How to identify Gestalt Interventions on tape recorded sessions. Introduction to a manual of 100 interventions from 13 different therapeutic approaches.

Peter Schulthess, MSc

Zurich, Switzerland

Revised title after 2 years: Treatment adherence - Developing an instrument to measure it

- Developing an instrument to measure it
- Why to measure treatment adherence?
- How can we do this
- Background: Process outcome-study in a naturalistic design in Switzerland 2006-2013 (data collection)

Excursus to Psychotherapy Research

- Medical model vs. contextual model
- Psychotherapy as a medication vs. a relational co-constructed process
- Evidence based practice vs. practice based evidence
- RCT designs (Labor designs) vs. Naturalistic designs
- Process-Outcome studies instead of just outcome studies.
- What makes therapy work?
- General factors and specific factors

Factors of therapy effects

- Client / Extratherapeutic effects: 87%
- Treatment specific effects: 13%

  (Sparks & Duncan, 2010: The heart and Soul of Change, p. 366)
- Aspects of treatment effects:
  - General effects
  - Relational effects
  - Therapists effects
  - Feedback effects
  - Technical (modality specific) effects: The smallest part of it.
- Psychotherapy Research investigates only 13% of what heals patients.
- No modality could ever prove that it is superior to others: general effects are more important then modality specific effects.

So why to do modality specific research?

- **Intrinsic motivation**: Is this what we do really relevant for the outcome of therapy? Does it contribute?
- Do our theoretical concepts convince in practice?
- **Extrinsic motivation**: “we are better than the others or at least as good as the others”
- Dodo bird verdict: Only valid for those who participated on the race!
- State regulations still require modality specific research on sometimes outdated levels (e.g. Germany, wissenschaftlicher Beirat).
- Associations of Psychotherapy still list approaches that are enough scientific based to be recognized

PAP-S

- Naturalistic Process-outcome study
- Level 2 in the scale of the evidence based paradigm

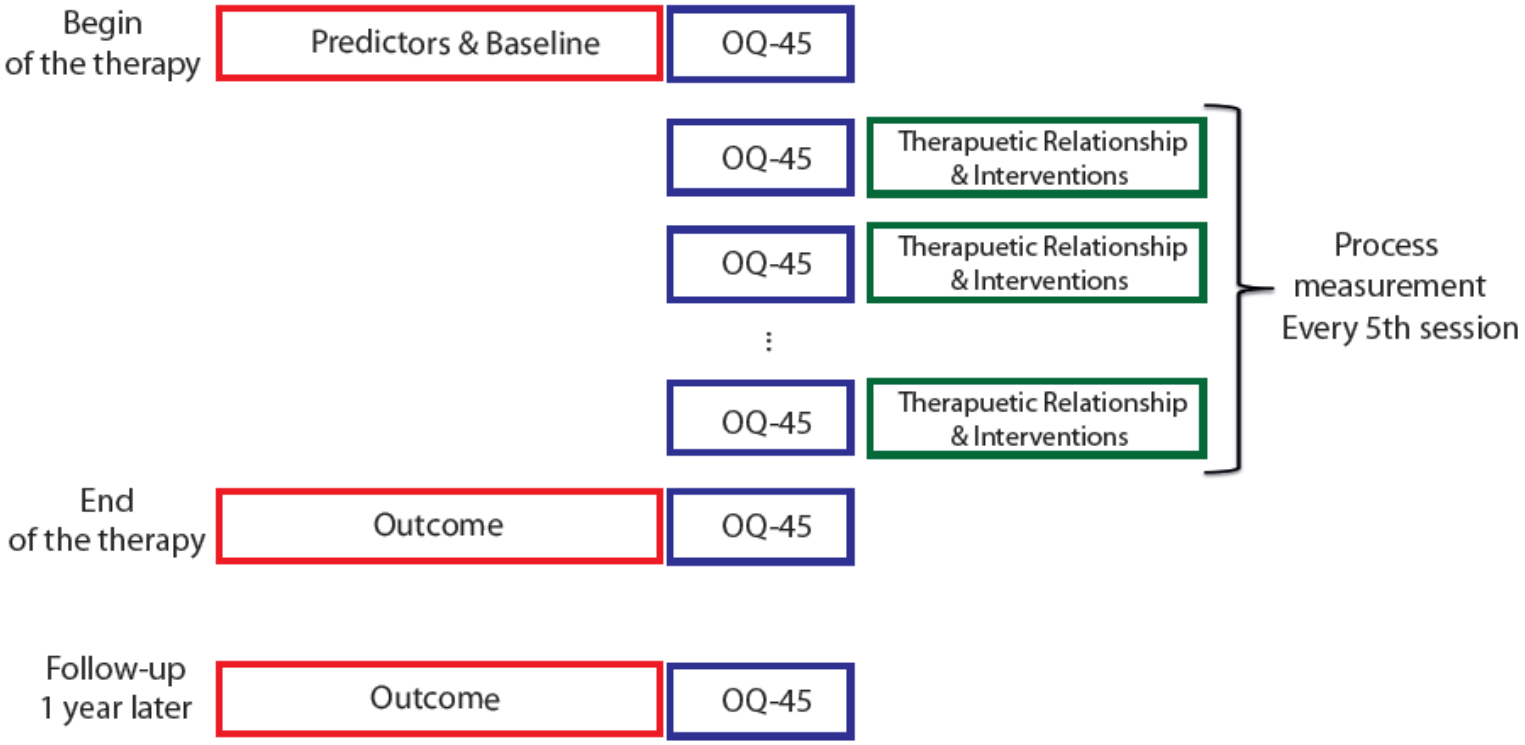
Partners:

