The training of group psychotherapists continues to expand, with consensus appearing on what to offer in a training program. However, little attention is given to formal evaluation and feedback procedures within a training program. The Group Psychotherapy Program Department of Psychiatry, University of Iowa, developed a procedure to give supervision and feedback to students in training using written and verbal feedback as well as a rating scale to assess change in psychotherapy skills. Supervision and evaluations followed along a development model developed by Hogan (1964). Feedback providers included supervisors, cotherapists, and peers. The rating scale developed had an interrater reliability significant beyond the .05 level. A case study is presented as well as recommendations for future exploration.

TRAINING OF GROUP PSYCHOTHERAPISTS An Evaluation Procedure

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As the clinical practice of group psychotherapy has continued to expand to meet the increasing demand for treatment via the group method, professional organizations such as the American Group Psychotherapy Association (AGPA) and Division 29 of the American Psychological Association have become increasingly concerned with the quality of training provided and with the maintenance of high professional standards. AGPA (1978) has issued Guidelines for the Training of Group Psychotherapists, which presents the essential components of a suggested model training program.

Dies (1973) completed a survey of current training practices for group psychotherapists. He concludes that the wide

literature on training of group psychotherapists consistently stresses four major components: academic or cognitive, observational or modeling, experiential, and supervision. Although consensus seems to be emerging on how to go about training a group psychotherapist, debate continues regarding the general effectiveness of training programs and the specific effects on those undergoing them. In the same paper, Dies determined that most training programs do not incorporate formal feedback or student evaluation procedures. Likewise, Matarazzo (1978), in her review of the teaching and learning of psychotherapy skills, is critical of the lack of formal feedback to students while learning psychotherapy. Perhaps it is assumed that, because a training program meets published guidelines and is similar to training programs elsewhere, good things are automatically happening and students are developing in the direction of increasing effectiveness and competence. This tendency to overlook what is transpiring with therapists in training seems to extend also to a comparable neglect of the effect of therapy on therapists.

Because of a shortage of on-campus training facilities for developing psychotherapists, the Group Psychotherapy Program in the Department of Psychiatry at the University of Iowa developed the concept of the group psychotherapy intern. Interns were recruited from a variety of other university departments, including social work, psychology, counselor education, and nursing, for a minimum of one year of training. Student interns were typically advanced-degree students who had completed most of their coursework and had some basic foundation in the theory and practice of psychotherapy. These student-therapists frequently stated that they were not receiving enough feedback. Their requests prompted the institution of a formal evaluation procedure. The purpose of this article is to describe the procedure developed to evaluate the effects of a group psychotherapy training experience on the people trained.

Students spend approximately 15-20 hours per week at the training facility. Much of this time is spent in structured training activities. The training program is based on the

guidelines established by the American Group Psychotherapy Association and is composed of the following:

- (1) Interpersonal skill training in an experiential group that meets weekly for seven sessions. This structured small group setting allows students to practice and sharpen helping skills such as listening, empathy, feeling recognition, feeling expression, problem solving, and risk taking.
- (2) A lecture series on the theory and practice of group psychotherapy, which provides a sound theoretical base in group process and group dynamics.
- (3) A continuous case conference in which experienced leaders present videotaped excerpts of their work from an ongoing therapy group.
- (4) A staff/student psychotherapy group that provides the opportunity to work on personal and professional issues while having the experience of being a member in an ongoing group.
- (5) A journal club that meets twice monthly. Members read and discuss current journal articles in the field of psychotherapy and group psychotherapy.
- (6) Monthly staff workshops led by a senior staff member or a nationally prominent individual in the area of psychotherapy.
- (7) Observation of an ongoing outpatient group. Students and beginning therapists watch an experienced leader work. An opportunity is provided to question leaders about their interventions and to observe stages in the development of groups.
- (8) Videotape review, including access to a library of videotapes of important problem situations in a group psychotherapy.
- (9) Supervision of group work by an experienced therapist for at least one hour per week.

As with any internship process, supervision plays a central role. This training site used Hogan's (1964) model of professional development as a framework to develop the evaluation and supervision feedback procedures. Hogan felt that supervision needed to correspond to levels of development in the therapist and that supervision should stress personal interac-

tion. His model includes four developmental stages. Stage 1 is heavily influenced by the therapist's training, with attempts made to apply everything he or she has learned. At this stage the therapist is dependent, insecure, and unaware of his or her impact on others. If the therapist learns and practices enough, felt anxieties will disappear. The supervisor at this stage needs to reveal him- or herself as a therapist in relationship to a patient for the therapist-in-training to observe. The supervisor must reveal his or her aproach by showing what he or she does and how he or she does it.

