

APPENDICES

APPENDIX 1: PILOT STUDY INFORMED CONSENT

Before agreeing to participate in the study, please read the following very carefully.

This study is considered to be unique in the State of Qatar. The study involves a number of counselling sessions to help improve your mental health. The method used involves a non-directive approach to counseling using Islamic methods to help and support you.

If you would like to participate in this study please note the following:

1. you need to attend two counselling sessions each week up to a maximum of eight sessions
2. The counsellor will record each session by audio-tape.
3. You will be asked to complete three forms before the sessions and three forms at the end of the counselling course. You will be asked to give feedback on the sessions after a period of two to three months.
4. This study will help you to express your feelings freely.
5. You will come to no harm by participating in the study, rather it is hoped that you will benefit from the sessions.
6. If you are not able to commit to this study please do not participate.
7. The forms will be read and explained to those who are not able to fill the forms.

I have read and understood all the above information and I am willing to participate in this study, and I have not been forced to do so by any external sources.

Name:

Date:

Signature

APPENDIX 1: Arabic Version of Pilot Study Informed Consent Form

الدراسة التجريبية

استمارة موافقة

ارجو قراءة هذه الاستمارة اذا كنت ترغب في المشاركة في هذه الدراسة. هذه دراسة هي الأولى من نوعها في دولة قطر وهي تعنى بالإرشاد النفسي غير المباشر بهدف رفع مستوى الصحة النفسية ، وتنتهج الاسلوب الغير مباشر بالإضافة الى استخدام الاسلوب الغير مباشر للرسول صلى الله عليه وسلم.

إذا رغبت في المشاركة في الدراسة يرجى :

- 1 – الالتزام بحضور ثمانية جلسات نفسيه بمعدل جلتين كل اسبوع.
- 2- الموافقة على أن تقوم الباحثة بتسجيل صوتي لكل جلسه تشارك فيها.
- 3- ملئ عدد ثلاثة إستبيانات نفسية في المقابلة الأولى وبعد نهاية الجلسات الثمانية ، وبعد شهرين الى ثلاثة اشهر من الجلسات.
- 4- ستساعدك الدراسة على حرية التعبير عن مشاعرك وتقبل ذاتك وبناء علاقة إيجابية معها.
- 5- ليس هناك أدنى ضرر يصيبك من المشاركة في هذه الدراسة، بل أن الباحثة ترى انك سوف تستفيد ان شاء الله تعالى من مشاركتك.
- 6- اكمال الثمانية جلسات وملئ كل الإستبيانات المطلوبة منك ومن ثم اعادة ملؤها بعد ثلاثة اشهر.

7- حضور كل الجلسات وليس جزءاً منها.

8- اذا كان لديك أية التزامات خاصة خلال الثلاثة اشهر القادمة تحول بينك وبين الالتزام بمتطلبات هذه الدراسة يرجى عدم المشاركة.

9- ستقوم الباحثة بقراءة الاستبيان على المجموعة الغير قادرة على فهم متطلبات الاستبيان ، ومساعدتهم على فهمه وفهم طريقة الإجابة عن كل سؤال

اقرار

لقد قرأت كل البيانات الموضحة أعلاه وفهمتها وفهمت شروطها.

لا مانع لدي من المشاركة في هذه الدراسة بجميع متطلباتها ، وانني افعل ذلك بمحض إختياري وإرادتي وليس تحت أي ضغط أو تأثير خارجي من أي شخص.

الاسم:

التاريخ:

التوقيع:

APPENDIX 2: Main Fieldwork Study Informed Consent Form

Before agreeing to participate in the study, please read the following very carefully.

This study is considered to be unique in the State of Qatar. The study involves a number of counselling sessions to help improve your mental health. The method used involves a non-directive approach to counseling using Islamic methods to help and support you.

If you would like to participate in this study please note the following:

1. You will need to attend one weekly session for a total of between 8 to 14 sessions.
2. The counsellor will record each session by audiotape (video recording will be available for those who agree to do so).
3. You will be asked to fill-out the Beck Depression Inventory before the sessions and at the end of the counselling course. You will be asked to give feedback on the sessions after a period of two to three months.
4. This study will help you to express your feelings freely.
5. You will come to no harm by participating in the study, rather it is hoped that you will benefit from the sessions.
6. If you are not able to commit to this study please do not participate.
7. The forms will be read and explained to those who are not able to fill the forms.

I have read and understood all the above information and I am willing to participate in this study, and I have not been forced to do so by any external sources.

Name:

Date:

Signature

APPENDIX 2: Arabic Version of the Main Fieldwork Study Informed Consent Form

استمارة موافقة

الدراسة الميدانية

ارجو قراءة هذه الاستمارة اذا كنت ترغب في المشاركة في هذه الدراسة. هذه دراسة هي الأولى من نوعها في دولة قطر وهي تعنى بالإرشاد النفسي غير المباشر بهدف رفع مستوى الصحة النفسية ، وتنتهج الاسلوب الغير مباشر بالإضافة الى إستخدام الإسلوب الغير مباشر للرسول صلى الله عليه وسلم.

إذا رغبت في المشاركة في هذه الدراسة يرجى :

- 1 – الإلتزام بحضور الجلسات النفسية مرة في كل اسبوع وذلك بمعدل مجموع كلي يتراوح ما بين 8 الى 14 جلسة
- 2- سوف تقوم الباحثة بتسجيل صوتي لكل جلسة تشارك فيها ، وتسجيل تصويري لمن ليس لديه مانع.
- 3- ملئ إستبيان ببيك للإكتتاب قبل الجلسة الأولى وبعد نهايتها وبعد شهرين الى ثلاثة أشهر من الجلسات.
- 4- ستساعدك الدراسة على حرية التعبير عن مشاعرك وتقبل ذاتك وبناء علاقة إيجابية معها.
- 5- ليس هناك أدنى ضرر يصيبك من المشاركة في هذه الدراسة بل الباحثة ترى انك سوف تستفيد إن شاء الله تعالى من مشاركتك.
- 6- إكمال الجلسات وملئ الاستبيان المطلوب منك ومن ثم إعادة ملئه بعد ثلاثة اشهر.

7- حضور كل الجلسات وليس جزءاً منها.

8- اذا كانت لديك أية التزامات خاصة خلال الثلاثة أشهر القادمة تحول بينك وبين الإلتزام بمتطلبات هذه الدراسة يرجى عدم المشاركة.

9- ستقوم الباحثة بقراءة الاستبيان على المجموعة الغير قادرة على فهم متطلبات الاستبيان ومساعدتهم على فهم طريقة الإجابة عن كل سؤال.

اقرار

لقد قرأت كل البيانات الموضحة أعلاه وفهمتها وفهمت شروطها.

لا مانع لدي من المشاركة في هذه الدراسة بجميع متطلباتها ، وانني افعل ذلك بمحض إختياري وإرادتي وليس تحت أي ضغط أو تأثير خارجي من أي شخص.

