

Providing therapists with client progress and feedback during psychological treatments

Submission date 02/04/2019	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 02/04/2019	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 14/07/2020	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

Providing therapists and clients feedback on client progress during psychological treatments, also known as feedback-informed treatment, potentially can improve the outcome of therapy.

Feedback informed treatment (FIT) is a method to monitor treatment outcome and to evaluate with the client whether therapy is helping them, and if not, to discuss what is necessary to make it work. Studies on the effects of FIT show that that treatment results, such as symptom reduction or social functioning, can be enhanced and that using feedback can prevent treatment failure. Feedback also potentially has a positive effect on other relevant treatment outcomes such as dropout rates and treatment efficiency. However, differences between studies on FIT makes it difficult to determine whether the effect is due to feedback or due to differences in treatment methods or settings. Therefore there is a necessity for investigating the effect of feedback in a setting with a uniform treatment method and therapist who all receive the same basic training in this method.

The objective of this study is to investigate whether a structured cognitive behavioural therapy (CBT) when combined with an intensive form of client feedback improves treatment efficiency, symptom reduction and drop out.

Who can participate?

All adult clients who after intake were to receive treatment at the outpatient mental health care institution where the study took place were asked to participate in the study.

What does the study involve?

Two treatment conditions were compared: a control condition, where CBT is provided combined with a standard, low intensive form of feedback/monitoring of progress, and a feedback condition where CBT is combined with an intensive form of feedback. In the feedback condition a feedback system called the Partners for Change Outcome Management System (PCOMS) is used. Clients were asked to fill in the feedback measures every session in the feedback condition and therapists were instructed to discuss the results with their clients.

What are the possible benefits and risks of participating?

Clients might need fewer treatment sessions to recover. No risks or adverse effects are expected.

Where is the study run from?

Six different locations of the HSK Groep, a Dutch nationwide outpatient mental health organisation.

When is the study starting and how long is it expected to run for?

September 2013 to September 2017.

Who is funding the study?

The study was funded by the principal investigator and the HSK Groep.

Who is the main contact?

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Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

EudraCT/CTIS number

Nil known

IRAS number

ClinicalTrials.gov number

Nil known

Secondary identifying numbers

Nil known

Study information

Scientific Title

The effect of adding a client feedback system to cognitive behavioural therapy: a randomised controlled trial.

Acronym

CFCBTRCT

Study objectives

1. Overall treatment efficiency will improve using the Partners for Change Outcome Management; Miller & Duncan, 2004 (PCOMS)
2. Overall feedback will not have an effect on symptom reduction, or on classification of outcome based on symptom reduction
3. Drop out in the feedback condition will be less when PCOMS is used. Post hoc analyses will be performed to explore whether the clients' diagnoses moderates the effect of feedback on outcome and whether the frequency of feedback predicts the effect of feedback.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 22/05/2017, the ethical review board of Radboud University (Faculteit Sociale Wetenschappen, Montessorilaan 3, Postbus 9104, 5500 HE Nijmegen; +31 24 36 16236; ecs@ru.nl), ref: ECSW2017-1303-49.

Study design

This study was a randomized controlled trial in which the effect of the use of feedback on treatment outcome was investigated.

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Other

Study type(s)

Treatment

Participant information sheet

Not available in web format, please use contact details to request a participant information sheet.

Health condition(s) or problem(s) studied

Mental health care

Interventions

Control condition. The control condition consisted of cognitive behavioural therapy (CBT) combined with a standard, low intensive form of client feedback. Specific treatment protocols, based on CBT techniques, were used by therapists during treatment. Clients were asked to complete the SCL-90 at intake, after five sessions and at the end of treatment and therapists were provided the results.

Manipulation. As an add-on to the control condition, an intensive form of feedback, namely PCOMS, was used in the feedback condition. Therapists were trained by an independent trainer together with the main researcher in the use of PCOMS and the web-based program FIT-Outcomes. Therapists were instructed to use FIT-Outcomes on a session to session basis with every new client in the Feedback condition and to evaluate with their clients whether enough progress was made during treatment. A client was considered “not on track” (NOT) if they did not have an improvement of 5 points on the ORS within the first five sessions or did not meet the expected recovery curve within the first five sessions. Therapists were instructed to discuss with their client why they were NOT and what needed to change. The cut-off score on the SRS that was used was 34 points based on the study of Janse et al. (2014). Therapists were instructed to discuss with their clients how to improve the therapeutic alliance if the score dropped below the cut-off point.

Procedure. Clients were referred to the mental health care organisation for treatment by their general physician or company physician. After intake clients who thereafter were to receive treatment were asked to participate in the study. They received written information on the study and were asked to give consent for the use of their data for research purposes. After giving consent, clients were randomly assigned to either the TAU or the Feedback treatment condition using Excel 2010 (Microsoft, Redmond, WA, USA). The method of randomisation was a simple randomisation procedure. Therapists were then informed to which treatment condition their client was assigned.

Intervention Type

Behavioural

Primary outcome measure

The number of sessions clients received is determined using the total amount of face to face sessions clients received, which were registered in the clients Electronic Health Record.

Secondary outcome measures

1. The reduction of symptoms is measured using Symptom Checklist Revised (SCL-90-R; Derogatis, 1994) at intake, the fifth session and at the end of treatment.
2. The percentage of drop-out from treatment is measured using the registration in the Electronic Health Record of how the client ended treatment (by mutual agreement or drop out from treatment).

Overall study start date

01/04/2013

Completion date

01/09/2017

Eligibility

Key inclusion criteria

1. Aged 18 years or older
2. After intake was to receive treatment at the outpatient mental health care institution where the study took place

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

A total of 395 clients were approached to participate.

Total final enrolment

368

Key exclusion criteria

Only needed basic care (with a restriction in the amount of sessions)

Date of first enrolment

01/09/2013

Date of final enrolment

01/04/2017

Locations**Countries of recruitment**

Netherlands

Study participating centre

HSK Utrecht Hoograven

Giessenplein 59E

Utrecht

Netherlands

3522 KE

Study participating centre

HSK Amersfoort Centrum

Stadsring 175
Amersfoort
Netherlands
3817 BA

Study participating centre**HSK Zwolle**

Dokter Stolteweg 54
Zwolle
Netherlands
8025 AX

Study participating centre**HSK Groningen**

Laan Corpus Den Hoorn 102-1
Groningen
Netherlands
9728 JR

Study participating centre**HSK Hoogeveen**

Griendtsveenweg 27 B-2
Hoogeveen
Netherlands
7901 EB

Study participating centre**HSK Assen**

Transportweg 10
Assen
Netherlands
9405 PR

Sponsor information

Organisation

HSK Groep

Sponsor details

Oude Oeverstraat 120
Arnhem
Netherlands
6811 JZ
088 115 5815
info@hsk.nl

Sponsor type

Hospital/treatment centre

Website

<https://www.hsk.nl/>

ROR

<https://ror.org/02hcvyf40>

Funder(s)

Funder type

Hospital/treatment centre

Funder Name

HSK Groep

Results and Publications

Publication and dissemination plan

Results of this study will be published in a peer-reviewed scientific journal.

Intention to publish date

01/10/2019

Individual participant data (IPD) sharing plan

The data sharing plans for the current study are unknown and will be made available at a later date.

IPD sharing plan summary

Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/09/2020	14/07/2020	Yes	No