

AN EXPERIMENT IN PSYCHOTHERAPY TRAINING

ANNA THARYAN

ABSTRACT

Group supervision was initiated in order to meet the training needs of psychiatric postgraduates. The experience of the group was surveyed at the end of one year. It was found that the use of groups as an adjunct to individual supervision was an eminently practical and acceptable method of facilitating training, accessing peer group support and auditing clinical care.

Key words : Psychotherapy training, group supervision

Psychotherapy has arisen from the couch and emerged from the ivory tower and is recognized as a useful tool in the armamentarium of the mental health professional (Bradbury, 1996). In India, a paucity of specialist psychotherapy services, makes it necessary for the general psychiatrist to have a working knowledge of psychotherapy. Psychotherapy experience therefore forms an essential part of psychiatric training (Shamsundar, 1998).

Familiarity with basic psychotherapeutic skills would enable doctors working in general medical setting to assess psychogenicity, overcome patients' resistance to psychiatric referral and manage psychiatric emergencies in general medical wards. Psychotherapy training would therefore appear to be a desirable component of all medical postgraduate training.

The survival of psychotherapy in a world increasingly enamoured with biology and pharmacology, can only be ensured by providing trainees with learning experiences which encourage the exploration of this skill. Previous reports on psychotherapy training highlight the challenges involved such as constraints of time and personnel (Pandit et al., 1996). This paper attempts to describe the experience of group supervision for psychotherapy training in a general hospital psychiatry unit where it was

introduced as a means of overcoming these constraints.

Rationale : Psychotherapy training through both the didactic mode of seminars as well as through individual supervision has been a well established part of post graduate education at our centre. However, the initiative for teaching has largely depended on individual enthusiasm on the part of supervisor and trainee. As a result, motivated students have been able to access excellent guidance from those with years of experience whereas the less motivated have avoided individual supervision in a variety of ways known best to the hard pressed post graduate registrar. More importantly, those who were timid or lacking in self confidence have missed training opportunities by default. It was felt that group supervision would help ensure a more even and consistent spread of training.

Aim : The aim of the experiment was to specifically address the following : i) the problem of providing supervision for students at varying levels of expertise; ii) the need to maximize the use of available "Expert Trainer" time; iii) the need to encourage continuing commitment to learning psychological management in any environment characterized by numerous competing demands on time and poor rewards at the examination, for practical skills in this area; iv) the need to determine the structure of training

AN EXPERIMENT IN PSYCHOTHERAPY TRAINING

which would be most acceptable to students, and therefore minimise their reluctance to take up training opportunities.

MATERIAL AND METHOD

The experiment was conducted in one of the two adult psychiatry units of the department. The available teaching staff in this unit consisted of four psychiatrists (one professor, one associate professor and two junior lecturers), one psychologist and one psychiatric social worker. All available staff were included in the group. In addition to teaching responsibilities, members of staff have clinical and research commitments. Total time available for psychotherapy supervision per consultant does not exceed two hours a week and in practice is closer to half to one hour a week. Training received by staff ranges from informal training to supervised mandatory training at other centres in India and in the United Kingdom. None of the staff had been formally initiated into the process of psychotherapy supervision.

At any given time, five to seven psychiatric postgraduate students were posted in the unit, with psychiatric experience ranging from less than six months to nearly five years. In addition, there were one or two non post graduate registrars as well as postgraduate students from the departments of general medicine, community health, family medicine and physical and rehabilitative medicine posted for periods varying from three to six weeks. In addition to variations in their areas of specialization, these students also differed in experience, affinity, interest and aptitude.

The brief survey of the patient population which follows, gives an idea as to the psychotherapy needs and training opportunities which present at our centre. Forty percent of out patients suffer from psychotic conditions and sixty percent suffer from non psychotic conditions. Among inpatients, the proportion suffering from neurotic conditions ranges from five to twenty percent. Conditions commonly requiring psychotherapy include the following,

alone or in combination : depressive disorders, obsessive compulsive disorder, dissociative disorders, somatoform disorders, personality disorders, generalized anxiety disorders, marital disharmony, sexual dysfunctions, alcohol and drug dependence.