- Swiss Charter of Psychotherapy
- University of Applied Psychology, Zurich
- University of Cologne, Germany

Participants of the PAP-S Study

Participating psychotherapy schools	No of therapists	No of patients
Transactional Analysis (E. Berne)	14	63
Process-Oriented Psychology (A. Mindell)	10	61
Integrative Body Psychotherapy (J.L. Rosenberg)	20	83
Existential-Analytical Psychotherapy (A. Längle)	6	19
Logotherapy and Existential Analysis (V. Frankl)	2	13
Expressive Arts Therapy (P. Knill)	3	16
Psychoanalysis (S. Freud)	2	10
Analytical Psychology (C.G. Jung)	6	13
Bioenergetic Analysis and Therapy (A. Lowen)	14	49
Gestalt Therapy (F. Perls)	9	35
Total	**81**	**362**

Design



SCHWEIZER CHARTA
FÜR PSYCHOTHERAPIE
Ausbildung Ethik Forschung

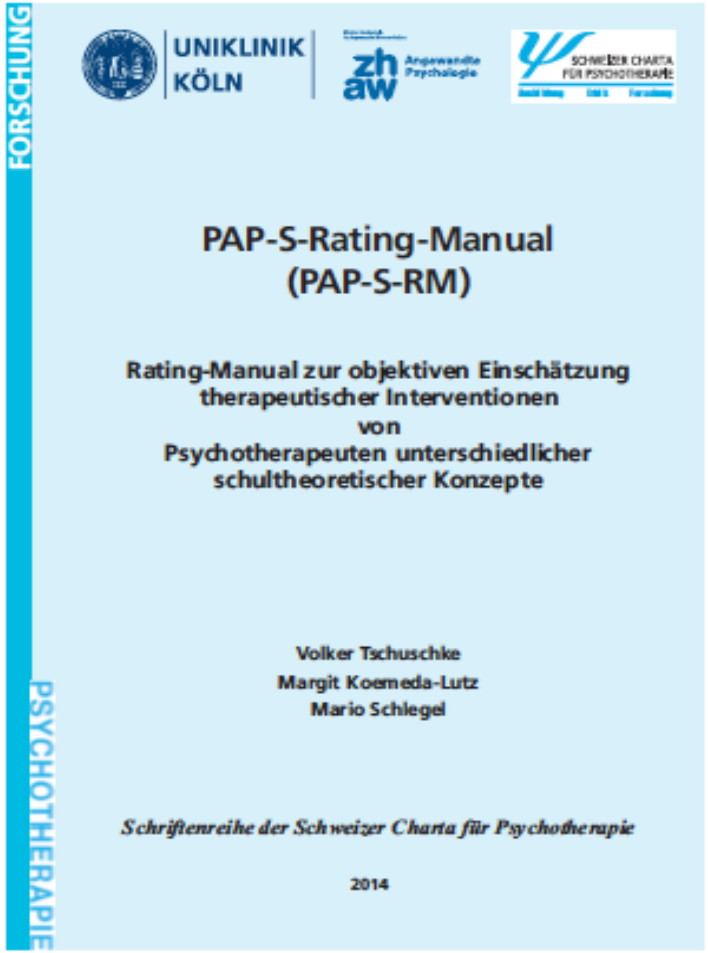
Several well known Process and Outcome measures were used

- Patient Rating (OQ 45, BSI, BDI-II, SOC-9, K-INK, FMP HAQ-S)
- Independent external Ratings (SKID I and II, GAF, GARF, OPD-2)
- Rating by therapist (list of sessions, HAQ-F, Intervention list every session)
- Basic documentation of therapist and patient

What do therapists do when they do therapy?

- Most comparative RCT studies do not control, what therapists really do in the session.
- Treatment adherence is usually not controlled.
- So any conclusion that one approach is superior to another is not valid.
- If You want to compare modalities, a measuring of treatment adherence is necessary.
- No good tools were available for our research needs.
- So we developed an own one.
- Basic question: How can an independent rater identify based on tape recorded sessions, what kind of therapy is practiced here?

Rating Manual



- 100 Interventions described for external raters to identify blindly the therapists interventions from audiotyped sessions (intervention by intervention; sentence by sentence).
- 24 general interventions.
- 8-12 modality specific interventions per represented concept.

SCHWEIZER CHARTA FÜR PSYCHOTHERAPIE
Ausbildung Ethik Forschung

Developing the PAP-S Rating Manual

- All participating modalities delivered 10-12 most significant and typical interventions according to their approach.
- We asked also 3 relevant approaches that did not participate: Systemic, behavioral, person centered.
- These interventions were questioned by a small group of experts (members of the project steering group): What do You really mean with this intervention (translating school specific expressions). Make them descriptive.
- Result: some interventions looked the same in different modalities, but different expressions were used. And some stayed really unique, specific for this approach.

