

# **Evaluations of the therapeutic interventions of the C.T.S affiliate to the C.T.S. of Arezzo, directed by prof. Giorgio Nardone: instruments and outcomes**

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## **Abstract**

This is an exposition of the results gathered by more than 40 collaborators and associates of the Centro di Terapia Strategica of Arezzo, directed by Giorgio Nardone. We thought it fundamental to put forward these results so as to promote further professional and personal growth of all the therapists that make use of this model. At present we avail of treatment results gathered through out 2000-2002 that add up to a total of 2281 cases. The most common cases treated at our affiliated clinics are: phobic-obsessive disorders (40%), relational problems (30%) and eating disorders (approximately 12%). The over-all efficacy of the Advanced Model is over 80%, which have improved slightly in 2001; efficiency increased from a mean of 11 sessions in 2000-2001 to a mean of 10 sessions in 2001-2002

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## **Introduction**

The data base ( PSISTAT ) is conceived as a software instrument with the function of collecting, comparing, controlling ed analysing the outcomes of the strategic intervention obtained by the colleagues responsible for the centres of strategic therapy affiliate to the C.T.S. of Arezzo directed by Prof. Giorgio Nardone.

The importance of having this software instrument at disposal, becomes *strategic* in a moment when the birth in the national territory of new affiliate centres is on the increase.

In the year 2000 the centres were 42. Now, in 2003, they are 52.

It is fundamental to have, for every single strategic therapist, a feedback at the end of a working year.

The research into cumulative data is not the celebration of a working year, but in strategic therapy it is a very important part of the pattern.

Pattern which, to evolve, needs correct and sufficiently objective outcomes, in order to modify the therapeutic process both at a personal and professional level : *formation and intervention*.

It has been decided that the data will begin to be collected in the data base starting from the year 2000 with follow-ups in 2001.

## **The file**

The first problem we have had to solve was that of identifying which information to collect in order to carry out a univocal, complete and sufficiently objective evaluation.

Within the group of affiliate Centres, after various meetings, three main instances have emerged according to which was to be worked out the set of questions relevant to the knowledge of the treated case:

- 1) SOCIAL AND PRIVATE DATA (WHO HE IS)
- 2) HOW HE COMES
- 3) OUTCOMES OF THE STRATEGIC INTERVENTION

In the working out of the client's file it has been taken into account the need of identifying questions significant for our research and of devising a set of questions, multiple-choice if possible, to facilitate the interpretation of the outcomes.

The questionnaire is obviously anonymous.

After various meetings some valuable variables have been identified by the research group of the C.T.S of Arezzo and the following file has been chosen to be employed as a collection of data on the activity of the different affiliate centres.

**THE FILE**

*STRATEGIC THERAPY CENTRE* .....  
DATA BASE CLIENT FILE (*to be delivered to Arezzo*)  
PERIOD 200... – 200... n° (PATIENT FILE) .....

**1) SOCIAL AND PRIVATE DATA (WHO HE IS)**

*SEX*: m, f

*AGE*: 0-10, 11-15, 16-20, 21-30, 31-40, 41-50, 51-60,  
over 60, not received.

*MARITAL STATUS*: unmarried, married, separated, divorced, widow, not received.

*EDUCATIONAL QUALIFICATIONS*: none, primary school certificate, secondary  
school certificate, degree, not received.

*PROFESSION*: none, teacher, doctor, engineer, lawyer, worker, nurse, tradesman,  
office worker, contractor, professional, entrepreneur, other, not received.

*OCCUPATION*: unemployed, student, housewife, retired, private employee, state  
employee, self-employed, not received.

*NATIONALITY*(residence)..... *REGION* .....

*PROVINCE* .....

**2) HOW HE COMES**

*FORWARDING MODALITY*: former clients, general practitioner, specialized  
doctor, colleague, focused choice, Yellow Pages, Strategic Therapy Centre of  
Arezzo.

*PREVIOUS THERAPEUTIC INTERVENTIONS*: yes, no.

*USE OF DRUGS*: yes, no

*TYPE OF PROBLEM*: phobic disorders, obsessive disorders, sexual disorders,  
relations disorders, depressive disorders, food disorders, psychosis, real or presumed.

