

## Conference Paper

# Needs Analysis: The Application of Transactional Analysis in the Management of Relationship Problems for Psychiatrists and Residents in Indonesia

G A Maharatih<sup>1</sup>, R I Ismail<sup>2</sup>, M Mansyur<sup>3</sup>, and A Sudiyanto<sup>1</sup><sup>1</sup>Department of Psychiatry Medical Faculty of Universitas Sebelas Maret – Dr Moewardi Hospital, Surakarta<sup>2</sup>Department of Psychiatry Medical Faculty of University of Indonesia – Cipto Mangunkusumo Hospital, Jakarta – Department of Public Health, Medical Faculty of University of Indonesia, Jakarta<sup>3</sup>Department of Public Health, Medical Faculty of University of Indonesia, Jakarta

## Abstract

Currently in Indonesia, the study of transactional analysis (TA) for managing psychiatric disorders is still uncommon although it is found effective in many cases. Thus, we conducted this study to obtain data and reasons of TA usage and strategies in managing psychological disorders especially in relationship problems. This study also learned the strategies used in improving the knowledge and skills in applying TA. We enrolled 107 subjects comprised of 54 psychiatrists and 53 residents, who had been selected randomly from 219 prospect respondents of a questionnaire given directly or by e-mail. This questionnaire was given and/or sent to 99 psychiatrists and 120 residents in Indonesia. All of the study subjects (n= 107) admitted the need of TA application module in treating relationship problems, as it was suitable and applicable (almost 93%). The most favored psychotherapy strategy was transactional analysis (47.6%) followed by cognitive behavioral therapy (45.7%), brief dynamic psychotherapy (36.4%), supportive psychotherapy (14 %), and others (15 %). The most preferred strategy was training. Many psychiatrists in Indonesia do not know how to apply TA. Therefore, TA application module and training are needed to improve knowledge and skill in practicing.

Corresponding Author:

G A Maharatih

gek.maharatih66@gmail.com

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## 1. Introduction

Psychotherapy is one of the main subjects in psychiatric education [1]. Regarding on Accreditation Council for Graduate Medical Education (ACGME), some basic standard of psychotherapy must be mastered by psychiatrist including brief dynamic psychotherapy (BDT), cognitive behavioral therapy (CBT), psychodynamic analysis (PA), and supportive psychotherapy, as well as the combination of psychopharmacology and psychotherapy

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[1, 2]. Based on competence standard guidelines, transactional analysis (TA) has not been included in the required competency for a psychiatrist, although the application of TA gives good result in many cases and shows the effectiveness of psychotherapy in coping with anxiety disorders and depression [3,4]. TA's application can also reduce symptoms of post-traumatic stress disorder [5] and also effective for co-morbid depression [6, 7]. TA also has been found to be cost-effective when it is applied in patients with personality disorder and even in a non-psychiatric case such as multiplex alopecia areata, with the benefit of improving long-term medical condition [8, 9].

Currently, the cases of emotional and behavioral problems are increasing in children and adolescents. One of the reasons is due to the parent-child relationship issues. A conducive kind environment and a good relationship between parents and child should be maintained, especially when the child has a genetic risk of mental disorder. This strategy will prevent the genetic factor to appear. Relationship problem in a family is not only influenced by parents-child relationship but also by parents' marital problems [10, 11]. The benefit of applying TA in coping with relationship problem is its ability to change and transform patient personality by using daily sentence approach which is easy to be understood [12-14].

Although TA has been one of the subjects studied in medical faculty in University of Indonesia since 1975, it has never been taught in the form of training module. In fact, not all psychiatry educational centers in Indonesia teach TA-based psychotherapy. We study problems faced by psychiatrists and residents when they use TA book from Indonesian Psychiatry Collegiums. Therefore, we analyzed whether the current TA book requires an additional TA application module as a guide for TA psychotherapy. The result of this study would be a basis to develop and to improve TA application in formulating guideline module for parents-child relationship problem solving.

## 2. Methods

This cross-sectional descriptive study was conducted in 107 respondents by distributing a questionnaire about "Needs Analysis of Transactional Analysis Applications" to psychiatrists and residents in Indonesia, either directly or via email. The study subjects were taken from three national meetings related to psychiatry in Jogjakarta and Solo in 2014, and also from psychiatrists and residents at 7 psychiatry educational centers in Indonesia during the same period. The time limit for distributing and returning the questionnaire was 2 weeks. In order to remind the respondents about the time limit, the notification was delivered every 3 days by email or phone call. The subjects included in the study were

those whose questionnaires completed within a predetermined time limit. Previously, a semi-structured questionnaire was performed, in order to achieve a wider response [15] by authors who were expert in this field. Questions in the questionnaire had undergone a pilot testing involving 12 residents for the face validity and 2 psychiatrists for the content validity. The outcomes of those validities were good. Of the 219 prospect respondents willing to be enrolled in the study, 107 subjects were selected randomly according to the calculation of sample size. The determination of sample was done by simple random sampling method [16] and a single sample size calculation to estimate the proportion of the population.

### 3. Results

There were 107 subjects who completed their questionnaires. The study subjects' characteristics are presented in Table 1. Most of the subjects were females (65.5%) and many of them were over 35 years old. The mean age was 42 years old, with the youngest one aged 26 years old the oldest was 73 years old. The proportion of psychiatrists and residents was equivalent.

TABLE 1: Distribution of study subjects by sex, status, training history, education, the use of TA and age.