Peer evaluation and operationalization

- These lists of interventions were in all modalities peer reviewed by experienced therapists/teachers of this modality.
- Are they really specific for our approach? Are the 10 most important interventions listed, or is something missing?
- In a next step all the intervention were named, described on an operational level, discriminated from other similar interventions and illustrated by examples.

Example 1
60. Confrontation (Psychoanalysis)

Definition

Therapist **confronts (directively)** patient with recurring (stereotyped) dysfunctional patterns in relationships or with – presumably neurotic – **behavioural inconsistencies**.

Operational

Therapist:

1. **addresses patient's behavioural inconsistencies**
2. **addresses recurrent problems in patient's relationships**
3. **points out instances of incongruence on different levels** of expression

Discrimination

1) Confronting defence or resistance:
Therapist addresses **distorted perceptions (defence) and specimen of resistance**

27) Interpretation:
Making a **connection** or pointing out a relationship **between previously unconscious aspects**

30)Insight towards to be changed behaviour:

Motivation for **gaining insight**

51) Fostering the process of individuation:

Therapist addresses **discrepancies or disruptions between desires and reality, not in a confronting way**

55) Clarifying:

Therapist stays on a factual level, inquires, **without drawing conclusions**

Examples

1. Th: You seem to repeatedly slither into such situations.
2. Th: This is something you experience quite often, don’t you?
3. Th: This doesn’t fit with what you said before at all!
4. Th: You seem to be more popular than you believe you are.
5. Th: Every time someone approaches you, you pretend being in a hurry. Acting like this will prevent you from ever getting closer to anyone!

Example 2:
42. Targeted Frustration (Gestalt therapy)

DEFINITION:

The therapist intentionally does not comply with the relationship patterns the patient consciously or unconsciously suggests.

OPERATIONAL DEFINITION:

The therapist:

- **does not respond to a patient's implicit prompts or wishes**
- **analyzes a question instead of answering it**
- **interrupts the patient's flow of speech when she has a sense that she is being swayed and inquires as to what is actually at issue**
- **frustrates the patient's unspoken or indirect attempts at ingratiation**

DIFFERENTIATION:

> 43 (Setting Limits): entails addressing **cross boundary violations** on the part of the patient

TYPICAL EXAMPLES:

1. Therapist: “No, I can’t interpret the dream for you, but we can gladly work together to explore what it might mean for you.”

2. Therapist: “Actually, there are statements hidden behind many questions. Could you try to make a statement as to what lies behind this question and then examine whether answering the question is still relevant?”

3. Therapist: “You are talking so much that I can hardly follow you. I have the feeling that you are talking at me rather than genuinely trying to engage me in a conversation. Could you stop for a moment and experience how you feel? Try to talk slower and take a deep breath after each sentence.”

4. Therapist: “Sure, we could continue talking about that football match. Is that really what you want now?”

100 items resulted

- 76 Modality specific from 13 different modalities and 24 general

Next steps

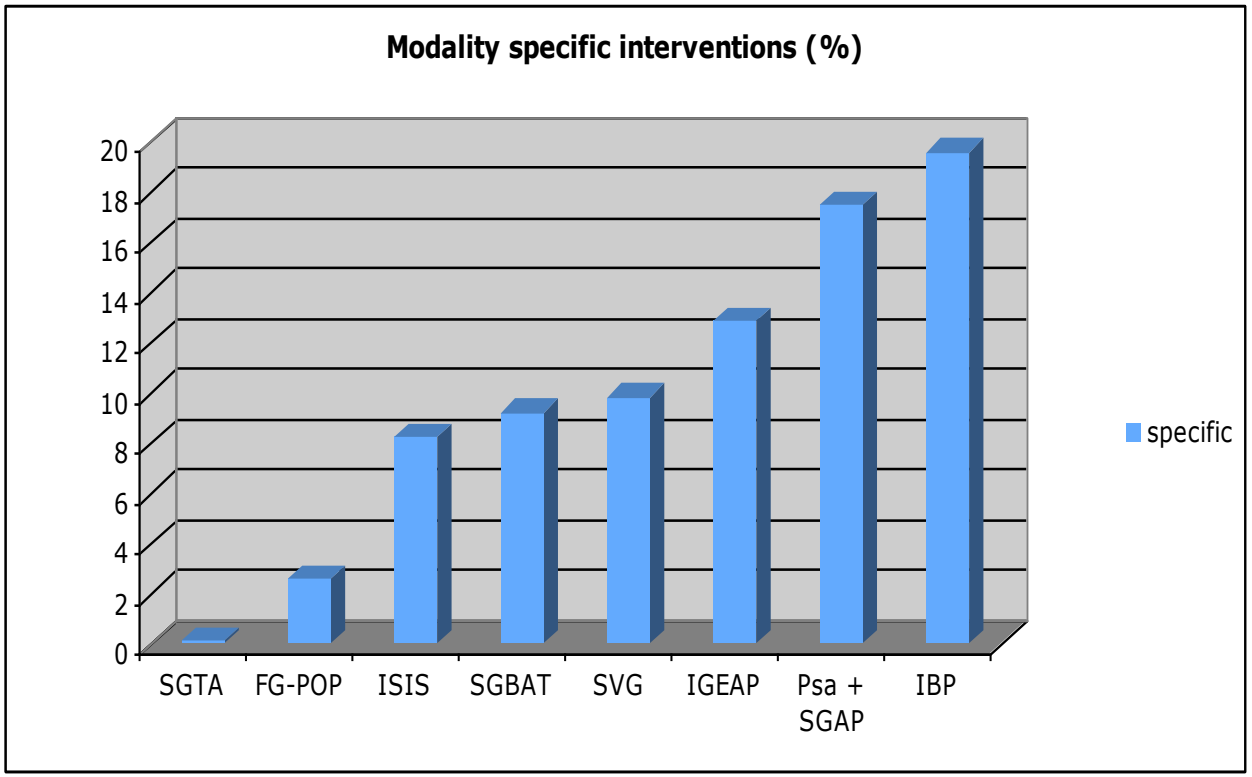
- Training of raters
- Identifying correctly and discriminating