### 3) OUTCOMES OF THE STRATEGIC INTERVENTION

**DURATION OF THE INTERVENTION:** 1 month, 2 months, 3 months, 4 months, 5 months, 6 months, 7-12 months, >12months

**TOTAL N° OF SESSIONS:** .....

**RELEASE (N° of sessions):** 2; 3; 4; 5; >5; Not released.

**EFFECTIVENESS:** resolved case; very improved case; not very improved case; unchanged case; worsened case; Drop-out.

Comments about the effectiveness of the treatment (Nardone, Watzlawick "The art of change" 1990)

In order to evaluate the effectiveness of treatment two parameters have been employed:

- 1) The effectiveness of the treatment during its execution, that is the evaluation of the final outcome of the therapy.
- 2) The effectiveness of the treatment in time. Three follow-ups, after three months, six months and one year from the conclusion of the treatment, have been carried out.

Evaluation of the effects the therapy in the following six categories of treatment outcome:

- 1) **Resolved cases.** That is cases with complete resolution at the end of the therapy and with no relapse in the course of one year.
- 2) **Very improved cases.** That is cases with complete remission of the symptoms at the end of the therapy, which at the follow-ups have shown a clear improvement of the situation of the patient but also the presence of sporadic and slight relapses, yet rapidly controlled.
- 3) **Not very improved cases.** That is cases with partial reduction of the symptoms at the end of the treatment, in which at the follow-ups the presence of frequent critical moments and relapses of the symptoms have been reported. Those critical moments have anyway been defined by the subjects strongly less hard than those preceding the therapy.
- 4) **Unchanged cases.** That is cases in which the treatment have not produced within the ten sessions any change to the problematic situation shown by the patient. The treatment of these cases have been interrupted after ten sessions.
- 5) **Worsened cases.** That is cases in which the treatment have produced an aggravation of the situation of the patient.

6) *Drop-out*. That is cases in which the patient have abandoned the therapy within the first three sessions.

**OUTCOMES**

**Treated cases:**

**1) period 2000-2001**

**(TOTAL PATIENT FILES: 1274)**

**2) period 2001-2002**

**(TOTAL PATIENT FILES: 1007)**

**Working out of the clients' files:**

**WHO THEY ARE**

**HOW THEY COME**

**OUTCOMES OF THE INTERVENTION**

**Data comment**

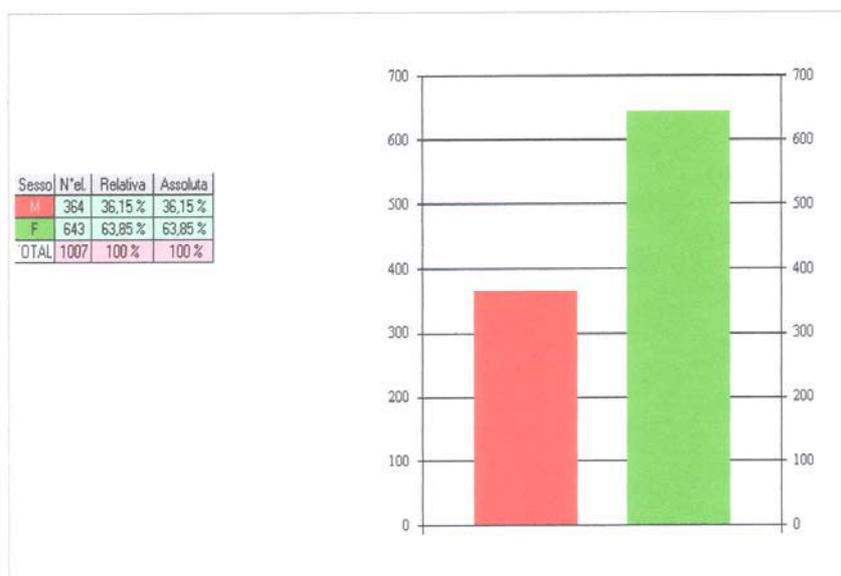
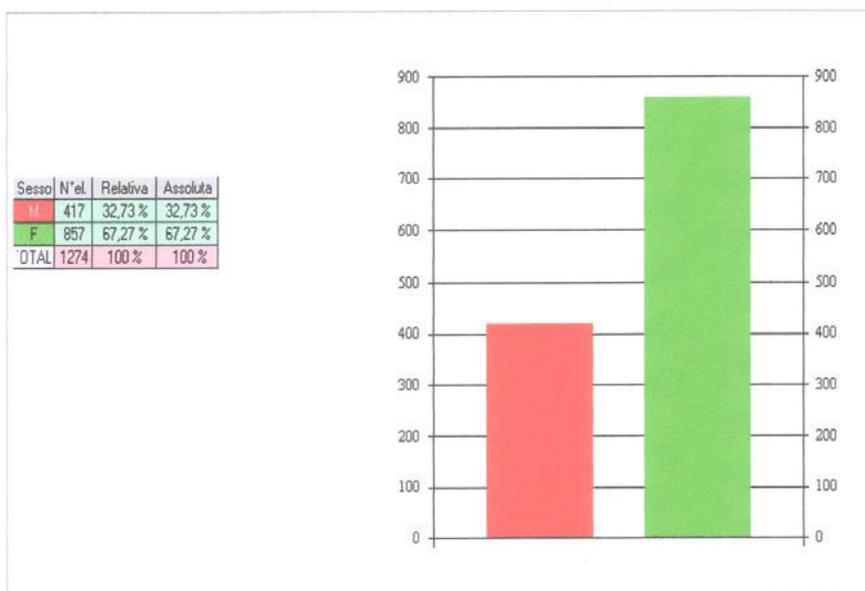
*Who are they?*

