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## EFFECTS OF ALTERNATE SESSIONS, VICARIOUS THERAPY PRETRAINING, AND PATIENT SELF-EXPLORATION WITH HOSPITALIZED MENTAL PATIENTS DURING GROUP THERAPY

The term alternate sessions refers to group therapy sessions with the therapist being absent interspersed or alternating with group therapy meetings where the therapist is present.

It has been recommended on theoretical ground by Wolf (1961), Wolf and Schwartz (1962), and Truax (1962d) that the use of alternate sessions in group psychotherapy might well be facilitative. However, Slavson (1963) and Ginott (personal communication) have argued against the use of alternate sessions. Certainly, if the use of alternate sessions could be demonstrated to be beneficial, it could help to extend the effectiveness of treatment without putting greater pressure on the already great shortage of trained therapists.

Another variable which has been proposed (Truax, 1962d) is that of vicarious therapy pretraining (VTP). This is a method of providing a model of "how to be a good patient" with the intention of more quickly involving the patient in the process of group therapy. This is done by presenting to patients a 30 minute tape recording of excerpts of actual therapy interviews of how clients express their feelings, how they attempt to solve their problems, and how they interact with each other.

The third variable is related to prior research in individual and group psychotherapy which has suggested that successful patients engage in a greater degree of self-exploration than do less successful cases. This has been found in a wide variety of patient populations (Peres, 1947; Wolfson, 1949; Seeman, 1949; Blau, 1953; Braaten, 1958; Tomlinson and Hart, 1962; Wagstaff, Rice and Butler, 1960; Truax and Carkhuff, 1963; Truax, 1962b).

A previous investigation (Truax and Wargo, 1969), involving outpatients, manipulated the above discussed variables. More specifically, Truax and Wargo (1969) evaluated the following hypotheses: (1) outpatients in alternate session therapy will show greater evidence of constructive personality change than outpatients receiving regular sessions only, (2) outpatients receiving VTP prior to group therapy will show greater evidence of constructive personality change than outpatients not receiving VTP, and (3) outpatients in groups that engage in relatively high levels of self-exploration

will show greater evidence of constructive personality change than outpatients in groups that engage in relatively low levels of self-exploration. The findings generally confirmed these hypotheses. The present investigation is a replication of the Truax and Wargo (1969) study with a group of hospitalized mental patients.

## METHOD

Since a full description of the procedures is given in the previous article, only brief statements regarding the methods and sources of materials used in the present study are necessary.

A total of 16 psychotherapy groups with an initial ten patients in each group ( $N = 160$ ) were seen by 15 different therapists in time-limited group psychotherapy consisting of 24 sessions on a twice-weekly basis over a time span of approximately three months. In general, the patient population might best be described as moderately disturbed, quite chronic, and primarily of schizophrenic diagnosis. The patients ranged in age from 18 to 65 years, with the majority being between 35 and 45 years of age.

The 15 therapists were quite heterogeneous in orientation. They included four therapists who were client-centered, three who were psychoanalytically oriented, three who described themselves as learning-theory oriented, and the remaining five were essentially eclectic.

The statistical design was a  $2 \times 2$  factorial analysis of variance with half of the group receiving VTP and the other half not receiving vicarious therapy pretraining (NVTP), and half of the groups receiving alternate sessions therapy, in addition to their regular sessions, with the other half receiving regular therapy sessions only. For those patients receiving VTP, the 30 minute VTP recording was presented to the group prior to the first session. The alternate sessions for the groups assigned to that condition began after their tenth regular session and continued alternating with the regular sessions until the 24 regular sessions were completed.

All group therapy sessions were completely tape recorded to allow for the analysis of levels of self-exploration occurring in each group. The hospitalized mental patients were given the same battery of psychological tests pre- and post-therapy as were the outpatients in the Truax and Wargo (1969) study. However, two additional measures of therapeutic change were used in the present study: (1) the number of days that each patient spent out of the hospital during a 12 month follow-up period, and (2) a Final Outcome Criterion (FOC). The FOC was added by transforming the following measures to  $z$  scores and summing them for each patient: (1) Q-sort self adjustment change; (2) Q-sort self expert correlation change; (3) change in sum of clinical scales on the MMPI; (4) change in  $Sc$  (MMPI); (5) CPC Index (MMPI); (6) change in Welsch Anxiety Scale; (7) Palo Alto Group Therapy Scale change score; and, (8) time out of the hospital during a one-year follow-up.

