

The 17th. International Symposium of the Group Analytic Society International:
Crossing Borders - Social, Cultural and Clinical Challenges.

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Sub Plenary / Researchers panel

Research in Group Analytic Psychotherapy. What have we achieved so far?
Kristian Valbak (chair), MD., PhD.

Dear colleagues and Friends. Dear audience.

Good afternoon and welcome to this sub plenary about data based research in group analytic and group dynamic psychotherapy.

Let me start by presenting my fellow researchers:

From your left is Christer Sandahl from Sweden.

He is a clinical and organizational psychologist, group analyst and senior professor at The Karolinska Institute in Stockholm. He has recently - together with a group of group analysts - published a book: 'The potential of the group. To conduct and develop group treatment' (In Swedish)

Then we have Steinar Lorentzen, I think also well known to many as a very active researcher, and by his book: 'Group analytic Psychotherapy. Working with affective, anxiety and personality disorders'. He has given several workshops and seminars about his project, both at home and abroad. He is Professor emeritus and doctor medicus at the Institute for Clinical Medicine at the University of Oslo

On my right is Bernhard Strauss. He is - I have been told - with his long experience and large production of articles, very important and influential in the German research milieu. He is professor, Psychologist, Licensed Psychotherapist with training in psychodynamic psychotherapy, psychoanalysis and group psychotherapy. He is Head of the Institute of Psychosocial Medicine and Psychotherapy, a unit of the University Hospital (Medical School) at the Friedrich-Schiller-University in Jena (Germany)

[Yes I have noticed: We are four male professors.]

My name is Kristian Valbak. I am associate professor at the University of Aarhus and consultant Psychotherapist and group analyst at the University Hospital in Aarhus, Denmark and also member of the Management Committee of GASI.

The title of the discussion and of my presentation is:

'Research in Group Analytic Psychotherapy. What have we achieved so far?'

The original plan was to have a discussion after the four presentations. It now happens that we can have the later session this afternoon for discussion. Therefore you are invited there to participate in an open fish bowl discussion the title of which will be:

'The status and future of research in group psychotherapy: Mutual interests or different worlds?'

Now, let me start this sub plenary by defining 'data based'.

That means 'based on data, which are gathered by the therapist, an outside research person or the client/patient – himself, usually in a questionnaire'. Data are selected, in this procedure reduced and collected in a chosen, disciplined and rigoristic way and thereafter structured and/or analyzed by statistical methods.

The results are presented accompanied by a discussion not only of the results, but maybe more important - a discussion of the validity of the methods and measures, not least its limitations, met by the researcher in the research process.

Usually it is expected that the researcher also conclude, if the results can have implications for the clinical work.

There is of course other ways of acquiring knowledge, but for this moment I will not dive into an epistemological discussion.

Let me also state, that when I talk about clinicians, I mean professionals, often psychiatrists and psychologists, who work with patients in the Mental Health services or in private practice. From this discourse back to the theme of this panel presentation.

In an article by a group of Norwegian clinicians and researchers published in The Journal of Group Analysis titled 'Can the Clinician-researcher Gap be bridged?' they refer a survey from Canada, where several group practitioners:

And I quote:

'maintained, that psychotherapy failed to capture the complexity in group psychotherapy, and that the results were nor representative of clinical practice. Almost all respondents were of the opinion that qualitative single group studies and individual case studies were not appreciated enough. Some claimed that studies of relational problems were considered to be less important than studies of specific treatment methods. All found the moderating and mediating factors or outcome to be the most interesting research challenges for the future.'

(Horneland et al., 2012)

I suspect this also covers pretty well the opinion of many clinicians in our Society.

Some claim they don't understand the language of research and some say that the data based research present results which are already known from the clinic or the results are redundant.

For that reason - among others - I have invited prominent researchers to give their opinion on which research had - or should have - most impact on our clinical work with patients in the Mental Health Services. I hope we can get a clear statement about that.

We know from the review done 8 years ago by colleagues from The University of Sheffield and sponsored by the IGA London and the Group Analytic society, that there are only a moderate amount of studies performed on group analytic psychotherapy or group dynamic psychotherapy (only 37 primary studies and 19 reviews were found). Most of the studies have a small number of patients. The researchers came from different countries in Europe and Canada.