The research allows us to get to know our client through the answers collected in the first part of the already seen file.

With regards to this intervention only the data referring to the *sex* are taken into examination.

Comment : 1) 2 out of 3 are females.

In the year 2001 there have been a slight increase in the number of males.



**SEX period 2000-2001 and SEX period 2001-2002**

**How do they come?**

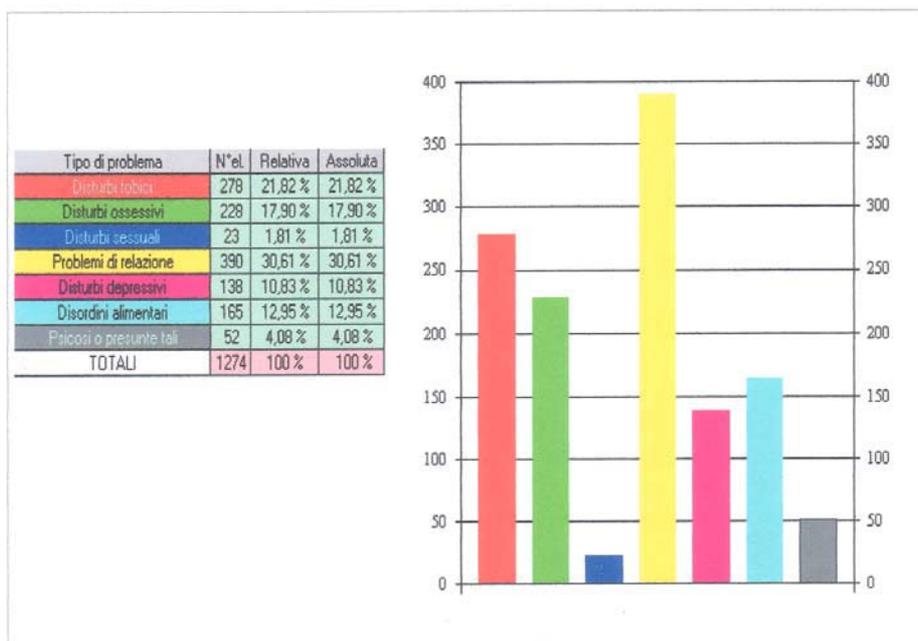
The research allows us to get to know our client through the answers collected in the first part of the already seen file.

With regard to this intervention only the data referring to the *kind of problem* presented are taken into examination.

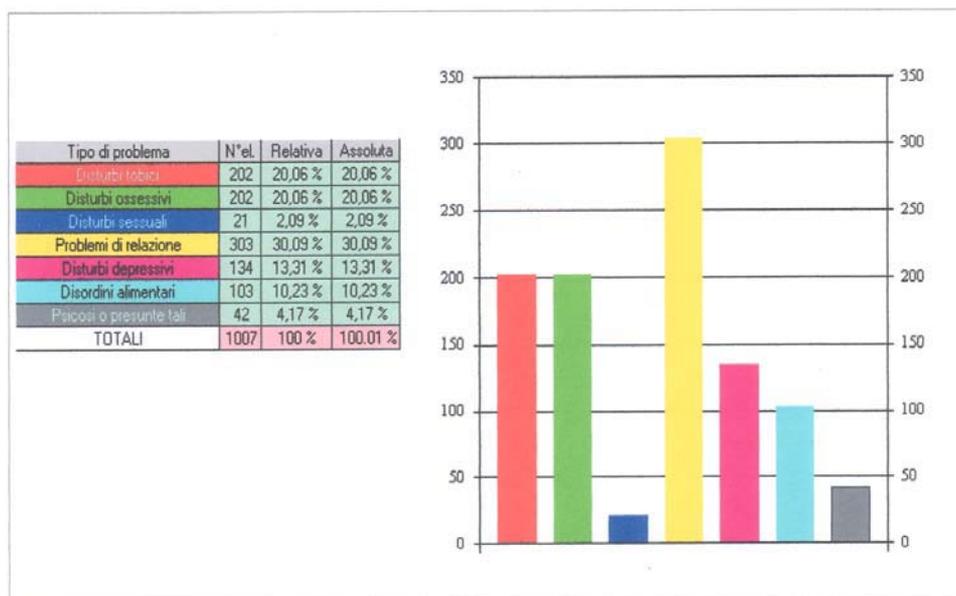
Comment:

1. 30% of them have shown relations problems.
- 2) 40% of them have shown phobic-obsessive disorders.
- 3) 1 out of 8 have shown food disorders.
- 4) In the year 2001 there have been a slight increase in obsessive disorders.