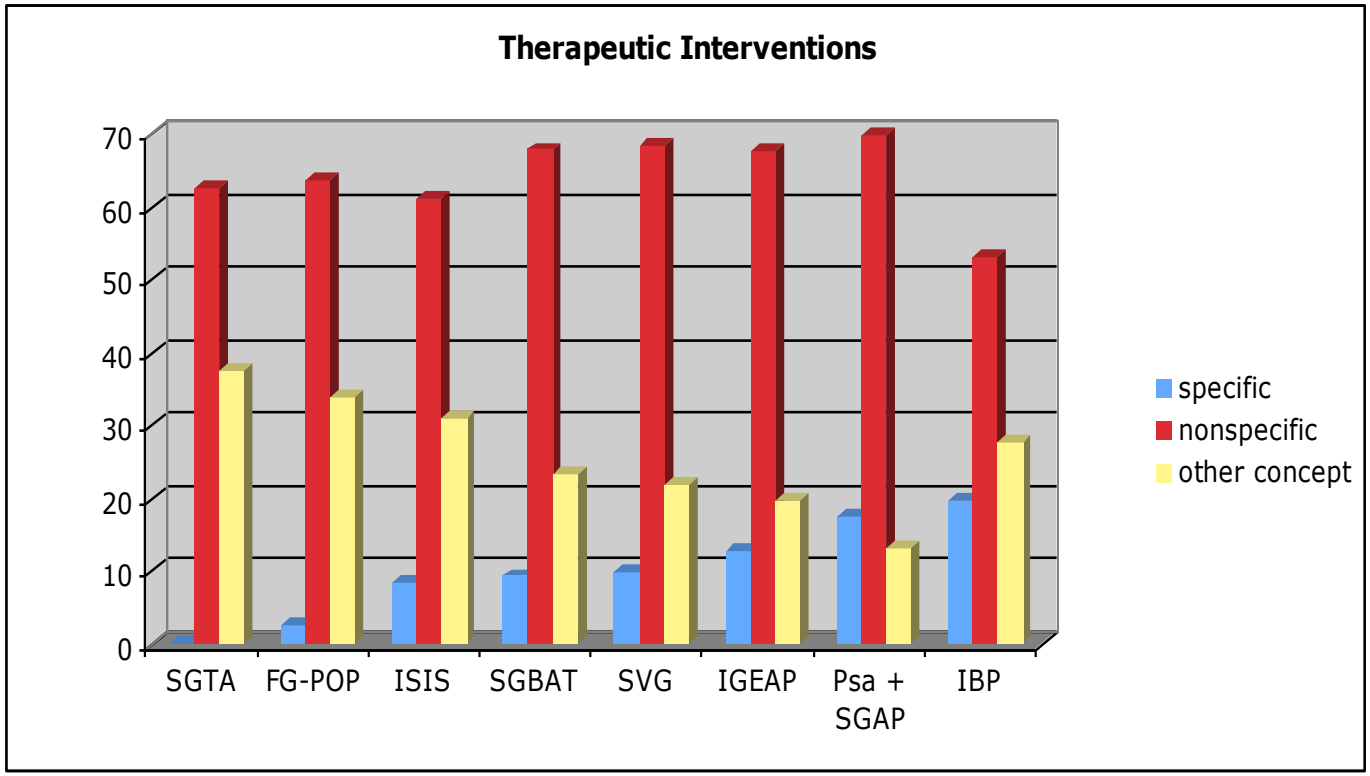
Training of the raters

- Teaching them Swiss German: The raters were German students at the University of Cologne. This was the best way to avoid that a rater might recognize the therapist by voice or name in the recorded session.
- Learning the description of the 100 interventions and how to discriminate them from other, similar interventions.
- 100-120 hours of training over about 2 years.
- Interrater Reliability: Cohens Kappa: 0.61, which is acceptable
- Testing of Codability: positive
- Testing of validity: Various aspects confirm the validity

How the external ratings were done

- All sessions were tape recorded.
- We choose randomly three sessions from each therapy from the beginning, middle and ending phase of a therapy.
- Those sessions were encoded blindly by the independent raters.
- Guess what we found:


