

2014

## Reflections on Lothstein's Review

Carilyn C. Ellis

Mary A. Peterson

*George Fox University*, [mpeterso@georgefox.edu](mailto:mpeterso@georgefox.edu)

Rodger Bufford

Jon Benson

Follow this and additional works at: [http://digitalcommons.georgefox.edu/gscp\\_fac](http://digitalcommons.georgefox.edu/gscp_fac)

 Part of the [Psychology Commons](#)

---

### Recommended Citation

Published in *International Journal of Group Psychotherapy*, 2014, 64:2, 251-253 <http://dx.doi.org/10.1521/ijgp.2014.64.2.251>

This Article is brought to you for free and open access by the Graduate School of Clinical Psychology at Digital Commons @ George Fox University. It has been accepted for inclusion in Faculty Publications - Grad School of Clinical Psychology by an authorized administrator of Digital Commons @ George Fox University. For more information, please contact [arolfe@georgefox.edu](mailto:arolfe@georgefox.edu).

# Reflections on Lothstein's Review

CARILYN C. ELLIS, M.A.  
MARY PETERSON, PH.D.  
RODGER BUFFORD, PH.D.  
JON BENSON, PSY.D.

**M**uch of what Leslie Lothstein says (this issue) is not directly related to our research; rather, it addresses the broader issues of training, intervention, and outcome assessment in short-term inpatient treatment. He presents pertinent concerns about the relevance and efficacy of group treatment in ever-evolving treatment paradigms and shorter inpatient lengths of stay. We welcome this broader perspective on group interventions in short-term inpatient psychotherapy and appreciate his inspiring, “a conversation in the profession about the relevance and focus of inpatient group therapy in the new millennium.” We agree that this is an important conversation and hope that his review will succeed in fostering interest and dialogue.

There are several of Lothstein's comments that are germane to our research, and we hope to be able to address them here, while contributing to the greater perspective of his paper. First, it was noted, “there was no mention whether co-therapists were used, how differently the groups were run or how many patients were in each group.” To clarify this point, groups were led by two therapists: one working weekdays and one working on weekends.

---

Carilyn C. Ellis, Mary Peterson, and Rodger Bufford are affiliated with the Graduate Department of Clinical Psychology at George Fox University in Newberg, Oregon. Jon Benson, a former graduate of George Fox University's Clinical Psychology Program, provides contract supervision for doctoral students at the inpatient hospital that was the focus of study for this research.

Both therapists were formally trained in CPT (cognitive processing therapy) by a nationally certified trainer and followed a sequential protocol. All patients admitted for posttraumatic stress disorder (PTSD) were required to attend daily groups as part of their treatment plans. Of course, there were occasional absences due to illness or meeting with a physician. Group sizes were not included in the data collected. Many additional bits of data could have been collected about this treatment as well, but in the absence of promising support, they seemed premature. With an economical effort, we were able to show that the current intervention shows promise with this population.

We agree with Lothstein's observation that "there were also multidisciplinary treatments ongoing along with the group therapy on the inpatient setting and there may have been confounding other variables." We cannot rule out the possibility that other factors which are confounded with the group intervention may account for the outcomes in our study. However, these data provide encouragement that the approach is promising and that investing more detailed and painstaking methodology in future studies is warranted.

Thankfully, while Lothstein noted that "many researchers use a group approach but ignore measuring the actual group therapy interventions themselves," we attended to group dynamics at least in the form of group cohesion. Lothstein is correct that more could have been done. We also share Lothstein's concern that all too often group dynamics are simply ignored because they are not understood, especially in the practice of GP (group programming). We appreciate Lothstein's commendation that "what was unique was the use of theory combined with science and leading to outcome data that suggested something positive was happening for the soldiers." Knowing that something good was happening encourages us—and others, we hope—to further explore group interventions.

We feel that the distinction of GP and GT (group therapy) is helpful. Our intervention was intended to fit the GT model, and Lothstein seems to agree with us on this. We concur with Lothstein's concerns about the levels of training and supervision pro-

vided to those who provide GP in the inpatient setting. We also agree that while GP has become the standard of care, appraisal of the treatment effects of this intervention is needed. As professionals, we have an obligation to the credibility of our field, the appropriate use of resources, and most of all, the wellbeing of our patients to provide a level of care that is founded on sound theory. Lothstein advocates for “the staff involved in GP and GT [to] be credentialed and supervised” as the method of accomplishing this. We believe strongly in the value of credentialing and supervision; however, we recognize that we are too early in this conversation to understand just what aspects of GP and GT can, or need to be, credentialed and supervised. Theoretical orientations, therapeutic styles, and treatment protocols vary in the field of mental health. One treatment size does not fit all, and we respect the need for flexibility of practice and personal style in the field. This aspect of the future conversation will be facilitated and honed by the continued research and evaluation of GP and GT. Given the preliminary results of our study suggesting the importance of group cohesion as a factor in clinical improvement, as well as Lothstein’s advocacy for further study of group process, it would be wise to include these aspects of treatment in the continued analysis of GP and GT, and in the future possibility of credentials and supervision.

## REFERENCES

- Lothstein, L. (2014). The science and art of brief inpatient group therapy in the 21st century. *International Journal of Group Psychotherapy*, 64(2), 227–242.