The Gestalt Therapy Fidelity Scale

Madeleine Fogarty, Sunil Bhar & Stephen Theiler

Swinburne University of Technology, Melbourne, Australia

Overview

- A 20 point scale of observable therapist behaviors
- A binary adherence scale, or check list: are the behaviors present or absent?
- To be used on a 25 minute (or more) video of live clinical work, to establish treatment fidelity
- A holistic scale describing behaviors, not a series of techniques
- **Contact: madeleine@madeleinefogarty.com**

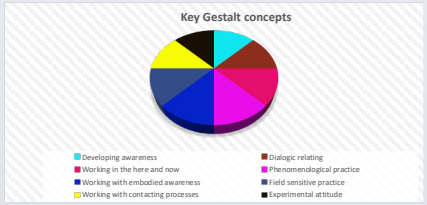
What does the GTFS do?

Identifies observable therapist behaviors that:

- Are fundamental to Gestalt clinical practice
- Make Gestalt Gestalt
- Distinguish Gestalt from other therapeutic modalities

These are organized around 7 key Gestalt concepts

- An 8th concept – developing awareness – informs all of the other concepts



Methodology

- Literature Review
  - Used to generate items for consideration in the Delphi Study
  - 8 key concepts identified and described, together with 37 therapist behaviours that operationalised those concepts
- Study 1: Delphi Study (September 2015 - January 2016)
- Study 2: Pilot Study (July 2016)
- Study 3: Validation Study (January - September 2017)

Study 1: Delphi Study

Aims: to assess the content validity of the items generated in the literature review

Method

- Fidelity scales are usually based on a manual
  - Gestalt has no such manual
  - There is also enormous diversity in the way that Gestalt has been practiced over time, and in different places
- Delphi method is a way of seeking a consensus between experts
  - 63 experts from 17 countries participated
  - Consensus determined by 80% or more agreement
  - Conducted over two rounds through "Qualtrics" online survey platform
  - Participants able to give both Qualitative and Quantitative feedback (using 5 point Likert scale)

Study 1: Delphi Study (cont.)

Results

- All 8 concepts agreed to be fundamental to Gestalt
  - 6 of the descriptions of those concepts endorsed as accurate by 80% or more of the panel
  - 79.7% agreement for description of experiment attitude and 67.7% for description of working with contacting processes
  - Some of the descriptions revised in light of the expert feedback
- 24 of the therapist behaviours also achieved consensus

Study 2: Pilot Study

Aims: to assess the face validity and clarity of items, and to assess the amount of training needed to use the GTFS

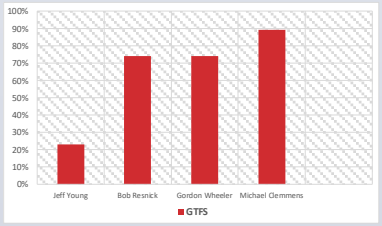
Method

- Six experienced Gestalt therapists and trainers in Melbourne watched and rated videos of clinical work by:
  - Bob Resnick
  - Gordon Wheeler
  - Michael Clemmens
  - Jeff Young (Schema Therapy)
- Participants used draft GTFS:
  - 24 therapist behaviours (organised around 7 concepts)
  - For each behaviour, options of "Yes" (behaviour observed), "No" (behaviour not observed) or "Not Applicable"

Results

- The Gestalt therapists rated much higher than the non-Gestalt therapist
- Showed that the GTFS had the potential to distinguish between clinical work by Gestalt trained therapists and work by therapists trained in other modalities

Mean GTFS ratings (as %):



Other outcomes

- Identifying what training was needed for raters to use the GTFS
- Identifying a preliminary competence test for raters: could they (like the participants in the pilot study) distinguish between a Gestalt therapist (Clemmens) and a non-Gestalt therapist (Young)?
- Refinement of the GTFS:
  - Elimination of four repetitive or redundant items
  - Minor redrafting for clarity of some of the remaining 20 items
  - Removal of the "Not Applicable", and introduction of a new item that allowed raters to indicate the presence of significant unusual factors that "justified the therapist not engaging in the behaviors described in this scale"

Study 3: Validation Study

Aims: to assess the criterion validity and reliability of the GTFS as a measure to determine whether or not a therapist is delivering GT.