الاسم:

التاريخ:

التوقيع:

APPENDIX 3: Protocol for Pilot Study

Introduction

The purpose of this pilot study is to give the researcher a clear indication of the weaknesses and strengths of a broader study to be undertaken as part of my PhD research.

The main aim of the PhD research is to explore whether non-directive Person-Centred Therapy, modified to incorporate an understanding of Islamic values, is effective in treating depression and has a beneficial influence in maintaining mental health, specifically in alleviating or reducing depression symptomatology. (A full proposal for this stage of the research will be submitted to the Ethics Committee after successful completion of the pilot study.)

It is my hope to undertake the pilot study during May/ June 2006.

Location of the Study

The study will take place at the Psychiatry Department at Hamad Medical Corporation (HMC), Doha, State of Qatar. I will be working closely with Elnour Dafeeah, a clinical psychologist based at the Hamad Medical Corporation and working with depressed clients considered by Dr Dafeeah to be suitable for person-centred/ Islamic counselling.

The traditional method of treatment at the clinic is directive cognitive behavioural therapy (CBT), the psychological treatment of choice in Islamic society throughout the Middle East.

My study ultimately aims to reverse this trend.

Questions for the Pilot Study

The main question is: how can a culturally modified version of person-centred therapy (PCT) be successfully applied to Muslim depressed patients in the Psychiatry Department at Hamad Medical Corporation (HMC), Doha, State of Qatar?

Other questions that will be addressed within the pilot study are:

Will clients accept a change in role from being at the receiving end of advice to be active participants in their own treatment?

Will clients accept a change in the counsellor's role from being directive and giving advice to being non-directive and helping clients to choose and decide for themselves and find answers and solutions to their problems?

Will clients accept the tape recording of some sessions?

Procedures for the Pilot Study

6 depressed patients from the Hamad Medical Corporation will be selected by Elnour Dafeeah and invited to participate in the study, which will involve receiving 8 counselling sessions and the completion of diagnostic questionnaires prior to and at the end of counselling. The study will include only adult patients who have been diagnosed with neurotic disorders of recent onset (1 month-2 years). Participants may be either educated or uneducated. A small payment will be offered for participation in the research. (This is culturally appropriate.)

Information about the project will be provided prior to the first session and informed consent will be sought. Those patients who meet the selection criteria would be met individually by the counsellor/ researcher and consulted as to whether they would like to participate in the study. Information will be given explaining that participants will receive person-centred therapy (PCT), with orientation and information regarding the process of PCT. It will be explained that the therapy will also involve Islamic values and beliefs based on the Quran and the teaching of the prophet Muhammad (Peace be upon Him).

It will be explained that they will be asked to complete two self-reported measurements. These are the Beck Depression Inventory and the Beck Anxiety Inventory (standard psychological measurements used in assessing anxiety and depression and widely used at the Doha clinic.) These forms will be given to patients to fill out before and after the treatment. Patients who do not know how to read or write will be assisted to fill out their questionnaires.

Permission will also be sought for the counsellor/ researcher to tape some counselling sessions and the final (8th) feedback session.

After patients agree to participate they will be requested to sign a consent form. It will be explained that they are free to withdraw from the research at any stage.

It will also be explained that they will be asked to fill out the forms again as part of a follow-up study after 3 months.

Aisha Al-Thani

April 2 2006

APPENDIX 4 Email from my Supervisor to the UEA Ethics Committee

On 3 Apr 2006, at 14:36, Judith Moore wrote:

I am attaching a brief outline of Aisha's proposed pilot study at the Doha clinic where a clinical psychologist colleague will be assisting her with her research. We are proceeding on a similar basis to the research that Tony Weston is currently engaged on here at the Counselling Service, but adapted to the Qatari cultural context. It may be the case that some participants are illiterate and so it would be necessary to read the consent form to the client before they sign it. It would similarly be more culturally appropriate to explain the research prior to the first session rather than giving out an information sheet. I am confident that Aisha has thought through all the issues regarding informed consent and confidentiality, but if you see any immediate problems can you please get back to me? Aisha and I are meeting on Wednesday morning and I will be away from Norwich for a week from Thursday 6th so I'd like to sort out as much as I can with her before I leave. Can you let me know if there is anything else the committee might need for Friday? Aisha is hoping to leave for Qatar as soon as she can to set up the pilot study with her colleague. Many thanks for your help with this.

Best wishes,

Judy

Judy Moore
Director of Counselling
Director Centre for Counselling Studies
Counselling Service
UEA
Norwich NR4 7TJ
Tel. 01603 592651
e-mail: judith.moore@uea.ac.uk
www.uea.ac.uk/dos/couns
<http://www.uea.ac.uk/edu/counsell.shtml>

APPENDIX 5: Email from UEA Ethics Committee to my Supervisor

Nigel Norris" <n.norris@uea.ac.uk

Fri, April 7, 2006

Dear Judy,

The Research Ethics Committee met this morning to discuss the protocol for a Pilot Study submitted by your PhD student Aisha Al-Thani.

The Committee expressed strong reservations about the proposed pilot study and DID NOT approve it on the basis of the submitted documentation. It is important that this is quickly communicated to the student and that she does not embark on the pilot study.

The reasons for the Committee's decision are set out below.

1. The proposed pilot study (and we assume the full study) is based on an experimental health care intervention. It will involve patients who have been diagnosed with depression. Were this study to take place in the UK a full proposal would have to go to an NHS Local Research Ethics Committee.

2. There is no risk assessment and no evidence that the risk to patients of participating in this experimental intervention have been thoroughly considered.

3. In order to properly assess the balance of risks and benefits there needs to be a clear evidential case made for the intervention that

justifies this new approach in the context of Qatar.

4. The individuals concerned are vulnerable and the issues around establishing the conditions for informed consent need to be more thoroughly thought through.

5. No mention is made in the protocol about local requirements for the ethical approval of medical research. If there are local requirements, the Committee would like to know what these are and how the student proposes to meet them. If there are no local procedures for research ethics approval then the Committee may want to co-opt appropriate expertise to help us judge the proposed research.

The Committee would like to see a more detailed research proposal with more attention to the justification for the intervention, a careful risk analysis and discussion of the ethical issues involved, greater clarity about the role of the researcher and Dr Dafeeah, the recruitment of participants and creating the conditions for informed consent.

I am aware that this might well be disappointing news, especially for the student. Perhaps we could talk next week about what the next steps should be and how we can take the matter forward.

Yours,

Nigel

Professor Nigel Norris
Centre for Applied Research in Education
University of East Anglia

Norwich NR4 7TJ

UK

Tel: 01603 592634

<http://www.uea.ac.uk/care/>

APPENDIX 6: From Dr Elnour, psychiatrist at HMC Department of Psychiatry, Qatar, to me

Date: Sun, 16 Apr 2006 20:09:01 +0100 (BST)

Assalamu alikum Aisha,

I have got your email just now. Patients who come to the clinic were either being referred from an other department or patients might refer themselves (self referral).