Outside this in English published research is however a larger amount of research on group psychotherapy with alternative theory and method than the group analytic. There is a North American tradition for example represented by Irwin Yalom and Modyn Leszcz, and there is a German tradition developed in the milieu of the psychosomatic departments and represented for example by Bernard Strauss and his co-workers and by Ulrich Schultz Venrath. (But don't take these colleagues as inclusive; I am not as well informed about names as I perhaps should be)

Guidelines - like the American Group Psychotherapy Association's Practice Guidelines for group Psychotherapy - made by science to service task force from 2007 - are well known examples of how to provide the clinician with knowledge.

More recent there is Steiner Lorentzen's manual for short-term group analytic psychotherapy, originally used for research but now available as guidance for the clinician.

An older example is the long lasting workbook by Kennard, Robert and Winter. The examples in the book, truly loved by our candidates in training for its highly readable and extremely informative format - are also based on research.

In my own work with patients I have without much effort integrated technics and methods from these other traditions with what I learned in my own training in Group Analysis.

For example I have found the theory and some technic used in mentalisation-based therapy useful in the application of group analytic psychotherapy with Borderline patients.

Does our work have a positive effect?

At the autumn workshop in Aarhus in November 2016 the question was raised somewhat rhetorically why we shall do data based research. The answer was that it would be unethical not to do it.

There have been and still are many examples of psychological treatment that either does not work or – maybe more precise - does not work with all patients or problems. The essential question - which we sometimes do not take seriously enough - is what kind of treatment will work for what kind of patients under what kind of circumstances. This is still relevant today. We must have interest in if - what we are doing - is helpful to the clients and patients. The therapy must be helpful not only when the therapist is present, but also when the therapist is away. Is the therapy actually more helpful to the therapist than to the patient? And we must also have a cost-benefit view on our work.

Accreditation

From my long attachment to EGATIN I know that many clinicians have a need to get their professional work acknowledged by third party providers. For some this recognition depend on evidence – that their therapy works for the patients. We have for example seen this happening in Germany, where research has been the lever for the decision to support also long term group psychotherapy.

Interestingly enough new research has also showed that CBT have lost some effect compared to earlier studies, while it has for a long been 'proved', that psychodynamic psychotherapies maintain their effect over time

Also in the Scandinavian countries it's important for the future organization of psychotherapy in the Community Health Services, that there are research which can support the maintenance of the group analytic tradition and the group analytic psychotherapy.

In EGATIN and EFPP we have for years discussed the need and requirements for a certificate, which is based on training in an organization (an Institute), which is acknowledged by a superior organization. The largest differences between training organizations are in the requirements of 'personal developments'. How much time is needed to make a good therapist? The answer to that question is for many reasons not to be settled and the performance as a good psychotherapist depend largely on other factors.

The accreditation question is not directly connected to the research question, but it has influenced the elements of training, that is to learn about diagnoses, application of Group Analysis, assessment and documentation.

Role of the Society

How does all these clinical experiences relate to the Society as a professional organization?

If we look to the objectives of the Society, as it is written in the constitution, there is actually a very direct reference to treatment and application of the group analytic method.

The old constitution said:

- a) to **promote the treatment and prophylaxis of mental disorders** by the technique of group analytic psychotherapy ('Group Analysis');
- b) to assist in the development and application of Group Analysis **within the framework of Public Health Services in different countries;**
- d) to promote study and **research regarding the application** of the science of Group Analysis;
- g) to promote study and **research into transcultural group processes;**
- i) to further the work of the Group Analytic Training institutions in advancing the education and training of persons **for work in the field of Group Analysis;**

The charity organization seems to be imprinted by clinical thinking:

But if we focus on the first three powers, it is not my impression that this policy has been prominent in the meetings and seminars arranged by the society. And I sense it's a minority that is interested in supporting data based research.