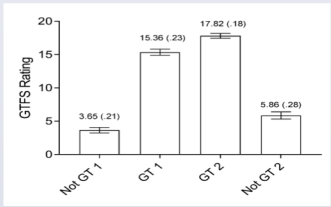
Participants

- 176 raters from Australia, Austria, Belgium, Belorussia, China, Croatia, Czech Republic, France, Germany, Greece, Hungary, Italy, Japan, Mexico, Netherlands, Slovakia, Spain, UK and the USA

Method

- Conducted in small groups (with no discussion)
- Participants complete the rater training
- Watch and rate the two practice videos (Clemmens and Young)
- Watch and rate four 25 minute videos of trainee therapists:
  - Two trained in Gestalt, two trained in other modalities
  - Videos created using real therapists and "actors"
- Hypothesis: therapists training in Gestalt will rate higher on the GTFS than therapists training in other modalities

Mean GTFS ratings across session types:



Results

- RM ANOVA revealed a significant difference in ratings across sessions, $F(2.71, 474.16) = 1177.578$, $p < .001$, $\eta p^2 = .87$.
- Session type accounted for 87% of the variance in GTFS ratings.
- GT sessions were rated significantly higher than the not-GT sessions, with large effect sizes (between 81% and 94%) accounted for in contrasts between those sessions
- Internal reliability
  - Cronbach's Alpha .98
  - Inter-rater reliability (Intraclass correlation coefficient) .88 ($p<.001$) with a 95% confidence interval of .70-.90
- ROC (receiving operating characteristic) Analysis
  - A cut-off score of 10.5 achieved a very high efficiency with only 1.3% false negative and 3.9% false positive (N=704)
  - Optimal cut-off score of 11.

Conclusions

- The GTFS is an important tool for GT to step up engagement with EBP in psychotherapy
- Strong evidence for face validity, content validity, criterion validity and reliability of the GTFS
- Can also be used as a tool for supervision and clinical practice
  - A check list for sessions
  - A reference for case notes
- Could be developed as a competence scale
- The operationalized items also provide a foundation for identifying processes of change in psychotherapy and may extend the literature on common and specific factors in psychotherapy

The GTFS

		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		
2	The therapist responds non-judgmentally to the client, creating the conditions that allow for the most effective client expression		
3	The therapist demonstrates a willingness to be uncertain and to work with creative indifference		
4	The therapist draws on their relationship with the client as the ground for challenge and growth		
	Working in the here and now		
5	The therapist enquires about the client's immediate experience		
6	The therapist supports the client to accept and deepen their awareness of their presenting issue rather than trying to change it		
	Phenomenological practice		
7	The therapist supports the client to describe, deepen and become more present to their immediate sensation, affect, cognitions and/or somatic presentations		
8	The therapist describes and validates the different experiences of the therapist and client		
9	The therapist encourages the client to widen their choices rather than establishing a program for change		
	Working with embodied awareness		
10	The therapist makes observations and enquires about the client's embodiment (including breathing)		
11	The therapist invites the client to identify sensations, feelings, emotions, thoughts or images that emerge as a consequence of attending to somatic experiences		
12	The therapist invites the client to engage with their body through experiment		
	Field sensitive practice		
13	The therapist investigates the ground (or context) from which the client's presenting figure emerges		
14	The therapist supports the client to identify how their perception of their environment and prior relationships and needs organize current experience		
	Working with contacting processes		
15	The therapist works with the client's interactional patterns as they emerge between client and therapist		
16	The therapist and the client identify the figure together		
17	The therapist co-creates a space in which the client and therapist explore how they are impacting each other		
	Experimental attitude		
18	The therapist uses material that emerges in the therapeutic encounter as the basis for introducing experiments to develop the client's awareness		
19	The therapist grades the experiment by eliciting feedback from the client regarding the degree of challenge and support that the client perceives		
20	The therapist supports the client to integrate learning and awareness that emerges from an experiment		
	Presence of unusual factors?		
21	In your view, were there any significant unusual factors about this clinical session that justified the therapist not engaging in the behaviours described in this scale? If "Yes" what were those factors, and what departures did they justify?		