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Towards the Development of Helpful Aspects of Morenian Psychodrama Content Analysis System (HAMPCAS)

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Abstract

The main goal of this study was to develop a system of categorizing what clients find helpful and hindering in psychodrama sessions using a patient-generated process measure, the Helpful Aspects of Therapy (HAT; Elliott, 1993). An existing system, the Helpful Aspects of Experiential Therapy Content Analysis System (HAETCAS; Elliott, 1988), was adapted to psychodrama, by exploring to what extent its categories were applicable or not to this therapeutic approach. HAETCAS is meant to categorize each client identified therapeutic event from three aspects: action (to which the event refers to), impact (that the event had on the individual) and content (that the event is about). This study showed that the majority of impact and context categories of HAETCAS are potentially applicable to psychodrama. In relation to action, the results demonstrate the need for psychodrama specific categories which would reveal theoretical aspects of this therapeutic model. An extended version of HAETCAS which includes the categories of action specific to psychodrama was identified as HAMPCAS (Helpful Aspects of Morenian Psychodrama Content Analysis System). The implications of using it to analyze HAT data, for both therapists and clients will be addressed; highlighting the possibilities and drawbacks of routinely taking clients' perspectives on board. This study is part of the IPHA Group (Sales, Alves, Evans & Elliott, 2014), an international practice-based research network dedicated to personalised assessment.

Key-words: Morenian Psychodrama, HAMPCAS, Change Process Research, Client's Perspective

Introduction

Developed by Moreno in the late 1930s, Psychodrama is an individual psychotherapy conducted in a group format, where "instead of talking about problems, patients are helped to enact those problematic situations, and in the direct dialogue and associated physical energizing, patients often have powerful insights, emotional catharses, and even discover ways of working through those problems" (Blatner, 2003, p.137).

Despite the contribution of Psychodrama to the development of Group Psychotherapy as a whole, with the recognition and accreditation by the Austrian and Hungarian governments and the European Association of Psychotherapy, Psychodrama remains unrecognized in the scientific fields of psychology, psychiatry and psychotherapy (Wieser, 2007). The scarcity of research is potentially a result of psychodramatists' self-image, who emphasize action instead of language (in the field of intervention) and practice over theory (in the field of research). This trend is rooted in the origins of psychodrama set in opposition to the Freudian theory, stating that the path to the human psyche would not be in the language but in action and interaction between people. This led to a withdrawal of Psychodrama from the academia, hindering the research in this field. How can this tendency be reversed?

In psychotherapy research in general, the term Change Process Research (CPR) emerged 30 years ago and refers to a paradigm that focuses on the identification, description, explanation and prediction of process factors that lead to therapeutic change, overcoming the old dichotomy between process and outcome (Greenberg, 1986 cit in Elliott, 2010). Subsequently, in CPR, the study of the processes by which change occurs in psychotherapy came to include both the processes involved in therapy that produce change and the sequence in which these changes occur.

The emergence of CPR, in addition to the growing tendency to conduct practice-based research, has opened new doors to Psychodrama and stimulated research through the opportunity of reducing the gap between practitioners and researchers. So, it's not surprising the fact that the majority of ongoing investigations in the field of psychodrama, are being carried out by researchers in dual role - practitioner / researcher. Moreover, these developments led to the introduction of research skills training in the curricula of various schools of Psychodrama; they have been using CPR to answer questions such as: "What generalizations can be made from the systematic study of client experiences? What are the basic domains of clients' therapeutic experiences? What are the varieties and underlying dimensions within and across these domains? What can the systematic study of client experiences tell us about the nature of therapy?" (Elliott & James, 1989, p. 444). These authors, also advocate that understanding the potential of the wide range of client experiences is an important component to the therapeutic skills and leads to a better understanding of clients and therefore of more effective interventions. Therapists can also use this feedback to select, create and modify interventions by improving their performance and becoming more responsive to clients' needs (Hampson, 2008). Finally, the development of this type of research responds to a generalized growing pressure by the international health services, contributing to the improvement of services and ensuring that clients of mental health services receive more appropriate treatment (Booth et al, 1997; Hampson, 2008; Elliott, 2008).