The suitability of patients for psychotherapy varies widely on the dimensions of psychological sophistication, complexity of presentation, motivation for treatment, financial capacity, time available for therapy and proximity to the department. The drop out rate during follow up of outpatients was about fifty percent. The average duration of inpatient stay for the treatment of neurotic problems was four to eight weeks. The languages spoken by the patients included Tamil, Telugu, Malayalam, Hindi, Bengali and English with a majority being fluent in Tamil. All these factors play a major role in determining allotment of cases to trainees and in limiting training opportunities available to them.

Against this background of competing needs, preferences and constraints, an open group was started primarily for supervision of ongoing psychotherapy. The group aimed to meet every week for one to one and a half hour sessions. The topics discussed were chosen by the group, based on the need of the hour. Except for a continuing emphasis that discussions had to be based on actual clinical experience, there was no other fixed agenda or syllabus. The members were encouraged to bring to the group, unsuccessful as well as satisfactorily completed therapies, doubts as well as discoveries. The approach to therapy included elements from a range of schools, varying from the purely behavioural to the brief dynamic strategies.

While verbatim records were not kept, the main themes discussed were documented by the author.

At the end of one year, a questionnaire survey (appendix) was conducted to compare individual with group supervision. Complete anonymity was preserved. Subsequent to the analysis of the survey, the results were discussed in the group and further comments were collected.

RESULTS

The questionnaire was completed by all twelve members of the group available at the end of one year. The number of members eligible to join the group at any one time ranged from ten to fifteen. There was an average of ninety percent attendance despite absence of any heavy handed insistence on attendance. This group seems to have had better luck than the rapidly dwindling attendance of the experience of Davies (1998). Except for four sessions in December, 1997 and two sessions in May 1998 which were planned holidays, only four other sessions were canceled due to absence of members or other planned curricular or clinical activities. A total of forty-one sessions were held. Absence of any one individual did not automatically preclude the possibility of a session being held as would happen in individual supervision. Whereas interest and creativity may have flagged more easily in individual supervision, as a group this endeavour seemed to have harnessed the best in each member.

(I) The nature of themes discussed : The list of topics which follows demonstrates the broad sweep of issues which came up for discussions.

A sample of topics discussed

1. Grief work.
2. Difficulties experienced in the psychological management of somatoform disorder.
3. Boundary setting in therapy.
4. The task of setting realistic goals in cognitive behaviour therapy of the anxious personality.
5. The narcissistic transference.
6. Counselling in subjects with HIV & AIDS.
7. The influence of deviant personality traits on symptomatology, therapy and prognosis.
8. Relaxation training
9. Anxiety management training.
10. Cognitive therapy for delusions.
11. Management of the DHAT Syndrome and the reactions of female therapists to the therapy of male sexual dysfunction.
12. Managing anxiety generated in the therapist during the treatment of a suicidal patient.

13. The therapeutic potential of dream interpretation.

14. Impact of care givers distress upon the psychological problems in a person with post encephalitic spastic paralysis.

15. Management of persistent pain of non-organic origin.

16. Behavioural management of obsessive compulsive disorder.

Apart from conveying factual information it was also possible to elicit emotional reactions experienced by trainees but rarely revealed to supervisors. An example of this was the almost universal opinion of female therapists that the management of sexual dysfunction in males was a particularly difficult area for the female therapist and a condition which they would rather not take up for therapy. Difficulties with boundary setting when working with patients of the opposite sex and with those older than the therapist was yet another area which came up for discussion in the group which was in the authors opinion rarely brought up in individual supervision. Individual likes and dislikes were explored and contrasted in a way that revealed the personality attributes of the therapist which may have determined these preferences. Apart from attention to treatment decisions it was also possible to focus on aspects of the therapeutic relationship, transference and counter transference and other process issues.

(II) Frequency of supervision : Prior to the group sessions each therapist took up between six to fifteen patients for psychotherapy over a six month period and the average number of sessions of individual supervision was less than one per week (9 respondents). During the group sessions each therapists would have had the opportunity to present or listen to the presentation of at least one case per week, that is twenty four cases in six months. Thus the group sessions increased the exposure to psychotherapeutic issues.

