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Feedback Informed Supervision of Psychotherapeutic Process Monitored by Synergetic-Navigation System (Case Study)*[1]

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Abstract

The effectiveness of psychotherapeutic treatment represents an important topic in modern psychotherapeutic science. Client factors, in fact, play the most significant role in predicting potential positive changes, while other factors are common to all modalities. To understand the psychodynamics and critical unstable periods of an individual, the practice has adopted the method of the synergetic-navigation system and informed treatment which involves the supervisor, the psychotherapist, and the client. This article presents a case study of applying the synergetic-navigation system and informed treatment in the supervision process: it explains the daily monitoring of the client and the feedback given to the psychotherapist and supervisor, which was based on the analysis of the client's daily entries. The results are shown in diagrams of complex resonations and repetition graphs of time series. The article demonstrates the potential for understanding the complex psychodynamics of the client, for planning and conducting treatment based on the data obtained from the synergetic-navigation system, and for potentially predicting future critical unstable periods of the client, including possible problematic behaviors. The application of the aforementioned client monitoring and feedback can also be extended to other disciplines.

Keywords: process and outcome of psychotherapy, supervision process, synergetic-navigation system, SNS, feedback-informed treatment.

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Introduction

For psychotherapy to effectively address the challenges of those participating in it, a deep exploration of the human psyche and a thorough understanding of the complex origins behind current experiences and behaviors are necessary to facilitate therapeutic change (Duncan, 2014). Duncan (2014) states that we also need an understanding of how change occurs in therapy. In this work, we initially present numerous reasons for the development of mental disorders, especially the psychodynamics of clients with challenging behaviors. In the subsequent empirical part, within the context of contemporary psychotherapeutic science, we present the application of the method of the synergetic-navigation system (hereinafter the SNS method) (Schiepeket al., 2015), which enables daily tracking of the client's complex psychodynamics. By incorporating feedback to the therapist, the analysis of data obtained with the SNS method creates opportunities for planning therapeutic strategies that lead to more effective treatment or change on the client's side. This form of client treatment can also serve as a demonstration for its use in other disciplines (such as psychology, sociology, medicine, etc.).

The Complex Aetiology of Mental Disorders

There are several risk factors for the occurrence or development of mental disorders, including genetic factors (Kendler & Prescott, 2006), personal characteristics (Caspi et al., 1996), chronic stress (McEwen, 2004), biochemical factors in the brain (Nestler & Hyman, 2010), substance use (Kessler et al., 1997), brain injuries (Perry et al., 2016), chronic illnesses (Verhaak et al., 2005), and trauma experiences (Rothschild, 2000, 2017; Van der Kolk, 2014). The latter can lead to acute or post-traumatic stress disorder but whether this happens depends on numerous factors related to the individual's psychosocial context before, during, and after the traumatic event (Sayedet al., 2015).

In the following section, we will highlight the risk factors associated with the development of mental disorders from the psychoanalytic perspective. Psychoanalysis focuses particularly on early relationships within which specific brain structures are formed, shaping the individual's personality, as well as their emotional, cognitive, and social development, and providing a foundation for mental stability (Siegel & Bryson, 2012). Initially, psychoanalysis believed that seeking to appease internal drives or motivators in the pursuit of inner shapes a person. As developmental processes progressed, interest emerged in object relations as a secondary motivator that shapes the individual. As a result, mental disorders were grounded in very early development. Modern psychoanalytic developmental theory has thus evolved from

the object relations tradition, where psychological development is seen as emerging in the matrix of interpersonal relationships. Understanding specific mental disorders that drive psychoanalytic practice today is based on the understanding that an individual's mental life is determined by dyadic structures which are internalised from birth onwards (Malberg & Mayes, 2015).