How can we study the clients' perspectives in Psychodrama? One of the strategies of analysis of clients' qualitative accounts is coding using observational category systems. In a literature review the authors found six standardised coding systems to analyze the clients' perspectives. These six systems can be grouped in three categories: transversal systems, whose categories can be found in most

therapeutic modalities (Therapeutic Impacts Content Analysis System – TICAS- Elliott et al., 1985; Booth et al., 1997; Integrative corrective experiences coding system; Friedlander et al., 2011; Good moments in counselling and psychotherapy; Mahrer & Nadler, 1986; Jones, Wynne, & Watson, 1986); systems that are adapted to certain theories, where categories refer exclusively to a certain type of therapy (Helpful Aspects of Experiential Therapy Content Analysis System – HAETCAS - Castonguay et al., 2010; Coding system for helpful and hindering aspects of CBT and IPT; Gershefski, Arnkoff, Glass, & Elkin, 1996; Levy, Glass, Arnkoff, Gershefski, & Elkin, 1996); and systems that refer to specific therapeutic phenomena, whereby the categories refer to phenomena that occur during the treatment (Empowerment Events System Timulak & Lietaer, 2001; Timulak, 2003). None of the systems mentioned above was considered appropriate to Morenian Psychodrama (MP), which lead us to develop the Helpful Aspects of Psychodrama Content Analysis System (HAMPCAS). In this paper we describe the preliminary steps of this development, namely the process of category generation, and its preliminary validation in a naturalistic psychodrama group.

Methods

Participants

This study looks at a group of MP in the context of private practice. The group was composed of seven females, mostly single and aged between 30 and 60 years old. With regard to the educational level, only one participant of the group is an undergraduate.

This was a weekly therapy group and each session lasted for approximately two hours. For most clients this was not their first time in therapy, although only one of the participants had been in a Psychodrama group with another therapist. Four of the participants were in Psychodrama training. From a clinical point of view, this was a

heterogeneous group, which presented different diagnoses: bipolar disorder, suicidal ideation, depression, bereavement and relationship problems.

Therapists

This psychodrama group was run by two psychodramatists, 1 director (Gabriela M) and one auxiliary ego (João TS), both members of the Portuguese Psychodrama Society. The director was also one of the supervisors of the present study.

Research team

The research team was comprised of four researchers: Ana SC, PhD student and Psychodrama director (role: project design, data collection, development of the system, data analysis, HAMPCAS training package); Célia S, PhD, associate professor with expertise in psychotherapy research (role: project design, development of the system, data analysis, HAMPCAS training package); Gabriela M, PhD, associate professor with expertise in Psychodrama and Psychodrama director (role: project design, development of the system, data analysis, HAMPCAS training package, conductor) and Paula A, PhD student with expertise in psychotherapy research (role: development of the system, data analysis, HAMPCAS training package).

Measures

The HAT (Helpful Aspects of Therapy; Elliott, 1993; Portuguese version by Sales et al., 2007) is an open-ended semi-structured self-report measure that asks clients for their perceptions of key change processes in therapy. Clients are asked to identify and describe, in their own words, the most helpful event in the session and to rate how helpful it was. They are asked about other helpful or hindering events in the session.

The HAT form is usually administered immediately after each session, and sometimes in the intersession period: that is, immediately before the next session.

Besides HAT, two other instruments were used to double check the information provided in this instrument, to support the identification of the techniques used. These were: 1) HAT - Therapist version is an adaptation of the HAT that seeks to explore the significant events of therapy, for clients, from the perspective of the therapist. In this questionnaire, therapists are asked about the most significant events (helpful and hindering) of the session, to the protagonist, auxiliary egos and audience and why they were important; and 2) a Session Notes Form was completed by the auxiliary ego at the end of each session. It aimed to register attendance at the session, who was the protagonist and auxiliary egos, what techniques were used, who commented and the occurrence of other events as important moments of spontaneity, catharsis of integration, training role, and other aspects that the auxiliary ego considered relevant.