Modality specific interventions (%)
20
18
16
14
12
10
8
6
4
2
0
SGTA
FG-POP
ISIS
SGBAT
SVG
IGEAP
Psa + SGAP
IBP
specific
6 x 3
7 x 3
6 x 3
8
2 x 1
4 x 3
2 x 5
7
2 x 5
5 x 3
4 x 3
4 x 3
12
1 x 2
11 x 3
54 therapies
165 sessions



SGTA	Transactional Analysis	SGBAT	Bioenergetic Therapy
FG-POP	Process Oriented Therapy	ISIS	Art and Expression Oriented Therapy
IGEAP	Personal Existential Analysis	IBP	Integrated Body Therapy
SVG	Gestalt Therapy	Psa + SGAP	Psychoanalysis and Analytical Psychology

Interventions from Other Concepts

(Percentage of total other concept interventions, percentage of most preferred other concept, and mostly used other concept intervention category)

Process oriented	IBP	Logotherapie	Expressive Arts Therapy	Psa	Jung	Bioenergetic Therapy	Gestalt	TA
32,7	28,9	23,7	30,9	14,1		30,3	22,1	31,3
1. CCT 16,0 *Verbalization of emotional experience*	1. Psa 26,9 *Interpretation*	1. CCT 50,8 *Verbalization of emotional experience*	1. Psa 35,1 *Confrontation*	1. CCT 46,7 *Verbalization of emotional experience*		1. Psa 46,4 *Interpretation*	1. Psa 40,6 *Confrontation*	1. Psa 31,5 *Confrontation*
2. Psa 14,6 *Interpretation*	2. CCT 15,1 *Verbalization of emotional experience*	2. Psa 33,8 *Interpretation*	2. Systemic 14,9 *Metaphor work*	2. SGAP 20,0 *Working with complex episodes*		2. CCT 19,1 *Verbalization of emotional experience*	2. CCT 25,2 *Verbalization of emotional experience*	2. Systemic 19,1 *Reframing*
2. SGBAT 14,6 *Focussing on body impulses*	3. SGAP 11,7 *Imagination*	3. SGAP 4,6 *Search for sense and meaning*	3. Behavior Therapy 12,0 *Reinforcement*	3. SVG 17,8 *Focussing on actual emotion*		3. Systemic 14,8 *Metaphor work*	3. Systemic 11,4 *Reframing*	3. ILE 13,1 *Reframing*

Conclusions

- Across modalities we identified and operationalized a wide variety of intervention categories. They range from “intitiative towards behavioural interaction” to “recommending imaginative work”, from “direct assignment” to “free floating attention”.
- There is a spectrum of overlapping categories: “Nonspecific” or „essential but not unique“. Therapists predominantly work with these (50% - 70%).
- „Essential and unique“ interventions across all modalities amount to less than 20%.
- Techniques from other concepts are being used to an approximate extent of 10% - 35%.
- Most of these latter intervention techniques („other concepts“) come from Psychoanalysis and Client-Centered Therapy.
- However, treatments are successful on average.
- No correlation between treatment adherence and outcome could be found.
- Thus, it can be speculated that the outcome equivalence paradox in psychotherapy is due to the relatively high proportion of unspecific interventions which are seemingly shared by all psychotherapists.
- So far we find a trend that intervention specificity seems to be higher (> 30%) with less experienced therapists, and only moderate (10% - 30%) with more experienced therapists.

Gestalt therapists interventions

- 8 % modality specific
- 20 % interventions from other modalities, mostly from psa (confrontation), pc (verbalization of emotional experience) and Systemic (reframing)
- 72 % general interventions

Interpretation

- Overlapping of modalities in history of psychotherapy concepts.
- Gestalt roots historically in Psychoanalysis and has overlapping with other humanistic approaches, mainly PC (e.g. empathy) and systemic approach (field theory).
- Therefor it is not astonishing, that interventions from other modalities are used in each modality.
- Therapists assimilate in their personal style interventions that have an origin in other modalities and integrate this to their personal style of Gestalt therapy.

List of interventions Therapist *After every Seesion (beginning with 4th)*		Th		Pat	No of session:
	ID- Number:		–		Date:

Methodspecific list of interventions

for Gestalt-Therapists

*In the **actual session** I have used with my Patient the following gestalt-typical Interventions (please mark):*

