Comparison of TA Group and TA Individual Psychotherapy in treatment of Depression and Anxiety. Outcomes evaluation in community clinics

Abstract

This papers presents a comparison of outcomes of Transactional Analysis individual and group psychotherapies for depression and anxiety, within two public clinics within the UK. The research was a naturalistic, open label trial, with no control group and limited randomisation. The analysis focuses on treatment outcomes for clients who have presented for therapy within the clinical range for depression (PHQ -9 ≥10) and anxiety (GAD-7 ≥8). The outcomes show the reduction of symptoms for depression and anxiety for both groups with large effect size. There were no significant differences between group and individual therapy in the length of therapy, effect size (Cohen's *d*) or the Reliable and Clinically Significant Change Index (RCSI). However, there was an indication that the effect size of change was slightly larger in individual therapy, with a slightly larger improvement in depression. Group therapy showed slightly more improvement for anxiety, although the differences were not significant in this sample.

Key words: TA psychotherapy, group psychotherapy, anxiety, depresssion

Introduction

Group therapy has been a part of Transactional Analysis practice since it was founded by Eric Berne(Berne, 1966). Over time, group therapy has gone through cycles of being more or less popular as a model of treatment. This was the case in Transactional Analysis, as well as other approaches. However, its presence within the TA certification meant that it continued to be practiced and developed in psychotherapy practice. Within the UK, group therapy is again gaining popularity as a treatment, particularly within the public health settings with limited resources. Although it could be expected that public services would look to use the most economical ways to offer treatments, it is important for the professional and academic community to evaluate whether these approaches meet the needs of the clients who need the service. This research attempts to addresses this question by comparing the outcomes of therapy for anxiety and depression in two clinics within the public sector in the UK. One of the clinics is set within a teaching establishment and offers individual TA psychotherapy, the other is a public health setting, where TA groups are offered alongside individual therapies.

Literature

There are a number of research studies into the uses of group psychotherapy and counselling in both health and educational settings.   Group treatments are rooted in the rich tradition of therapeutic theory and practice and used in a variety of settings for prevention, personal development and education, counselling and psychotherapy. They span psychoanalytic, cognitive-behavioural and humanistic theoretical orientations.

In 2008 (Barlow, 2008) offered a definition of group psychotherapy as a mental health treatment based on social psychological research on group dynamics.

Evaluation of group psychotherapy in general shows that it is an effective treatment for different client groups. Burlingame (Burlingame, Fuhriman, & Mosier, 2003) evaluated differential effectiveness of group psychotherapy in a meta-analysis of 111 experimental and quasi-experimental studies published over the past 20 years. A number of clients, therapists, groups, and methodological variables were examined in an attempt to determine a specific as well as generic effectiveness. The outcomes showed that the average recipient of group treatment was better off than 72% of untreated controls. Improvement was related to group composition, setting, and diagnosis.

Research evidence shows that group psychotherapy is effective with different client groups: clients suffering from anxiety and depression,(Chen, Lu, Chang, Chu, & Chou, 2006; Dodding, Nasel, Murphy, & Howell, 2008), HIV infected clients (Himelhoch, Medoff, & Oyeniy, 2007), adults who have experienced childhood sexual abuse(Lau & Kristensen, 2007), girls (age 9-15) who attend school for children with complex needs (Flitton, Buckroyd, & Vassiliou, 2006) and others.

The current body of research doesn't fully represent a range of theoretical approaches used in group therapy. Transactional Analysis focused on group therapy from its inception, and maintained group work in training and certification of psychotherapists. Development of theory and practice of group psychotherapy is current within the TA and explores different types of therapeutic work in groups (Erskine, 2013; Helena Hargaden, 2013; Joines, 2010). Research evaluation of Transactional Analysis group therapy shows that is an effective treatment within the psychiatric, inpatient programmes (Thunnissen, Duivenvoorden, & Trijsburg, 2002) as well as therapeutic communities working with addiction (Ohlsson, 2002).

Transactional analysis as individual psychotherapy has been evaluated, as a treatment for depression, anxiety and general distress, using case study methodology (Widdowson, 2012a, 2012b) and outcomes evaluation(Van Rijn & Wild, 2013; van Rijn, Wild, & Dumitru, 2014; Van Rijn, Wild, Fowlie, Sills, & van Beekum, 2011). All of the current research suggests that Transactional Analysis psychotherapy is similar in effectiveness to Cognitive Behavioural Therapies on offer within the health service(Glover, Webb, Evison, & Northoff, 2010).

Even though evaluation of group treatments demonstrates their effectiveness, the comparison between individual and group treatments in research literature shows that although there are no differences between theoretical approaches such as counselling and cognitive behavioural therapy , the individual approaches may be

more effective (Milgrom, Negri, Gemmill, McNeil, & Martin, 2005). However, this could be related to issues such as patient choice (Ryan, Nitsun, Gilbert, & Mason, 2005) and personal history (Piper, Ogrodniczuk, Joyce, Weideman, & Rosie, 2007). Outcomes of group and individual therapies within TA have not compared in effectiveness.