In either case, patients will be initially seen by a psychiatrist(s) who is (were) informed by myself to refer cases which fall within our criteria. After referral patients will be informed about our intention of carrying out a study about people suffering from depression. Patients also will be informed about the following:

a) a detail information about the study what it means, what counsellors would do in the study. Patients will also be informed that they will be seen twice a week for eight weeks. Patients will be also informed that they will be given some money towards their participation in the study at the end of the last session.

b) reassurance about the safety of the procedures.

c) a patient can withdraw at any time of the study if he/she wishes to do so, however, he would not be given the allocated participation money.

d) a patient has to sign a consent form that he/she wishes to participate in the study and that was done under no pressure of any one.

e) a patient family will be informed about the wish of their relative to participate in this study.

f) If a patient's family disagree of his/her participation in the study, he/she will

not be chosen as subject of the study.

g) confidentiality is an integral part of the study. All patients will be informed that all information given by them or their families will be kept secret. The information will be used for research purposes only and no names will be disclosed.

h) Patients will be informed about the overall study result if they wish so.

i) All the study sessions and procedures will be carried out in the outpatient

clinic, department of psychiatry, HMC.

Also an agreement letter from the Medical Research Committee of HMC must be secured and an approval must be granted. This is ofcourse after assessing any risk factors that might arise of the study and satisfy all ethical issues.

This is what I can think of at this period in time. Should there be any queries, please let me know.

My Role in the study:

I will informed all the psychiatrists in our department about the study. All the psychiatrists will be given the selection criteria of the study. Depressed patients who fall within the selection criteria will be referred to me where the rest of the procedures mentioned earlier will be processed.

I will help Aisha in the arrangement of the sessions place at the clinic.

Because I am not a counsellor, I need some training from Aisha to how to apply person-centred therapy. In the pilot study, all patients would be counselled by Aisha. Where possible all sessions will be taped and I the main study I start to apply what I have learnt from Aisha and from the recorded tapes of the pilot.

I will help Aisha how to get an approval letter from the Medical Reserach Committee of HMC.

This needs the following:

A letter from Aisha's University in the UK describing the study

A letter from the head of the Psychiatry Department at HMC

Both letters accompanied by the research proposal will be send or handed in to the Medical Research Committee's office. The Committee will look at the proposal and either grant an approval or ask about further details.

There is one point I would like to mention that since the establishment of the Department of Psychiatry HMC more than 25 years ago, there was no single of depression who suffered as a result of psychological treatment. So, there is no evidence that patients would suffer or might confront some risks due to their Psychological treatment.

Thanks

Elnour

APPENDIX 7: Letter to the Chairman of the HMC Department of Psychiatry from my Supervisor

Dr. Mohammed A/Alim Ibrahim,
Chairman, Department of Psychiatry,
HMC,
Doha,
Qatar

27 April 06

Dear Sir,

Re: Permission to conduct a study at the Department of Psychiatry

My name is Dr Judith Moore. I am the Director of the Centre for Counselling Studies at the University of East Anglia, Norwich, UK, and the supervisor of Miss Aisha Al-Thani for her PhD project. Aisha is conducting her research on the effect of a modified version of Person-Centred therapy (using Islamic teachings and values) on depressed patients in Qatar. Person-Centred Therapy has been found to be very effective with patients in the UK and has been used here for many years.

There are two stages of the study. The first stage will be a pilot study where 6 depressed patients will be offered Person-Centred therapy. The pilot study will take about 6 weeks where every patient will be seen for 8 therapy sessions (1 hr each). It is hoped that this study can take place in the psychiatry department (psychotherapy unit). All 6 patients will be contacted 3 months later to evaluate and reassess their condition.

The second part of the study will involve 20 patients where a similar process will be carried out. The timescale will be fixed at a later stage.

We need your help in facilitating the process of this study by granting Miss Al-Thani permission to carry out the this study in the psychiatry clinic (psychotherapy unit). Further details of the study can be supplied by Miss Al-Thani.

Your cooperation is greatly appreciated.

Your sincerely,

Judy Moore,

Director

Centre for Counselling Studies

APPENDIX 8: Email to the University of East Anglia Research Committee from my Supervisor

Dear Committee,

I am writing in response to the Committee's concerns about the proposal of my PhD student, Aisha Al-Thani, to undertake a pilot study offering and assessing the efficacy of person-centred counselling/psychotherapy (the terms 'counselling' and 'psychotherapy' are used interchangeably within the person-centred approach) at the Hamad Medical Corporation, Doha, Qatar.

Within this proposal there was no mention of the fact that the pilot research plan will also be submitted to the Medical Research Committee of the HMC. The HMC is a hospital with a psychiatry department, staffed by both psychiatrists and psychologists who treat patients with a wide range of disorders from psychotic illness to neurotic conditions such as anxiety and depression. The Medical Research Committee will be given details of the study and also requires letters from the supervisor at the university in the UK at which the researcher is based and from the Head of the Psychiatry Department at HMC. I apologize for our omission of the need for approval from the Medical Research Committee at the Doha hospital and understand the concerns that arose as a result of this.

Counselling and/ or psychotherapy as we know it in the UK is available in Qatar only through the hospital 'psychiatric' route. It is suitable for clients who are at the neurotic end of the spectrum and are usually seen as outpatients. Potential clients for Aisha's study will be screened by psychiatrists who will be aware of the selection criteria for the study and are capable of assessing potential risks and benefits to the clients. Suitable clients will be passed to Dr Elnour Dafeeah, the clinical psychologist who will invite clients to participate in the study and will also supervise Aisha's work at HMC. The study will not include anyone who is not

capable of giving informed consent. Details of the study will be given and consent obtained at a separate meeting prior to the first counselling session. Aisha has an MA in Counselling from Durham University and I am confident of her deep understanding of person-centred counselling, of the ethical issues involved in working with vulnerable individuals and of her skills as a practitioner. She has already worked as a counsellor at HMC in a voluntary capacity.

Another point I wish to make regards the efficacy of the proposed counselling approach. As mentioned in Aisha's proposal, cognitive behavioural therapy (CBT) is the psychological treatment of choice in much of the Arab world and, indeed, in much of the Western world. In recent years, however, a number of studies have begun to redress this bias. In the most recent study, for example, Stiles et al. (2006)¹ evaluated the effectiveness of CBT, person-centred therapy and psychodynamic therapy for 1,309 clients in 58 NHS settings over a three-year period. The findings confirmed what is known as 'psychotherapy's equivalence paradox', i.e. 'that treatments have equivalently positive outcomes despite non-equivalent theories and techniques' (555). All the therapies were found to demonstrate statistically significant improvement in the wellbeing of clients.

Without doubting the efficacy of the approach, it has been vital to take into account the cultural context in which PCT will be offered in Qatar. Aisha and I have consulted extensively with colleagues, both at UEA and elsewhere in the UK, in our consideration of how the approach will need to be adapted for Qatari clients whose lives are rooted in traditional Islamic society. For example, it has been important to take into account the fact that consideration of the collective good holds greater weight in an Islamic culture than in the more strongly individualistic western culture in which the person-centred approach has its origins. It is also clear that all clients in Qatar will have in common with their therapist a shared understanding of Islamic teaching which will form part of any therapeutic dialogue.