**KIND OF PROBLEM period 2000-2001**



## KIND OF PROBLEM period 2001-2002

**Outcomes of the intervention**

The research allows us to know our client through the answers collected in the third part of the already seen file.

With regard to this intervention only the data referring to:

- 1) *total effectiveness*
- 2) *effectiveness against obsessive disorders*
- 3) *efficiency of the treatment*

are taken into examination.

**Comment on total effectiveness:**

- 1) It is higher than 80%
- 2) in the year 2001 there have been an increase (84%)
- 3) significant: in the year 2001 there have been an increase by about ten points.

- 4) the datum relative to worsened cases is also interesting: there have been one only case in total. That is, when strategic therapy doesn't work, in any event it doesn't do any harm.

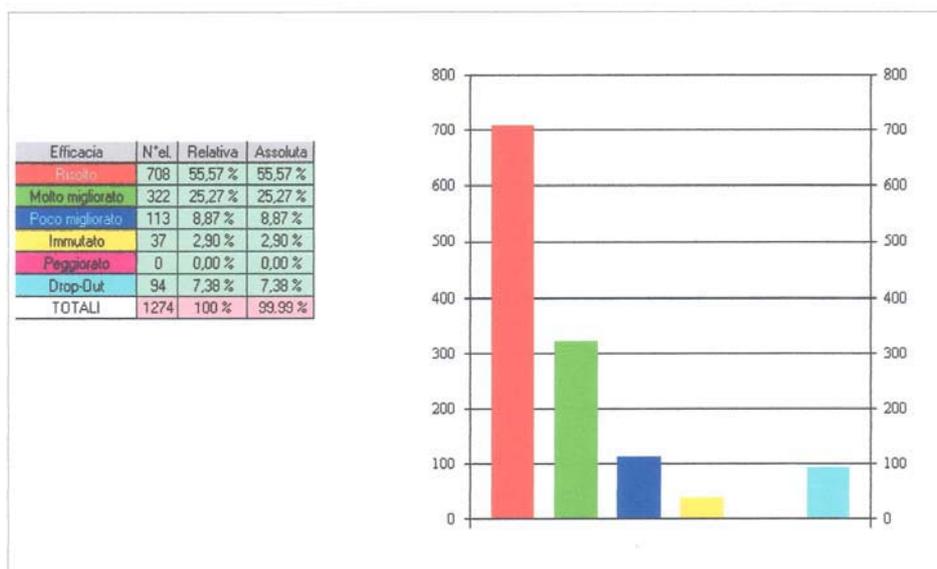
***Comment on effectiveness against obsessive disorders:***

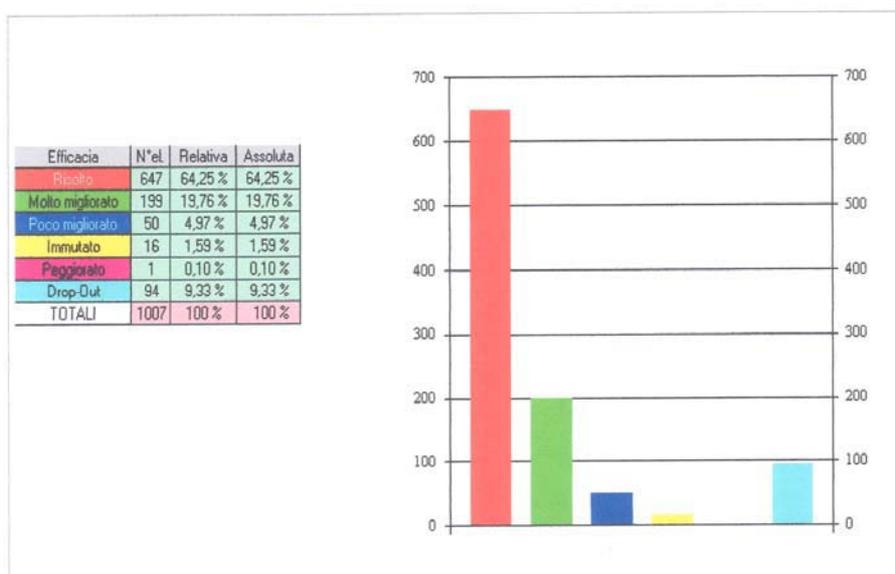
1. considerable increase in the number of resolved cases from 55% to 71%
2. Professor Nardone, also in the light of the data collected for the years 2000-2001, by him considered disappointing, has eventually programmed a focused updating on obsessive disorders. The outcomes of the years 2001-2002 confirmed the effectiveness of the formative intervention.

