Group Psychotherapy Trainings in China

By Jeffrey Kleinberg, PhD and Nina K. Thomas, PhD

Over the past four years, APA members Jeffrey Kleinberg, PhD, ABPP and Nina Thomas, PhD, ABPP, have traveled to China to lecture and teach group psychotherapy. Dr. Kleinberg is Retiring President of the American Group Psychotherapy Association and Editor of the Wiley-Blackwell Handbook of Group Psychotherapy (2012). Dr. Thomas is Chair of the Specialization in Trauma and Disaster Studies at the New York University Postdoctoral Program in Psychotherapy and Psychoanalysis. Both recently co-taught a 5-day course at the Shanghai Mental Health Center, Medical School of Jiaotong.

China estimates that it has 16 million people in need of mental health care, without having near enough trained professionals to provide it (“Mental Health Law Is Right for China,” 2012). In fact, there are only about 16,000 psychiatrists (Jin Liu, 2011) and 12,000 psychologists (Erwin, 2008) for its entire population of 1.3 billion people. The extreme need for clinical services became dramatically evident in the aftermath of the Wenchuan earthquake in 2008 (Xu Juiping, 2011; Fan et al., 2011; Kun et. al., 2009; Xan Lang, et al., 2008) when the loss of life and physical devastation resulted in significant psychological distress with accompanying social, economic and political turmoil. Mental health services in China are provided through a combination of public and private services. Public service include hospital clinics, while private services include private clinics or, more rarely, psychiatrists and what would be described in U.S. terms as masters-level psychologists offering services in their private offices.

Xu Yong, Director of Training and Education at the Shanghai Mental Health Center, has coordinated a successful program to expand the number of psychiatrists, psychologists and counselors who can lead psychotherapy groups. Succinctly expressing the particular challenges currently facing clinicians in China, he says:

"The remarkable social and economic changes in China since 1980 have underscored the importance of mental health. The Chinese have experienced radical, rapid changes in society: the end of social security, large scale internal migration, the introduction of the one-child policy, and the breakdown of traditional family structures. Many young adults are now torn between conformity and autonomy. These social changes have occurred in the context of shifting interpersonal relationships in China, influencing people's internal worlds, and inevitably, challenging people's ego capacity for adaptation to the new realities. It’s not difficult to understand why so many Chinese people are now experiencing anxiety and depression. A psychotherapy group is a great place for individuals to share and deal with their deep feelings of isolation, helplessness and uncertainty, to explore and know their internal world and those of others, and to learn how to better relate. Because we lack sufficient numbers of qualified psychotherapists to meet the need for counseling and psychotherapy, group treatments become even more important."

Against the backdrop of the kind of needs Xu Yong describes, we traveled to China in 2010 and 2011 to lead group psychotherapy trainings that offered lectures, demonstration groups and supervisory sessions, deeply engaging more than 65 therapists in studying tasks of group leadership. Tasks included treatment planning, selection of members, maintaining safety, monitoring progress, dealing with transference and countertransference, and termination. Many participants are now gearing
up to establish or expand groups at their clinics, hospitals or schools. The content of the training was extensive, covering topics such as the selection and preparation of patients for groups; the ethical considerations of group psychotherapists (in particular addressing the recruitment and boundary issues involved); and the process of group therapy.

Originally, the 2010 training was to be co-taught with the late Harold S. Bernard, PhD, a Past President of the American Group Psychotherapy Association. Bernard’s illness prevented him from making the trip, and though the participants were not familiar with his work, his absence enveloped the training in an atmosphere of loss and missed opportunity. The “time is short” motif provided a sense of urgency and inspired the trainees to get as much as they could from their work together.

The uniqueness of supervision, or any systematic training in theory and practice for that matter, became evident in a number of the participants’ responses to the trainings. Several remarked that, though they had conducted group therapy sessions for five or more years, they never had received any supervision.

Efforts to scale-up group treatment have been intensifying in China in recent years. For example, [Kleinberg] and colleagues were asked to help volunteers who were also mental health professionals provide trauma relief to survivors of the Chengdu earthquake. More recently, two new professional organizations have been founded: the Chinese Group Psychotherapy Association and the Chinese Group Counseling Association, which held its first meeting in Beijing this past May, attended by 400 people (Kleinberg was the keynote speaker). Trainings and exchange of ideas are high on the agendas of these associations. One example of a new initiative is a reading group on group psychotherapy and supervision that we will be leading via Skype in coming months.

Though it is evident that wonderful progress is being made with regards to group psychotherapy, we suggest there is still much work to be done. While the need is great and interest is strong to arrange cross-cultural training, funding is hard to come by. Global public health officials and non-governmental organizations have only recently turned their attention to mental health needs, and a much greater commitment is needed. 

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