TRAINING IN CHILD AND ADOLESCENT GROUP THERAPY: TWO SURVEYS AND A MODEL

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Although group therapy is widely used in the treatment of children and adolescents, there has been little attention paid to establishing training standards and developing comprehensive programs for training psychiatry fellows in child and adolescent group psychotherapy. The authors conducted two surveys of child and adolescent training programs. After reviewing the literature, they present the data from their surveys, compare similarities and differences, and discuss trends. Finally, they propose a model for training in child and adolescent group therapy.

Although the modality of group psychotherapy is widely used in almost all places where children and adolescents are treated for psychiatric problems (hospitals, residential treatment centers, day programs, and schools), the training of child and adolescent group therapists has not been adequately addressed. A review of the literature reveals that there have not been any surveys of child and adolescent group therapy training programs as part of psychiatric residency training, except for the two presented in this paper.

We could not find similar surveys for other disciplines as well. Lewis (1975) discussed a model for graduate education in child psychiatry and stated that competence in group psychotherapy is important. He emphasized the need for consultation skills and knowledge and stressed the importance of understanding group dynamics in consultation.

The Committee on Certification in Child Psychiatry surveyed 500 members of the American Academy of Child Psychiatry (as well as 227 pediatricians and judges) for critical components in training for child psychiatrists (McDermott,
Of the 60% who responded, 26.4% of practitioners used group psychotherapy, 40.3% of all child psychiatrists surveyed reported adequate preparation in group psychotherapy, and 64% of medical school graduates in the 1960s felt adequately prepared. The study found that child psychiatrists spent 0.5–3.5% of their time doing child group psychotherapy. The report concluded that group training is an essential knowledge base for the management of acute and chronic disorders and also for administration and consultation in child and adolescent psychiatry.

P. Kernberg (1978) described the positive aspects of group psychotherapy training in the overall training of child psychiatrists. She emphasized diagnostic assistance in learning about a child's behavior, personality structure, psychopathology, motoric development, relationship with authority, impulsivity, and peer relationships in a richer way than is available in one-to-one sessions. Also, she saw group therapy training as contributing to the therapist's self-knowledge and general skills as a therapist.

Dies (1974, 1980) surveyed the components of training in adult group psychotherapy. He considered four methods: academic, observational, experiential, and supervisory. In the 1974 paper he surveyed adult group therapists regarding these methods, and listed 12 techniques, ranked from the most to the least helpful. There were (starting from the most helpful and ending with the least helpful):

1) cotherapy with a qualified therapist
2) discussion of trainee's tapes with a supervisor
3) supervised experience
4) cotherapy and supervision
5) attendance at a group therapy workshop
6) attendance of a T-group training workshop
7) participation as a patient in a therapy group
8) discussion of videotapes or films
9) analysis and discussion of audiotapes
10) service as a recorder-observer
11) didactic seminars
12) learning by doing—self taught

The most useful techniques appear to be clinical group work, supervision, and experiential learning. In 1980, Dies again surveyed 100 experienced professionals in adult group therapy, and found that supervision and experiential groups were the training methods preferred by clinicians.

Pinney, Wells, and Fisher (1978) surveyed 256 approved general psychiatry residency programs about group psychotherapy training. In his 172 responses (59.3%), he found 78.5% of the programs had group therapy available for general psychiatry residents, 93.3% of the programs used "multiple methods," and over 75% used experiential groups. The model used by most programs was similar to the model proposed by the American Group Psychotherapy Association (1970), which includes didactic courses, case seminars, observation and leading of at least three groups, supervision, and participation as a member of a group. Eighty-two percent of the programs also trained psychologists and social workers.

METHODS

In an effort to understand what has been happening to training in child psychiatry programs, the authors did two national surveys, independent of each