

Evaluation of the effectiveness of Gestalt Psychotherapy (GP) using a Practice Research Network

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Summary

The proposal is for a multi-site study to evaluate the effectiveness of Gestalt Psychotherapy, in treating clients with mental health problems (appendix I). We will examine whether therapists demonstrate equivalent and consistent outcomes regardless of either the severity of client distress at intake, location of service setting or type of service. We will compare Gestalt therapist outcomes with national benchmarks established by CORE IMS (appendix II).

Introduction

According to the Layard report (Layard, 2004), 13% of men and 19% of women in the UK are suffering from mental disorder. 91% of clients of working age consulting their general practitioner will be treated in primary care. However mental health services in the NHS have historically suffered from lack of investment, and few primary care professionals have had training in this area. As a result, there is poor access to treatment for the majority of clients who suffer from depression and anxiety disorders, which make up the bulk of clients. The failure to provide access to treatment is reflected in the ever rising numbers of mentally ill people on incapacity benefit. Layard's suggestion is to look to evidence based treatments to provide the solution. He believes that there is a need to train some 10,000 extra therapists giving evidence-based psychological treatments. He sees many of these therapists being trained by a 2 year part-time diploma while continuing to work at their existing employment. While much of this might be done within the NHS, he recognises the role for the private sector in the delivery of service and he suggests that this avenue should be explored as an additional means of increasing access through commissioning. He writes that it is not important whether services are publicly or privately supplied, so long as there is good control of quality and cost. He suggests that these significant numbers of therapists required will be trained in cognitive behavioural therapy, systemic family therapy, psychosocial interventions and "other dynamic therapies".

In Sept. 2006 Prof. Liz Bondi (Bondi, 2006) published a report for COSCA in which she stated “Although some studies point to modest variations in the effectiveness of different approaches for different conditions, the overwhelming message from these studies is that orientation is not a significant factor in relation to effectiveness.” This position is supported by findings from the CORE National Research Database (Stiles, Barkham, Twigg, Mellor-Clark, & Cooper, 2006).

The Department of Health (DH) published a report investigating the organization and delivery of psychological services in July 2004 (DH, 2004). In considering effectiveness of therapy it is written in the report that “.....while attempts have been made to establish empirically validated treatments.....in general brand names rarely predict outcomes and in direct comparisons most studies show a broad equivalence between therapies.....” The report goes on to suggest a recommendation of “.... incorporating measures of outcome into your psychological therapies service as a matter of routine.”

Prof. Glenys Parry, Prof. of Applied Psychological Therapies at Sheffield, suggests that practice based research is vital, and advocates the development of Practice Research Networks, where members agree to pool data relating to clinical outcomes, using the same set of measures, in order to enable analysis of regional or national datasets. She writes, “By developing high quality clinical databases on large clinically representative samples, Practice Research Networks can contribute an important source of evidence on the effectiveness of services as delivered, and encourage a research approach to the evaluation of outcome” (Parry, 2000).

The aim of this study is therefore to use a Practice Research Network to evaluate whether therapists and trainee therapists in Gestalt Psychotherapy are effective with their clients out in the real world of everyday practice. This will inform the debate on whether Gestalt Psychotherapy could be one method that meets the Layard suggestion of “other dynamic therapies,” and will enable an assessment of the implications for training or re-training of therapists in terms of cost benefit.

We acknowledge the encouragement and sharing of ideas from Bill Andrews (Andrews, 2007) who is involved in a similar study into the effectiveness of the Human Givens approach via the Human Givens Institute Practice Research Network.

Setting

Currently Gestalt Psychotherapists routinely work in a wide range of different settings up and down the UK. Some therapists are in private practice. Some work within the NHS. Others work in the voluntary sector, on rehabilitation projects, for charities etc. The multisite study will involve therapists and trainees working in a

mix of these settings with a variety of funding sources. They will be linked by a Practice Research Network, with training and IT support arranged by a central co-ordinator. This should ensure consistency of data entry.

Participants

Adult clients and young people who are working with Gestalt Psychotherapists in a range of settings in the UK, e.g. NHS general practice, private practice, University counselling services, EAP schemes, Personal Injury work, voluntary sector etc.

Methods

Gestalt Psychotherapists joining the study will agree to offer outcome measures routinely in an agreed consistent format to every client seen during the test period. Clients will be informed of the process (Appendix III). They will record this anonymous data via paper forms, and submit these to the administrator for subsequent entry onto CORE PC.