The past decades have provided ample evidence that supports the proposition that the development of mental disorders is linked to a history of abusive or neglectful environments (Malberg & Mayes, 2015). For an individual to functionally respond to developmental and social challenges, they need what is called a self-regulatory system within them; early relationships are extremely important for its development. The role of these relationships is formative, as they encourage the development of key brain self-regulatory mechanisms that enable an individual to effectively function in society (Fonagy & Target, 1996). From the point of view of attachment theory (Bowlby, 1969, 1973, 1980) one of the risk factors for the development of many disorders is attachment problems and sensitivity to the child's expressed emotions (Bradley, 2000; Poljanec & Kompan Erzar, 2016).

To help a client, he must first be seen as a complex psychodynamic system and understood within the context of the role and scope of the therapist-client relationship. As Duncan et al. (2000) say, the individual who plays the most heroic role in psychotherapeutic treatment is indeed the client.

Most clients who engage in psychotherapy make progress. Three out of four reduce dysfunctional symptoms and improve positive functioning. On average, 80% of those who have undergone psychotherapeutic treatment fare better compared to a sample of people who have not received psychotherapy (Smith & Glass, 1977; Wampold & Imel, 2015).

The Client as a Complex Psychodynamic System

From Možina (2021) perspective it is essential to consider the client from two different perspectives when seeking to understand them. The first involves a so-called nomothetic view, where there is a generalized understanding of a person as a being who combines universal biological, physical, psychological, sociological, philosophical, and informational characteristics within themselves. The second perspective looks at the individual idiographically, where the person is understood as specific, with a unique complex psychodynamic system that encompasses a unique pattern or intertwining of the client's cognitive, emotional, and behavioral personality characteristics. These constantly changing and interacting elements can be summarized in one word: synergy (Možina, 2021).

Synergy, as part of the science of complexity, is a transdisciplinary metatheory. Its central concept is self-organization, with the key question being how patterns are formed (how order arises from disorder or chaos) and how transitions between patterns occur (Možina, 2021). In the field of psychology, for example, it examines learning, personality development, changes in emotions, thinking, behavior, and

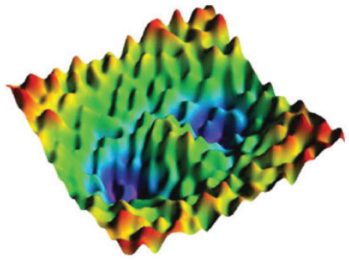
relationships, as well as mental processes in the broadest sense (Bateson, 2019, as cited in Možina, 2021). From the perspective of self-organization, synergy defines psychotherapy as destabilizing dysfunctional patterns and generating new patterns of behavior, emotions, thinking, and relationships within a stable, trusting, and secure relationship between the therapist and the patient (Haken & Schiepek, 2006, as cited in Možina, 2021). Schiepek, together with the founder of synergy, Hermann Haken, did pioneering work when he transferred the concept from the fields of physics, chemistry, and biology to psychology and psychotherapy (Haken & Schiepek, 2006, as cited in Možina, 2021). Since synergy, theories of nonlinear systems, and chaos theory enable mathematical formalization and simulation of bodily, psychological, and social self-organizing processes in complex systems, this widely opens the doors to psychotherapy treatment exploration (Možina, 2021).

Schiepek (2006) describes the personality of the client using synergetic models, namely using the metaphor of a landscape with different potentials. In the *potential landscape* metaphor these are the valleys in a landscape representing our personality. When the valleys are not too deep and the mountains between them not too high, we can switch between cognition-emotion-behavior patterns as appropriate (Schiepek et al., 2015).

Changes in an individual's personality arise from new experiences, which can be seen as alterations in the diversity of this landscape. The colored continuum illustrates the client's stable periods (represented by green) compared to unstable periods (represented by red). We can imagine a healthy individual's personality as a diverse landscape (with not much difference between the potentials in the landscape), characterized by aspects of stability and flexibility. Multi-stability of evolving potential landscapes is an essential feature of healthy and adaptive functioning in complex systems (Deco et al., 2013).