(III) Preferences : All the respondents found individual supervision preferable for the purpose of accessing help for making management

AN EXPERIMENT IN PSYCHOTHERAPY TRAINING

TABLE 1
FREQUENCY OF SUPERVISION

Individual psychotherapy in six months prior to attending groups	No. of patients	No. of members
	0	2
	1-15	3
	6-10	3
	11-15	3
	>16	1
Individual supervision attendance rate in the six months prior to group supervision	Frequency	No. of members
	0	1
	< one per week	9
	one per week	2
Group supervision attendance rate in the previous six months	Frequency	No. of members
	0	0
	< one per week	0
	one per week	2

decisions on individual cases. However, group supervision was found more useful by all members except one, with regard to exposure to general issues in psychotherapy and for learning from others' experiences. Learning about oneself was considered equally possible in group and individual supervision (five out of twelve respondents favoured the group).

TABLE 2
TRAINEES PREFERENCE BETWEEN INDIVIDUAL AND GROUP SUPERVISION

	G>I	I>G	G=I	Blank
A. Usefulness for clearing doubts about management of individual patients	0	10	1	1
Adequacy of exposure to general issues in psychotherapy	10	0	1	1
Learning from other people's experience	8	1	2	1
Learning the theory of psychotherapy	4	5	2	1
Discovering one's own personality attributes	5	4	2	1

G>I - Group superior to individual supervision

I>G - Individual superior to group supervision

G=I - Group equal to individual supervision

Blank - Not answered

(IV) Peer support : While all consultant level staff were able to access the peer support necessary for working with difficult cases through the group, the junior members of the group (eight out of nine respondents) found the experience of talking

about their work in a group more threatening than supportive. The comments during the final discussion revealed that the trainees were apprehensive about exposing their ignorance to their peers. However none of them felt that the group should therefore be terminated. The general opinion was that although nerve-racking, the exercise was useful.

From their comments it could be interpreted that although revealing one's inadequacies was experienced as threatening, trainees found it easier to accept suggestions from their peers than from seniors, who expertise and stress levels are perceived by trainees as different from their own.

(V) Self directed learning : After imbibing accepted wisdom from published literature and the mentor, the students of psychotherapy need to find out for themselves how to translate theory into practice in a way that is relevant to the current environment. In providing space for reflection as opposed to action, the group allows novice and expert alike, to find out what works in our culture, in our language, subject to the demands of our working environment.

(VI) Training in supervision : Junior consultant therapists (upto 3 years after completion of post graduate studies) who may not have plunged into the role of supervisors themselves were encouraged to participate as supervisors and were supervised by the group during the process of gaining experience.

(VII) Tapping the potential : While "Expert Opinion" remained limited within the group it was observed that trainees above the level of the initial year were able to offer support and help shed light on dynamics in a way that was very useful. The relatively informal environment of the group allowed each member to function interchangeably at the levels of students and teacher.

(VIII) Audit of patient care : The group served not only the purposes of training and learning but also allowed monitoring of patient care. As therapists at all levels of expertise were invited to talk about ongoing care of patients, there was ample opportunity for the senior members of the group to make themselves aware of problems

ANNA THARYAN

faced by the junior members or of the trainees in their treatment plans or decision making skills. (IX) Applicability of the model : The problems experienced by Kerr et al. (1998) of chopping and changing from the management of psychiatric emergencies and routine psychiatric assessment to the psychological approach was not experienced as a major issue by the trainees of this group. The reason for this may be that adherence to any particular school of therapy was avoided. The psychotherapeutic approach in its more eclectic form has been traditionally used at our centre as just one more tool in the knowledge and skill base of the psychiatrist, to be applied in accordance with the need of the individual patient. The psychiatrist working in a general hospital unit in a developing country needs to be able to flexibly combine medication with a range of psychotherapeutic interventions instead of focussing on a particular type of psychotherapeutic approach and insisting upon the patient adjusting to that particular school of thought. Similar sentiments have been voiced by those who recognized the need for integration in psychotherapy (Holmes et al. 1995).

