Group Psychotherapy Research that the Practitioner Might Actually read

Les R Greene, Ph.D.

Department of Veterans Affairs and Yale University Dept. of Psychiatry

The Pick-your-news Inventory

For each item below, imagine that you are sitting at the breakfast table with a psychotherapy newsletter that reports on two recent group psychotherapy papers. You have time to read only one. Check (√) the one you prefer to read

1)____ Mentalization-based group therapy for inpatients with borderline personality disorder: Preliminary outcome findings
   OR
   _____Structure and leadership in mentalization-based group therapy for borderline personality disorders: A clinical analysis.

2)_____A randomized clinical trial of group cognitive processing therapy compared with group present-centered therapy for PTSD among active duty military personnel.
   OR
   _____Applying group process theory in the development of a model of group therapy for partners of combat veterans with post-traumatic stress disorder.
3. _____A randomized controlled trial on the efficacy of mindfulness-based cognitive therapy and a group version of cognitive behavioral analysis system of psychotherapy for chronically depressed patients.  
   OR  
   _____Acceptance-based group therapy and traditional cognitive behavioral group therapy for depression: Exploring mechanisms of change

4. _____The capacity to use the group as a corrective symbiotic object in group analytic psychotherapy: Its empirical relationship to outcome.  
   OR  
   _____On making a home amongst strangers: Reflections on the paradox of group psychotherapy.
For the following item circle the number that best reflects your professional identity, ranging from psychotherapy researcher to practitioner:

1 2 3 4 5

researcher practitioner

5. ____ A research study on the mechanisms of change in an emotion regulation group therapy for deliberate self-harm among women with borderline personality disorder.

OR

____ Client-centered/experiential group psychotherapy with borderline clients: Conceptual analysis of specific processes and challenges.

Top preference: Studies of the therapeutic relationship and mechanisms of change [inner workings]
- Understanding mechanisms of change
- Therapeutic relationship and its effect on outcomes
- Problems in the therapeutic relationship (alliance ruptures/repairs)
- Common factors across therapies (alliance, empathy, expectations)
- Boundaries of the therapeutic relationship

Least preferred: Treatment manuals
- Real-world applications of manual-based interventions
- Using manuals and their effects on outcomes
- Adherence to manuals and their effects on process
Therapists’ complaints about psychotherapy research

1. Irrelevance.


“The typical pre-post ANOVA methodology that analyzes differences averaged over groups of people is simply not capable of addressing such theoretically and clinically core issues as the optimal timing of an intervention, the mechanisms underlying the effectiveness of the intervention, and for whom such an intervention would be most beneficial.”

2. The stacked deck phenomenon: Outcome studies employing non bona fide or absent control groups.

“Doing something is better than doing nothing”

Pristine laboratory conditions vs. the messiness of 'real world' practice
3. Dissemination of EBTs or the lack of researcher-clinician dialogue


…the longstanding split or standoff between researcher and therapist is analogous to a dysfunctional marriage with both partners feeling abused and ignored. Insisting only that the partner must change just doesn’t work; it inevitably leads to counterattack or stonewalling. The process of healing a bad marriage, like the problem of resolving the estrangement between researcher and practitioner, entails efforts at restoring empathic understanding of the other and, ultimately, a shared commitment for mutuality and reciprocity. Two-way communication between equals, albeit with differing needs and values, rather than an exclusive top-down dissemination, is needed for the advancement of both science and practice.

4. Failure to replicate, or can I trust the treatment manual?
Thesis: Shifting psychotherapy research away from its purely outcome-oriented focus to studies that explore more of the nuances and inner workings of the here-and-now clinical situation can bring researchers and practitioners together.


10.

Moderator analyses

Different strokes for different folks
Or
One shoe does not fit all

It may be easier to demonstrate change than to uncover or discover hidden, underlying processes, especially when they do not necessarily derive from one’s preferred theoretical framework.
8.

Sequential analyses

How does what happens over time affect outcome?

7.

Case studies

How can we construct and refine theory from detailed clinical observation?

6.

Training effects

How and what kinds of training make a difference


5.

Therapist effects


“...it is important to differentiate among therapists and to include dimensions of therapists in studies of therapeutic outcome.”
4.

Methods and measures to study interpersonal relations in the group

group psychotherapy: A social relations model analysis of transference.
Group Dynamics, 12, 290-306.

Greene, L.R., et al. (1985). Splitting dynamics, self representations and
boundary phenomena in the group psychotherapy of borderline
personality disorders. Psychiatry, 48, 234-245
3.
Studies of core group processes

What are the process variables that really make a difference?

Kivlighan, D (2014) Three important clinical processes in individual and group interpersonal psychotherapy sessions. Psychotherapy, 51, 20-24. [here-and now focus; disclosing clients’ impact messages; corrective emotional experience]


You say cohesion and I say cohesiveness

“One option would be to stop talking about cohesiveness and...use more specific constructs, [such as] identification, homogeneity and interdependence”


How many therapeutic factors are there? 11? 12? 3? 4?


“…as we have moved toward identifying fewer, more global and interdependent therapeutic factors, we are approaching more clarity about the underlying mechanisms of therapeutic changes in the group modality.”


“…continuing to identify specific client populations and creating yet another ranking of therapeutic factors is not going to be a beneficial strategy for enhancing our knowledge about the role of therapeutic factors in group treatment.”
2. Studies of good and poor outcomes in the same group


“Case comparison is one of the most powerful methods in case study research, since analyzing two or more similar types of cases with contrasting outcomes can result in generalizable knowledge that goes beyond what one single case study can offer.”

1.
Studies of integrative approaches to group work

Cognitive-behavioral and psychodynamic
Psychoeducative and process


“Ongoing group processes or hidden agendas arise spontaneously, owing to the idiosyncratic character or circumstances of the members, the eliciting quality of the didactic material, evolving interactions among participants, and reactions (realistic and transferential) to the manner and sensitivity of the group leader’s presentational style….No amount of careful planning or captivatingly colorful presentation can prevent dynamic group processes from arising. The leader’s only choice is how and when to use group process to support psychoeducational aims.”

“And to maximize learning opportunities, the psychoeducational group leader must be attuned to the stirrings within the group. Ongoing attention to group processes allows for proper presentational timing, selection of relevant informational points, and a sensitivity as to when it is advisable or even necessary to interrupt and punctuate the lesson plan in the service of ventilation, integration, and assimilation.”
Conclusion

You don’t need to know your F-test from your t-test, but reading the psychotherapy process literature can help you sharpen your clinical acumen and conceptual skills.