

# The Gestalt Therapy Fidelity Scale

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- Research supported by APRA funding

# Overview of the GTFS

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- A 20 point scale of observable therapist behaviors
- An adherence scale, or check list: are the behaviors present or absent
- To be used on a 30 minute (or more) video of live clinical work, to establish treatment fidelity
- Created through a Delphi study (Fogarty et al, 2016, BGJ)
- Tested in focus group in Melbourne, July 2016
- Videos and training created for Validation Sept-Dec 2016
- Validated in 24 studies in 18 countries Feb-April 2017
- Distinguishes GT from other therapeutic modalities
- A holistic scale describing behaviors. Not a series of techniques.



# 20 therapist behaviors organized under 7 key Gestalt concepts

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## Gestalt Therapy Fidelity Scale



Rater: → → → → → → Video:



YES NO

### Dialogic relating

- |   |  |                          |                          |
|---|--|--------------------------|--------------------------|
| 1 | The therapist follows the client attentively, tracking the awareness process and the client's experience, not following a predetermined agenda | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | The therapist responds non-judgmentally to the client, creating the conditions that allow for the most effective client expression             | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | The therapist demonstrates a willingness to be uncertain and to work with creative indifference  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | The therapist draws on their relationship with the client as the ground for challenge and growth   | <input type="checkbox"/> | <input type="checkbox"/> |

# What does the GTFS do?

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- Identifies observable therapist behaviors that distinguish Gestalt from other therapy modalities
- Identifies observable therapist behaviors that make Gestalt Gestalt, and that are fundamental to Gestalt clinical practice
- These are organized around 7 key Gestalt concepts
  - An 8<sup>th</sup> concept – developing awareness – informs all of the other concepts

# 8 key Gestalt concepts

Key Gestalt concepts



 Developing awareness

 Dialogic relating

 Working in the here and now

 Phenomenological practice

 Working with embodied awareness

 Field sensitive practice

 Working with contacting processes

 Experimental attitude

**Every concept may be present (or not) in every moment of the clinical encounter**

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# Overlap between concepts and behaviors

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- Some behaviors reflect more than one concept
  - For example Item 6: “The therapist supports the client to accept and deepen their awareness of their presenting issue rather than trying to change it”
  - Categorised as part of Working in the Here and Now (immediacy)
  - Could equally be categorised as part of Phenomenological practice



# What about therapist behaviors that are not included in the GTFS?

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- Many therapist behaviors are common to other therapeutic modalities
- The GTFS is behavioral, so allows for inclusion of different content: polarities
- Particular subtleties of the way in which that therapist is practicing Gestalt may not be reflected in the scale but are included in the broadly described operationalisations: NB. different styles of 2 GT in validation videos.
- For example empathy, congruence, attunement.
- EAGT competencies : “the therapeutic relationship is equal in the sense that both therapist and client have the same value about their perceptions, feelings, thoughts, beliefs and human uniqueness. . . . “
- Does the GTFS represent the observation of this equality?
- Particular concern about whether the GTFS represents the dialogic relationship and the practice of aesthetic relational knowledge

# Methodology

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- Delphi Study
- Focus group
- Validation Study