Image 1

Illustration of the complexity of an individual's personality through the metaphor of a landscape with potentials (Jansen, 2014)



One of the contemporary discoveries of psychotherapeutic science is that the client contributes the most to the successful outcome of treatment (Duncan et al., 2000). Factors on the client's side decisively influence the change in the psychodynamic picture. Orlinsky et al. (2004) identify the quality of the client's participation as the most important determinant for the successful outcome of psychotherapeutic treatment.

The authors further delineate the following variables on the client's side in detail: the client's ability to participate in treatment, the experience of the relationship with the therapist, the client's contribution to the quality of the therapeutic relationship, the adequacy and suitability of the therapeutic approach for the client, the client's ability to express emotions, the client's openness to the therapist's work, the emotional and verbal openness of the client, and the connectedness and acceptance of treatment by the client. Grawe (2004) also emphasizes the importance of the client's intrinsic motivation, which decisively contributes to treatment outcomes. Asay and Lambert (1999) explain that 40% of the variance in outcome depends on client factors and their social environment to which they are directly exposed. Wampold (2001) states in his research that only 14% of the outcome of psychotherapy is attributed to factors related to therapy (therapist, psychotherapeutic modality, therapeutic techniques, the relationship between the client and the therapist, placebo effect, and therapist's loyalty or commitment to the modality).

Despite the significant portion of variance in favor of factors on the client's side, the therapist is also a central factor in the successful psychotherapeutic outcome for the client. The therapist's most important variables include: their personality, their ability to empathize, their level of experience, social and other competencies, authenticity, and genuineness in reactions. The psychotherapeutic school from which the therapist originates is the least important variable. The effect of these variables ranges between 0.50 and 0.60 (Wampold, 2001). Lastly, but significantly cited in the psychotherapeutic scientific literature, the therapeutic alliance is believed to represent an effect size of 0.45 on the outcome of psychotherapy (Duncan et al., 2000; Možina, 2021; Wampold, 2001).

The relationship between the therapist and the client is also mutual, and it is not just the therapist who teaches the client. The relationship works in both directions, and the client also teaches the therapist, guiding them unconsciously to achieve the corrective experience they seek. The therapist must recognize this, respond professionally, and see it as an opportunity. Both lead and influence each other's dynamics (Haken & Schiepek, 2010). Scientific guidelines for achieving effective psychotherapeutic treatment do not lie in the use of specific instructions or standardized therapy procedures (based on modality), but in the use of programs that implement systematic monitoring of the client's process, such as the SNS method (Schiepek & Aichhorn, 2013).

The psychotherapeutic process is thus a complex system where variables are nonlinearly interconnected, meaning that small differences in factors can have significant consequences as they can simultaneously contribute to changes in all other factors (Clarkin & Levy, 2004; Schiepek & Cremers, 2003).

Daily Monitoring of the Client and Feedback-informed Treatment

The SNS is a generic system that makes it possible to implement various questionnaires as well as rating and observation systems; it is available for the international market and all kinds of questionnaires can be introduced. Data can

be entered using most web-compatible devices. Data privacy protection and data security are guaranteed. It enables outpatient monitoring and assessment of clients in various disciplines (psychotherapy, psychosomatics, medicine, psychiatry, counseling, etc.). It allows the collection of individual daily client data (real-time monitoring) (Schiepek & Aichhorn, 2013). Continuous, regular, and temporally consistent measurement is required to identify patterns in the client (including psychodynamic patterns). Within the SNS program, pre-prepared standardized questionnaires can be utilized, or an individualized personal questionnaire can be developed collaboratively with the client (idiographic system modeling) (Schiepek et al., 2015).