Procedure

Prior to entering in the study, the objectives and conditions of the study were explained to each participant so that they could give informed consent; the HAT was filled in weekly in the intersessional period. During the first two months, the instruments were completed by patients before the next session, in the office, on paper. Because of the difficulties presented by group members, related to the delays and the difficulty in remembering the content, we began to collect data with online surveys and between sessions. Data were collected between January 7 of 2011 and July 30 of 2012, when all the psychodrama group elements participating in the research, were clinically discharged.

Development of HAMPCAS

The content analysis system was developed by the principal researcher (Ana SC) in the context of her PhD (Cruz, 2014) and discussed at three different times with the research team. In the first stage, the HAT material was coded following a grounded theory approach, in which each response given to HAT was considered a meaning unit. A constant comparison of the meaning units was made throughout the categorization procedure, to explore similarities between the data. Three domains emerged from this preliminary reading of the HAT materials: action, impact and context. This was in line with Elliott's proposal about HAT containing three types of information (action, impact and context), which are important to describe and study the significant moments of therapy from patients' point of view. As such, it was decided to follow Elliott's framework in the line with the three domains.

The second stage involved the definition of the categories in each of the three domains. Next, the HAT material was classified with these newly created categories, whose results were jointly discussed by the research team in two meetings. In these meetings, the research team proposed and defined the final list of the emergent categories.

Then, the list of the emergent action categories was sent to two Psychodrama experts, independent to the research team (Alfredo Soeiro and Rojas-Bermudez). These experts provided theoretical input to the preliminary system, to ensure the categories were in accordance with the constructs proposed by the Morenian theory of Psychodrama.

In relation to the impact and context domains a comparison with HAETCAS was made and correspondence for majority of categories was found. Due to differences concerning individual and group therapy some new categories were created mainly related with group factors and therapeutic alliance.

The final step involved the preparation of the coding manual for HAMPCAS. This manual was adapted from TICAS and HAETCAS manuals and included three sections: 1) an explanation of the coding procedure; 2) the theoretical definition of the categories of action, impact and context; and 3) HAT examples for each category.

Preliminary Validation of HAMPCAS

The preliminary version was validated by two independent judges. With regards to the domains of impact and context, only the new categories were validated, considering that the other common categories had already been validated in previous studies (Castonguay et al., 2010; Hampson, 2008; Both et al, 1997). All categories were validated in the domain of action.

Validation of HAMPCAS involved the following steps:

- 1) Preparation of the Training Material:
 - Choosing HAT events to be categorized by the raters, for training purposes.
- 2) First meeting with raters – training two members of the Portuguese Society of Psychodrama were trained in using the Manual, which included coding initial examples together in the group
- 3) Raters rated 1/3 of the data, independently
- 4) Meeting to discuss discrepancies and difficulties
- 5) Raters coded another 1/3 of the data
- 6) The inter-rater reliability between raters was calculated for each new category (the reliability values ranged from 0.39 in the category Relational Weakening and 0.95 in Functional Unit Sharing).
- 7) The categories of action were discussed with the FEPTO Research Committee until a final version was reached.

Results

In the development of HAMPCAS, thirty-eight psychodrama sessions were studied during 2011, corresponding to 148 HATs. In 23 of these, patients reported that they did not have “any important event to mention”, resulting in 125 HATs with 208 valid units of analysis.

In this study we developed a categorization system to analyze clients' accounts about Psychodrama. The content analysis variables are divided into three domains: Action/Technique: (what the client, therapists or group did in the event; and which gave rise to its impact), Impact (the effect the event had on the client. The categories are divided into Helpful and Hindering Impacts) and Content (what the event was about for the client). In relation to the impact and context domains, the majority of the categories were equal to HAETCAS. The Action domain of HAMPCAS has completely new categories. Of these, the first 5 categories refer to stages of the Psychodrama session, the next 5 are the basic techniques used in MP and the last 9 are Other Techniques or Model specificities (see Tables 1, 2 and 3).

