Taking feedback to the next level: Efficacy of expected treatment response feedback to therapists

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Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Psychiatric disorders NEC
Study type	Interventional

Summary

ID

NL-OMON32831

Source
ToetsingOnline

Brief title
Feedback study

Condition

- Psychiatric disorders NEC

Synonym
psychological complaints; psychiatric disorder

Research involving
Human

Sponsors and support

Primary sponsor: GGZ Noord-Holland-Noord
Source(s) of monetary or material Support: De deelnemende instellingen betalen zelf de kosten van het onderzoek.

Intervention

Keyword: efficacy, feedback, outcome monitoring, outpatients

Outcome measures

Primary outcome

The primary outcome measure of the study is patients' disfunctioning on the Outcome Questionnaire. Mores specifically, the progress that the patient makes during treatment. The results will be analysed using multilevel analysis, which has the advantage of being able to handle missing data really well. Therefore, data from all patients, including those that dropped out of treatment or dropped out of the study can be used in analysis.

Secondary outcome

A secundary outcome measure for the patients is the percentage of patients that drop out of treatment.

Secundary outcome measures for therapists are:

* the correlation between therapists' outcome expectations and actual treatment outcome fro their patients

* the extent to which therapists have used the feedback and its relation with the average treatment outcome per therapist.

* the difference between therapists in effectivity (in rate of change) in treating patients.

Study description

Background summary

Nowadays, many mental health care organizations measure their patient's progress through routine outcome monitoring. The way that progress is measured and the way therapists are provided with feedback on their patient's progress strongly differs between organizations. The question is whether all methods are as effective, and there is surprisingly little research on the effectiveness of routine outcome monitoring available.
Research in the United States shows that providing feedback to therapists based on a prediction model, can improve patient outcome, especially for those patients that are not progressing well in treatment (o.a. Lambert, 2007). The prediction model that was used in the studies by Lambert was calculated based on the initial severity in patient disfunctioning, measured with the Outcome Questionnaire (OQ). Lambert and colleagues conducted five randomized controlled trials on the effectiveness of feedback based on the prediction model en found that in the 'not on track' group (patients that were not progressing well) treatment outcomes were significantly better in the experimental group than in the no feedback control condition. In the 'on track' group, the feedback did not have an effect on outcome.
In the Netherland, a prediction model for Dutch patients was predicted, based on almost 2000 patients in four mental health care organizations. Our model uses the initial severity of patients disfunction, as well as patients' expectancies on treatment outcome as predictors for progress. Results showed that this was also a significant predictor for progess in the data that was collected.

Study objective

In this study, two forms of feedback and one control condition are compared:

* Control group: the therapist gets no feedback.
* Outcome monitoring feedback: the therapist gets feedback on the patients progress in a progress chart.
* Complex feedback based on the Dutch prediction model: the therapist gets a progress chart that compares the patient's actual progress with the expected treatment response.

Main questions:
1. Does providing feedback to therapists improve treatment outcome?
2. Does providing feedback based on the prediction model lead to better outcomes than progress feedback alone?

Secundary questions:
1. How well can therapists predict their patient's progress?
2. Are there differences between therapists in treatment outcomes and is this

related to the way they use the feedback?

Study design

A 2-year randomized controlled clinical trial on the effectiveness of feedback interventions for therapists

Intervention

The intervention consists of providing feedback to therapists on their patients' progress.

In the outcome monitoring feedback condition the therapist gets feedback on patient progress in progress charts and tables. The progress of the patient can be viewed by the therapist at all times, by logging on to the feedback system (RequestXL), but is also actively provided by e-mail at session 1, 3, 5, 10 and 15.

In the complex feedback condition with prediction model the actual treatment course (based on the OQ scores) of the patient is compared with the predicted treatment course. The expected treatment course is calculated by a formula. The progress of the patient can be viewed by the therapist at all times, by logging on to the feedback system (RequestXL), but is also actively provided by e-mail when the patient is not progressing well. The therapist then receives an e-mail with high urgency.
In the complex feedback condition feedback is also provided on the ASC. The ASC is administered when the patient goes off track (through the 75% negative bound of the confidence interval around the predicted treatment course) and measures the therapeutic alliance, motivation, social support and life events. The ASC is combined with so called Clinical Support Tools, a set of Microsoft Word documents that provide practical tips on improving the therapeutic alliance, motivation and social support. The practical tips are based on a literature review on these topics.

Study burden and risks

Burden:

The burden for the patient consists of completing a 5 minute questionnaire before each treatment session, for a maximum of 15 times. After the research period (end of treatment or after 15 session) they will get two follow-up measures after 3 and 6 months. The average treatment duration for outpatient indivual treatment was around 9 sessions in a previous study at one of treatment settings. If patients go off track, they are asked to complete an addition questionnaire, that also takes about 5 minutes to complete.
In addition to the self-report questionnaires, patients are getting a

diagnostic interview that takes between 1,5 to 3 hours, with an average of 2 hours per patient.

The burden for the therapist consist of completing brief questionnaires during the treatment of a participating patient (total burden around 10 minutes) and completing a longer questionnaire once every 6 months (about 20 minutes per adminstration, total of 5 administrations).

Risks:
The risks for both the patient and the therapist are minimal.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

All patients between 18 and 65 years of age that are referred for individual outpatient treatment in the participating treatment settings in the research inclusion period.

Exclusion criteria

- Psychotic disorder
- Bipolar disorder with current severe manic episode
- Patient younger than 18 or older than 65 years
- Insufficient language skills in Dutch in reading and talking
- Risk of decompensation

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Active
Primary purpose:	Health services research

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	15-03-2010
Enrollment:	600
Type:	Actual

Ethics review

Approved WMO

Date:	12-03-2010

Application type:	First submission
Review commission:	METC Leids Universitair Medisch Centrum (Leiden)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL30987.058.09