



Systematic client feedback to brief therapy in basic mental health care: preliminary results of a four-center cohort trial.



Bram Bovendeerd
Sweden
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A brief introduction..

Bram Bovendeerd 


Clinical Psychologist / Psychotherapist
at the Specialist Centre for Developmental Disorders (SCOS) of Dimence in The Netherlands

Lecturer
University of Groningen, PPO; common factors of psychotherapy
Solution focused Therapy

Researcher / PhD- candidate
PCOMS
Dutch journal of Psychotherapy
International Network Supporting Psychotherapy Innovation and Research into Effectiveness (INSPIRE)




Program



- Why study the effect of PCOMS?
 - A brief personal history
- PCOMS Study 3 parts:
 - Context: Implementing PCOMS
 - Personal: Therapist characteristics
 - Relational: What do patients say?
- Preliminary results
 - Implementation-effect of PCOMS
 - Patient interviews: first impressions
- Take aways

Conflict of interest

No conflict of interest



DISCLAIMER

but very interested.....

Why study PCOMS?


A brief personal history

Member of MHC Crisis Intervention Team
(Apeldoorn, 2000-2007)

- Guidelines for MHC are helpful but not enough
- Personalised medicine


Head of small MHC-unit
(Steenwijk, 2007-2015)

- We can't cure everything, but....
- Therapy has the purpose to enable people to function again and to facilitate growth.



Focus on Common Factors of (psycho)therapy

Scientific Context



Different findings and methods


- The effect of feedback varied significantly across therapists (Anker et al., 2009).
- The training of the therapists also varied considerably, ranging from an 8-hour training followed by three 3-hour follow-up trainings to no training at all (Schuman et al., 2015).
- Some had no independent outcome measure (Reese et al., 2009, 2010; Stone et al. 2015)

With independent outcome measure:

- No effect on treatment outcome but 12.5 % cost-reduction (Janse et al. 2016)
- No effect on treatment alliance and patient satisfaction but a positive effect on treatment motivation (Rise et al. 2016)
- Negative effect found (Oene et al., 2016)

Meta feedback study:

- Systematic feedback does not always or automatically lead to improvement, **further study is needed** (Kendrick et al. 2016)



The study team

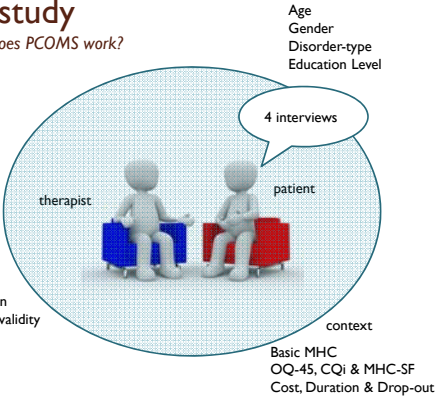


Bram Bovendeerd
 Kim de Jong
 Sjoerd Colijn
 Erik de Groot
 Anton Hafkenscheid
 Mirjam Moerbeek &
 Jos de Keijser

Department of Clinical Psychology and Experimental Psychopathology, Faculty of Behavioural and Social Sciences, University of Groningen, The Netherlands
 GGZ center for mental health care, Dimence, The Netherlands
 Leiden University, Institute of Psychology, The Netherlands
 GGZ center for mental health care, GGZ Delfland, Delft, The Netherlands
 Arkin/Sinai Centre, Jewish Mental Health Services, Amersfoort/Amstelveen, The Netherlands
 Department of Methodology and Statistics, Utrecht University, Utrecht, The Netherlands

The study

(When) does PCOMS work?



Age
 Gender
 Disorder-type
 Education Level

4 interviews

therapist


patient

Regulatory focus
 Self-efficacy
 Feedback orientation
 Perceived feedback validity

context

Basic MHC
 OQ-45, CQj & MHC-SF
 Cost, Duration & Drop-out

The context




Basic mental health care

- Mild to moderate, non-complex psychological disorders with a DSM classification
- Average length of 7 sessions
- therapeutic approach is based on (positive) cognitive behavioral therapy and solution focused therapy

Four-center cohort trial

- Kampen, Steenwijk, Zutphen, Zwolle-West
- 60,000 inhabitants.
- Same average household income (33,000 euro).



The study design

Patients assigned to the basic mental healthcare

randomisation per condition

Steenwijk & Zwolle-West

BT-PCOMS

Brief Therapy with RPM

Kampen & Zutphen

BT

Brief Therapy without RPM

First measurement OQ-45, MHC-SF (T0)

after 5 weeks second measurement OQ-45, MHC-SF (T1)


after 13 weeks third measurement OQ-45, MHC-SF (T2)

Final measurement at the closing of the therapy OQ-45, MHC-SF, CQj (T3)

Inclusion:

- At least 3 ff therapy sessions
- At least 3 times PCOMS
- At least T0

Preliminary results



- Four level structure:
 - N = 928
 - Center had no significant influence
 - Therapist had no significant influence
 - Overall improvement:
 - 12.37 points on the OQ-45 for both conditions = a reliable change
- Other findings:
 - Zwolle-west was in dire straits
 - Age and gender had no sign. influence
 - Patients with a depression started 8.6 points higher
 - People with a lower education level started 10.6 points higher

But, did PCOMS have any beneficial effect?

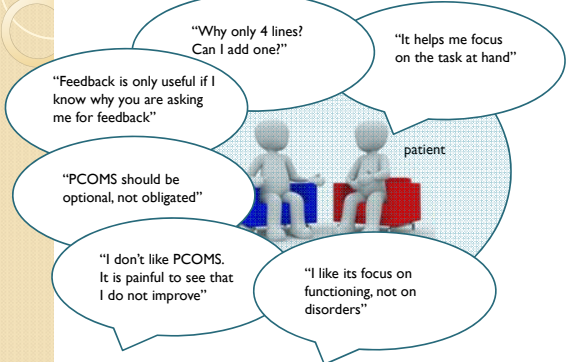
Beneficial effect PCOMS

- Total average improvement 12.4 points on OQ-45 in 149 days
- Beneficial effect PCOMS = 4.3 points (= 34 %). This is significant at 0.045 level
- The total group could be divided into very brief therapy (5ftf) and brief therapy (9ftf). The beneficial effect in the brief therapy group is 28 %. This is significant at 0.021 level.

So, should we use PCOMS anytime and anywhere?

Maybe not.....

What do patients say?



“Why only 4 lines? Can I add one?”

“It helps me focus on the task at hand”

“Feedback is only useful if I know why you are asking me for feedback”

“PCOMS should be optional, not obligated”

“I don't like PCOMS. It is painful to see that I do not improve”


“I like its focus on functioning, not on disorders”

patient

Take-aways

- In this cohort PCOMS had a beneficial effect (but don't overgeneralize)
- PCOMS can be useful (but think carefully how, where and when to implement it)
- In general patients like PCOMS (but not all patients like it and only when it is optional, not obligated)

Questions ??



*Thank you
for your attention*