		Not a all									Very often / very intensivly
1.	Thrapist supports the awareness of senses und emotions and or gives exercises to pay more attention to the continuum of awareness in it's three zones: sensory awarness of the outside world (environment); sensory awarenes in the own body, emotions; phantasy, thaughts, images.	0	1	2	3	4	5	6	7	8	9	10
2.	Therapist takes up his/her phenomenologial observation of congruence and or incongruence of nonverbal, paraverbal und verbal communication.	0	1	2	3	4	5	6	7	8	9	10
3.	Therapist leads the attention and awarness of the patient to actual emotions and impulses in the here and now – related to the interaction between therapist and patient or – related to the actual described biografic incident He/she supports the expression of emotions and takes up interactions of the contact in the here and now.	0	1	2	3	4	5	6	7	8	9	10
4.	Therapist leads the attention of the patient to it's verbal expression in the communication. He/she proposes to say „I" instead of the generalized „one" or „we", he proposes to use verbals instead of nouns, proposes active formulations instead o passive ones, to speak personally related instead of generalizing.	0	1	2	3	4	5	6	7	8	9	10
5.	Therapist initiates a roleplaying or a figurative representation of a social situation. I.e. by using an empty chair for exploring conflicts and or projections; Or supporting dialogues with absent (living or passed away persons) in representing them by a figure, cushion or emty chair. Or represents a social situation in using figures, things, emty chairs or in letting it draw or paint.	0	1	2	3	4	5	6	7	8	9	10
6.	Therapist explores the function of a certain pattern of behaviout in a social system (couple, family, peer group, team). He/she payes attention to the background on which a certain phenomenon appears and works that out. (Explores the fieldconditions).	0	1	2	3	4	5	6	7	8	9	10
7.	Therapist proposes to identify with other persons, things or parts of the own body or proposes in working with dreams or paintings to identify with the different parts.	0	1	2	3	4	5	6	7	8	9	10
8.	Therapist encourages to experiment with new behaving and communicating in the protected room of the therapeutic situation to explore new ways to deal with life situations.	0	1	2	3	4	5	6	7	8	9	10
9.	The therapists works with the patient on fixed patterns and emotion-based „survival conclusions" in fomulating questions like: „How do You do this?", „What is this good for?", „How can You change this?"	0	1	2	3	4	5	6	7	8	9	10
10.	The therapist does on purpose not behave in the way the patient has expected and offered as a way of creating a pattern of bevaviour („skillfull frustration").	0	1	2	3	4	5	6	7	8	9	10

30. With this patient I have the idea to have worked ***today***
in [____ %] gestalttherapy – typical.

		1	2	3	4	5
31.	I think my Getalt-approach is for this patient	unsuitable	not much suitable	neither nor	suitable	very suitable

Exampel of modality specif interventions: Gestalt therapy

SCHWEIZER CHARTA FÜR PSYCHOTHERAPIE

Ausbildung Ethik Forschung

List of General Interventions

*In **todays therapy session** I have used with this patient the following **general therapeutic interventions:***

	Not at all	Very often / very intensivly
1. Working with humor	**Error! Reference source not found.**	
2. Giving a task	**Error! Reference source not found.**	
3. Supporting insight to change behavior	**Error! Reference source not found.**	
4. Empathy	**Error! Reference source not found.**	
5. Rise awareness of emotions	**Error! Reference source not found.**	
6. Setting boundaries	**Error! Reference source not found.**	
7. Holding/Supporting	**Error! Reference source not found.**	
8. Giving informations	**Error! Reference source not found.**	
9. Speaking about need or effects of psychochemicals	**Error! Reference source not found.**	
10. Activating ressources of the patient	**Error! Reference source not found.**	
11. Speaking about symptoms	**Error! Reference source not found.**	
12. Changing subject	**Error! Reference source not found.**	
13. Speaking about the goals of the therapy	**Error! Reference source not found.**	
14. Working with fixed patterns and convictions	**Error! Reference source not found.**	
15. Biographical work	**Error! Reference source not found.**	
~~16.~~		
17. Clarifying	**Error! Reference source not found.**	
18. Including materials	**Error! Reference source not found.**	
19. Dialog about the understanding of a human being	**Error! Reference source not found.**	
20. Clarifying reality	**Error! Reference source not found.**	
21. Problemsolving	**Error! Reference source not found.**	
22. Anamnestic survey	**Error! Reference source not found.**	
23. Feedbackoriented working	**Error! Reference source not found.**	
24. Thematising selfacceptance	**Error! Reference source not found.**	
25. Thematizing distorted perception	**Error! Reference source not found.**	

Subjective assessment of treatment adherence of therapists

- Therapists filled out the shown list of specific interventions and general interventions.
- The question 30, to what extend (expressed in a percentage) they worked in this session Gestalt specific did let open, if they were aware using interventions from other modalities or general ones.
- They identified their own treatment adherence much higher then the objective rating showed.
- This illustrates our interpretation above, that therapists assimilate other interventions into their personal style and consider this to be modality specific.

The importance of measuring treatment adherence

- Our results show, that there is no “pure” modality specific working in non of the investigated approaches under naturalistic therapy conditions.
- This is important to interpret research results of comparative studies where the authors pretend that one modality was superior then the other. This has no validity, if it was not investigated, what therapists really did.
- Our results give a sort of explanation for the Dodo bird verdict: the fact that in all modalities the biggest part of interventions is non specific, but general, can explain that they have similar results.
- We can only compare, if we know what we are comparing.

Different tools for measuring treatment adherence

- GTFS (Gestalt Therapy Fidelity Scale), developed by Madeleine Fogarty and others is a valuable tool to check out, if a therapy contains core interventions of Gestalt therapy.
- It was developed in a scientific way, although several colleagues criticized it.
- It does in my opinion not narrow or define, what is Gestalt and what not. And if Gestalt grows and changes, this instrument also can be revised.
- Gestalt-experts evaluate the sessions, which is congruent to the aim of the tool: Identify Gestalt adherence.
- GTFS does not focus on what else a Gestalt therapist did, then using Gestalt interventions.