¹ Stiles, w., Barkham, M., Twigg, E., Mellor-Clark, J. and Cooper, M., 'Effectiveness of cognitive-behavioural, person-centred and psychodynamic therapies as practised in UK National Health Service settings' in *Psychological Medicine*, 2006, **36**, 555-566. Cambridge University Press. First published online 14 February 2006. (This article also describes other studies that demonstrate similar outcomes.)

Essentially, however, what is being offered by Aisha is person-centred psychotherapy, a well-researched and effective form of treatment that has been demonstrated by studies in the West to be comparable in outcome to the CBT that patients at the HMC clinic would normally receive.

I am wholeheartedly supportive of Aisha's study and hope that this letter makes it sufficiently clear that the study will take place in a supportive and ethical professional context and will be undertaken with careful monitoring and supervision by myself in preparation for the study and by Dr Dafeeah on site.

If you have any further questions or concerns about the study I am happy to respond by telephone (x2651) or email (Judith.moore@uea.ac.uk).

Judy Moore

28 April 2006

APPENDIX 9: Email from HMC Psychologist Dr. Elnour to my Supervisor, Judy Moore

Date: Sun, 30 Apr 2006

Dear Dr.Moore,

Thank you for letter which covers the important points in Aisha's study and I believe it is sufficient. I have no doubt that the head of the psychiatry department will accept Aisha's proposal and give her all the necessary support she needs. Regarding the Medical Research Committee, I am also confident that (as long as they receive your letter a draft proposal of the study) they will approve and support the study.

From my side, I will help Aisha carrying out her study by doing all the necessary arrangements for the study to run smoothly.

I am arranging to take my holiday at the beginning of July (Aisha might have told you about this). Hopefull by then we should have finished the pilot. What will be left is collecting information from patients 3 months after the study have finished. I believe Aisha will contact these patients and arrange to meet them at my office at the client. I will of course make sure before I leave that every thing is being arranged for Aisha and she got all the right numbers and addresses of the patients as well as a place (my office at the clinic) to meet them.

Thank you very much

Elnour Dafeeah

APPENDIX 9: Email from my Supervisor, Judy Moore to Dr. Elnour

Date: Sun, 30 Apr 2006

Dear Dr Elnour,

I wanted to write to thank you very much indeed for supporting Aisha's research at the HMC. I think it will be a very good and important study, but it could not happen without your professional support. I hope that the Medical Research Committee will be happy with the proposal and that the psychiatry department are also happy to support the study.

I am attaching the letter I have sent to the Ethics Committee here. It is very important from their point of view that the pilot study will also be considered by the Medical Research Council at HMC. It is, after all, patients of HMC who will be affected by the study and the approval, support and cooperation of yourself and your colleagues is vital.

You will see from the attached document that there is strong research evidence of the efficacy of person-centred therapy in Western clinical settings. I hope this will allay any concerns that your colleagues might have about this way of working.

I understand from your email to Aisha of the 16 April that the Medical Research Council will receive details of the proposed study as well as the letter from myself (which I based on the draft you kindly sent) and a letter from the head of the Psychiatry department.

Please let me know if there is anything else you need from me.

I hope that Aisha will be able to begin her study before too long. We will simply have to wait for the committee's response and the Medical Council's response in the meantime.

Many thanks again for your help and support with this project, which is very much appreciated.

All good wishes,

Judy Moor



APPENDIX 10

MEMORANDUM

REF : Psy/2006/131
TO : All Doctors – Department of
Psychiatry
FROM: Dr. Mohd A. Ibrahim – Chairman, Dept. of
Psychiatry
DATE : 28 May, 2006
SUB : As stated

This is to inform you that Ms. Aisha Al-Thani is conducting a PhD research on outpatients with depressive disorders. Therefore, all colleagues in the department are requested to refer their patients with such diagnosis to Dr. El Noor Dafeah who is helping Ms. Aisha to conduct this research.

Your cooperation will be highly appreciated,

Thank you,

HAMAD MEDICAL CORPORATION

RESEARCH COMMITTEE

GUIDELINES FOR SUBMISSION OF A RESEARCH PROPOSAL

- 1 Plan your application carefully before you commence writing.
- 2 Establish deadlines for the preparation of the proposal.
- 3 Write your proposal according to the Research Ethics Committee application formats. Use basic English. Number all pages.
- 4 Have your proposal reviewed and proof - read by an objective colleague, if possible. This will draw your attention to some minor points in your proposal that you may have overlooked.
- 5 If an Investigator wishes to participate in a multi-centre study which has been initiated and previously approved by an acknowledged academic, medical or research institution, he/she can submit a copy of that proposal and indicate the exact contribution/involvement of HMC in the covering letter. Such proposals may be eligible for an Expedited Review.
- 6 The Principal Investigator (PI) should submit the proposal with all relevant forms completed and a covering memo, through the PI's Department Chairman or Head, to the Chairman of Research Committee.
- 7 The Research Committee office screens the proposals for compliance with submission guidelines, forwards them for peer review and sends them to the appropriate committee (s) for evaluation. Only completed submissions will be processed. Incomplete submissions will be returned to the PI. The PI will be informed of the receipt of the complete proposal by the Research Committee Office and will be contacted if the Committee(s) requires clarification or recommends modification. The Research Committee office will communicate the final decision to the PI.

*Hamad Medical Corporation
Research Committee*

HAMAD MEDICAL CORPORATION

RESEARCH COMMITTEE

CHECK LIST FOR INVESTIGATORS

The proposal material should be collated as follows:

- 1 Memo of proposal submission to the Chairman, Research Committee from the Principal Investigator, through his/ or her Department Chairman.

Indicate in the memo, the following:

- a) If an expedited review is requested;
 - b) If there is a potential external sponsor / collaborator for the study (indicate name, contact person, how to contact);
 - c) If the study is a multi-centre study, and if so, if it was approved by a research regulatory body similar to the RC, enclose copies of supporting documents.
- 2 The proposal (Research Ethics Application Form)
 - 3 Associated Forms, if needed. [Research Grant Form (for fund requirement), Investigator's Assurance Form, Consent Form (both Arabic and English), Pharmacy Information letter, Proposal Clearances Form etc.]
 - 4 CV of PI and CV summary of Co Investigators.

Final proposal with 2 copies and a copy in floppy diskette of the proposal should be delivered to the Chairman, Research Committee, Medical Research Center, Room No. 2, Old OPD (HGH). Tel. Extn. 439 / 4422671/ Fax: 4392402. E-mail: research@hmc.org.qa

Notes. Investigators should be aware that if the proposal is approved, it is required that a Progress Report is submitted by annually to the Research Committee (or more frequently if so requested by the RC). Failure to do so will result in suspension / termination of the study by the RC. Also, on completion (or discontinuation) of the project, a Final Report must be submitted to the RC.