Although 160 patients were given pre-testing, a number of patients dropped out of group therapy before the tenth session, some others refused to participate in testing post-therapy, and through misunderstanding or lack of comprehension, some provided invalid testing. Thus, on some measures as few as 112 patients were available for analysis. (For a detailed description of the methods used to measure patient self-exploration, the psychological

tests used to measure personality change, and the statistical design, see Truax and Wargo, 1969).

RESULTS

Change scores for each patient on each measure, except the hospitalization rates, were obtained by subtracting the score obtained pre-therapy from the post-therapy score. These scores constituted the basic estimates of the degree of constructive personality change. To guard against possible differences in initial status, analyses of covariance was conducted to partial out the effect of the pre-scores on change scores. Further, to permit analyses in the face of some missing data, the unweighted means method for computing the analyses of covariance was used.

TABLE 1  
Mean Values and Analysis of Covariance F-ratios: Effects of Vicarious Therapy Pre-training upon Outcome

| Measures of Outcome           | Mean Values |         | Analysis of Covariance F-ratios |                     |
|-------------------------------|-------------|---------|---------------------------------|---------------------|
|                               | VTP         | NVTP    | VTP-NVTP                        | Therapist/<br>Cells |
| Q-Sort, Self, Adjustment      | .678        | — .345  | 1.170                           |                     |
| Q-Sort, Self-Expert r         | .027        | — .012  |                                 |                     |
| Q-Sort, Ideal, Adjustment     | .617        | 7.219   |                                 | 40.966***           |
| Q-Sort, Self-Ideal r          | — .026      | .239    |                                 | 26.303***           |
| Q-Sort, Ideal-Expert r        | .012        | .225    |                                 | 42.110***           |
| Palo Alto Group Therapy Scale | .905        | .883    | 5.925**                         |                     |
| Time out of hospital in       |             |         |                                 |                     |
| 1-yr-follow-up                | 98.301      | 87.059  | †                               | †                   |
| FOC                           | .033        | — .002  |                                 | 2.522***            |
| MMPI L                        | .333        | — .103  |                                 | 1.976**             |
| MMPI F                        | — .800      | — .724  |                                 | 1.976**             |
| MMPI K                        | — 1.050     | — .172  |                                 | 1.001               |
| MMPI Sum Clinical Scales'     |             |         |                                 |                     |
| Deviations                    | 1.500       | 1.103   |                                 |                     |
| MMPI Constructive Personality |             |         |                                 |                     |
| Change Index                  | .233        | .621    |                                 |                     |
| MMPI Hs                       | .700        | .397    |                                 |                     |
| MMPI D                        | 1.200       | .345    | 6.378**                         |                     |
| MMPI Hy                       | .383        | .690    |                                 | 1.399               |
| MMPI Pd                       | — .400      | — .017  |                                 |                     |
| MMPI Mf                       | — .050      | — .931  | 2.569                           | 3.127***            |
| MMPI Pa                       | .100        | .172    |                                 |                     |
| MMPI Pt                       | — .150      | — .845  | 2.135                           |                     |
| MMPI Sc                       | .367        | — .276  | 3.909*                          | 1.022               |
| MMPI Ma                       | — .833      | — .517  |                                 | 1.627               |
| MMPI Si                       | 1.317       | — .138  | 1.859                           |                     |
| MMPI Barron's Ego Strength    | .750        | 1.086   |                                 | 1.138               |
| MMPI Edwards' Social          |             |         |                                 |                     |
| Desirability                  | 1.017       | — .466  |                                 | 1.249               |
| MMPI Sum Validity Scales'     |             |         |                                 |                     |
| Deviations                    | — 1.317     | — .724  |                                 |                     |
| MMPI Welsh's Anxiety Index    | 0.000       | — 3.069 | 4.558*                          |                     |
| MMPI Welsh's Internalization  |             |         |                                 |                     |
| Ratio                         | .024        | — .003  | 2.148                           |                     |