***Comment on efficiency of the treatment:***

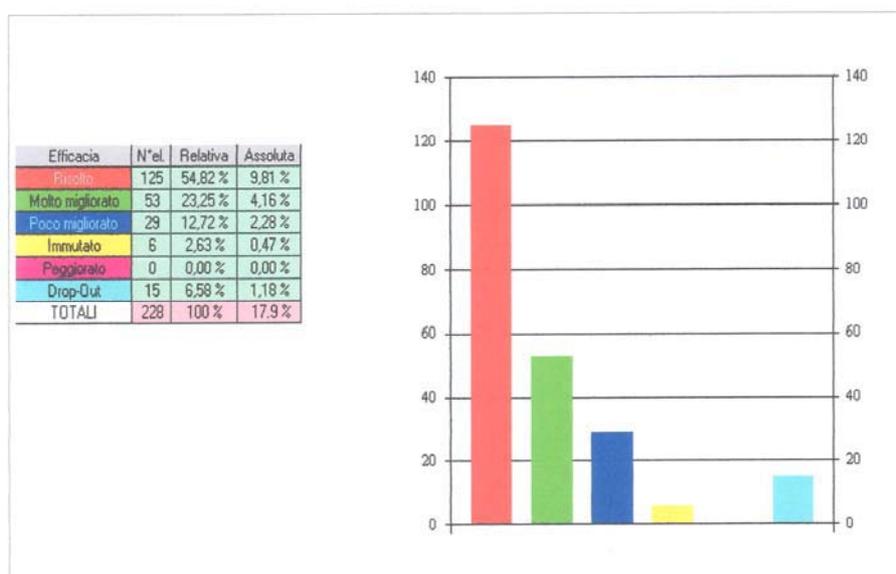
- 1) Increase in efficiency by about one point.
- 2) In the years 2000-2001 the average was of about 11 sessions.
- 3) In the years 2001-2002 it has decreased to 10 sessions.
- 4) It is to be pointed out the considerable increase in obsessive disorders from 12,25 to 10,81.

**TOTAL EFFECTIVENESS period 2000-2001**





**EFFECTIVENESS AGAINST OBSESSIVE DISORDERS Period 2000-2001**



**EFFECTIVENESS AGAINST OBSESSIVE DISORDERS Period 2001-2002**



**EFFICIENCY OF THE TREATMENT period 2000-2001**

Tipo di Problema	N°R.	Dur.M	N°M.	Dur.M	N°T.	Dur.M
Disturbi fobici	177	10,68	67	11,75	244	10,97
Disturbi ossessivi	125	11,98	53	12,91	178	12,25
Disturbi sessuali	22	9,50	0	0	22	9,50
Problemi di relazione	221	9,03	104	8,62	325	8,90
Disturbi depressivi	80	11,43	32	12,34	112	11,69
Disordini alimentari	74	12,16	48	12,08	122	12,13
Psicosi o presunte tali	9	21,22	18	18,61	27	19,48
Totale	708	10,73	322	11,42	1030	10,95

**EFFICIENCY OF THE TREATMENT period 2001-2002**

Tipo di Problema	N°R.	Dur.M	N°M.	Dur.M	N°T.	Dur.M
Disturbi fobici	141	10,19	34	10,91	175	10,33
Disturbi ossessivi	143	10,58	26	12,08	169	10,81
Disturbi sessuali	18	8,50	1	9,00	19	8,53
Problemi di relazione	193	8,17	73	8,40	266	8,23
Disturbi depressivi	82	10,74	29	10,21	111	10,60
Disordini alimentari	54	11,02	26	13,38	80	11,79
Psicosi o presunte tali	16	13,50	10	14,50	26	13,88
<b>Totali</b>	<b>647</b>	<b>9,85</b>	<b>199</b>	<b>10,53</b>	<b>846</b>	<b>10,01</b>

**Conclusion**

*The metaphor of the sailing boat*



Undergoing strategic therapy is like being in a sailing boat: it is necessary to sail at sight.

It is vital to have on board instruments which give us information on the weather conditions... otherwise we run the risk of sinking.

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