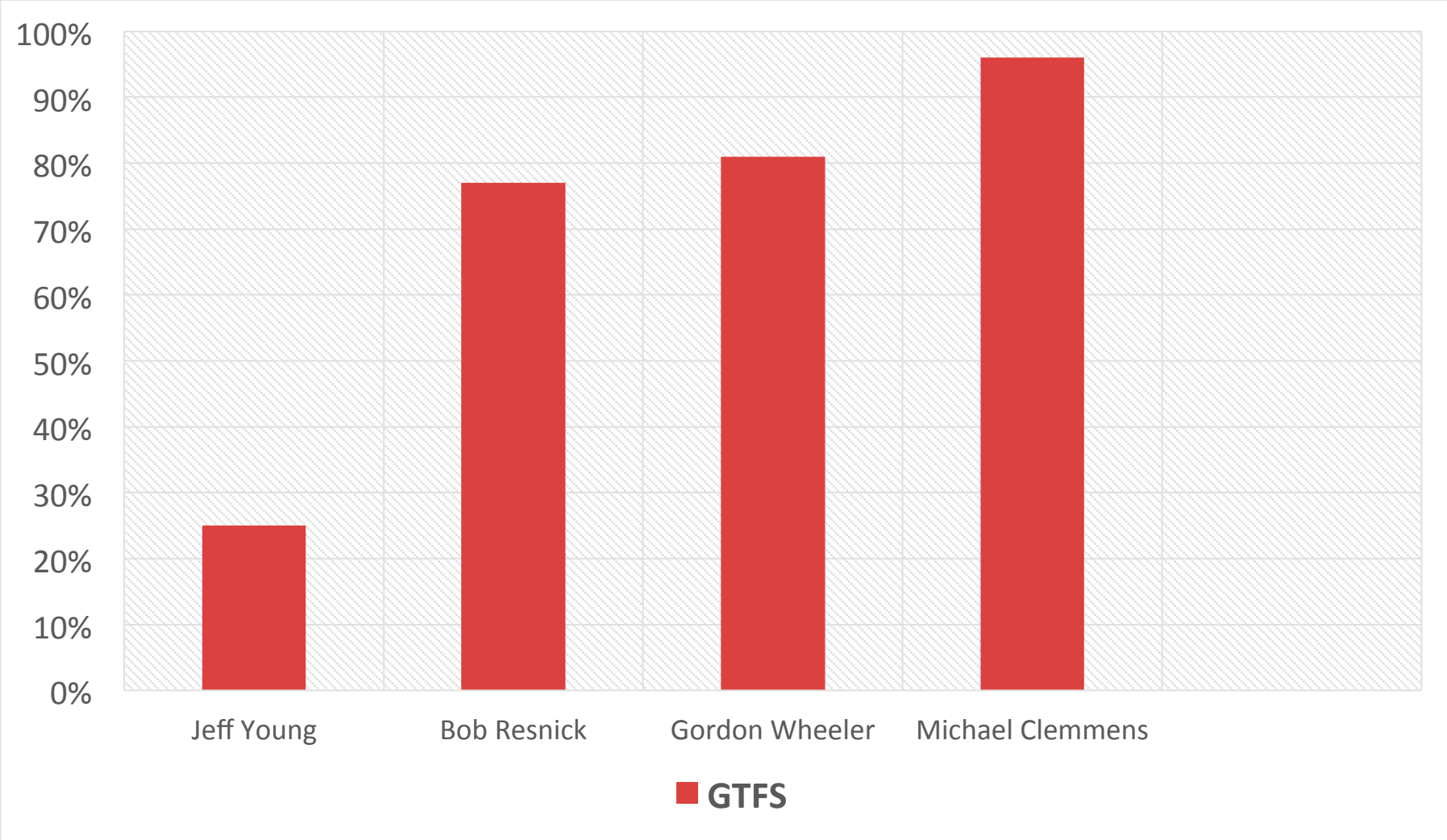
# Focus group

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- Six raters in Melbourne watched and rated videos of clinical work by:
  - Bob Resnick
  - Michael Clemmens
  - Gordon Wheeler
  - Jeff Young (Schema Therapy)
- The results showed that the GTFS had the potential to distinguish between clinical work by Gestalt trained therapists and work by therapists trained in other modalities
  - Gestalt therapists rated much higher than the non-Gestalt therapist

# Focus group trial of the GTFS

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# Outcomes of the focus group

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- Identifying what training was needed for raters
  - Read the *British Gestalt Journal* article
  - Familiarise themselves with the GTFS
  - Watch an FAQ video containing instructions on how to use the GTFS
- Identifying a preliminary competence test for raters
  - Could they (like the focus group) distinguish between a Gestalt therapist (Michael Clemmens) and a non-Gestalt therapist (Jeff Young)?
- Remove redundant items, to 20 items and inclusion of item 21

# Item 21

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- Presence of Unusual Factors: Qualitative answer.
- In your view were there any significant unusual factors about this clinical session that justified the therapist not engaging in the behaviors described in this scale?
- If yes, what were those factors and what departures did they justify?

# Validation of the GTFS

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- Participation invited from around the world
- Studies have already been completed in Australia, Austria, Belgium, Belorussia, China, Croatia, the Czech Republic, France, Germany, Italy, Japan, the Netherlands, Slovakia, the United Kingdom and USA
- N=152 (so far!)
- Studies are underway in Greece, Mexico, Scotland and the USA
- Hypothesis: therapists training in Gestalt will rate higher on the GTFS than therapists training in other modalities