As the young therapist begins to invest his or her own personality in the therapeutic relationship, Stage 2 begins. Dependency-autonomy conflicts develop when the therapist reflects his or her character in an attempt to find him- or herself in work while struggling with dependency needs. He or she is alternately overconfident with new skills and overwhelmed by and ambivalent about the responsibility of the work relating to the therapy relationship. Motivation changes turn grave misgivings into deep commitment. Supervision is built around the struggle of becoming a therapist, with all its success and tragedy. The therapist is given support in developing his or her own way of doing things and in entering a therapeutic relationship with someone other than the supervisor.

Stage 3 is the beginning of mastery of the profession. Professional self-confidence increases as dependency-autonomy needs decrease. Personal insights increase, with greater clarity of neurotic and healthy motivations. Commitment to the profession stabilizes. A beginning of a peer relationship in supervision is the hallmark of this stage. Professionalization and humanization of the therapist through sharing among peers becomes paramount. Discrimination of the uniqueness of the supervisor and therapist is encouraged by confrontation. Confrontation provides the mature basis of growth, both professionally and personally.

Being a master psychologist characterizes Stage 4. Here the therapist develops the artistry, creativity, and intuitive judgment of a seasoned professional. "Personal autonomy adequate to independent practice, insightfulness with awareness of the limitations of insight, personal security based on awareness of insecurity, existence with changing modalities of motivation, and awareness of the need for idiomatic confrontation with the struggles of living" (Hogan, 1964: 141) typify the therapist, with supervision being a total peer-to-peer relationship.

The evaluation and feedback procedures were amenable for therapists in training at any of the four stages. The evaluation procedure began when each intern filled out a formal contract that included individual goals for each three-month period. The goals were discussed with the supervisor, and clarification or rewording was carried out as necessary. The intern specified which people he or she wanted to be in attendance at a subsequent goal evaluation meeting. Prior to the goal evaluation, those designated as feedback providers completed the Bowers Psychotherapy Skills Rating Scale (BPSRS; see Appendix), provided written feedback regarding progress on the intern's goals, and spelled out three particular strengths of the intern. Other feedback could also be offered. All written feedback was presented to the intern in advance of the goal evaluation meeting so that he or she would have ample time to review everything. The designated staff and interns attended the three-month evaluation session to review the feedback given to the intern and to evaluate the intern's progress.

Essentially, the intern was in charge of the meeting and could run it any way he or she wanted. Usually additional clarification was obtained at the meeting regarding the written feedback. The review sessions focused on issues such as skill development and skill training, dependency-autonomy conflicts, relationships with supervisors, and clarity about personal and client motivations. Frequently, material emerged in those meetings that became the basis for subsequent intern goals. The entire process was then repeated at three-month intervals, including the setting of goals, goal evaluation, and a meeting to discuss progress.

In addition to providing a mechanism for supervision and feedback, a data bank in the form of the rating scales and contracts was provided for the intern and staff alike. This had the advantage of documenting the professional competence of the intern, determining strengths and weaknesses of the intern over time, and modifying training opportunities available in order to individualize the training program to meet the needs of each intern.

The Bowers Psychotherapy Skills Rating Scale was developed as an integral part of the evaluation process. The BPSRS is composed of 17 Likert-type scales that have been reported in the literature to be important characteristics of good helpers. A short behavioral description is given for each individual scale. The rater scores each subject for each scale on a 1 to 7 basis from 1, "not at all" to 7, "all the time." The basic format for the BPSRS was adapted from Dent's (1978) work on personalities of effective therapists. The empathy, expression of feelings, nurturance-caring, nondefensive attitude, and personal involvement scales were derived from Rogers (1957, 1975), Rogers et al. (1967), Traux and Carkhuff (1967), and Traux and Mitchell (1971). The self-disclosure scale was based on the work of Dies (1973) and Allen (1973). The need for closure, regression in the service of the ego, work ethic, tolerance for ambivalence, individualism, life satisfaction, and extroversion scales were adapted from Dent (1978). The confrontiveness scale was based on the work of Egan (1976), Kagan (1975), and Matarazzo (1978). The personal flexibility, responsibility, and energy scales, although not cited in the literature, were included by consensus of the professional staff at the Group Psychotherapy Program as important aspects of the effective therapist.

CASE STUDY

To give some indication of the manner in which the evaluation procedure may reflect changes during the training

experience, we include some data obtained from one intern who recently completed his training. This intern was a 26-year-old male doctoral candidate at this university who was trained at the Group Psychotherapy Program on a half-time basis from 1978 to 1980. He had background in individual and group counseling, psychological testing, and research before starting the internship. During the internship he was evaluated on four separate occasions by four of the same individuals. The evaluators consisted of two clinical supervisors, a staff cotherapist, and another intern. Pearson product-moment correlations were computed for interrater agreement (range of .51 to .84 \leq .05), indicating that the BPSRS was providing adequately consistent results among the raters.