Schiepek et al. (2015) also report on the creation of a stronger therapeutic relationship that develops due to the use of the SNS program and the feedback of client data in psychotherapeutic sessions; the therapist and client review data from previous days together and provide feedback based on graphs, which are linked to qualitative descriptions of the client's experiences from previous days. Clients describe the daily use of the SNS system as a "small personal therapy," a ritual for calming, quality time with oneself, and reflection on the day. Not only does the SNS program have diagnostic value (for psychotherapist and supervisor), but it also has therapeutic value. In addition to the effects mentioned earlier, the data can also be utilized for feedback-informed treatment and tracking changes in client patterns (also during supervisions).

Lambert (2010), based on using feedback information in the psychotherapeutic process, identified improvements on the client side. The author presented evidence from clinical trials that support the systematic collection and use of real-time outcome data. Results from several studies have shown that providing feedback to therapists on clients' progress improves outcomes for clients who were predicted to be at risk of deterioration. Providing additional feedback to therapists - including client ratings of therapeutic alliance, readiness to change and the strength of existing non-therapeutic supports - increases impact and doubles the number of clients who experience a clinically meaningful outcome. Miller et al. (2006) found that successful outcomes of psychotherapy increased from 34% of cases to 47% after using feedback-informed treatment based on daily client tracking, and reduced unsuccessful outcomes from 19 to 8%. Similar findings have been reported by other researchers, including for other forms of psychotherapy, such as couples therapy, family therapy, etc. (Anker et al., 2009).

Feedback-informed daily data collection of the client also does not dictate specific techniques (oriented towards modality) and prescribed instructions that the therapist must use, but rather adapting the treatment to the client and implementing a feedback-driven dynamic approach (Schiepek et al., 2015).

The main aim of our study was the application and evaluation of the synergetic-navigational system method in supervision processes, originating from the theory of synergetics (Haken & Schiepek, 2010), which allows the therapist and supervisor to monitor the client "here and now" or in the moment (real-time monitoring) (Schiepek & Aichhorn, 2013), and to recognize the dynamics of their cognitive,

emotional, and behavioral patterns. For the need of this study, the psychotherapist and supervisor regularly provided feedback during supervision on observed patterns on the client's side. Identifying client patterns enabled the psychotherapist to adjust psychotherapeutic treatment promptly, appropriately, and effectively.

The article presents results and findings that address the main research question: How can the use of the SNS method in supervision help identify and address the cognitive, emotional, and behavioral patterns of the client and inform the planning of further psychotherapy treatment?

Method

Sample and Procedure

Based on voluntary sampling, the sample included a client (age: 38 years old, education: master degree), a psychotherapist of psychoanalytic psychotherapy, and a supervisor of psychoanalytic psychotherapy.

The inclusion criteria for the study were: good prognosis for a longer psychotherapeutic process, client's motivation for personal change, and for an in-depth psychotherapeutic process. The exclusion criteria were severe symptomatic distress: client screening assessment based on the GSI factor to assess severe symptom distress with the SCL-90 questionnaire (Derogatis, 1994) and a history of psychiatric hospitalizations.

At the time of inclusion in the study, the client had already completed 75 psychotherapeutic sessions in an individual setting (once or twice a week). His reasons for seeking psychotherapeutic treatment were separation, impulsive reactions, self-regulation difficulties, and alcoholism.

Measures

Data collection took place from April 5, 2023, to August 22, 2023 (N=149 days), using a mixed methodology approach. In the study, a computer program called the synergetic-navigation system (abbreviated as SNS method) was used, (a) along with an integrated questionnaire; (b) qualitative unstructured exploratory interview conducted during supervisions; (c) and qualitative notes by supervisor.

(a) **Revised daily questionnaire of the therapeutic process (TPV-R; Kovačević Tojnko & Rožič, 2022)**, integrated into the SNS application and computer program (Schiepek et al., 2015), enabling daily monitoring relevant patterns of the client through application of the selected questionnaire. The Slovenian version of the original Therapy process questionnaire (Schiepek et al., 2012) was adapted for the research needs (excluded items connected to treatment in clinical setting and double back translated), and it includes 5 factors and a total of 33 items.

