

***Outcome research on Gestalt therapy: long-term
clinical interventions
and relational aesthetic intuition of the therapist***

Initial package

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and relational aesthetic intuition of the therapist*

Project leader and principal investigator: Margherita Spagnuolo-Lobb

Thank you for considering taking part in this project. This initial package is designed to introduce you to the quantitative part of the project and its technical aspects. In addition to the quantitative part of the project, qualitative part is also being developed, and will be ready in 2025. We believe that this initial package will enable you to make an informed decision in regards to your participation in the project. If you have any additional questions, please do not hesitate to contact your country coordinator(s):

Coordinator name and surname:

Email:

Phone:

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1. Introduction to the research project

In this research project, we aim to measure the outcome of the Gestalt therapeutic processes and the therapists' intuition.

In detail, we aim:

- to obtain data on fluctuation and the outcome of the therapeutic processes (pre-test, mid-test, post-test and follow-up);
- to compare the outcomes of Gestalt therapeutic processes and other approaches;
- to explore how aesthetic relational knowing, a basic therapeutic skill, is fluctuating over the time of psychotherapy, whether the therapist intuition changes over the time of the therapy;
- to correlate Gestalt Therapy outcomes with data on therapist intuition;
- to explore which dimensions of aesthetic relational knowing significantly correlates with the outcome of the psychotherapy;
- to advise training programs and professional development about the dimensions of the psychotherapists' intuition which are correlated with outcome, and therefore to inform trainers and psychotherapists about contents and modes to be supported during the training or professional self-development.

Participants in the research project are clients and their respective psychotherapists. Participants will be gathered from various EU and Non-EU countries by the researchers-psychotherapists who are willing to participate in the research. The researchers-psychotherapists for each country will form a team. The team in each country, together with the designated coordinator(s), is responsible for gathering the participants (through clinical centers, private practices or psychotherapist colleagues). Only the clients and the therapists that signed the informed consent and agreed to participate will be selected for the research. The data collection period is two and a half years. Therapists can start the therapeutic processes at any time, with each process lasting a minimum of 6 months.

2. Inclusion criteria for participants and the requirements of the therapeutic process

The participants are psychotherapists and their clients. The maximum number of cases for one psychotherapist is five. The knowledge about the theory this research project is based on is not mandatory (although welcomed).

Psychotherapists should meet the following requirements:

1. Have completed the full training in Gestalt Therapy according with the training standards of EAGT (for European countries) or have completed the full training in Gestalt Therapy according with the training standards of National or International Organizations in Gestalt Therapy (for non European countries). In both cases certificate from the EAGT or National or International Organizations in Gestalt Therapy or GANZ in Gestalt therapy is needed.
2. Give written consent to participate in the research project, which includes spending time and commitment in completing questionnaires.
3. Be familiar with the CORE system.

Clients should meet the following requirements:

1. Age 18 years and older.
2. Give written consent to participate in the research project, which includes spending time and commitment in completing questionnaires.
3. Absence of Serious Mental Illness (SMI). SMI, for the purposes of this research includes: schizophrenia (also delusional disorder, schizoaffective disorder); subset of depression called “severe, major depression”; a subset of bipolar disorder classified as “severe”.

For more information: American Psychiatric Association or National Institute of Mental Health.

Links:

<https://www.apa.org/ed/graduate/specialize/serious-mental-illness>

<https://www.nimh.nih.gov/health/statistics/mental-illness>

Requirements of the therapeutic process:

- individual psychotherapy, conducted in Gestalt therapy modality (cases of psychological counseling or support are not included)
- preferable time schedule is one session per week; continuous work without longer breaks is recommended, although they may appear (vacations, holidays or saturations in psychotherapy process); those breaks should be disclosed in the logbook, along with the dropouts
- Preferably, the length of the therapeutic process should be 18 months and no less than 6 months
- Psychotherapy may be conducted in-vivo and/or online; type of each session should be disclosed (in-vivo or online)
- technical requirements enabling the therapists to fill the logbook (in Google forms or other chosen by the coordinator(s)) before and after therapy session: access to the

smartphone/tablet/laptop and the internet; these requirements are optional - therapist can fill the printed documents by hand as well

3. Important procedures and timelines

From the beginning of the therapy, filling in the required information in the **Logbook** is required (see point 8).