The CORE PC system (Appendix II), is a computerised evaluation support system for the CORE Therapist Assessment Forms, Outcome Measures and End of Therapy Forms. Therapists present the measures to clients as paper measures that they fill in at the start and at the end of an episode of therapy. The anonymized data will be collated by a central administrator. From the commencing date of the study participating therapists will offer outcome measures to all clients they see in the trial period. It is anticipated that most therapists will provide data for a minimum of 10 clients in the trial period.

In order to ensure that participants provide CORE data that is representative of their normal caseload we will ensure that methods are used to secure a concurrent series of clients.

Instruments

CORE PC — choice of CORE Therapist assessment form, CORE end of therapy form, CORE 34, 10. (Appendix II)

Ethics

It is anticipated that ethical clearance will be available for this study as it utilizes a methodology for naturalistic outcomes audit in-line with recommendations for routine measurement as advocated by the DH (DH, 2004). Informed consent will be sought for all participating clients (see Appendix III). For NHS patients, permission will be sought from local departments as required.

Hypotheses

1. Gestalt Psychotherapy practitioners see a case mix that is similar to NHS primary care patients presenting with common mental health difficulties.

2. Gestalt Psychotherapy practitioners achieve rates of recovery and/or improvement similar to published figures for primary care populations. Standardized, recognized statistical techniques utilized by the publishers of each of the measures will be used to test each of the above hypotheses.

Dissemination

The results of this study will be submitted for publication in psychotherapy journals, and for presentation at conferences. Individual data sets can be provided for interested practitioners

Timeline

Month 1 – 2

For training people

Month 2 – 14

A twelve month period for data collection, with a focus on brief work for yielding statistics after one year, and also starting data collection for longer term work. During this period, there will be ongoing data inputting.

Month 14 – 15

A full review. Do the statistics and analysis

Month 15 – 16

Write up the findings as a report

Month 16 onwards

We are intending for this to be an ongoing long-term project. We would like a minimum of 5 years – with a particular interest in being able to take a look at data for long-term working with clients, and development of trainee work.

Costing

Cost will vary according to the number of clients involved, as the CORE package is priced per client input. We have estimated initial costs for a start-up of 500 clients.

Proposal For Funding For Research Project For Year One

Purchase of CORE PC package for 500 clients	
@ £2 per client	£1000 + VAT = £1175.00
CORE training for 12 + practitioners	£ 600 + VAT = £ 705.00
In-putting, data analysis and dissemination fees	£2000 + VAT = £2350.00
CORE 6 month data review workshop	£ 300 + VAT = £ 352.50
CORE annual user conference	£ 125 + VAT = £ 146.87

TOTAL

£4729.37

References

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Appendix I Gestalt Psychotherapy Approach

Training in Gestalt Psychotherapy is at post graduate level and attracts a wide range of people, who must already be qualified in one of the helping professions / have relevant experience – for example, counsellors, social workers, general practitioners, psychologists.

Successful completion of training allows for registration as a UKCP registered psychotherapist. Therapists adhere to the code of ethical practice, continuing professional development and supervision requirements laid down by their Gestalt governing body and / or UKCP.

Practitioners work in a wide range of settings, for example private practice, NHS primary and secondary care, voluntary sector organizations, universities, and are able to work with individuals, couples, families and groups in brief or long term therapy, and with adults and young people.

Although some individual practitioners have been involved in measuring service outcome for some time, with results that suggest clinical and reliable change of 70 % - 75% in brief work, there is as yet no large scale collection of such data, or published material. It is expected that once available, the statistics will show Gestalt Psychotherapy to be a cost-effective form of therapy.

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Appendix I contd.

Gestalt Psychotherapy

The word 'Gestalt' means 'whole' and Gestalt Therapy is a holistic, humanistic approach.

Gestalt therapists help people develop awareness of how they are going about being in the world, and how they are in relationships with the people and situations around them.

People have often developed fixed or habitual ways of responding to situations, which may have served them well at one time, but are now hindering them from leading a more fully satisfying life, and are contributing to various 'symptoms'.

By increasing awareness of these patterns and using sessions as chance to experiment with alternatives, therapists assist people to develop a greater range of choices. This involves looking at all aspects of how each person is functioning, including their cognitions and behaviours.