Any publications resulting from the proposal should state the proposal in the acknowledgements. Any publications (including abstracts) should be registered/ cleared by the RC before submission. In the event of PI leaves the Institution, or is unable to continue the study, a suitable replacement, fulfilling the criteria for proposal authorship, should be nominated by the departing PI and approved by his/her Department Chairman and the RC.

7) ABSTRACT (Recommended length is around 200 words)

This proposal is for a pilot study which will form part of Aisha Al-Thani's PhD research currently being undertaken in the School of Education and Lifelong Learning of the University of East Anglia, Norwich, UK. The aim of the research is to study the efficacy of non-directive counselling for selected patients of the Psychiatry Department of HMC. The supervisor in the UK is Dr Judy Moore, Director of the Centre for Counselling Studies at UEA. The aim of the pilot study is to offer 8 sessions of non-directive (person-centred) counselling twice a week to 6 Muslim patients from the Psychiatry Department of HMC who are suffering from depression. Patients will be screened for suitability for the study by psychiatrists and by Dr. Elnour Dafeeah (clinical psychologist, HMC). The efficacy of the counselling will be measured by a combination of quantitative and qualitative methods. Patients will be invited to complete the Beck Depression Inventory (BDI-II) and the Beck Anxiety Inventory (BA) at the beginning of the first counselling session and at the eighth session. Sessions will also be tape-recorded for subsequent analysis to determine the efficacy of specific therapeutic interventions. After 3 months participants will again be invited to complete BDI-II and BA at a follow-up meeting to record levels of anxiety and depression three months after treatment. This study will form the basis of a more substantial study that will be submitted for consideration at a later date. The methodology of the more substantial study may be modified in the light of findings from this pilot study.....

8) BACKGROUND OF THE RESEARCH

.....
Recent studies in the UK have recognised that non-directive (person-centred) counselling is as effective a treatment for depressed clients as CBT (e.g. Stiles et al, 2006). It is hoped to demonstrate that this method of treatment can also be effective for Muslim clients at HMC.
.....

9) DETAILS OF THE RESEARCH

a) Overall Design

.....Pilot study offering non-directive counselling to 6 depressed patients for 8 sessions to be followed by a more substantial study offering non-directive counselling to 20 depressed patients for 8 sessions each.
.....
.....

b) Inclusion and Exclusion Criteria

Only neurotic depressed patients will be included. Patients suffering from psychotic conditions will be excluded. The judgement for inclusion and exclusion will rest with staff of the Psychiatry Dept of HMC.
.....

c) Subjects (i.e study population)

.....Selected patients of the psychiatry dept of HMC
.....

d) What data-collecting instruments will be used? (Measurements, Questionnaires, interviews etc...)

Beck Anxiety Inventory (BAI) and Beck Depression Inventory (BDI-II) ;
tape-recorded counselling sessions and interviews with
participants.....
.....

e) How will the results be analysed?

Through SPSS of BAI and BDI-II and qualitative analysis of interviews
and recorded sessions.....
.....
.....

f) Will results be acted on in any way? E.g will patients screened +ve be followed up/offered treatment?

A follow-up interview will be offered after 3 months
.....

g) Materials to be administered?

- i) Drug:N/A.....
- ii) Special Diet:N/A.....
- iii) Radioactive Isotopes:N/A.....
- iv) Others:N/A.....

DETAILS OF THE RESEARCH (Contd.....)	
h) Samples to be takenN/A.....
i) Procedures	One-to-one non-directive counselling
j) Other TestsN/A.....
k) What possible discomfort, inconvenience, side effects, costs may be experienced by the subjects?None.....
l) Where will the study be carried out?	Department of Psychiatry, HMC.....
m) What funding (Qatar Riyals) has been granted for the project and from what sources?	Self-funding.....
n) Payment to subjects?	N/A.....
10) INFORMED CONSENT	
a) What information will be given to subjects and how will it be given?	Information about the project will be given prior to the first counselling session by the researcher.
b) From whom and how will consent be obtained?	Patients suitable for the research will be selected by the psychiatrists and then by Dr Elnour Dafeeah. A consent form will be given to participants by the researcher at a meeting prior to the first counselling session.....

11) CONFIDENTIALITY

a) How and where will the study data can be stored and secured?

In a locked file in the home of the researcher.....

b) How will subject confidentiality be protected?

The names of participants will be changed in the writing-up of the research

12) RELEVANT CITED REFERENCES

Stiles, W., Barkham, M., Twigg, E., Mellor-Clark, J. and Cooper, M., 'Effectiveness of cognitive-behavioural, person-centred and psychodynamic therapies as practised in UK National Health Service settings' in *Psychological Medicine*, 2006, **36**, 555-566. Cambridge University Press. First published online 14 February 2006.

.....
.....
.....

13) ANY OTHER INFORMATION

.....
.....
.....
.....

14) CURRICULUM VITAE OF THE PRINCIPAL INVESTIGATOR (Please enclose the C.V)

..... Attached



Ref. No. RC/245/2006

Date: June 5, 2006

APPENDIX 14

Ms. Aisha Al-Thani
P.O. Box. 9879, Doha – Qatar
(Instructor, Education Department
Qatar University)

Dear Ms. Aisha,

Subject : Research Protocol # 369/06: The effect of non-directive therapy on depressed patients in Qatar.

This is in reference to the above research protocol submitted for Research Committee's review and approval.

On behalf of Research Committee, I am happy to inform you that the above research proposal is approved for study. However, Informed Consent should be taken in triplicate and one should be documented in the medical record of the patient.

A progress / final report of the study should be forwarded to Medical Research Centre within 6 months from the date of approval.

We wish you good luck and awaiting the results in due course.

Yours sincerely,


Dr. Naser Al Ansari
Chairman of Research Committee



Client # 10124

Counsellor #

Today's date:

Stage: First Session #

Date:

Name: _____

Initials: _____

Age: _____

Sex: _____

Occupation: _____

Religion: _____

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness

- 0 I do not feel sad.
1 I feel sad much of the time.
2 I am sad all the time.
3 I am so sad or unhappy that I can't stand it.

2. Pessimism

- 0 I am not discouraged about my future.
1 I feel more discouraged about my future than I used to be.
2 I do not expect things to work out for me.
3 I feel my future is hopeless and will only get worse.

3. Past Failure

- 0 I do not feel like a failure.
1 I have failed more than I should have.
2 As I look back, I see a lot of failures.
3 I feel I am a total failure as a person.

4. Loss of Pleasure

- 0 I get as much pleasure as I ever did from the things I enjoy.
1 I don't enjoy things as much as I used to.
2 I get very little pleasure from the things I used to enjoy.
3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

- 0 I don't feel particularly guilty.
1 I feel guilty over many things I have done or should have done.
2 I feel quite guilty most of the time.
3 I feel guilty all of the time.