The change of the foundation of GASI has – not at the initiative of GASI – brought the advice to simplify, what the new object of the Society is:

'The object of the CIO (Charity Incorporated Organization) is the relief of persons suffering from mental ill-health'

[We were advised to keep the object of our society as brief as possible, and try to adhere to the set criteria of the charity law. We therefore chose a title 'close enough' to what we can accept as reflecting our practice (not what we would have liked to choose), and decided to formulate a mission statement which we can use on our website, and wherever we like to use it, not under scrutiny of the charity commission, which means we can change it any time]

The new declaration of the purpose of the society has taken out the points about research for formal reasons and on the altar of 'modern thinking' and the new web site has hidden the word 'research' deep down, for technical reasons, I have been told.

Looking back through the years on the keynote presentations at the Group Analytic Symposia, DB-research has been met with skepticism and fear has been expressed that the whole group analytic theory and thinking would be damaged by this contamination of positivistic thinking and other medical influences. Even further devastating is the linking between the claims of evidence and the New Public Management.

I don't see a renewed interest in data based research among group analysts, but maybe I look all the wrong places. On the contrary there are still strong currents against the development of a stronger engagement with DB research.

Why do we at all have this discussion?

Who are 'we' and is there a mission to accomplish? What is this mission about? Is it to convince others, that positivistic methods can be used with soft data?

Well, only indirectly.

For me the mission could be to maintain group analytic psychotherapy as a treatment modality for patients in psychiatry and community care. That's a struggle in itself! We must adapt to the political and economic conditions in the Mental Health Sector, which often are evidence based treatment equally to cost-benefit applications.

Additionally most treatments in Community Mental health service are bound to a psychiatric diagnosis and the trend is to have 'treatment packages' with a limited number of sessions.

That is one reason why some researchers like Steinar Lorentzen conduct dose-response studies and find out, that group analytic psychotherapy can be useful for some patients in smaller doses. In Aarhus we have since the opening of the Group Analytic treatment program had open ended therapies, which is unusual and has – with a few exceptions - made the Group Analytic Treatment the only long term psychodynamic treatment in the regional Mental Health Service. And the need for such treatment is endless.

On the other hand the program has a very limited capacity.

/Slide 6/

There are around 90 patients in on-going treatment. During the last 6 years there were 373 referrals of which 54% were included in the once-a-week heterogeneous groups with mostly personality disturbed patients, one third men, two thirds women.

The majority of clinicians do not do data based research. Some work in organization, some work in private practice.

Through the years working in the Community Health Service, scientific demands have become more rigorous, and more money, research competence, and a larger team are needed to carry out studies.

This has probably reduced the number of clinician-researchers, who can do this kind of research.

Doing and using research needs education. We can learn the research language and read the articles with the necessary critical eye.

Should that learning not start in training? That was indeed the idea we worked with for years in EGATIN. We started a campaign: 'Research in Training, training in research'. We encouraged

the delegates to bring research into Training by evaluating the training and by having seminars and literature about data-based research. And maybe most important we enforced the policy of having at least one presentation of data based research in every gathering (Study days).

We had plans to translate a PC-based test battery generously provided by Norwegian researchers (Ruud & Lorentzen). The project was halted because of copyright problems and large expenses for the re programming in English language.

The society and IGA London took the initiative to the Sheffield review and should also be given credit for the idea, that the GASI should foster more interest in data based research by providing a list of research interested members. Eventually also start an internet forum, where these research questions could be discussed.

The powers of the group Analytic Society

If the task of the GASI MC was to promote and facilitate research, I think we should think of the following focus areas:

1. To maintain the knowledge we got from the GAS/IGA Sheffield survey by updating this database of group dynamic effectiveness and process research. And if possible to ensure that somebody will update with regular intervals.
2. It would be valuable to know results published in other languages than English and to have researchers with an overview to regularly recommend scientific articles with an informative abstract. That is to have alternating researchers from different countries to publish abstracts of studies and articles they find relevant and recommendable. I image a permanent column or page in Contexts with this consumer information. That would give members information about 'unknown articles' because of the language or because the articles have not focus on group dynamic psychotherapy, but on for example Personality Disorders, assessment etc. (and group therapy).
3. To ensure, that GASI workshops have at least one presentation of Data based research related to the subject.
4. To provide information on arguments based on research that can influence political decisions and the planning and administration of National Mental Health Services for the benefit of Group Analytic psychotherapy.
5. To plan a workshop that specifically focus the discussion of research and the epistemologies and different paradigms we meet in the society.
6. To support the attitude, that The Journal of Group Analysis shall be (more) open for data based research.