Table 1

Part of original daily questionnaire Therapy process questionnaire (TPV-R) used in research (Kovačević Tojnko & Rožič, 2022)

1. FACTOR: Well-being and positive emotions (WPE/DPČ)			
1	Today I felt comfortable in my body	not at all	very comfortable
2	Today I felt joy	not at all	very much
3	Today I experienced moments of happiness and light-heartedness	not at all	very much
4	Today my self-esteem was	very low	very high
5	Today I felt energized	not at all	very much
6	Today I was satisfied with myself	not at all	very much
7	Today I felt valued	not at all	very much
2. FACTOR: Emotional and problem intensity (EPB/ČPO)			
8	Today I felt guilty	not at all	very much
9	Today I felt sad	not at all	very much
10	Today I felt angry	not at all	very much
11	Today I felt anxious	not at all	very much
12	Today I felt shame	not at all	very much
13	Today I felt tense and restless	not at all	very much
14	Today my problems/complaints were ...	absent	very intense
15	Today I felt helpless with regard to my problems	not at all	very much
16	Today I felt impaired by my complaints in my daily routine	not at all	very much
3. FACTOR: Insight/confidence/therapeutic progress (VZF/RZN)			
17	Today I came closer to a solution for my problems	not at all	very much
18	Today I felt able to deal with situations that I never felt able to deal with before	not at all	very much
19	Today I had new insights about how to better deal with my life circumstances	not at all	very much
20	Today I felt confident that I will resolve my issues	not at all	very much
21	Today I gained insight into how my thoughts, feelings and behavior influence each other	not at all	very much
22	I now understand myself and my problems better	not at all	very much
23	Today I became aware of relations that were not clear to me before	not at all	very much
24	Today I felt confident to approach burdensome issues in my life	not at all	very much
4. FACTOR: Motivation for change (MOT/MOT)			
25	Today I felt motivated to work on accomplishing my goals	not at all	very much
26	Today I felt determined to tackle my problems	not at all	very much
27	Today I was committed to accomplish my goals	not at all	very much
28	Today I had my goals clearly in mind	not at all	very much
29	Today my interest in the topics of therapy was	very low	very high
5. FACTOR: Mindfulness/self care (AKB/ČOP)			
30	Today I treated myself with care	not at all	very much
31	Today I paid attention to my boundaries/limits	not at all	very much
32	Today I paid attention to my bodily signals	not at all	very much
33	Today I was aware of my own needs	not at all	very much

(b) Three rounds of qualitative unstructured exploratory interviews with the psychotherapist (exploratory case study) (Streb, 2009) were conducted during supervision, utilizing client data gathered through the SNS method. The focus was on data from graphs of individual factors, paying specific attention to identifying the client's cognitive and emotional states that may contribute to challenging (or risky) client behavior. The interviews were recorded in audio format.

(c) Qualitative notes from the supervisor following the conducted unstructured exploratory interviews (after supervision sessions) are intended to provide an overall feedback report from the supervisor and to identify any possible missing insights into psychotherapy treatment.

Data Analysis

The SNS method (Schiepek, 2009), in addition to daily data collection, enables their analysis (measuring the process and outcome of psychotherapy) through the use of nonlinear statistical methods (time series analysis), based on which the program automatically generates a diagram of complex resonating (the diagram depicts significant changes in complexity between individual items and factors) and a repetition graph of time series (showing significantly identified recurring patterns of time series in X time (Orsucciet al., 2005; Schiepek et al., 2015). High validity and reliability of the SNS method are ensured (Schiepeket al., 2014).

The client's data, collected through the SNS method, was explored during the supervision process via unstructured exploratory interviews conducted by the psychotherapist and supervisor. This approach aimed to gain in-depth insights into the client's periods of (in)stability in everyday life. Additionally, the supervisor took notes after the supervision sessions to report important observations made during both the supervision and the exploratory interviews. The data from the interviews and notes provided a qualitative understanding of the client's information from SNS.