6. Punishment Feelings

- 0 I don't feel I am being punished.
1 I feel I may be punished.
2 I expect to be punished.
3 I feel I am being punished.

7. Self-Dislike

- 0 I feel the same about myself as ever.
1 I have lost confidence in myself.
2 I am disappointed in myself.
3 I dislike myself.

8. Self-Criticalness

- 0 I don't criticize or blame myself more than usual.
1 I am more critical of myself than I used to be.
2 I criticize myself for all of my faults.
3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

- 0 I don't have any thoughts of killing myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.

10. Crying

- 0 I don't cry anymore than I used to.
1 I cry more than I used to.
2 I cry over every little thing.
3 I feel like crying, but I can't.

Subtotal Page 1

Continued on Back

11. Agitation

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

13. Indecisiveness

- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

14. Worthlessness

- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

15. Loss of Energy

- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.
- 3 I don't have enough energy to do anything.

16. Changes in Sleeping Pattern

- 0 I have not experienced any change in my sleeping pattern.

- 1a I sleep somewhat more than usual.
- 1b I sleep somewhat less than usual.

- 2a I sleep a lot more than usual.
- 2b I sleep a lot less than usual.

- 3a I sleep most of the day.
- 3b I wake up 1-2 hours early and can't get back to sleep.

17. Irritability

- 0 I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

18. Changes in Appetite

- 0 I have not experienced any change in my appetite.

- 1a My appetite is somewhat less than usual.
- 1b My appetite is somewhat greater than usual.

- 2a My appetite is much less than before.
- 2b My appetite is much greater than usual.

- 3a I have no appetite at all.
- 3b I crave food all the time.

19. Concentration Difficulty

- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 It's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

20. Tiredness or Fatigue

- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

13 14 15 16 17 18 19 20 A B C D E

NOTICE: This form is printed with both blue and black ink. If your copy does not appear this way, it has been photocopied in violation of copyright laws.

Subtotal Page 2

Subtotal Page 1

Total Score

Total score Levels of Depression

05 - 09 These ups and downs are considered normal

10 - 18 Mild to moderate depression

19 - 29 Moderate to severe depression

30 - 63 Severe depression

Below 4 = Possible denial of depression, faking good; this is below usual scores for normals.

Over 40 = This is significantly above even severely depressed persons, suggesting possible exaggeration of depression; possibly characteristic of histrionic or borderline personality disorders. Significant levels of depression are still possible (Groth-Marnat, 1990).

APPENDIX 15

مقياس بيك - II للإكتئاب (BDI-II)

إقتباس د. عبد الله عبد الرحمن محمد

الإسم: _____ العمر: _____ النوع: _____
 الجنسية: _____ الوظيفة: _____
 الحالة الاجتماعية: _____ المستوى التعليمي: _____

التعليمات: يتكون هذا المقياس من ٦١ مجموعة من العبارات. الرجاء قراءة كل مجموعة بعناية ثم اختر منها العبارة الأنسب التي تصف شعورك خلال الأسبوعين الأخيرين بما في ذلك هذا اليوم. اختر إجابة واحدة فقط. وإذا كانت هناك عبارتان تنطبقان عليك علي حد سواء ، اختر السبي يمثلها الراسم الأكبر.

١. الحزن	٠. أنا لا أشعر بالحزن	٦. مشاعر العقاب	٠. لا أشعر بأني أعاقب أو أعذب
١. أشعر بالحزن في أغلب الأوقات	١. أنا حزين في كل الأوقات	١. أشعر بأني قد أعاقب أو أعذب	١. أشعر بأنني قد أعاقب أو أعذب
٢. أنا حزين في كل الأوقات	٢. أنا حزين لدرجة لا أستطيع تحملها	٢. أتوقع أن أعاقب أو أعذب	٢. أتوقع أن أعاقب أو أعذب
٣. أنا حزين لدرجة لا أستطيع تحملها	٢. التشاؤم	٣. أشعر أنني أعاقب أو أعذب الآن	٣. أشعر أنني أعاقب أو أعذب الآن
٠. أنا لست متشائما تجاه مستقبلي	٠. أنا لست متشائما تجاه مستقبلي	٧. كراهية الذات	٠. إحساسي تجاه نفسي لم يتغير
١. أشعر بالتشاؤم تجاه مستقبلي أكثر من ذي قبل	١. أشعر بالتشاؤم تجاه مستقبلي أكثر من ذي قبل	٠. لا أنتقد نفسي أو ألومها أكثر من ذي قبل	٠. لا أنتقد نفسي أو ألومها أكثر من ذي قبل
٢. لا أتوقع أي مستقبل مشرق	٢. لا أتوقع أي مستقبل مشرق	١. فقدت الثقة في نفسي	١. أنتقد نفسي أكثر من ذي قبل
٣. أشعر بأن مستقبلي بائس و سيكون أكثر سوءا	٣. أشعر بأن مستقبلي بائس و سيكون أكثر سوءا	٢. أحس بالحيرة تجاه نفسي	٢. ألوم نفسي علي كل أخطائي
٣. الفشل السابق	٣. الفشل السابق	٣. أنا أكره نفسي	٣. ألوم نفسي علي كل شيء سئ حدث
٠. لا أحس بأني فاشل	٠. لا أحس بأني فاشل	٨. نقد الذات	٠. لا أنتقد نفسي أو ألومها أكثر من ذي قبل
١. أنا فاشل أكثر مما يجب	١. أنا فاشل أكثر مما يجب	٠. لا أنتقد نفسي أو ألومها أكثر من ذي قبل	٠. لا أنتقد نفسي أو ألومها أكثر من ذي قبل
٢. عندما أنظر إلي الماضي أرى الكثير من الفشل	٢. عندما أنظر إلي الماضي أرى الكثير من الفشل	١. أنتقد نفسي أكثر من ذي قبل	١. أنتقد نفسي أكثر من ذي قبل
٣. أشعر أنني شخص فاشل تماما	٣. أشعر أنني شخص فاشل تماما	٢. ألوم نفسي علي كل شيء سئ حدث	٢. ألوم نفسي علي كل شيء سئ حدث
٤. فقدان المتعة (اللذة)	٤. فقدان المتعة (اللذة)	٩. الأفكار أو الرغبات الإنتحارية	٠. ليست لدي أفكار بقتل نفسي
٠. أتمتع كثيرا كعادتي بالأشياء التي أحبها	٠. أتمتع كثيرا كعادتي بالأشياء التي أحبها	٠. ليست لدي أفكار بقتل نفسي	٠. ليست لدي أفكار بقتل نفسي
١. لم أعد أتمتع بالأشياء كما كنت من قبل	١. لم أعد أتمتع بالأشياء كما كنت من قبل	١. لدي أفكار بقتل نفسي لكنني لن أنفذها	١. لدي أفكار بقتل نفسي لكنني لن أنفذها
٢. أجد متعة قليلة جدا في الأشياء التي كنت أحبها	٢. أجد متعة قليلة جدا في الأشياء التي كنت أحبها	٢. أرغب في قتل نفسي	٢. أرغب في قتل نفسي
٣. لا أستطيع أن أجد أي متعة في الأشياء التي كنت أحبها	٣. لا أستطيع أن أجد أي متعة في الأشياء التي كنت أحبها	٣. سوف أقتل نفسي إذا سحنت لي فرصة	٣. سوف أقتل نفسي إذا سحنت لي فرصة
٥. الشعور بالذنب	٥. الشعور بالذنب	١٠. البكاء	٠. لا أبكي أكثر من المعتاد
٠. لا أحس بالذنب	٠. لا أحس بالذنب	٠. لا أبكي أكثر من المعتاد	٠. لا أبكي أكثر من المعتاد
١. أحس بالذنب تجاه أشياء كثيرة فعلتها أو كان يجب علي أن أفعلها	١. أحس بالذنب تجاه أشياء كثيرة فعلتها أو كان يجب علي أن أفعلها	١. أبكي أكثر من المعتاد	١. أبكي أكثر من المعتاد
٢. أحس بالذنب معظم الأوقات	٢. أحس بالذنب معظم الأوقات	٢. أبكي لأبسط الأسباب	٢. أبكي لأبسط الأسباب
٣. أحس بالذنب طوال الوقت	٣. أحس بالذنب طوال الوقت	٣. أحس برغبة في البكاء لكنني لا أستطيع ذلك	٣. أحس برغبة في البكاء لكنني لا أستطيع ذلك