Research Aims and Methodology

The aim of this research is to compare outcomes of TA individual and group therapies for clinical depression and anxiety.

The project was a naturalistic, open label trial, with no control group and limited randomisation. It compared outcomes of 13 TA psychotherapy groups within the health service and individual TA psychotherapy, within a low cost clinic in the community, between 2011 and 2014. The evaluation was quantitative and used standardised measures for depression and anxiety administered each session.

Ethical Approval

Ethical approval was given by the independent research committee of the academic institution, which conducted the evaluation.

Each client received the information sheet about the research and a consent form, and was free to opt out of research while continuing to receive the service.

The Settings

Group therapy

TA group therapy was provided within the public health service in London, which offered assessment and treatment for mental health problems such as depression, anxiety and obsessive-compulsive disorder (OCD), primarily using Cognitive Behavioural Therapy (CBT). TA psychotherapy group was offered as a 16-week course for clients The services receives approximately 8000 referrals a year.

Individual Therapy

Individual therapy was provided within a low cost community clinic in London. The clinic is situated within a psychotherapy training institute and received approximately 500 referrals per year. Individual therapy was available for up to 24 sessions. Alongside Transactional Analysis, the clinic offered other humanistic and integrative psychotherapies. The clinic has functioned as a research clinic since 2010, using the same evaluation measures as the health service.

Therapists

Therapists in both settings were TA psychotherapy students at the same training establishment, undergoing practice placements. Their training focused on the

relational approach to Transactional Analysis psychotherapy (Fowlie & Sills, 2011; H. Hargaden & Sills, 2002).

Eight therapists facilitated TA groups within the health service, and 33 conducted individual therapy within the research clinic. All were in regular supervision with TA supervisors recommended by their course.

Clients

70 clients took part in TA groups between 2011-2014. In order to conduct an evaluation of comparable groups, 70 clients who had individual therapy were randomly selected from the research clinic data in the same period and the analysis of the demographic data for both groups shows their similarity in terms of gender, age, ethnicity and employment status (Table 1)

Table 1 Demographic data for TA groups and individual therapy

Gender:

	Whole Data Set %	Group %	Individual %
Female	56.4	48.6	64.3
Male	25	28.6	21.4
Missing	18.6	22.9	14.3

Average Age:

	Whole Data Set	Group	Individual
Average Number	45	45	37

Ethnicity:

	Whole Data Set %	Group %	Individual %
White British	42.1	74.3	10
Asian or Asian British	2.1	2.9	1.4
Asian Indian	0.7	2.9	1.4
White European	9.3	0	15.7
Mixed Race	0.7	1.4	0
White other	2.9	2.9	7.1
Black Caribbean	1.4	2.9	0
Asian Pakistani	0.7	1.4	0
Other	5.6	2.9	8.5

Employment:

	Whole Data Set %	Group %	Individual %
Full Time	15.7	17.1	14.3
Part Time	2.1	4.3	0
Disability	2.9	0	5.7
Unemployed	12.1	17.1	7.1
Benefits	2.9	0	5.7
Student	2.9	1.4	4.3
Retired	1.4	1.4	1.4
Missing	60	58.6	61.4

Measures

Patient Health Questionnaire depression (PHQ-9) scale.

The PHQ-9 is a brief self-report measure for detecting severity of depression symptoms in general population. Respondents are asked to rate how bothered they have been by a range of problems over the last two weeks, such as 'Feeling down, depressed, or hopeless.' There are nine items, and responses are given on a 4 point Likert Scale from *Not at all* (0) to *Nearly every day* (3). Scores are totalled, and severity of depression is rated as none (0-4), mild (5-9), moderately severe (15-19) or severe (20-27). The PHQ-9 has high internal consistency (Cronbach's α-0.89), good test-retest reliability ($r = .84$) (Kroenke, Spitzer, & Williams, 2001), and good convergent validity when correlated with the SF-20 mental health subscale ($r = .73$).

Generalized Anxiety Disorder 7-item (GAD-7) scale.

The GAD-7 is a brief self-report measure to assess symptom severity of general anxiety disorder. As with the PHQ-9, respondents are asked to rate how bothered they have been by a range of problems over the last two weeks, such as 'Feeling nervous, anxious or on edge.' There are seven items and, as with the PHQ-9, responses are on a 4 point Likert Scale from *Not at all* (0) to *Nearly every day* (3). The scale has high internal consistency (Cronbach's α = .92), high test-restest reliability ($r = .83$), and good convergent validity against the Beck Anxiety Inventory ($r = .72$) (Spitzer, Kroenke, Williams, & Löwe, 2006).