There is no pressure from Gestalt therapists to change. People develop increasing autonomy by making their own choice about what feels right for them, once they are more aware of different options available to them.

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Appendix II

THE MEASURES

The CORE system

CORE is an abbreviation for Clinical Outcomes for Routine Evaluation (Mellor-Clark. J, Barkham. M, Connell. J, Evans. C, 1999) It is the first standardized public domain approach to audit, evaluation and outcome measurement for managers and practitioners working in UK psychological therapy and counselling services. It provides a framework for responding to the increasing demand in health and other sectors to provide evidence of service quality and effectiveness. CORE was designed as a **quality evaluation system** to profile and enhance psychological therapy service delivery and development. Consequently, data collation and analysis has a focus that is broader than 'outcome' and incorporates wider factors that include client context and therapy processes. These context and process factors have been allied to models of quality assurance that place health outcomes and/or clinical effectiveness in the context of factors such as service accessibility, clients' attendance efficiency, and therapy appropriateness.

Users of the CORE System

Increasingly, all providers of psychological therapy across both public and private sectors are being asked to provide evidence of their service effectiveness and overall quality.

In the National Health Service CORE is used to help risk assessment and meet clinical governance and performance management requirements.

Psychiatrists, psychotherapists, clinical psychologists, counsellors and other professionals providing talking therapies across NHS primary, secondary and specialist care use CORE System tools and CORE-PC software.

Outside the NHS, workplace counseling, student counseling, palliative care, drug and alcohol services, and private practice are all sectors from which the CORE System has attracted enthusiastic supporters to the **CORE Benchmarking Network**. The main advantage of using a standardized system for monitoring and managing service delivery is that it offers the opportunity to compare your service profile with national benchmarks that provide comparative indicators and descriptors.

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Appendix II contd.

Some of the benefits of the CORE System:

Use of the UK's most widely used system for service quality monitoring, measurement and benchmarking

CORE System forms are free to download, copy and use

The System is easy to use and implement

Ongoing training and CORE-PC software support is available

CORE-PC software facilitates data storage and provides powerful data analysis and reporting

Access to membership of the CORE Benchmarking Network for networking and sharing best practice

Ongoing research & development ensure the system's long term relevance and utility

The CORE System facilitates performance management and helps fulfil NHS clinical governance standards & requirements

CORE FORMS

CORE outcome measures (OM) 34, 10. CORE therapist assessment form, CORE end of therapy form.

For samples of all CORE forms see attached documentation.

Specialist CORE YP (Young Person) forms if they become available

Method of administration.

At the beginning of the first session clients will be informed about the measuring process (appendix III) and if they consent, requested to fill in a CORE OM.

At the final session the client will again be requested to fill in a CORE OM.

For long-term work, clients may be asked to complete an interim CORE OM at intervals.

In the case of a planned ending the therapist will fill in a therapist assessment form for each client after the 1st appointment and an end of therapy form at the end of treatment. In the case of an unplanned ending, when it appears certain that the client is not returning, the therapist will also fill in an end of therapy form.

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Appendix III

Gestalt Psychotherapy Practice Research Network

Client Information Sheet And Consent

This Practice Research network uses a standard evaluation system (CORE). This approach has been developed to help providers of counselling and psychotherapy to deliver and develop the best possible services to clients seeking help for their difficulties and concerns. As part of the system, all clients are asked to complete a brief questionnaire at the start and at the end of their therapy. 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 access to 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 therapist will also complete simple record forms relating to your therapy.

To assist in monitoring your ongoing progress and how well the work we do together is fitting for you, your therapist may also ask you to complete a questionnaire part way through your therapy.

The purpose of these forms is to help us better understand more about your problems that you wish to address in therapy, to assist us directly in our work with you and also to help us learn how best to improve our services.

The processing of completed forms is co-ordinated by the Gestalt Psychotherapy Practice Research Network team in order to assist us further in the development of our services.

The information from the forms will be treated as strictly confidential. **No names or personal details of any kind are used on any forms that leave your personal records.**

Filling in the forms will be taken to represent your agreement for the anonymized data to be used for service evaluation.

Research clearly illustrates that ongoing feedback from the client about the therapeutic relationship and how change is progressing in therapy assists in improving the outcome of therapy. However, we wish to emphasise that participation in this feedback process is entirely voluntary and should you choose to at any point decline to complete the forms your access to therapy will not be compromised.