T0: baseline - Administration of the CORE-OM questionnaire immediately after the first session; collecting the data for the Assessment Form (see point 7.). After 5 sessions, the ARK-T questionnaire.

T1: at 6 months after the start of therapy - Second administration of the CORE-OM questionnaire to monitor the progress of the therapy, second administration of the ARK-T questionnaire.

T2: at 12 months after the start of therapy – Third administration of the CORE-OM questionnaire (depending on the progress of therapy - e.g. therapy might stop before a year or end after N months), third administration of the ARK-T questionnaire.

T3: at 18 months after the start of therapy (end of the therapy) – Fourth administration of the CORE-OM questionnaire and the ARK-T questionnaire,

T4 (optional): Follow up six months after completion of therapy - Final administration of the CORE-OM questionnaire.

General info: therapist is sending the entirety of the data to the coordinator after the end of therapeutic process (logbook, assessment form, CORE-OM and ARK-T questionnaires); consent of the client stays with the therapist. In the meantime, the therapist is supported by coordinator(s).

4. Client-therapist coding

It is **imperative** that each participant (therapist-client diad) has a **unique coding - ID number** and that this is written clearly on all the forms completed by/for each client (CORE Outcome Measure sheets, Assessment Form, Logbook); this ensures that the correct forms are linked. For the ID number it is preferable to put two letters of your country (ISO standard, link below), first letters of name and surname of the therapist (and one control digit starting from 0 in case when first letters of therapist reappear) and the first letters of name and surname of the client (and one control digit starting from 0 in case when first letters of your clients reappear).

E.g. I'm from Poland, my name is Iwo Tarkowski, my client's name is Sylwia Barańska – the ID will be: “PL-IT0-SB0”. If there are multiple therapists with the same name and surname in the same country, the number after the letters of the name and the surname of the

therapist is going to change, e.g.: Iga Tarnowska with her client Sandra Bogacz, the ID would be: “PL-IT1-SB0”. The number for the client remains the same. If a therapist has multiple clients with the same name and surname, the number after the letters of the name and the surname of the therapist is going to change, e.g.: Iga Tarnowska works with the second client Szymon Buhaj, the ID would be: “PL-IT1-SB1”. Use the same ID on every form you and your client fill in.

The first part of the code is given to the therapist by the coordinator (eg. “PL-IT0”). This is the individual number given to the therapist after signing the consent form (see attachment: Informed consent for the therapist). The second part of the number is given by the therapist to the client (eg. “-SB0”). This is the individual number given to the client after signing the consent form (see attachment: Informed consent for the client). Connected parts create the **unique coding - ID number**.

Link to ISO country codes:

https://en.wikipedia.org/wiki/List_of_ISO_3166_country_codes

5. Consents

Informed consent will be obtained before the start of the research, both by the therapists and the clients. Therapists should obtain written *general research project consent* and written *CORE-OM consent* from their clients at the beginning of the therapy session following the regular client intake process. Coordinator(s) should obtain written “Informed consent for the therapist” before the therapist starts the therapy process with the client.

It is essential to obtain consents from both the therapist and the client before starting the research. All necessary consents to conduct this research are included as an attachment to this package. The client's consent remains with his therapist. The therapist's consent, on the other hand, will be kept with the coordinator of the country.

Consents can be withdrawn at any time during the research process (even at the end of data collection). The client and the therapist should be aware of this possibility. Data obtained without consents will not be used in the research project.

6. Anonymization

The above mentioned procedures of coding and consents will enable the necessary anonymization of client-therapist diads. Only the therapist will know his client's data (consent of the client stays with him). Only the country coordinator(s) will know his therapist's data (consent of the therapist stays with the coordinator(s)). Margherita Spagnuolo-Lobb, as the project leader and principal investigator, the protocol team and other co-operators will receive only ID numbers.