Results

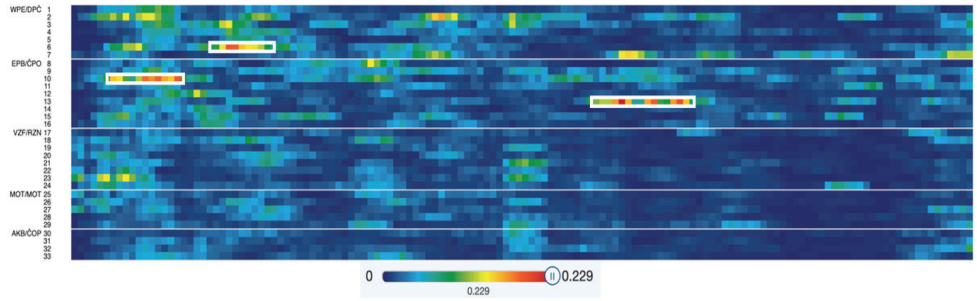
Next come the results of the application of the SNS method on a client's case and feedback application of the obtained client results within the exploratory interview. The computer program SNS offers various methods and forms for displaying statistical data processing. Below, we present the two most common representations of the results of daily monitoring of the client's psychodynamics (Complexity Resonance Diagram and Recurrence Plot Time Series Data Diagram).

In Graph 1, the Complexity Resonance Diagram for the client's daily TPV-R questionnaire is displayed. The data collection period lasted 149 days (or 149 measuring points), with items grouped horizontally into five factors; each square represents an individual value of dynamic complexity. The color scale ranks the values of dynamic complexity from a minimum value of 0.0 (dark blue color) to a

maximum value of 0.229 (dark red color). The contrast between colors facilitates easier visual recognition of low and high complexity. Referring to the marked areas on the Graph 1, horizontal patterns reveal destabilizations in the following items: "Today I was satisfied with myself." (item 6), "Today I felt angry and upset." (item 10), "Today I felt inner unrest or tension." (item 13).

Graph 1

Complexity Resonance Diagram for the client's Therapy process questionnaire (TPV-R) (KovačevićTojnko & Rožič, 2022)



From Graph 2, critical unstable periods of the client in the psychotherapy process and changes in psychodynamic patterns are apparent. The scale from white to black represents a ranking from the absence of changes in repetitive dynamics (white color) to the perception of more frequent changes in repetitive dynamics, indicating significant changes in dynamics (light grey, medium grey, and black color). Three vertical patterns denote increased dynamic complexity across multiple items simultaneously, indicating periods of critical instability for the client. Two longer and one shorter emotionally unstable periods of the client are evident; these could be risky periods for the client in terms of inadequate control of their emotional state through inappropriate behavior (the possibility of slipping or relapsing into drinking behavior despite established abstinence).

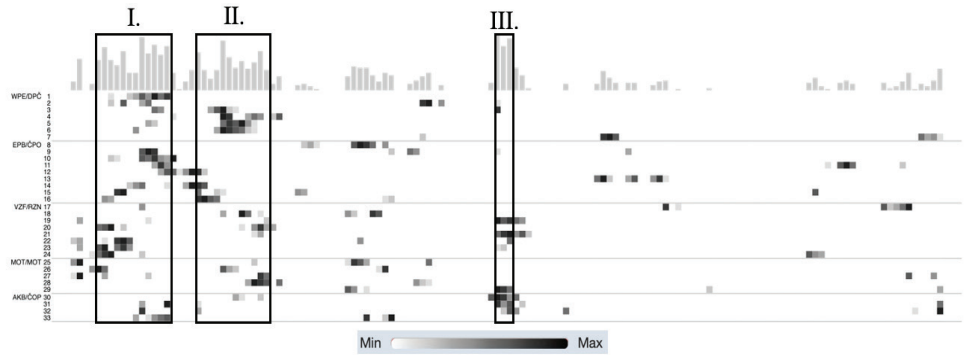
In the first two periods (I. and II.), pronounced unstable fluctuations were perceived in the following items of the factors Well-being and positive emotions (WPE/DPČ) and Emotional distress and problems (EPB/ČPO): "Today I felt pleasant in my body." (item 1), "Today I was full of energy." (item 5), "Today I was satisfied with myself." (item 6), "Today I felt sad." (item 9), "Today I felt angry and upset." (item 10), "Today I felt anxious." (item 11), "Today I was ashamed." (item 12), "Today I felt powerless regarding my problems." (item 15), "My problems hindered me in everyday functioning." (item 16).