I don't think the society as such can invent projects, not even facilitate them as such.
But I think the society can be more observant to the conflict and the opposition towards the perceived malignancy of this kind of work.

Wonder why the research talk is so repellent? Almost felt like a stone in the shoe.

There are no real objective reasons not to support data based research in Group Analytic Psychotherapy.

Thanks for your attention!

References:

'Can the Clinician-Researcher Gap be bridged?

Experiences from a Randomized Clinical Trial in Analytic/Dynamic Group Psychotherapy'

Horneland et al., IJGA, 2011, vol. 45 (1)

The Sheffield Review, 2009:

'A Systematic Review of the Efficacy and Clinical Effectiveness of Group Analysis and Analytic/Dynamic Group Psychotherapy'. GASI & IGA-London, dec. 2009

Karl König & Wulf-Volker Lindner, 1994, 'Psychoanalytic Group psychotherapy' With clarity, precision and thoughtfulness, the authors, renown in Germany, draw from the work of American, British and European schools, explain the theory and practice of the Gottingen model of group therapy. Basic concepts are defined systematically and illustrated with clinical examples. The references to modern German literature are extremely useful. This is an excellent introduction for mental health professionals with many insights for experienced clinicians. -- Earl Hopper, Ph.D.

I give a warm welcome to this book which gives to English readers their first opportunity to learn in depth how analytic group psychotherapy is taught and practiced in Germany. The authors give a clear detailed account of the similarities and differences between Foulkes' Group Analysis and the Gottingen model, knowledge of which will add considerably to our therapeutic repertoire. The careful analysis of levels of regression and how these can be recognized and controlled is illuminating and we can appreciate the careful research that our German colleagues have been able to carry out. This book should be in the library of all teaching institutions and will be of value to the individual practitioner. -- Malcolm Pines

Kennard, Robert and Winter, A Workbook of Group-Analytic Interventions, 2000 - Chris Evans, British Journal of Medical Psychology 'The purpose of this short, highly readable and extremely informative book is "to provide the reader with a practical insight into the group-analytic method of group therapy". The book achieves this goal through a format that is interactive with the reader.' - Jerome S. Gans, International Journal of Group Psychotherapy A Workbook of Group-Analytic Interventions is designed to complement the academic and experiential training of therapists. Written by experienced practitioners, it gives trainees a practical insight into the ways in which group analysts may tackle difficult situations, allowing them to understand more fully the nature of intervention right from the beginning of their training. Eight situations drawn from real psychotherapy groups are presented in detail so that readers may exercise their own skills in taking decisions and judging appropriate interventions. Each situation is then analysed in depth by one of the authors, who describe and comment on the thinking behind the interventions suggested by a panel of group analysts. The book gives the trainee a wide and informed appreciation of different situations arising in groups and appropriate ways of handling them. It provides an excellent base from which to start to practise.

I have been in the management committee with the view that GASI should be more interested in developing the interest in data based research by for example publishing more articles with this focus in the journal of group analysis and have an intention in for instance workshops to have presentations with data based research results. This has not been an overwhelming success; actually after 7 years in the editorial committee, I have found out that there is a serious resistance to this kind of papers and unfortunately also an incompetent and undeveloped reviewer staff. 'And there's robust evidence that well prepared clients do much better in group therapy. They stay longer, they work better, they understand the tasks, they're more popular group members and much less likely to drop out.'

There has been a more or less visible group of mostly doctors, who – as a part of their work usually at hospitals – have done and performed this kind of research, as far as I can judge to the benefit of patients, - directly by giving guidelines for patients in psychiatric care and indirectly by providing so called evidence based results for groups psychotherapy for the benefit of groups analysts and group dynamic psychotherapists working more or less in private practice.

Something about the language

Something about facts

The feeling of superiority form others, An inferiority complex towards doctors

Hard against soft

The urge to certainty versus complexity

There is a feeling that we ward of knowledge that cannot be detected by reductive measures.