Data Analysis

Length of Therapy

Despite the different number of sessions available for groups (16) and individual therapy (24), the number of sessions clients attended was remarkably similar for

both. Clients attended an average of 12.9 group sessions and 13.5 individual sessions.

Outcomes

The outcomes were analysed for clients within clinical range for the depression (PHQ -9 ≥10) and anxiety (GAD-7 ≥8). The analysis shows a reduction in mean scores at the end of therapy in the analysis of whole data set (Table 2.), group therapy (Table 3.), and individual therapy (Table 4). Where the baseline scores for clients in group and individual therapies were similar, the post scores indicated a greater change in the individual therapy group.

Effect size was calculated using Stiles et al (2008). A large effect size was found for both group and individual therapies. Individual TA therapy has a slightly larger effect sizes of the two.

Table 2. Whole Data Set. Clients above clinical cut off:

	PHQ			GAD		
	Assess	Post	PrePostDiff	Assess	Post	PrePostDiff
N	96	95	95	98	97	97
Mean	17.07	11.13	5.76	14.72	9.58	5.15
SD	4.95	6.44	6.48	3.9	5.56	5.83
ES	**1.16**			**1.32**		
Missing	0	1	1	0	1	1

Table 3.Group therapy sample. Clients above clinical cut off:

	PHQ			GAD		
	Assess	Post	PrePostDiff	Assess	Post	PrePostDiff
N	57	57	57	53	53	53
Mean	17.68	12.09	5.6	14.79	10.45	4.34
SD	4.93	6.92	9.92	4.13	5.97	5.71
ES	**1.14**			**1.05**		
Missing	0	0	0	0	0	0

Table 4. Individual therapy sample. Clients above clinical cut off:

	PHQ			GAD		
	Assess	Post	PrePostDiff	Assess	Post	PrePostDiff
N	39	38	38	45	44	44
Mean	16.18	9.68	6	14.64	8.52	6.14
SD	4.91	5.41	5.84	3.66	4.93	5.89
ES	**1.22**			**1.67**		
Missing	0	1	1	0	1	1

Differences between samples

As the groups were equal in size, an independent T-Test was conducted to determine if there was a significant difference between the group and individual therapy for people who scored above the clinical cut off for the PHQ and GAD. The T-Test demonstrated that there was no significant difference in the outcomes between TA groups and individual therapy and very small effect sizes were calculated for these results. T-test effect sizes were calculated using Cohen's *d* for T-Test (1988),Table.5..

Table 5. Significance of differences between groups

		N	t	Sig	ES Cohen's *d*
	Assess	96	1.47	0.14	0.14
PHQ	Post	95	1.8	0.07	0.39
	PrePostDiff	95	-2.96	0.76	0.06
GAD	Assess	98	.18	0.85	0.038

Post	97	1.72	0.9	0.35
PrePostDiff	97	-1.52	0.13	0.31
Assess	106	-1.24	0.22	-

Reliable and Clinically Significant Change Index (RCSI)

A calculation of RCSI aims to improve the reliability of improvement scores. RCSI has been calculated for each group using (Jacobson & Truax, 1991) and the (Evans, Margison & Barkham 1998) calculator. Table 6 shows that individual TA therapy in this sample produced more frequent improvement for depression (PHQ-9), whereas group therapy produced more frequent improvement for anxiety (GAD-7) and less deterioration. Differences between the groups on these variables were tested with a Chi Squared and no significant difference was found.

Table 6. Reliable and Clinically Significant Change Index for individual and group therapy

	PHQ			GAD		
	Improve % (n)	No Change % (n)	Deteriorate % (n)	Improve % (n)	No Change % (n)	Deteriorate % (n)
Group	41.4 (29)	51.4 (36)	7.1 (5)	37.1 (26)	58.6 (41)	4.3 (3)
Individual	44.1 (30)	48.5 (33)	7.4 (5)	36.8 (25)	55.9 (38)	7.4 (5)
N	70	68	138	70	68	138

Chi squared showed no significant difference at $P < 0.05$ in RCSI between groups:

PHQ: X^2 (2, N = 138) = 0.118

GAD: X^2 (2, N = 138) = 0.605

Discussion

Outcomes

The analysis of outcomes for both samples shows that Transactional Analysis psychotherapy, practiced in a group, or as individual therapy, results in good outcomes, and large effect sizes, for clients within the clinical range for depression and anxiety. Individual therapy shows a slightly higher effect size overall and a

slightly more improvement for depression, while group therapy shows slightly better outcomes for anxiety and less deterioration. However, these differences are not significant in this sample and require further testing.

Limitations

As a naturalistic study, this research shares the limitations of this type of methodology. The sample is relatively small, with no control group and we are therefore unable to make conclusions about efficacy. Adherence to the theoretical model was not monitored in both sample and there was no current treatment manual for each intervention. This limits the levels of analysis about the effectiveness and efficacy of Transactional Analysis. Manual development and further monitoring of interventions would need to be developed in further research.

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