therapy is termed Developmental Group Counseling (Gazda, 1971, 1975).

The authors realize that the actual group situation in a participant learning approach is not identical to the real group situation that the prospective leaders will face. There is at least one aspect of this participant learning situation that needs to be mentioned. That is, the members know that the group is not a real therapy group; they are not emotionally disturbed clients or patients seeking relief. Hence, they may use the simulation aspect of the situation as a defense against involvement in depth. With

leader awareness, the above situation need not be detrimental to the group's development, but if interpreted appropriately, may be conducive to the group's development.

PROCEDURE

Over the years, the groups at the Medical College of Georgia have been typically composed of from 8 to 14 psychiatric residents, with an average of 9 members. Membership in the groups has been voluntary. The groups have been open-ended with each group running from mid-September to June or July. As such, the length of time that each resident was a member varied. Some residents attended for approximately nine months during all three years of their residency, while others attended not at all or for only a portion of their residency.

The goal of the present study was to validate the participant learning approach. A questionnaire, containing 13 items, was developed by the authors to survey the attitudes of former and current group members towards their group experience. Current and former group members were sent or given the questionnaire package. Each package contained a cover letter from the senior author explaining the purpose of the research and soliciting their cooperation. The questionnaire itself and a stamped return envelope addressed to a faculty member at the Medical College completed the package. The faculty member then removed the completed questionnaires and returned them to the senior author. This procedure was described in the instructions given to the respondents to ensure that there would be complete anonymity and freedom to react to the questionnaire without bias.

RESULTS

Twenty-five questionnaires were sent to former group members. Seventeen were returned. Thirteen questionnaires were handed out to current group members with ten being returned. Seventy-one percent of all the questionnaires sent or handed out were completed and returned.

The number of months that residents remained in the group ranged from a low of 2 months to a high of 26 months, with a mean of 11.9 months. Of the 17 respondents who had completed their residency, the mean number of months since completing their residency was 50.1 with a range of from 7 months to 8 years. The time span of a member's participation ranged from 3 months to 3 years with a mean of 19.3 months.

Respondents' evaluations of the group experience were separated into current and former residents. This was done to control for a possible bias among the current members since they were still in direct contact with the

senior author. In addition to the separate figures for current and former respondents, the authors also computed combined percentages.

The questionnaire form allowed the respondents to evaluate their experience on a five-point scale from Very Helpful to Very Harmful. In regard to personal growth, 29% of the former members evaluated the group as Very Helpful, 65% rated it as Helpful and 6% as Neutral. Of the current members, 50% rated the group experience as Very Helpful and 50% as Helpful. When the two groups were combined, 37% rated the group as Very Helpful, 59% as Helpful and 4% as Neutral.

When asked to evaluate the effect of the group experience on the respondent's professional role, 29% of the former residents evaluated the experience as Very Helpful, 65% as Helpful, and 6% as Neutral. Of the current residents, 40% evaluated the group as Very Helpful, 50% as Helpful and 10% as Neutral. Combining the two groups yielded results of 33% Very Helpful, 59% Helpful, and 7% as Neutral.

Concerning the question of whether or not the group experience should be continued as part of the training, 53% of the former residents responded "Very Strongly, Yes" on a five-point scale from "Very Strongly, Yes" to "Very Strongly, No." Forty-one percent of the former residents responded "Yes," and 6% were "Neutral." Of the current residents, 70% responded "Very Strongly, Yes," and 30% "Yes." Once again, combining the groups resulted in 59% responding "Very Strongly, Yes"; 37% "Yes," and 4% "Neutral" when considering whether the group experience should remain a part of the program.

Of the 17 former residents, 59% had practiced group therapy since completing their residency, while 41% had not. Of those that had practiced group therapy, 100% reported that the group experience during their residency had been helpful to them. Finally, 47% of the former residents said that they had sought additional training and/or therapy while 53% reported that they had not.

DISCUSSION

The authors began the research with the belief that the participant learning approach used either singly or in combination with other approaches was an effective and efficient means of training group therapists. One of the advantages to such an approach was that it afforded the group members an opportunity for personal growth. The results would tend to support this since 96% of the respondents found the group experience "Helpful" or "Very Helpful" in facilitating personal growth.

The authors felt that a second advantage to the participant approach was that it increased the future group therapists' empathic understanding

of their own group members. One resident put it quite simply stating that it was an experience "in learning what it felt like to be a participant." Another said, "the experience made me more aware of the needs and feelings of my patients and the processes they are going through during their group growth process."

A third advantage to the participant learning approach is that it allows the group members to experience the force of group dynamics. From the comments of the former and current residents, it would seem that of the three advantages to the participant approach, this advantage was stressed least. However, evidence was there that it was indeed an advantage.

A fourth advantage to the participant learning approach emerged as the authors studied the returned questionnaires. It became apparent that the group experience provided the residents with a forum for solving problems among themselves and thereby increased cohesiveness among the residents. This feeling of "oneness" was valued highly by the residents who were involved in a demanding program.

It would be misleading to suggest that all of the respondents had a positive group experience. Two of the respondents, one a current resident and one a former resident, saw little in the group experience to recommend it. The former resident was particularly critical of the lack of a screening process. The senior author was aware of this, yet he felt that a screening process with the possibility of excluding members would be more harmful in the academic setting of this group than would the lack of a screening procedure. Individual therapy was available to any member who requested it. The current critical resident felt that "relationships in the group were not adequately facilitated" and that "group dynamics and therapy were not taught or demonstrated."

A number of residents, though reporting a valuable group experience, made suggestions at the authors' request that might improve the learning experience. One of the suggestions was for more didactic material. This suggests a combined didactic experiential approach. Another resident suggested a rotating group leadership in which the residents would assume leadership of the group. Other suggestions were for more specific goal statements by the leader and for more discrete demonstrations of various group leadership techniques.

The suggested changes have been incorporated in the current group program. The first 1½ hours of the weekly three-hour program includes a seminar on various group therapies with demonstrations of techniques relevant to the model under study. The second 1½ hours consists of a personal growth-type group experience led by the senior author. Rotating group leaders has also been practiced with very good results.

CONCLUSION

The authors sought, via a questionnaire, to validate the participant learning approach utilized by the senior author in training psychiatric residents in group therapy. The response from former and current residents strongly supported the use of the participant learning approach. Based on the results of this study, the authors strongly suggest that training programs for group leaders include an experiential component. The data suggest that in so doing, cohesiveness and camaraderie are increased, empathic understanding is increased, personal growth often results, and group dynamics come alive in the experiencing of group interaction.

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- The authors can be reached at the University of Georgia, College of Education, 408 Aderhold Hall, Athens, Ga. 30602.*