The average scores reported by the four raters on each scale of the BPSRS (March 1978 to June 1980) are reported in Table 1. There were seven scales on which the intern was observed to have exhibited a "meaningful change"—personal flexibility, confrontiveness, need for closure, regression in the service of the ego, work ethic, individualism, and life satisfaction. The other scales exhibited either a ceiling effect or a curvilinear change as the intern's skills and comfort with new behaviors increased and the need for others decreased. An example of this was the change in the nurturance-caring scale from 5.75 to 6.25 to 5.75, which occurred as the intern increased his confrontiveness with clients and became comfortable with allowing people to struggle with their problems while supporting them in their struggle.

The changes in the intern's work as a therapist paralleled and supported changes reflected in the BPSRS. He demonstrated an increased range of skills during a session ranging from the use of bioenergetics, relaxation, and visualization to integrating many elements of Bandler and Grinder's (1975) transformational grammar model.

The intern showed a decrease in his need for answers to problems, a decrease in personal and professional defensiveness with others, and greater willingness to be playful and spontaneous with the clinic staff. These changes were consistent with

TABLE 1

Mean Scores for a Student Intern at Each of Four Evaluation

Periods

			5		
		3/75	8/79	2/80	6/80
1	Expression of Feeling	5.25	5.00	5.00	5.00
2	Non-defensive Attitude	6.25	6.00	5.75	6.25
3	Self-disclosure	5.25	7.57	4.75	5.00
4	Personal Flexibility	5.25	6.00	5.75	6,50
5	Empathy	5.75	5.75	6.25	5.75
6	Personal Involvement	5.75	5.50	5.00	6.00
7	Nurturance-Caring	5.75	6.25	6.25	5.75
8	Confrontiveness	4.50	5.00	5.25	5.25
9	Need for Closure	3.75	3.25	2.25	2.75
10	Regression in the service of the ego	4.25	4.75	6.00	5.75
11	Work Ethic	2.75	4.75	3.75	3.75
12	Tolerance for Ambivalence	5.00	5.25	5.25	5.00
13	Responsibility	6.00	5.75	4.75	6.00
14	Individualism	4.25	5.5	5.00	5.75
15	Extroversion	5.50	6.00	6.25	6.00
16	Life Satisfaction	5.25	6.00	6.00	6.00
17	Energy	5.75	6.25	6.25	6.00

his professional and personal growth along Hogan's (1964) stages. As he became less dependent and insecure regarding his skills and identity as a therapist, the staff's observations reflected the growth movement through Stages Three and Four. The intern was observed to have increased in his need to be goal oriented, which was consistent with his increased case load in the second year and completion of his dissertation. Finally, the intern was seen as more willing to stand up for his ideals and convictions, as more confrontive with staff and clients, and as having increased in comfort with confusing and ambivalent situations. This change was also reflected in the

staff's perceptions of the intern as having moved from a student role to a peer role in supervision and in case conferences.

The intern now had evolved professionally to the point where he had the "personal autonomy" adequate to independent practice, as described by Hogan. This was reflected by the feedback of the staff at the intern's final meeting by such comments as "You could go into private practice right now and be a success," and the intern's own professional behavior, such as working successfully as a therapist at another hospital. These changes were consistent with Hogan's (1964) Stage 4, in which the supervisee was described as being aware of the need for personal confrontation with the struggles of life, having personal autonomy in professional practice, awareness of self and self-limitations, and exhibiting sharing, confrontation, and mutual consultation in supervision. The members of the intern's psychotherapy group also gave the intern feedback consistent with the results of the BPSRS. The group members reported that the intern was skilled at confrontation, empathic, playful, used humor skillfully in therapy, and revealed good leadership skills.

CONCLUSIONS AND RECOMMENDATIONS

- (1) Our students look very favorably on the evaluation procedure and tend to regard it as unique in their education experience; they frequently express the wish that their home departments would institute similar procedures.
- (2) The procedure of inviting feedback from supervisors, peers, and cotherapists (if any) seems to broaden the range of feedback provided. Sources of feedback that we have neglected thus far are those of intern's clients and significant others. We fully intend to include both perspectives in future evaluations and make the same recommendations to others.
- (3) The regular evaluation meetings facilitate the organization of perceptions regarding how the student is doing in training, which may then be relayed upon request to those who

have academic responsibility for the student. These meetings also assist in keeping training "on target" to meet the needs of each intern.