PAP-S Rating Manual

- Investigates not only modality specific interventions but also general ones and such from different modalities.
- The raters don’t adhere to the same approach and are blind for the kind of therapy that they evaluate. That’s a clear difference.
- According the aim of a study You might choose the one or the other measurement scale or adapt it to Your specific needs related to Your study.
- Research is a creative activity, let’s feel encourage to develop own instruments to participate in the field of Research.

Can we reduce psychotherapy approaches to intervention scales?

- Of course not. Such instruments are reducing the complexity of a psychotherapy process. Psychotherapy is much more then a set of interventions
- A scientific modality has a Metatheory (Philosophy, view of mankind (Menschenbild), a Modality Theory (Concepts, principles) and a Practice theory (Interventions, what to do in the therapy practice, technics).
- What we do in therapy can be described and has to be described. We need to be *exo*teric, not *eso*teric.
- Tools to measure treatment adherence do exactly this: describe what therapists do when they are doing therapy.

What is ”the” Gestalt therapy?

- There is no “pure” Gestalt therapy. Gestalt therapy was conceptualized at the time as an integrative Therapy concept.
- “There is no end on integration”: Not in personal growth and not in the growth of a modality.
- Laura Perls: “There are as many Gestalt therapies as there are Gestalt therapists.”
- Still she used the term Gestalt therapist and Gestalt therapy. There must be a common ground in Metatheory and Modality theory and also on the level of practice theory.
- Professional organizations (such as EAGT) and training institutes have developed criteria to design what has to be fulfilled in the training to become a Gestalt therapist.
- But of course Gestalt therapy is differentiating, as it did already very early in the US as a West and East coast style. Nowadays we have a wide variety of Gestalt therapies being developed in different institutes all over the world. It would be a research project in itself to describe them and investigate differences and common ground.
- These differences should not be an excuse to do research on Gestalt therapy as a modality.

Treatment adherence does not alone predict outcome

- In our study we found no correlation between treatment adherence and outcome.
- Younger therapists showed a higher treatment adherence then more experienced ones.
- Treatment adherence plays a role together with the therapeutic relation and the psychological burden of the patient.
- We found that the more specific the therapist works, the better the therapeutic relationship (HAQ) and the higher the psychological burden (OQ pre), the better the treatment outcome results (Difference OQ pre and post).
- This over all modalities.

Research for the future

- More attention to the verbal and nonverbal interaction and emotional resonance of the persons involved in the therapy process.
- What makes therapy work? It's not just a set of interventions.
- It's a way of "being with", relating, engaging in a process, that challenges researchers how to measure this.
- In all modalities we find three group of therapists: Quite successful ones, moderately successful ones and not so successful ones. Obviously it is not the modality training that decides on success. What is it that makes the difference?
- What competencies are needed on the side of the therapist? What competencies do patients bring with? How do these match and support a process?
- Single case timeseries
- Qualitative and quantitative designs, combined designs

Let’s be part of the scientific research community

- The international academic research community in SPR, SEPI, APA is moving and is going into the directions mentioned before.
- Gestalt therapists can contribute here. Let’s move on, let’s continue to build a Research tradition in Gestalt therapy.
- Not only in the field of psychotherapy, but also in counseling, organizational counseling and community work.
- What we need is a well organized Network of Gestalt researchers with an affiliation to universities, that can initiate research projects. Let’s build it!

Thank You for Your attention

You find publications on the presented study and the PAP-S Rating Manual on:

https://psychotherapie.ch/wsp/de/wissenschaft-und-forschung/psychotherapieforschung-resultate-und-publikationen/

Some of theme are in German, some in English and some in French.

A selection of then is given in the following list of literature.

Contact: peter.schulthess@psychotherapie.ch

Literature

- Schulthess, P., Crameri, A., Koemeda-Lutz, M., Tachuschke, V., von Wyl, A. (2021): Developing a manual for identifying interventions in psychotherapy to measure treatment adherence in research. British Gestalt Journal Vol. 30, No 1, 19-30.
- Schulthess, P., Tschuschke, V., Koemeda-Lutz, M., von Wyl, A. and Crameri, A (2016). Comparative Naturalistic Study on Outpatient Psychotherapeutic Treatments including Gestalt Therapy. In: J. Roubal et al (ed.), *Towards a Research Tradition in Gestalt Therapy* (pp. 237-257). Newcastle upon Tyne, UK: Cambridge Scholars Publishing.
- Tschuschke, V., Koemeda-Lutz, M., von Wyl, A., Crameri, A. and Schulthess, P. (2020). The impact of patients' and therapists' views of the therapeutic alliance on treatment outcome in psychotherapy. *Journal of Nervous and Mental Disease*, 208, pp. 56-64.
- Tschuschke, V., von Wyl, A., Crameri, A., Koemeda-Lutz, M. and Schulthess, P. (2018). Towards a differentiated understanding of treatment outcome in psychotherapy: A qualitative-quantitative multiple single-case study. *International Journal of Psychotherapy,* 22(3), pp. 36-62.