Client # 10124
 Counsellor #
 Today's date:
 Stage: LAST Session #

NAME _____

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by each symptom during the PAST WEEK, INCLUDING TODAY, by placing an X in the corresponding space in the column next to each symptom

	NOT AT ALL	MILDLY It did not bother me much.	MODERATELY It was very unpleasant, but I could stand it.	SEVERELY I could barely stand it.
1. Numbness or tingling.				
2. Feeling hot.				
3. Wobbliness in legs.				
4. Unable to relax.				
5. Fear of the worst happening.				
6. Dizzy or lightheaded.				
7. Heart pounding or racing.				
8. Unsteady.				
9. Terrified.				
10. Nervous.				
11. Feelings of choking.				
12. Hands trembling.				
13. Shaky.				
14. Fear of losing control.				
15. Difficulty breathing.				
16. Fear of dying.				
17. Scared.				
18. Indigestion or discomfort in abdomen.				
19. Faint.				
20. Face flushed.				
21. Sweating (not due to heat).				

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APPENDIX 16

الاسم: الجنس: ذكر - أنثى

الجنسية: تاريخ الميلاد:

المهنة: التعليم: ابتدائي - متوسط - ثانوي - جامعي - فوق جامعي

التاريخ: الساعة:

العبارة الموضحة أدناه عبارة عن أعراض عامة للقلق. أرجو قراءة كل عبارة بدقة ومن ثم وضع مدى شعورك بهذه الأعراض خلال الأسبوع الماضي متضمنا اليوم وذلك بوضع علامة في المكان الذي يعبر عنك.

العبارات	أبدا	قليلا ولكن هذا لا يزعجني كثيرا	كثيرا ولكن اتحمله	كثيرا جدا ولا يمكن تحمله
1- الشعور بالخدر والتتميل.				
2- الشعور بالسخونة.				

				3- رعشة او هزة في الرجلين.
				4- عدم القدرة على الاسترخاء.
				5-الشعور بالخوف من ان شيئا سينا سوف يحدث
				6- الشعور بالدوار والدوخة.
				7- سرعة خفقان القلب.
				8-عدم استقرار نفسي.
				9-الشعور بالفزع والهلع.
				10- العصبية.
				11- الشعور بالاختناق.
				12- رجفة في اليدين.
				13- الشعور بالاضطراب.

				14- الخوف من فقدان السيطرة
				15- صعوبة التنفس.
				16- الخوف من الموت.
				17- الخوف الشديد.
				18- عسر الهضم او التقلصات المعوية.
				19- الشعور بالإغماء.
				20- احمرار الوجه.
				21- العرق من غير وجود حر.

Beck Anxiety Inventory

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not At All	Mildly but it didn't bother me much.	Moderately - it wasn't pleasant at times	Severely - it bothered me a lot
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding/racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3

Shaky / unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint / lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot/cold sweats	0	1	2	3
Column Sum				

Scoring - Sum each column. Then sum the column totals to achieve a grand score.

Write that score here _____ .

Interpretation

A grand sum between **0 – 21** indicates very low anxiety. That is usually a good thing. However, it is possible that you might be unrealistic in either your assessment which would be denial or that you have learned to “mask” the symptoms commonly associated with anxiety. Too little “anxiety” could indicate that you are detached from yourself, others, or your environment.

A grand sum between **22 – 35** indicates moderate anxiety. Your body is trying to tell you something. Look for patterns as to when and why you experience the symptoms described above. For example, if it occurs prior to public speaking and your job requires a lot of presentations you may want to find ways to calm yourself before speaking or let others do some of the presentations. You may have some conflict issues that need to be resolved. Clearly, it is not “panic” time but you want to find ways to manage the stress you feel.

A grand sum that **exceeds 36** is a potential cause for concern. Again, look for patterns or times when you tend to feel the symptoms you have circled. Persistent and high anxiety is not a sign of personal weakness or failure. It is, however, something that needs to be proactively treated or there could be significant impacts to you mentally and physically. You may want to consult a physician or counselor if the feelings persist.

APPENDIX 17

C
O
R
E

OUTCOME
MEASURE

Site ID

letters only

numbers only

Client ID

Therapist ID

numbers only (1)

numbers only (2)

Sub codes

/ /

Date form given

Age

Male

Female

Stage Completed

- S Screening
- R Referral
- A Assessment
- F First Therapy Session
- P Pre-therapy (unspecified)
- D During Therapy
- L Last therapy session
- X Follow up 1
- Y Follow up 2

Stage

Episode

IMPORTANT - PLEASE READ THIS FIRST

This form has 34 statements about how you have been OVER THE LAST WEEK.
Please read each statement and think how often you felt that way last week.
Then tick the box which is closest to this.

Please use a dark pen (not pencil) and tick clearly within the boxes.