In the exploratory interview between the supervisor and psychotherapist, the data provided a more detailed understanding of the client's experiences during period I (as shown in Graph 2), within which item No. 10 was notably unstable (illustrated in Graph 1). During this critical period of instability in the psychotherapeutic process, the client was dealing with the theme of establishing abstinence from alcohol and reported difficulties in doing so, particularly internal conflict and intense feelings

of anger. There was also resistance to psychotherapeutic treatment, manifested as unstable trust in therapeutic progress. In the unstable period II, there was a pronounced unstable experience of well-being and positive emotions. The interview further revealed that the client reported struggles with self-esteem, a decrease in energy for work and other areas of life, general dissatisfaction with life, decreased motivation to achieve goals, undergo treatment, or change, and resistance to treatment. Following a longer stable period, the supervisor and psychotherapist reported that the client's improvement in symptoms indicated changes achieved by the client (relocation, debt repayment, career advancement, new relationship).

Graph 2

Recurrence Plot Time Series Data Diagram for the client's daily TPV-R questionnaire, where the continuum from white to black represents a continuum from the absence of changes to more frequent presence of changes in dynamics.



During the final, shorter unstable period (III.), instability was no longer observed in the previous items but in items related to the factor UTS/BTR - Understanding/ Trust/Therapeutic Progress: "Today, I gained new ideas on how to better cope with my life circumstances." (item 19), "Today, I realized the mutual influence of my thoughts, feelings, and actions." (item 21), and items related to the factor AWC/ MND - Mindfulness: "Today, I handled myself carefully." (item 30) and "Today, I seriously considered my needs." (item 31). In this unstable period, the client actively engaged in establishing self-regulating mechanisms, behavior change, self-attitude adjustments, and self-care in the therapeutic process.

Graph 1 (item 13) later showed prolonged instability in inner peace and tension. The supervisor and psychotherapist assessed that during this period, it was still necessary to support the client in maintaining abstinence (with potential risks of relapse in additional triggers), establishing, and maintaining self-regulation, and continuing and reinforcing the therapeutic changes achieved. It was noted that the client had managed to establish stable conditions beneficial for the forthcoming extended psychotherapeutic treatment, aimed at setting up self-regulating structures for the client.

Discussion

The primary factor for predicting successful processes and outcomes in psychotherapy remains predominantly the client (87%), and therefore, it is crucial that researchers have developed tools for a profound understanding of their psychodynamics (including their challenging behaviors) (Schiepek et al., 2015). In contemporary psychotherapeutic science, it is essential to acknowledge that without regular monitoring of clients' experiences and responding promptly to their needs, we cannot speak of effective treatment.

In practice, the SNS method of monitoring clients was developed to record changes in patterns and stable or unstable periods daily, between psychotherapeutic sessions which can be evaluated during supervisions. This enables timely intervention (appropriate timing, responding to the client's state, "here and now," and not delayed "retrospectively") and focused interventions (based on observing the client's stable and unstable periods, targeting specific unstable areas to develop targeted interventions and treatment methods). Moreover, it gives us the opportunity to achieve effective treatment outcomes by focusing specifically on the client's life and the kind of stability they experience in everyday life (focusing on the client's factors).