- (4) The setting of regular personal goals by the student reinforces the self-directedness of our training procedure. We insist that goals be set by the intern rather than by others, such as supervisors.
- (5) Attaining regular personal goals provides the student with an additional empathy base from which to relate to patients, as all group members in therapy are regularly asked to complete contract forms containing personal goal statements.
- (6) The program helps to build a strong personal relationship among students, supervisors, and cotherapists. It allows a model of relationship building seldom found in an academic setting.

APPENDIX Bowers Psychotherapy Skills Rating Scale (BPSRS) © Wayne A. Bowers

	Person you are rating
1.	Expression of Feeling: Will show verbally and non-verbally when angry, happy, sad, etc.; tells feelings spontaneously.
	1 not at all(0-5%)4 some(41-60%)7 all the time 2 very little(6-20%)5 much(61-80%) (96-100%) 3 a little(21-40%)6 a great deal(81-95%)
2.	Non-defensive Attitude: Accepts criticism and negative feed-back; will listen without making excuses for self; will not verbally attack when being questionned on personal behavior; accepts consequences of his/her behavior including others personal reactions; clarifies statements of others.
	1 not at all(0-5%)4 some(41-60%)7 all the time 2 very little(6-20%)5 much(61-80%)(96-100%) 3 a little(21-40%)6 a great deal(81-95%)
3.	Self-disclosure: Talks about personal details; shares personal material (about home life, family, etc.) with others; talks about self.
	_1 not at all(0-5%)
4.	Personal Flexibility: Willing to try new behaviors suggested by others; willing to follow through on homework assignments to foster self-growth; self-institutes new behavior.
	_1 not at all(0-5%)4 some(41-60%)7 all the time _2 very little(6-20%)5 much(61-80%)(96-100%) _3 a little(21-40%)6 a great deal(81-95%)

Appendix (Continued)

5.	Empathy: Ability to understand, share and experience the emotions of others; able to experience the feeings of another person; able to get others aware of additional feelings.
	1 not at all(0-5%)4 some(41-60%)7 all the time2 very little(6-20%)5 much(61-80%)(96-100%)3 a little(21-40%)6 a great deal(81-95%)
6.	<u>Personal Involvement</u> : Offers to help others; helps others spontaneously relate on a personal level.
	1 not at all(0-5%)
7.	Nurturance-Caring: Is willing to personally stand by others who are trying new behaviors; will allow others to contact him/her to talk over problem situations; protects others at times of personal stress or trauma; offers feelings and/or physical contact spontaneously; comfortable being touched.
	1 not at all(0-5%)
8.	$\frac{Confrontiveness:}{non-verbal\ behavior;}\ \mbox{Will point out inconsistencies in verbal and}\\ \frac{non-verbal\ behavior;}{non-verbal\ behavior;}\ \mbox{will respond verbally to non-productive behavior.}$
	1 not at all(0-5%)
9.	Need for Closure: Problems must always be solved; always ready with an answer; problems must have a logical progression.
	1 not at all(0-5%)
0.	Regression in the Service of the Ego: Able to fantasize; able to be silly with others; can daydream easily; can be child-like.
	1 not at all(0-5%)
1.	Work Ethic: Must have a goal in every activity; must always be doing something; prompts others to keep working; uncomfortable when not working.
	1 not at all(0-5%) 4 some(41-60%) 7 all the time 2 very little(6-20%) 5 much(61-80%) (96-100%) 3 a little(21-40%) 6 a great deal(81-95%)
2.	Tolerance for Ambivalence: Is comfortable with confusion; expresses own confusion; comfortable when questions go unanswered.
	1 not at all(0-5%)

Appendix (Continued)

<pre>up for own ideas. l not at all(0-5%)</pre>	ime %)
15. Extroversion: Talkative; will socially mix; enjoys a grous is willing to talk to others; is center of attention in a group. 1 not at all(0-5%) 4 some(41-60%) 7 all the time 2 very little(6-20%) 5 much(61-80%) (96-100%)	and
is willing to talk to others; is center of attention in a group. 1 not at all(0-5%)	ime %)
1 not at all(0-5%)4 some(41-60%)7 all the t: 2 very little(3-20%)5 much(61-80%) (96-100%)	
a little(21-40%) a great deal(61-95%)	ime %)
16. <u>Life satisfaction</u> : Enjoys living; sees life as worthwhile feels life has treated him/her well.	е;
l not at all(0-5%)	ime %)
17. Energy: Is physically active; enjoys participating in sporecreation; encourages others to be active.	orts
l not at all(0-5%)	ime %)

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