Table 1 Comparison between HAETCAS and HAMPCAS – action

| DOMAIN | HAETCAS (Elliott, 1988) | HAMPCAS |
|--------|--|-----------------------------|
| ACTION | 1. Client Expression | 1. Self-sharing |
| | 2. Client Disclosure | 2. Others' sharing |
| | 3. Client Discussion (Extratherapy Events) | 3. Therapeutic team sharing |
| | 4. Client Exploration | 4. Self-dramatization |
| | 5. Other Client Actions | 5. Others dramatization |
| | 6. Basic Therapist Techniques | 6. Role reversal |
| | 7. Specialized Therapist Techniques | 7. Soliloquy |
| | 8. Other Therapist Techniques or | 8. Mirror |

| | |
|---------|--|
| Actions | 9. Double |
| | 10. Sculpture |
| | 11. Resistance Interpolation |
| | 12. Social atom |
| | 13. Intermediate Objects |
| | 14. Games |
| | 15. Sociometry |
| | 16. Role training |
| | 17. Other Techniques or Actions (symbolic representation; amplification; concretization; empty chair) |
| | |

Table 2 Comparison between HAETCAS and HAMPCAS - impact

| IMPACT | HAETCAS (Elliott, 1988) | HAMPCAS |
|---------|------------------------------------|----------------------------------|
| HELPFUL | 1. Self Insight | 1. Self-insight |
| | 2. Other Insight | 2. Other Insight |
| | 3. Self-Awareness | 3. Self-Awareness |
| | 4. Other Awareness | 4. Other Awareness |
| | 5. Positive Self | 5. Positive Self |
| | 6. Positive Other | 6. Positive Other |
| | 7. Self Metaperception | 7. Self Metaperception |
| | 8. Other Metaperception | 8. Other Metaperception |
| | 9. Problem Clarification | 9. Problem Clarification |
| | 10. Problem Solution | 10. Problem Solution |
| | 11. Alliance Strengthening | 11. Problem relativization |
| | 12. Relief | 12. Alliance Strengthening |
| | 13. Other Specific Helpful Impacts | 13. Group Alliance strengthening |

| | | |
|--|----------------------------|------------------------------------|
| | | 14. Self-forgiveness |
| | | 15. Other-forgiveness |
| | | 16. Relief |
| | | 17. Other Specific Helpful Impacts |
| | 14.Unwanted Thoughts | 18. Unwanted experiences |
| | 15.Therapist Omissions | 19. Therapist omissions |
| | 16.Digression | 20. Digression |
| | 17.Poor Fit | 21. Poor Fit |
| | 18.Other Hindering Impacts | 22. Relational weakening |
| | | 23. Other Hindering Impacts |

Table 3 Comparison between HAETCAS and HAMPCAS – content

| DOMAIN | HAETCAS (Elliott, 1988) | HAMPCAS |
|--------|--------------------------|---------------------------|
| | | 1. Self Only |
| | 1.Self Only | 2. Family of Origin |
| | 2.Family of Origin | 3. Marital Family |
| | 3.Marital Family | 4. Work |
| | 4.Work | 5. Other Relationships |
| | 5.Other Relationships | 6. Therapy |
| | 6.Therapy | 7. Intragroup |
| | 7.Other Specific Content | 8. Other specific content |

Conclusion

This study briefly describes the first steps towards the development of a system with which to categorize the significant therapeutic events identified by patients in Psychodrama. The system known as HAMPCAS can potentially be used in studies within the change-process research paradigm by interpreting the words of patients about their treatment experiences. All in all, we believe that further research using HAMPCAS can help us to strengthen Psychodrama theory, close the gap between what theory claims and what clients gain, from a clinical point of view, in psychodrama sessions. Importantly this research starts to place psychodrama research, in line with its other psychotherapy allies, creating an evidence base.

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