# Preliminary Results

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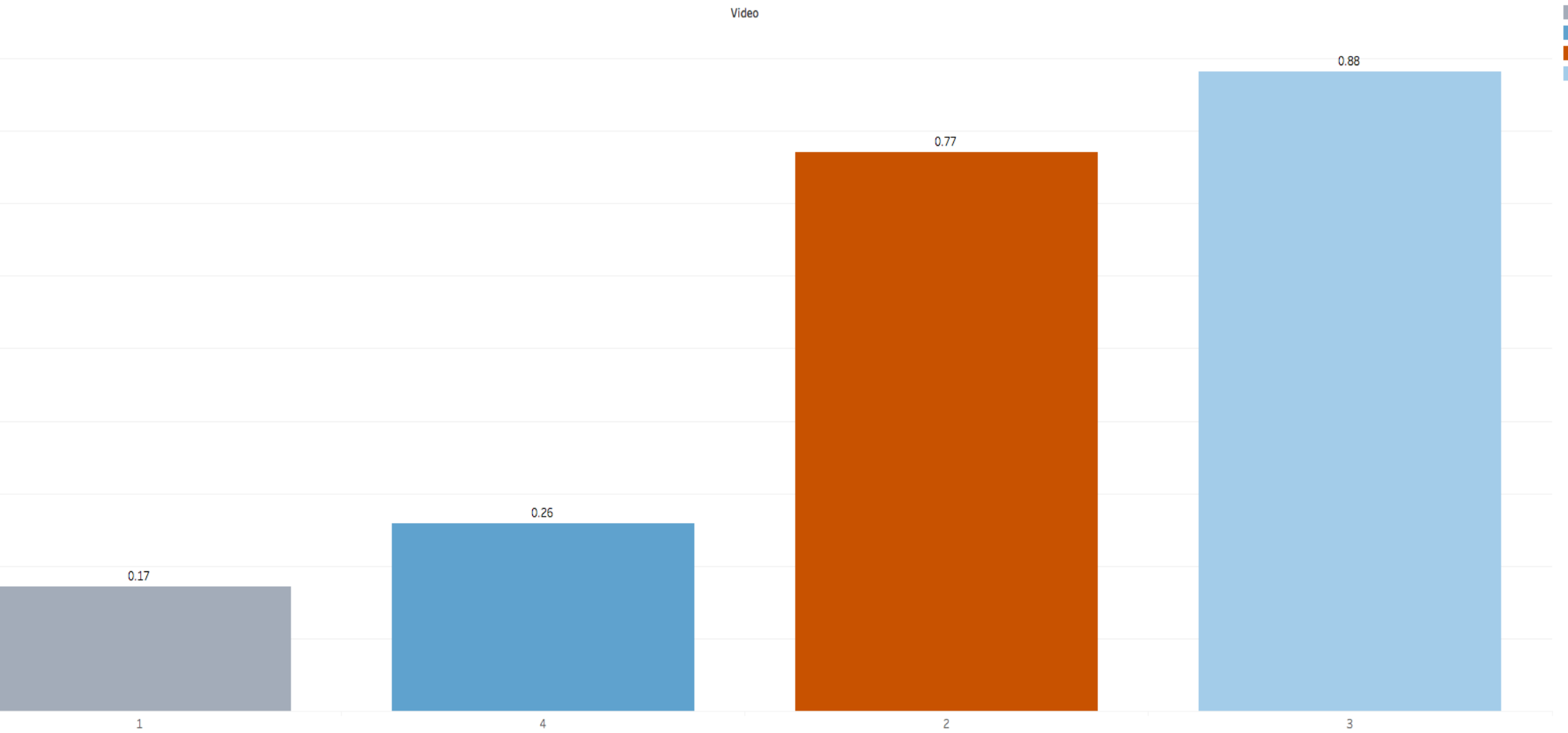
- “Those trained in GT rate higher than those not trained in GT”
- **Prelim results: GT means .77 and .88, CBT mean .13, CBT/EFT mean .26**
- High inter-item reliability and inter rater reliability, indicating that GT as described in the GTFS and recognized as GT by raters in the international validation.
- This occurs in spite of the much commented upon differences in style between the 2 GT therapists.



# Preliminary results of the validation studies

## Mean scores on each video

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# Reliability

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- Inter-rater reliability: no significant differences between countries when compared to the mean.
- However when compared with each other there were significant differences;  $F=3.56$ ,  $p>.01$ ; CI 95%
- Some pair-wise sig differences.
- For example between: Paris/Sydney,  $p<.001$ 
  - Paris/Austria,  $p<.001$
  - Paris/Italian Directors,  $p<.001$
  - Paris/Belgium,  $p<.000$
  - Nanjing/Austria,  $p<.01$
- Could GT be practiced differently in different countries?: requires a different study