7. Assessment form

Demographic variables will be collected for both the therapists and the clients at the beginning of the research. Variables that are the same for the therapists and the clients are age, sex, gender, level of education, employment and nationality.

Variables specific for the therapists are: years of professional experience, primary education and additional education (besides the gestalt psychotherapy education).

Variables specific for the clients are: general reason for requesting help (description), diagnosis (listed below), psychopharmacotherapy, somatic illnesses and support system.

a) Demographic variables:

Age (years)

Sex (M/W)

Gender (describe in accordance with yourself)

Level of education (eg. MA, PhD)

Employment (eg. private practice, hospital, institution)

Nationality (two letters of your country)

b) Relationships/support system variable:

Please tick as many boxes as appropriate:

Living alone (not including dependents)

Living with partner

Living in temporary accommodation (eg hostel, shelters, experience of homelessness crisis)

Living in institution/hospital

Living with parents/guardian

Living with other relatives/friends

Living in shared accommodation (eg lodgings)

Caring for children under 5 years

Caring for children over 5 years

Full time carer (of disabled/elderly etc.)

Other

c) Psychopharmacotherapy variable (YES/NO):

If yes, please indicate type of medication:

Antipsychotics (YES/NO)

Antidepressants (YES/NO)

Anxiolytics/Hypnotics (YES/NO)

Other (YES/NO; describe)

d) Diagnosis variable (Please tick as many boxes as appropriate):

Depression (YES/NO)

Trauma/abuse (YES/NO)

Anxiety/Stress (YES/NO)

Psychosis (YES/NO)

Personality Problems (YES/NO)

Cognitive/Learning (YES/NO)

Eating Disorder (YES/NO)
Physical Problems (YES/NO)
Addictions (YES/NO)
Bereavement/loss (YES/NO)
Self esteem (YES/NO)
Interpersonal/relationship (YES/NO)
Living/Welfare (YES/NO)
Work/Academic (YES/NO)
Other (YES/NO; describe)

8. Logbook

From the beginning filling in the required information in the **Logbook** is needed. It is an attachment to this package. Remember the unique ID numbers (see point 4. Client-therapist coding).

Data in the logbook for every session that is needed: date (yyyy-mm-dd), session number, in-vivo/online (0/1). Additionally, in case of any longer breaks (eg. sick leave, vacations) please write it also in the section “Additional info”.

9. CORE Manual

Introduction:

The CORE Outcome Measure has been designed to be suitable for use across a wide variety of service types; the measure taps into a pan-theoretical ‘core’ of clients’ distress, including subjective well-being, commonly experienced problems or symptoms, and life/social functioning. In addition, items on risk to self and to others are included. The English version is included as an attachment to this package.

The CORE Outcome Measure addresses global distress and is therefore suitable for use as an initial screening tool and outcome measure; like most self report measures, it cannot be used to gain a diagnosis of a specific disorder. The mean of all 34 items can be used as a global index of distress, the main design intention. However, mean item scores for the dimensions of well-being, problems/symptoms, life functioning, and risk can also be used separately where that distinction may be desired. The risk items should not be regarded as a scale but as clinical flags and some services may wish to use them to trigger more discussion of risk at assessment.

CORE-OM Manual:

Site ID – irrelevant - do not fill in.

Client ID - It is imperative that each client you’re working with has a unique ID number and that this is written clearly on all forms (CORE-OM, Assessment Form, Logbook) completed

by/for each client; this ensures that the correct forms are linked up (see point 4. Client-therapist coding).

Therapist ID - irrelevant - do not fill in.

Date form given - This is the date the form is posted or given to the client. This helps distinguish forms completed by the same client, ensuring that pre-therapy, mid-therapy and post therapy measures are not confused.

Stage Completed – in this case please write: F – for the first session, 1 and 2 (for 6th, 12th month point), L for the last session (18th month or later), X for the follow up session (6 months after the last session).

Episode - irrelevant - do not fill in.

