

# Development of an evaluation questionnaire for concentrative movement therapy

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## Objective

Concentrative movement therapy (CMT) is a body oriented psychotherapy method with a psychodynamic foundation, which focuses on the awareness and expression of body sensations (Schreiber-Willnow, 2015). Objective of the study is to develop an evaluation questionnaire concerning the patient's perception of effects and therapeutic factors of CMT in group setting at the end of treatment.

## Method

An item pool of 130 items was created considering scales of other evaluation questionnaires and the publications on therapeutic factors in CMT. 16 experts of CMT evaluated these items regarding their applicability for CMT. This resulted in a reduced item pool of 69 items. An empirical examination of this item pool in a sample of 320 inpatients (68.4% females) was conducted using explorative factor analysis with principal-axis factoring and oblique rotation (promax). Stability of the factors was examined by using random sample split. Scales were constructed considering internal consistency and scale-length optimization for a short questionnaire version. A final factor analysis was conducted for the items of these scales. Possible effects of patient's sex and age, number of group sessions and treatment facility were examined with *t*-test and Pearson's *r* respectively.

## Results

The amount of missing data for the items were small ( $M = 1.05\%$ , range: 0,31% – 1,88%). The exploratory factor analysis revealed six dimensions (s. table 1). Factor scores showed moderate to high intercorrelations with a range from .37 to .76. The internal consistencies of the six scales are good with values between Cronbach's alpha = .80 and .90.

Female patients evaluate CMT significantly better than male patients on three scales : They are more satisfied with the therapist (scale 1;  $t_{crit(,05;316)} = 3.50$ ;  $d = 0.42$ ), have a better therapeutic access to themselves by means of CMT (scale 2;  $t_{crit(,05;317)} = 2.14$ ;  $d = 0.26$ ), and report missing therapeutic experiences and effects with CMT to a lesser extend (scale 4,  $t_{crit(,05;317)} = -2.38$ ;  $d = 0.29$ ). Patients' age is not significantly correlated with the scales.

The number of group sessions correlates significantly but to a small extend with scale 4 ( $r = -.12$ ;  $p = .047$ ). Inpatients of psychiatric and psychosomatic hospitals show no significant differences on the six scales.

**Table 1**

Scales of the evaluation questionnaire for concentrative movement therapy in group setting and their psychometric properties

	Scale					
Number of scale	1	2	3	4	5	6
Name of scale	Positive experiences with the therapist	Therapeutic access to oneself by means of CMT	Positive body-related experiences and effects	Missing therapeutic experiences and effects with CMT	Experience of increased self-efficacy	Positive group atmosphere
Item example	The therapist addressed even difficult things in a good way.	What I experienced in CMT helped me to understanding myself better.	Due to the CMT, I can now better accept my body as it is.	Overall, I could not benefit much from CMT.	In CMT it has become very clear to me that I have the ability to shape my own life.	The group was able to handle conflicts constructively.
Number of items	4	5	4	4	4	3
$M \pm SD$	$3.47 \pm 0.66$	$2.77 \pm 0.83$	$2.30 \pm 0.90$	$0.89 \pm 0.88$	$2.59 \pm 0.94$	$3.12 \pm 0.71$
Cronbach's $\alpha$	.89	.86	.85	.86	.90	.80

*Note:* The Likert-type items of the scales are ranging from „0 = strongly disagree“ to „4 = strongly agree“.

## Discussion

The newly developed questionnaire for evaluating CMT in group setting seems to be practicable for the quality monitoring in clinical practice and for research purposes:

- We got only few missing data indicating comprehensibility for patients.
- As intended the six scales reflect both, therapeutic factors and effects related to the CMT method (scale 2, 3 and 4) and common therapeutic factors and effects (scale 1, 5 and 6).
- The questionnaire is sufficiently short for clinical use, yet has good internal consistency values for the scales.

Further research is necessary concerning test-retest reliability and outcome-related predictive validity.

## References

Schreiber-Willnow, K. (2015). Concentrative movement therapy. In E. S. Neukrug (Ed.), *The SAGE Encyclopedia of Theory in Counseling and Psychotherapy* (pp. 215-216). Thousand Oaks, CA: SAGE Publications, Inc.