Limitations : The impression that this group served a specific purpose could not be supported by an objective measure of increased effectiveness in therapy. While a test of theory could have been devised, a quantifiable objective measure of skills or wisdom is not available.

Group supervision has been compared to individual supervision which itself is highly variable in the way it is conducted. If the aims and techniques of training and the experts available were the same for the group as well as individual supervision, the results may have been more revealing.

DISCUSSION

Hess (1980) defined supervision as "a quintessential interpersonal interaction with a general goal that one person, the supervisor meets with another, the supervisee, in an effort to make the latter more effective in helping

people in psychotherapy". While there is increasing recognition of the role of psychotherapeutic approaches in general psychiatric practice (Holmes, 1991) and that this work can occur at varying levels of sophistication (Cawley, 1977) relatively little is written, however, about clinical supervision of such work in general psychiatric settings.

This experiment has been undertaken within the limitations of the scarce resources available. The methods adopted digress from standard formats used for training in the west, where peer groups are rarely combined with supervisory or teaching groups, and theoretical discussions are separated from the process of making treatment decisions. The eclectic approach adopted by this group, combining cognitive, behavioural and dynamic approaches would not find favour in any one school in the western approach to psychotherapy training. The members of this group have necessarily had to continue their role as general psychiatrists and prescribe medication to the patient's taken up for psychotherapy as and when required. This combination of pharmacotherapeutic and psychotherapeutic strategies especially during training would be considered extremely ill advised by most traditional western psychotherapy training centres. These digressions from standard teaching have survived the test of daily clinical practice in this experiment.

This experiment has shown that group supervision is possible and acceptable within the busy schedule of a general hospital psychiatry unit in India. Limited expert time can be used effectively to facilitate learning in a mixed open group setting. The main benefit derived from this exercise has been the demonstration that it is possible to encourage trainee and professional to address general issues in psychotherapy with reference to particular cases, in a way that has circumvented the usual manifestations of 'Resistance'.

In conclusion, while group supervision cannot replace individual supervision, it can form a useful adjunct.

AN EXPERIMENT IN PSYCHOTHERAPY TRAINING

REFERENCES

- Bradbury,S., O'Brien,L. & Gopfert,M. (1996)** Psychotherapy - a surbey of psychiatrists' attitudes, beliefs and practice. *Psychiatric Bulletin*, Vol.20, 20, 15-19.
- Cawley,R.H. (1977)** The teaching of psychotherapy. Association of University Teachers of Psychiatry Newsletter, Jan., 19-36.
- Davies,S.P. (1998)** Psychotherapy on a shoestring : omproving training using existing resources. *Psychiatric Bulletin*, Vol.22, 702-705.
- Hess,A.K. (1980)** Psychotherapy Supervision : Therapy, Research and Practice. New York : Wiley.
- Holmes,J. (1991)** *A Textbook of Psychotherapy in Psychiatric Practice*. Edinburg: Churchil Livingstone.
- Holmes,J. & Mitchison,S. (1995)** A model for an integrated psychotherapy service. *Psychiatric Bulletin*, Vol.19, 209-213.
- Kerr,M., Birtle,J., Bond,A., Whitehouse, S. & England,S. (1998)** Dynamic psychotherapy supervision for psychiatric trainees. *Psychiatric Bulletin*, Vol.22, 44-46.
- Neki,J.S. (1977)** Psychotherapy in India. *Indian Journal of Psychiatry*, 19, 2, 1-10.
- Pandit,S.A., Bhole,S., Parkar,S. & Shah,L.P. (1996)** Trainee psychiatrists views on psychotherapy : A survey. *Psychotherapy Training in India*, 127-132.
- Shamsunder,C. (1998)** Who needs psychiatry, who cares for psychiatry? *Indian Journal of Psychiatry*, 40, 3-30.

ANNA THARYAN, MD, DPM, MRCPsych. Associate Professor, Department of Psychiatry, Christian Medical College, Vellore-632002.