† Not appropriate (X<sup>2</sup> for distribution is not significant)

\* p < .05, one-tailed test

\*\* p < .05, two-tailed test

\*\*\* p < .01, two-tailed test

TABLE 2  
Mean Values and Analysis of Covariance F-ratios: Effects of  
Alternate Sessions Upon Outcome

| Measures of Outcome                           | Mean Values |         | Analysis of Covariance<br>F-ratios |                     |
|---|-------------|---------|------------------------------------|---------------------|
|   | Alternate   | Regular | Alternate<br>Regular               | Therapist/<br>Cells |
| Q-Sort, Self, Adjustment                      | -.821       | 1.155   | 4.590*                             |                     |
| Q-Sort, Self-Expert r                         | -.018       | .057    | 3.933*                             |                     |
| Q-Sort, Ideal Adjustment                      | 1.758       | 3.559   |                                    | 43.573***           |
| Q-Sort, Self-Ideal r                          | 0.68        | .069    |                                    | 27.719***           |
| Q-Sort, Ideal-Expert r                        | .085        | .087    |                                    | 44.505***           |
| Palo Alto Group Therapy Scale                 | 1.189       | .631    |                                    | 1.908**             |
| Time out of Hospital in<br>1-yr-follow-up     | 97.794      | 88.301  | †                                  | †                   |
| FOC   | -.058       | .090    | 4.471*                             | 2.128**             |
| MMPI L  | -.431       | .183    |                                    | 1.862**             |
| MMPI F  | -3.172      | 1.567   | 10.202***                          |                     |
| MMPI K  | .172        | -1.383  |                                    |                     |
| MMPI Sum of Clinical Scales'<br>Deviations    | -2.190      | 4.683   | 3.156                              |                     |
| MMPI Construction Personality<br>Change Index | -3.138      | 3.867   | 6.153**                            |                     |
| MMPI Hs                                       | .345        | .750    |                                    |                     |
| MMPI D  | .897        | .667    |                                    |                     |
| MMPI Hy                                       | .034        | 1.017   | 2.155                              | 1.083               |
| MMPI Pd                                       | -.672       | .233    | 1.346                              | 1.081               |
| MMPI Mf                                       | -.534       | -.433   |                                    | 3.976***            |
| MMPI Pa                                       | -.603       | .850    | 9.567**                            |                     |
| MMPI Pt                                       | -.793       | -.200   | 1.426                              | 1.047               |
| MMPI Sc                                       | -1.603      | 1.650   | 6.439**                            |                     |
| MMPI Ma                                       | -1.621      | .233    |                                    | 1.523               |
| MMPI Si                                       | .483        | .717    |                                    |                     |
| MMPI Barron's Ego Strength                    | .034        | 1.767   | 5.170**                            |                     |
| MMPI Edwards' Social<br>Desirability          | -1.293      | 1.817   | 14.773***                          |                     |
| MMPI Sum of Validity Scales'<br>Deviations    | -3.034      | .917    | 19.515***                          |                     |
| MMPI Welsh's Anxiety Index                    | -.569       | -2.417  |                                    |                     |
| MMPI Welsh's Internalization<br>Ratio         | .036        | -0.14   | 1.299                              |                     |

† Not appropriate ( $X^2$  for distribution is not significant)

\*  $p < .05$ , one-tailed test

\*\*  $p < .05$ , two-tailed test

\*\*\*  $p < .01$ , two-tailed test

### Effects of Vicarious Therapy Pretraining

The mean change scores on the outcome measures for patients receiving VTP compared with the means for those not receiving VTP (NVTP) are shown in Table 1. VTP appears to be slightly superior to NVTP in that means for VTP patients showed either greater improvement or less deterioration on 16 of 28 measures ( $X^2 = .57$ , NS), while the NVTP patients were superior on 12 of the outcome indices. But when the number of measures is considered on which absolute negative mean change greater than .10 occurs, negative mean change is observed on 12 of the 26 for NVTP patients, and on only six for patients in the VTP conditions ( $X^2 = 4.16$ ,  $p .05$ ).