Over the last week

	Not at all	Only Occasionally	Sometimes	Often	Most or all the time	OTHER USE ONLY
1 I have felt terribly alone and isolated	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
2 I have felt tense, anxious or nervous	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
3 I have felt I have someone to turn to for support when needed	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> F
4 I have felt O.K. about myself	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> W
5 I have felt totally lacking in energy and enthusiasm	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
6 I have been physically violent to others	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> R
7 I have felt able to cope when things go wrong	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> F
8 I have been troubled by aches, pains or other physical problems	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
9 I have thought of hurting myself	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> R
10 Talking to people has felt too much for me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
11 Tension and anxiety have prevented me doing important things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
12 I have been happy with the things I have done.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> F
13 I have been disturbed by unwanted thoughts and feelings	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
14 I have felt like crying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> W

Please turn over

Over the last week

	Not at all	Only Occasionally	Sometimes	Often	Most or all the time	OFFICE USE ONLY
15 I have felt panic or terror	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
16 I made plans to end my life	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> R
17 I have felt overwhelmed by my problems	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> W
18 I have had difficulty getting to sleep or staying asleep	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
19 I have felt warmth or affection for someone	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> F
20 My problems have been impossible to put to one side	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
21 I have been able to do most things I needed to	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> F
22 I have threatened or intimidated another person	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> R
23 I have felt despairing or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
24 I have thought it would be better if I were dead	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> R
25 I have felt criticised by other people	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
26 I have thought I have no friends	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
27 I have felt unhappy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
28 Unwanted images or memories have been distressing me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
29 I have been irritable when with other people	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
30 I have thought I am to blame for my problems and difficulties	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
31 I have felt optimistic about my future	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> M
32 I have achieved the things I wanted to	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> F
33 I have felt humiliated or shamed by other people	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
34 I have hurt myself physically or taken dangerous risks with my health	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> R

THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE

Total Scores

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	→	<input type="text"/>	→	<input type="text"/>
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Mean Scores

(Total score for each dimension divided by number of items computed in that dimension)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(W)

(P)

(F)

(R)

All items

All minus R

APPENDIX 17

الاسم :

التاريخ:

الاختبار: قبلي / بعدي / بعد 3 أشهر

الموضحة أدناه 34 عبارة تقيس مشاعرك خلال الأسبوع الماضي. يرجى قراءة العبارات ثم وضع علامة أمام الإجابة التي تراها تعبر عنك.

العبارات	ابدا	نادرا	أحيانا	غالبا	كثيرا جدا
1- شعرت بوحدة وعزلة شديدين.					
2- شعرت بشد عصبي وقلق.					
3- شعرت بأن لدي من الجأ إليه عندما احتاج لذلك.					
4- شعرت انني بخير					
5- شعرت انني فاقد الطاقة والحماس تماما.					

					6- كنت عنيفا (جسديا) مع الآخرين.
					7- شعرت انني استطيع التأقلم عندما تكون الأمور سيئة.
					8- عانيت من أوجاع وآلام وبعض المشكلات العضوية الأخرى.
					9- فكرت في إيذاء نفسي.
					10- وجدت صعوبة كبيرة في التحدث مع الناس.
					11- ان الضيق والقلق منعاني من فعل أشياء مهمة.
					12- شعرت بالسعادة بسبب الأشياء التي فعلتها
					13- شعرت بالإنزعاج بسبب بعض الأفكار والمشاعر غير المرغوب فيها.
					14- شعرت برغبة في البكاء.
					15- شعرت بهلع ورعب.
					16- خططت لإنهاء حياتي.

					17 - شعرت انني مغمور وسط مشاكلي.
					18- شعرت بصعوبة في الذهاب للنوم او البقاء نائما.
					19- شعرت بحنان وعطف لشخص ما.
					20- ان مشكلتي من الصعوبة بمكان نسيانها.
					21- استطعت ان افعل اغلب الأشياء التي أردت فعلها.
					22- لقد هددت او استفزيت شخصا ما.
					23- شعرت بالإحباط وفقدان الأمل.
					24- فكرت انه من الأفضل لي ان أموت .
					25- شعرت بالانتقاد من بعض الناس.

					26- فكرت انه ليس لدي أصدقاء.
					27- شعرت بعدم السعادة.
					28- أزعجتني بعض التخيلات والذكريات غير المرغوب فيها.
					29- ينتابني شعور بالقلق والتوتر عندما أكون مع الآخرين.
					30- فكرت في لوم نفسي من المشاكل والصعوبات التي أواجهها.
					31- شعرت بالتفاؤل نحو مستقبلي.
					32- أنجزت كل الأشياء التي رغبت فيها.
					33- شعرت بالاهانة والدونية من بعض الناس.
					34 - آذيت نفسي جسديا او قمت ببعض المجازفات الخطرة على صحتي.

APPENDIX 18: Letter to the Professional Interviewees Explaining the Purpose of their Interviews (Arabic Version Only)

عنوان البحث:

إمكانية تطبيق أسلوب الإرشاد النفسي غير المباشر على عينة من مرضى الإكتئاب في دولة قطر.

نبذة عن الإرشاد:

ما هو الإرشاد الغير مباشر أو التمرکز حول العميل ؟

هو الإرشاد غير الموجه والذي يتركز حول العميل والذات ، أي يضع العميل في مركز دائرة الاهتمام والتي تتركز على إقامة علاقة إرشادية وتهيئة جو نفسي ، يمكن للعميل من ان يحقق أفضل نمو نفسي، وإحداث التوافق بين مفهوم الذات الواقعي وبين مفهوم الذات المدرك ، ومفهوم الذات الاجتماعي ومفهوم الذات المثالي. (زهران,1977)

اهداف الدراسة :

- 1- استخدام مهارات الطريقة تشجع العميل على ان يلعب دورا ايجابيا في التعبير عن ذاته,اتخاذ القرارات لحل مشكلاته وبناء علاقة ايجابية مع ذاته وتعديلها لتناسب ومتطلبات المجتمع القطري كمجتمع اسلامي.وذلك من خلال الاستعانة بالقرآن الكريم واستخدام نهج الرسول الكريم صلى الله عليه وسلم المباشر كضرب الامثلة,القصص وطرح الاسئلة غير المباشره. بالاضافة الى تقبل الاخر والتعاطف معه من خلال حسن الاصغاء ومحاولة فهمه.
- 2- تشجيع العميل على بناء علاقة ايجابية مع الله عزوجل ثم مع نفسه واخيراً مع الآخر. لمساعدة الباحثة على جمع بيانات البحث يرجى التكرم بالموافقة على اجراء مقابلة لمدة 30 الى 45 دقيقة معها. ولتسهيل القيام بذلك قامت الباحثة بارسال اسئلة المقابلة مسبقا ليتسنى لك الاطلاع عليها قبل موعد المقابلة.

الاسئلة :

- 1- هل يمكن استخدام الأسلوب الغير مباشر في المجتمع القطري. ولماذا؟

- 2- كيف يمكن تعديل طريقه الأسلوب غير المباشر في الإرشاد ليتناسب وحاجات المجتمع القطري كمجتمع اسلامي؟
من وجهة نظرك؟
- 3- هل تعتقد ان مرضى الإكتئاب سيستفيدون من تلك الطريقه؟ وكيف؟
- 4- كيف يمكن لهذا التعديل ان يفيد الطلبة في جامعة قطر لحل مشكلاتهم النفسية ؟
- 5- كيف يمكن إجراء تدريب عملي على إستخدام الطريقه غير المباشرة في الإرشاد النفسي وبأي الوسائل يتم ذلك؟

عائشة بنت سلمان بن جاسم آل ثاني

طالبة دكتوراة في الإرشاد النفسي

University of East Anglia

UK