CORE-OM STRUCTURE

The 34 items of the measure cover three dimensions:

1. subjective well-being (4 items),
2. problems/symptoms (12 items),
3. life functioning (12 items).
4. risk/harm (6 items).

Total Score and Total Mean Score

Key points in the scoring of the CORE Outcome Measure are as follows:

- Each item within the CORE Outcome Measure is scored on a 5-point scale ranging from 0 (not at all) to 4 (most or all the time).
- The total score is calculated by adding the response values of all 34 items.
- The minimum score that can be achieved is 0 and the maximum 136.
- The total mean score is calculated by dividing the total score by the number of completed item responses (normally 34).
- However, in the case of missing data, the mean score can be calculated for the non-missing items. For example, if two items have not been responded to, the total score is divided by 32 (see below). We do not recommend re-scaling the total or non-risk scores if more than three items have been missed. Similarly we do not recommend re-scaling dimension scores if more than one item is missing from a dimension.
- The measure is problem scored, that is, the higher the score the more problems the individual is reporting and/or the more distressed they are. This makes scores on the “well-being” dimension a bit counter-intuitive but they are kept this way for consistency with the other dimensions.

a) CORE-OM CLIENT INFORMATION SHEET

This practice uses a standard evaluation system, which has been developed to help psychotherapists to deliver and develop the best possible services to clients seeking help for their difficulties and concerns. As part of the system, all patients are asked to complete a brief questionnaire before and after their contact with the service. These questionnaires assist us in understanding your problems, and ultimately, the degree to which we help you with those problems. We hope you will agree to complete the questionnaires, but would like to emphasise that participation is entirely voluntary and declining to complete them will not affect your counselling/therapy in any way.

About our evaluation:

◇ We would like you to complete a brief questionnaire before and after your contact with the therapy service. Your counsellor/therapist may also complete simple record forms relating to your therapy.

◇ Completing the questionnaires is entirely voluntary and you are free to choose whether you wish to complete them or not. If you decide not to complete the forms this will not affect your counselling/therapy in any way, nor will anything you put on the questionnaire. However, the more people who complete questionnaires, the more comprehensive the information is for improving the service for future clients.

◇ Your responses to the questionnaires help us understand more about the problems that counselling/therapy is required to address, the problems which counselling/therapy is most effective in helping, and the way in which our services can be improved.

◇ The processing of completed questionnaires is coordinated by The CORE System Group at the Psychological Therapies Research Centre, University of Leeds. The centre has a small team of researchers specialising in the evaluation of therapy services who help us to make the most of the information you give us, and assist us to report on the effectiveness of our service on a regular basis.

◇ The information from the questionnaires will be treated as strictly confidential, no names are used on any questionnaires, and no one other than the researchers and ourselves will have access to your responses.

10. ARK-T Manual

The ARK-T (Aesthetic Relational Knowledge for Therapists) scale is a 21-item instrument designed to measure therapists' intuitive knowledge in the therapeutic context. The scale demonstrates good overall reliability with a Cronbach's alpha of 0.841, and acceptable to good reliability for the individual subscales. Confirmatory factor analysis supported the three-factor structure, with fit indices indicating a good model fit. The ARK-T allows for

calculation of both a total score and separate scores for each factor, making it useful for clinical and research purposes in assessing therapists' aesthetic and relational intuition.

ARK-T Structure

ARK-T consists of three factors:

1. Body Awareness (8 items),
2. Intuitive Resonance (8 items)
3. Affective Empathy (5 items)

ARK-T Scoring

Each item within the ARK-T is scored on a 5-point scale ranging from 1 to 5. Scores can be calculated for both the total scale and each individual factor, with higher scores indicating greater aesthetic relational knowledge in the therapeutic context. The total scale score ranges from 21 to 105, while factor scores range from 8 to 40 for Body Awareness and Intuitive Resonance, and 5 to 25 for Affective Empathy. The scale demonstrates good overall reliability with a Cronbach's alpha of 0.841, and acceptable to good reliability for the individual subscales (Body Awareness: 0.870, Intuitive Resonance: 0.735, Affective Empathy: 0.688)