Table 1 also presents the results of the analyses of covariance for the effects of VTP vs. NVTP. There were significant differences in outcome related to VTP on the MMPI subscales of *Sc* and *D*, as well as on the Welsch Anxiety Index and the Finney Palo Alto Scale. All significant differences favored patients receiving VTP over those who did not, thus lending modest support to the original hypothesis.

#### *Effects of Alternate Sessions*

Table 2 presents the mean values on the 28 outcome measures for patients receiving alternate sessions in addition to regular sessions vs. patients receiving only regular sessions. Patients receiving alternate sessions showed greater improvement on six measures and less improvement on 22 measures ( $X^2 = 9.14$ ,  $p < .005$ ). Further, when the number of measures which absolute negative or deteriorative change is considered (this excludes FOC and time out of hospital), patients receiving alternate sessions in addition to their regular sessions show an average deterioration on 14 measures, while those receiving only regular sessions show deterioration on four of the 26 measures ( $X^2 = 6.88$ ,  $p .01$ ).

The results of the analyses of covariance on the 28 measures also appear in Table 2. It may be seen that the addition of alternate sessions to regular group therapy with hospitalized mental patients results in significantly poorer outcome on the following measures: Q-Sort for self-adjustment, Q-Sort correlation between self and expert Sorts, the MMPI, *F*, *Pa* and *Sc* subscales, the Edwards Social Desirability Scale, the Barron Ego Strength Scale, the Sum of MMPI Validity Scales, the Truax Constructive Personality Change Scale, and the Final Outcome Criterion. Thus, the data tend to strongly suggest negative consequences on patient outcome from the addition of alternate sessions to regular group meetings with hospitalized mental patients.

#### *Patient Degree of Self-Exploration*

The mean outcome scores on the 28 measures for patients in groups that engaged in high levels of self-exploration and patients in groups engaging in low levels of exploration are presented in Table 3. The high self-exploration patients showed greater improvement on 20 measures and less improvement on eight measures ( $X^2 = 5.14$ ,  $p .025$ ). This supports the original hypothesis which predicted greater improvement for high vs. low self-exploration groups. When the number of measures on which negative change greater than .10 scale points occurs are tallied, negative change or deterioration occurs on 11 of 26 measures for the low exploration group, and on eight of the measures for the high exploration group ( $X^2 = 1.33$ , NS). Thus, the data suggest that the level of self-exploration is related to positive outcome.

The results of the analyses of covariance for high and low levels of self-exploration are also presented in Table 3. It may be seen that statistically significant differences favoring better outcome with high rather than low self-exploration occurred on the following seven measures: Q-Sort for self-adjustment, Q-Sort correlation between self and expert; the MMPI measures of the *F* validity scale, the *Pa* and *Pt* subscales, the Edwards Social Desirability Scale, and the Final Outcome Criterion. Thus, the data lend support to the original hypothesis suggesting a positive relationship between the level of self-exploration occurring in group therapy and patient outcome.

TABLE 3  
Mean Values and Analysis of Covariance F-ratios: Effects of Depth of  
Intrapersonal Exploration Upon Outcome

