

Problem-Based Learning SRC Resource 6a

Problem-Based Learning – PBL

Problem-Based Learning is quite different from “problem solving”, and the goal of the learning is not to solve the problem which has been presented. Rather, the problem is used to help students identify their own learning needs as they attempt to understand the problem, to pull together, synthesize and apply information to the problem, and to begin to work effectively to learn from other group members as well as tutors. (McMaster University 1969). Since 1969 this pedagogic method has been used worldwide in many educations where theory shall be put into practice.

Problem Based Learning in the TI’s. Elect somebody in the TI, who already has research experience to become the main facilitator of a Science & Research module. This module could contain around 25 hours during the whole training. Self-reported time to read books and articles are counted as well as repetitively group learning hours during the practical training in Body Psychotherapy. The groups can consist of 5-7 people to form a good learning climate. The facilitator shall create and present ‘problems’/themes in Science and Research in a document given to the students. The text below can be used as basic compulsory knowledge. Present literature in your native language on a list, so that the students can find suggestions for their learning process. The literature list in English can be used for everyone. Attention: the suggested problems and answers below are just some examples and not the entire solution for understanding how research work. Please add more themes at your TI. The students are only given the answers from the 1st example from the beginning

Some Examples of possible PBL Research Questions for Body Psychotherapists:

- I. What kind of research methods would you use for monitoring a single BPT session as compared to a whole BPT treatment process?**
Use qualitative methods with a precise description of the method/of the process:
 - A.** A case study of one single session or a whole treatment process referring it to evidence-based practice in this field:
 - 1)** Body assessment / Body state questionnaire (see Resource Sheet 5)
 - 2)** Describing the process of a session (asking questions, listening, reflecting, body intervention to make a statement from the client/to facilitate a reflection from the therapist - to get embodied in the client, repeating/amplifying the body expression in the client, etc.)
 - B.** Video – looking for moments of interests in the session – when were there critical moments of e.g. non-congruence and/or congruence with the client. Summarizing them and put them together with other clients with the same disturbance as practice-based evidence – or – follow a whole treatment period to see a development from a non-congruent communication to a congruent one.
 - C.** Single subject design: **(a)** baseline (= initial test or questionnaire); **(b)** intervention (describe it exactly); **(c)** end of session (= repeat of the same test or questionnaire – has anything changed?)
- II. What kind of research would you use to find patterns of interventions in a multitude of sessions by many therapists?**
Grounded Theory /method of constant comparison of answers/open coding –

memos/'meaning-carried-units', memos/finding key categories

- A. To catch how does the BP therapist starts a session / ends a session.
- B. Are there any interventions which are used more frequently than others.
- C. Does the therapist give 'homework' exercises to practice until next session – if so which?

III. What kind of research methods might you use to compare ...

- The results of treatment / no treatment of two groups?
- The result of body questionnaires in a client group and in a healthy group
- The result of postural balance in a client group and a healthy group

A quantitative one with a test group and a control group or some sort of more qualitative study. If you were to use statistics – what kind?

IV. How could you find the participants for the test group or a control group?

- Regular treatments for inpatients / outpatients
- Or on a waiting list for the same treatment?
- Or some other ways of comparing these groups?

V. How do you arrange the procedure of finding participants to make test / control groups randomized?

- Ask for people through an advertisement in the local newspaper
 - Define the period within the treatment/the test is carried out
 - Choose every other one from a waiting list
- What are the advantages and disadvantages of these?

VI. What items should be matched between groups to make groups 'controlled'?

Age, Gender, Educational level, Language

VII. What are the differences between 'Validity' and 'Reliability'? Why is it important to know the difference?

Please give some examples

VIII. What kind of assessments / tests / questionnaires do you know / use in your BPT practice? Why? What do they show? How do they help you to improve your BPT clinical practice?

If you don't use any assessments / tests / questionnaires, why not? How do you assess your clinical practice? Is this 'valid' or 'reliable'?

IX. When do we talk about a correlation between test results? And when do we talk about a causation of a result?

Please give some examples according to statistical significant levels

X. What methods might be appropriate to assess the efficacy and effectiveness of BPT as compared with other psychotherapeutic treatments, or with no treatment?

Please give some examples

XI. Which ethical factors are important to consider in your country?