Variables Description		Total	
		Total (n = 107)	%
Sex	Men	37	34.5
	Women	70	65.5
Status	Psychiatrist	54	50.5
	Residents	53	49.5
History of TA <sup>a</sup> education	Yes	81	75.7
	No	26	24.3
Training experience of TA	Yes	32	29.9
	No	75	70.1
Frequency of TA training	Once	26	81.3
	≥ Twice	6	18.7
The use of TA	No	52	48.5
	Yes	55	51.5
Age (years)	Mean (SD)	Median (min <sup>b</sup> -max <sup>c</sup> )	
	41.66 (11.63)	39 (26-73)	
<sup>a</sup> Transactional analysis			
<sup>b</sup> Minimum			
<sup>c</sup> Maximum			

Almost all subjects admitted that they had already received TA education (75.7%). About 30% subjects had TA training. Most of subjects followed the TA training once in their career (81.3%). Nearly half of the total subjects used TA in managing the relationship problems. Almost all subjects know the basic types of psychotherapy; i.e., cognitive behavior therapy, brief psychodynamic, and transactional analysis. The reason in using TA for relationship problems was because TA has proven to be suitable and easy to apply. Subjects who did not use TA declared they did not know how to perform the application of TA. All subjects affirmed that they need some modules to perform TA. Strategies that can immediately improve the knowledge and skills of TA were primarily with training and mastering the contents of TA's module (shown in Table 2). The most common psychotherapy used as the strategy to deal with psychiatric disorders was CBT, followed by BDP, TA, supportive psychotherapy and others including marital therapy, solution focused therapy, logotherapy, hypnotherapy, reality therapy, psycho-religious, play therapy, Gestalt Therapy. In managing the relationship problems, the subjects largely used TA, followed by CBT, BP, supportive therapy, and others including marital therapy, solution focused therapy, logo therapy, hypnotherapy, reality therapy, psycho-religious, play therapy, gestalt, and mixed psychotherapy (Table 3).

## 4. Discussion

In this study, only half of the total subjects used TA, although it can easily be applied in patients. Our study also demonstrated various types of psychotherapy used in Indonesia in managing psychiatry problem particularly in relationship (Table 3). This finding is supported by previous study which reported that there were various approaches in solving relationship problems such as supportive [17], marital [18, 19] or couple therapies [20, 21], as well as for general relation problems in the family. Psychotherapy approaches usually consist of family therapy [22], experiential family therapy [23], structural family therapy [24, 25]. Therapy based on cognitive and behavior are also used to address problems in family relationships, including couple therapy [26-31], solution focused brief therapy [32], narrative therapy [33] and family problem solving [34] Thus, standardization on the use of psychotherapy for treating specific cases is needed in order to gain the most appropriate and feasible form to achieve optimal results.

This study was also in line with a previous study by McQuaid which showed that TA training to meet psychotherapy competency frequently used varied training methods and there was no uniformity [35]. Consequently, the need of standardization for psychotherapy is inevitable. It is likely to be the reason of all our study subjects who stated

TABLE 2: Descriptions of psychotherapy knowledge, reason for using TA, strategies for improving knowledge and perform TA.

Knowledge and the use of psychotherapy	Total	
	n	%
Basic known psychotherapy		
CBT <sup>a</sup>	107	100
Brief Psychodynamic	102	95.3
TA <sup>b</sup>	92	85.9
Reasons for not using TA (n=64)		
Only know TA theory, but not the application	30	43.7
Do not know how to perform TA	34	53.3
Reasons for using TA (n=57)		
The most appropriate tools	27	47.4
Easily applied to the patient	17	29.8
Combined above	13	22.8
The needs of TA application module (n = 107)		
Need module	107	100
Do not need module	0	0
Strategies to improve knowledge of TA (n = 107)		
Obtain and learn the content of TA module	27	25.2
TA Training	45	42.1
Combined	35	32.7
Strategies to apply TA (n= 107)		
Get and learn the TA application module	18	16.8
TA applications training	58	54.2
Combined	32	30.0
<sup>a</sup> Cognitive Behavior Therapy		
<sup>b</sup> Transactional Analysis		

that they needed a training module for TA applications to improve the knowledge and skills of TA; although almost half of them had been using TA as an option in their therapy to treat relationship problems.

## 5. Conclusion

All of our study subjects expressed the need of TA applications training modules. Strategies used to improve the knowledge and skills of TA are to acquire, to explore and to follow training modules of TA applications. Our finding can be a base of a handbook, in the form of transactional analysis application modules, which can be applied in the cases of relationship problem. Effort of various stakeholders is needed to enhance the

TABLE 3: Treatment strategies for psychiatric disorders and relationship problems.

Psychotherapy strategy	Total	
	n	%
Treatment of psychiatric disorders (n = 107)		
CBT <sup>a</sup>	89	83,1
BP <sup>b</sup>	57	53, 2
TA <sup>c</sup>	34	31, 7
Supportive	15	14,0
Others(MT <sup>d</sup> , LT <sup>e</sup> , HT <sup>f</sup> , RT <sup>g</sup> , PRT <sup>h</sup> , PT <sup>i</sup> , GT <sup>j</sup> )	18	16,8
Treatment for relationship problem (n=107)		
CBT	49	45.7
BP	39	36.4
TA	51	47.6
Supportive	15	14.0
Others(MT, LT, HT, RT, PRT, PT, GT, SFT <sup>k</sup> )	16	15.0
<sup>a</sup> Cognitive Behavior Therapy		
<sup>b</sup> Brief Psychodynamic		
<sup>c</sup> Transactional Analysis		
<sup>d</sup> Marital Therapy		
<sup>e</sup> Logo therapy		
<sup>f</sup> Hypnotherapy		
<sup>g</sup> Reality Therapy		
<sup>h</sup> Psycho-religiousTherapy		
<sup>i</sup> Play Therapy		
<sup>j</sup> Gestalt Therapy		
<sup>k</sup> SFT = Solution Focused Therapy		

knowledge and skills of TA applications further to give a better service delivery and the patient's satisfaction can be ensured.

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