| Measures of Outcome                           | Mean Values |        | Analysis of Covariance<br>F-ratios |                     |
|---|-------------|--------|------------------------------------|---------------------|
|   | Hi DX       | Lo DX  | Hi-Lo DX                           | Therapist/<br>Cells |
| Q-Sort, Self, Adjustment                      | 2.392       | —1.603 | 17.001***                          |                     |
| Q-Sort, Self-Expert r                         | .093        | —0.039 | 14.439***                          |                     |
| Q-Sort, Ideal, Adjustment                     | 5.469       | 0.000  |                                    | 36.590***           |
| Q-Sort, Self-Ideal r                          | .167        | —0.046 |                                    | 23.182***           |
| Q-Sort, Ideal-Expert r                        | .157        | .005   |                                    | 37.385***           |
| Palo Alto Group Therapy Scale                 | .768        | 1.016  |                                    | 1.687               |
| Time out of Hospital in<br>1-yr-follow-up     | 124.828     | 61.380 | †                                  | †                   |
| FOC   | .137        | —0.116 | 9.150***                           | 1.826**             |
| MMPI L  | .302        | .462   |                                    | 1.759               |
| MMPI F  | .943        | —2.154 | 4.442*                             | 1.159               |
| MMPI K  | —1.717      | .267   |                                    |                     |
| MMPI Sum of Clinical Scale's<br>Deviations    | 2.094       | .662   |                                    |                     |
| MMPI Constructive Personality<br>Change Index | 3.245       | —1.877 |                                    |                     |
| MMPI Hs                                       | .623        | .492   |                                    |                     |
| MMPI D  | .604        | .923   |                                    |                     |
| MMPI Hy                                       | .642        | .446   |                                    | 1.281               |
| MMPI Pd                                       | —0.943      | .385   | 1.898                              | 1.046               |
| MMPI Mf                                       | —0.623      | —0.369 |                                    | 3.047***            |
| MMPI Pa                                       | .887        | —0.477 | 6.796**                            |                     |
| MMPI Pt                                       | —0.340      | —0.615 | 6.796***                           |                     |
| MMPI Sc                                       | .717        | —0.492 |                                    | 1.029               |
| MMPI Ma                                       | —0.132      | —1.123 |                                    | 1.494               |
| MMPI Si                                       | .887        | .369   |                                    |                     |
| MMPI Barron's Ego Strength                    | 1.868       | .138   | 1.646                              |                     |
| MMPI Edwards' Social<br>Desirability          | 1.774       | —0.923 | 4.269*                             |                     |
| MMPI Sum of Validity Scales'<br>Deviations    | —0.302      | —1.615 | 2.081                              |                     |
| MMPI Welsh's Anxiety Index                    | —1.019      | —1.908 |                                    |                     |
| MMPI Welsh's Internalized<br>Anxiety Ration   | 0.000       | .019   |                                    |                     |

† Not appropriate ( $X^2$  for distribution is not significant)

\*  $p < .05$ , one-tailed test

\*\*  $p < .05$ , two-tailed test

\*\*\*  $p < .01$ , two-tailed test

## DISCUSSION

The present findings with regard to the use of alternate sessions in addition to regular group therapy sessions are most interesting. They support the suggestions of Slavson (1963) and Ginott (personal communication) who have recommended against the use of alternate sessions. However, these results are in contrast to the results of the study replicated herein (Truax and Wargo, 1969) in which alternate sessions were somewhat facilitative when used with neurotic outpatient groups. It may well be that patients must be more socially responsible in order to benefit from alternate sessions. The present results argue against the use of this regimen with hospitalized mental patients.

The results relating to the use of vicarious therapy pretraining provide modest support for the efficiency of such systematic preparation for therapy in the form of providing "good" models of behavior to be followed by members of the groups. Similar results were found by the Truax and Wargo (1969) study with neurotic outpatient groups. It appears that the structuring of patient roles through the use of tape recorded modeling is facilitative.

The relationship between self-exploration and outcome is strongly supported. Similar results were found by the Truax and Wargo (1969) study with the outpatient groups. It is of particular interest to find that the depth of exploration is a significant variable in connection with group therapy, since the level of self-exploration must necessarily be determined by the overall level of the group rather than by the levels of self-exploration demonstrated by individual members within the group. At the same time, it is possible that some benefit accrues to the patient who sits quietly but is able to vicariously benefit from the explorations of fellow patients within the group. It may be that levels of overt exploration on the part of one person leads to better exploration on the part of the second, even though the second never voices his explorations in the group. It would be most interesting to investigate differences between high and low exploring patients within groups of overall high and low exploration as a means of assessing the degree to which low exploring patients are able to benefit vicariously through the overt explorations of fellow group members. Indeed, this strikes at the very heart of some of the assumed benefits or justifications often made for the use of group therapy. The present findings certainly support the growing body of research suggesting the depth of self-exploration at the group level as being positively related to outcome in psychotherapy.

It is of interest to note that on measures aimed at identifying levels of anxiety, such as the Welsh Anxiety Index and *Pt* scale from the MMPI, there is a general tendency for the population as a whole to show increases in anxiety level. This would suggest that group psychotherapy of itself tends to engage the patient in self-examination which in turn heightens anxiety. That this does not necessarily lead to improvement is indicated by such measures as the *Sc* scale of the MMPI, which seems particularly appropriate for a predominantly schizophrenic population. On the *Sc* scale the data would indicate essentially no overall change in schizophrenic symptomatology. However, when each of the variables under study is examined, it appears that this overall lack of reduction or change in schizophrenic symptomatology marks both positive and negative changes. Thus, patients receiving regular sessions, patients receiving VTP, and patients in groups where high levels of self-exploration occur tend to show modest reduction in schizophrenic symptomatology. And, these patients receiving alternate sessions, not receiving VTP, and in groups low in self-exploration tend to show an increase in schizophrenic symptomatology.