- Berglar, J., Crameri, A., von Wyl, A., Koemeda-Lutz, M., Köhler, M., Staczan, P., Schulthess, P. and Tschuschke, V. (2016). Therapist effects on treatment outcome in psychotherapy: A multilevel modelling analysis. *International Journal of Psychotherapy,* 20(2), pp. 61-80.

  EAP. (2021). *The European Association for Psychotherapy Position Paper on the Proper Nature and Policy Applications of Psychotherapy Research.* Vienna: EAP
- Fogarty, M., Bhar, S. and Theiler, S. (2019). Development and validation of the Gestalt Therapy Fidelity Scale. *Psychotherapy Research*, pp. 1–15. http://doi.org/10.1080/10503307.2019.1571688
- Fogarty, M. (2019). Statistician meets practitioner/researcher: a response to Dominic Hosemans. *British Gestalt Journal,* 28(1), pp. 25-30.
- Schulthess, P., Crameri A., Koemeda-Lutz, M., Tschuschke, V., von Wyl, A. (2021): Developing a manual for identifying interventions in psychotherapy to measure treatment adherence in research. British Gestalt Journal vol. 30, No 1, 19-30

- Tschuschke, V., von Wyl, A., Koemeda-Lutz, M., Crameri, A., Schlegel, M. and Schulthess, P. (2016).: Bedeutung der psychotherapeutischen Schulen heute. Geschichte und Ausblick anhand einer empirischen Untersuchung. *Psychotherapeut,* 61(1), pp. 54-65. http://doi.org/10.1007/s00278-015-0067-y.
- Tschuschke, V., Koemeda-Lutz, M. and Schlegel, M. (2014). *Rating Manual for the Objective Evaluation of Therapeutic Interventions of Psychotherapists Based On Various Theoretical Concepts.* Zurich: Swiss Charta for Psychotherapy. Available at <https://psychotherapie.ch/wsp/site/assets/files/9723/2014-bd-3-2014-ratingmanual-pap-s.pdf>
- Tschuschke V, Koemeda-Lutz M, Schlegel M (2014):PAP-S-Rating-Manual (PAP-S-RM), Rating-Manual zur objektiven Einschätzung therapeutischer Interventionen von Psychotherapeuten unterschiedlicher schultheoretischer Konzepte. Schriftenreihe der Schweizer Charta für Psychotherapie, Bd. 2, ISSN: 1664-395X, ISBN 978-3-9523782-1-2
- Tschuschke, V., Crameri, A., Koehler, M., Berglar, J., Muth, K., Staczan, P., von Wyl, A., Schulthess, P. and Koemeda-Lutz, M. (2015). The role of therapists' treatment adherence, professional experience, therapeutic alliance, and clients' severity of psychological problems: Prediction of treatment outcome in eight different psychotherapy approaches. Preliminary results of a naturalistic study. *Psychotherapy Research,* 25(4), pp. 420-434. http://doi.org/10.1080/10503307.2014.896055.

- Tschuschke, V., Crameri, A., Koehler, M., Berglar, J., Muth, K., Staczan, P., von Wyl, A., Schulthess, P. and Koemeda-Lutz, M. (2015). The role of therapists' treatment adherence, professional experience, therapeutic alliance, and clients' severity of psychological problems: Prediction of treatment outcome in eight different psychotherapy approaches. Preliminary results of a naturalistic study. *Psychotherapy Research,* 25(4), pp. 420-434. http://doi.org/10.1080/10503307.2014.896055.
- Tschuschke, V., Crameri, A., Koemeda-Lutz, M., Schulthess, P., von Wyl, A, and Weber, R. (2010). Fundamental Reflections on Psychotherapy Research and Initial Results of the Naturalistic Psychotherapy Study on Outpatient Treatment in Switzerland – PAP-S. *International Journal for Psychotherapy*, 14(3), pp. 23 -35.
- Tschuschke, V., Freyberger, H.J. (2015). Zur aktuellen Situation der Psychotherapiewissenschaft und ihrer Auswirkungen – eine kritische Analyse der Lage. *Z Psychosom Med Psychother,* 61, pp. 122–138.
- Von Wyl, A., Crameri, A., Koemeda, M. Tschuschke, V. & Schulthess, P. (2015). *Practice Study Outpatient Psychotherapy - Switzerland (PAP-S): Study Design and Feasibility* (Rev. ed.). Zurich: Zurich University of Applied Sciences. http://dx.doi.org/10.21256/zhaw-1100 https://digitalcollection.zhaw.ch/handle/11475/1099

- Von Wyl, A., Crameri, A., Koemeda, M. Tschuschke, V. & Schulthess, P. (2015). *Practice Study Outpatient Psychotherapy - Switzerland (PAP-S): Study Design and Feasibility* (Rev. ed.). Zurich: Zurich University of Applied Sciences. http://dx.doi.org/10.21256/zhaw-1100 https://digitalcollection.zhaw.ch/handle/11475/1099
- Von Wyl, A., Tschuschke, V., Crameri, A., Koemeda-Lutz, M. and Schulthess, P. (2016). *Was wirkt in der Psychotherapie? Ergebnisse der Praxisstudie ambulante Psychotherapie zu 10 unterschiedlichen Verfahren.* Giessen: Verlag Psychosozial.