The study demonstrates the application of the SNS method in the psychotherapeutic process and how the data collected provides feedback about the client during supervision, with insights gained by the supervisor and therapist through data analysis. This helped the psychotherapist and supervisor to timely recognize emotional, cognitive, and behavioral patterns in clients, allowing them to make timely interventions at appropriate times, address areas where the client felt unstable, and establish stable patterns effectively.

Later during the therapeutic process, destabilization only occurred in localized items and not globally, indicating a gradual stabilization but still showing the client's susceptibility to re-destabilization in the event of stressors. Based on this, the supervisor and therapist anticipated potential unstable cognitive, emotional, and behavioral states and planned future treatment accordingly.

The limitations of the study are that feedback-informed treatment was conducted only in the supervisory process, and we had qualitative data from the therapist, who attempted to understand the data obtained from the SNS method based on insights from the client's narrative. In the future, we will design the study so that the therapist also implements feedback-informed treatment and records the client's explanations of the data through journal entries or audio recordings.

Conclusion

In this case study, daily monitoring of the client was conducted during the supervision process while providing feedback based on the data obtained. Systematic daily monitoring with the scientific tool of the SNS method, combined with feedback (from the supervisor and therapist), provides vast opportunities for a profound and holistic insight into the psychodynamics of clients' cognitive, emotional, and behavioral patterns.

Based on all these results, continuous completion of questionnaires over an extended period allows for predicting the client's future states (the SNS method enables forecasting a few days ahead), facilitating effective treatment planning or interventions to prevent predicted deterioration in the client's condition, as anticipated by the SNS program.

By using the client's data from his everyday life (one of the significant common factors in psychotherapeutic modalities), the therapist gains essential information for understanding, planning, and predicting changes in the client. The presented treatment method can also be applied within other disciplines (in psychology, psychiatry, somatic medicine, social work, sociology, etc.) as through the daily monitoring of patients (questionnaires can be adapted according to monitoring needs), it aids in a more profound understanding of the complex individual system, treatment planning, and predicting future unstable periods.

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Supervizija psihoterapeutskog procesa na osnovu povratnih informacija koje prati sinergetsko-navigacioni sistem (studija slučaja)

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Apstrakt

Efikasnost psihoterapijskog tretmana predstavlja važnu temu u savremenoj psihoterapijskoj nauci. Faktori koji se odnose na klijenta, zapravo, igraju najznačajniju ulogu u predviđanju potencijalnih pozitivnih promena, dok su ostali faktori zajednički za sve modalitete. Za razumevanje psihodinamike i kritičnih nestabilnih perioda pojedinca, praksa je usvojila metod sinergijsko-navigacionog sistema i informisanog tretmana koji uključuje supervizora, psihoterapeuta i klijenta. Ovaj članak predstavlja studiju slučaja primene sinergijsko-navigacionog sistema i informisanog tretmana u procesu supervizije: objašnjava svakodnevno praćenje klijenta i povratnih informacija datih psihoterapeutu i supervizoru, koje su zasnovane na analizi dnevnih unosa klijenta. Rezultati su prikazani u dijagramima složenih rezonacija i grafovima ponavljanja vremenskih serija. U članku je prikazan potencijal za razumevanje kompleksne psihodinamike klijenta, za planiranje i sprovođenje tretmana na osnovu podataka dobijenih iz sinergijsko-navigacionog sistema, kao i za potencijalno predviđanje budućih kritičnih nestabilnih perioda klijenta, uključujući i moguća problematična ponašanja. Primena prethodno pomenutog praćenja klijenata i povratnih informacija može se proširiti i na druge discipline.

Ključne reči: proces i ishod psihoterapije, proces supervizije, sinergijsko-navigacioni sistem, SNS, tretman zasnovan na povratnim informacijama.

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