# Mean scores for GT videos by country

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• Zagreb	.83
• Sydney	.95
• Czech Republic	.83
• Italy	.81
• Brisbane	.86
• Netherlands	.86
• Austria	.95
• London	.86
• Japan	.85
• Italy: Directors	.89
• Belgium	.91
• Germany	.80
• Italy: Trainers	.82
• Nanjing	.76
• Minsk	.78
• Paris	.73

# Inter-item reliability

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- Inter-item reliability:
  - Cronbach's Alpha score of .7 generally indicates that an instrument is reliable
  - The GTFS has a Cronbach's Alpha score of .766
  - When the total mean is added to the score Cronbach's Alpha of .92
  - Some items are accounting for more difference than others.
  - For example
    - item 4: The therapist draws on the relationship with the client as the ground for challenge and growth
    - has the lowest mean score for the 2 GT videos in the data set.
    - Is that due to this being a real play first session, there has not been much time to establish a relationship between therapist and client?

# What are the possible uses of the GTFS?

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- The GTFS can be used for research, training and supervision
- Research:
  - Randomised control trials or SCTS to establish the efficacy of Gestalt compared to other therapeutic modalities
  - Practice based research where tracing process of change
  - Qualitative research
  - In both kinds of research it is more robust to establish that the method of therapy used was Gestalt
  - This requires a fidelity scale : GTFS

# How to use the GTFS in research

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- Raters would usually watch and rate a video recording of a clinical session
- The rater would need to be independent and unfamiliar with both the therapist and the client
- In the current validation studies, the raters are all trained in and practicing Gestalt
- The GTFS has not yet been tested with raters who are not trained in Gestalt, but indications that they are able to use the scale with same training

# What do raters do?

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- At the end of the session:
  - Review your rating sheet
  - Are there any behaviours that you now realise you did observe? If so, tick the “Yes” box
  - Tick the “No” box for all remaining behaviours
  - Consider Item 21: were there any significant unusual factors about this clinical session that justified the therapist not engaging in any of the behaviours?
    - For example, the client may have been very schizoid, which may have made it inappropriate to work with embodied awareness

# Supervision

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- Supervision:
  - The GTFS can be used as a supervision tool:
    - What therapeutic methods is the supervisee using in the clinic?
    - Are there other methods that would help in this situation?
  - The GTFS can also be used for self-supervision:
    - What therapeutic methods am I using?
    - What therapist behaviors could I develop?



# Training

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- Training and assessment:
  - Students could be trained and assessed in the concepts and methods of the GTFS
  - At the moment, the GTFS is a fidelity or adherence scale:
    - Is the therapist doing Gestalt?
    - This is a descriptive use of the GTFS
  - In the future it could be developed as a competence scale:
    - How well is the therapist doing Gestalt?

# Scoring

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- Possible scoring system for future research projects:
  - In order to be recognized as Gestalt, a therapist should:
    - Achieve a minimum mean score of 0.7 (at least 14 items out of 20) and
    - Score at least 3 items in dialogic relating, and 2 items for working in the here and now, phenomenological practice, field sensitive practice and working with contacting processes
    - Embodiment and experiment were identified as not essential to every session
    - Subject to Item 21: were there any significant unusual factors about this clinical session that justified the therapist not engaging in particular behaviours?
  - This should be verified by 2 raters, so that inter-rater reliability can be confirmed
  - Further statistical analysis will develop the specificity of this proposal

# Limitations

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- Study conducted in English: videos were sub-titled
- Consensus: Sufficiently inclusive? Reductive?
- Generalizability: generalizes from a single video session (or 25 minute segment of a video session) of therapy to therapist performance in general
- Observable behaviours: Does not capture the internal experiences of therapist or client, may not account for aesthetic relational knowledge, or other GT competencies.
- Descriptive rather than normative?

# Thank-you

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- Thanks to those who participated in the Delphi
- We thank all the raters for their dedicated and thorough work, time and organization
- We also want to thank the therapists and clients of the Common Ground Clinic and Swinburne Clinic who generously consented in making the real play videos for the validation studies
- The GTFS is the fruit of an enormous collaborative effort by the Gestalt community as a whole, an effort of which we can be proud.

# Questions

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# Items that did not reach consensus on second round of the Delphi

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- Acceptance for items was  $> 85$
- Aesthetic relational Knowledge
- The therapist identifies experiential processes that have not yet been named or overted and explores the impact of this on the shared awareness of therapist and client 75.4
- Disclosure
- The therapist shares (where appropriate) his or her own experiences that relate to the client's experience 82.0
- Uniqueness
- The therapist supports the client to identify the uniqueness of their experience 82.0