#### SUMMARY

The present study provides moderate support, as did the study which was replicated, for the use of one procedure which differs from standard group therapy practice—vicarious therapy pretraining. The findings of the present study suggests against the use of alternate sessions with hospitalized

mental patients. However, the findings of the study being replicated had indicated that alternate sessions were somewhat facilitative when used with neurotic outpatient groups. The relationship between the amount of self-exploration and outcome was strongly supported by both studies.

#### FOOTNOTES

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#### REFERENCES

- Blau, B. A. A comparison of more improved with less improved clients treated by client-centered methods. In W. U. Snyder (Ed.), *Group report of a program of research in psychotherapy*. State College, Pennsylvania: Pennsylvania State College, Psychotherapy Research Group, 1953.
- Braaten, L. J. The movement from non-self in client-centered psychotherapy. Unpublished doctoral dissertation, University of Chicago, 1958.
- Peres, H. An investigation of non-directive group therapy. *Journal of Consulting Psychology*, 1947, **11**, 159-172.
- Seeman, J. A study of the process of non-directive therapy. *Journal of Consulting Psychology*, 1949, **13**, 157-168.
- Slavson, S. R. *Textbook in analytic group psychotherapy*. New York: International Universities Press, 1963.
- Tomlinson, T. M., & Hart, J. T. A validation study of the process scale. *Journal of Consulting Psychology*, 1962, **26**, 74-78.
- Truax, C. B. A tentative scale for the measurement of therapist genuineness or self-congruence. *Discussion Paper*, Wisconsin Psychiatric Institute, University of Wisconsin, 1962, **35**. (b)
- Truax, C. B. The therapeutic process in group psychotherapy: A research investigation. Mimeographed paper, Wisconsin Psychiatric Institute, University of Wisconsin, January, 1962. (d)
- Truax, C. B. & Carkhuff, R. R. For better or for worse: The process of psychotherapeutic personality change. Chapter in *Recent advances in the study of behavior change*. Montreal, Canada: McGill U. Press, 1963.
- Truax, C. B. & Wargo, D. G. Effects of vicarious therapy pretraining and alternate sessions on outcome in group psychotherapy with outpatients. *Journal of Consulting and Clinical Psychology*, 1969, **33**, 4, 440-447.
- Wagstaff, A. K., Rice, L. N. & Butler, J. M. Factors of client verbal participation in therapy. *Counseling Center discussion papers*, University of Chicago, 1960, **6**, 1-14.
- Wolf, A. Group psychotherapy with adults: The alternate meeting. Paper read at American Personnel and Guidance Association Conference, New York, January 1961.
- Wolf, A. & Schwartz, E. K. *Psychoanalysis in groups*. New York: Grune Stratton, 1962.
- Wolfson, K. S. Client's exploration of their problems during client-centered therapy. Unpublished master's thesis, University of Chicago, 1949.



LES EFFETS DE L'ALTERNANCE DES SESSIONS, DE LA  
THERAPEUTIQUE DE SUBSTITUTION ET DE L'EXPLORATION  
EN PROFONDEUR SUR LA THERAPIE DE GROUPE  
DE PATIENTS MENTAUX INTERNES

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Dans cette étude poursuivie avec des malades mentaux internés, et qui constituait une reprise d'une étude antérieure conduite avec des patients externes, on a cherché à connaître (a) l'influence sur les résultats de la psychothérapie de groupe de sessions avec thérapeutes alternant avec des sessions sans thérapeute et, (b) l'influence d'une thérapie de substitution. Les résultats vont dans le sens de l'utilisation de l'entraînement préalable de la thérapie de substitution dans le cas des patients internés. Ils confirment aussi l'importance des conditions thérapeutiques et de l'exploration en profondeur comme précurseurs de l'avenir du patient.

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