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

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

Why study PCOMS?

A brief personal history

Member of MHC Crisis Intervention Team (Apeldoorn, 2000-2007)
  - Guidelines for MHC are helpful but not enough
  - Personalized 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
Systematic client feedback to brief therapy in basic mental health care

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 (Schunn et al., 2015).
- Some had no independent outcome measure (Nesse et al., 2009, 2010; Snee et al., 2015).

With independent outcome measure:
- No effect on treatment outcome but 12.5 % cost-reduction (Jane et al., 2016).
- No effect on treatment alliance and patient satisfaction but a positive effect on treatment motivation (Nie et al., 2016).
- Negative effect found (Doss 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

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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

The study (When) does PCOMS work?

Patient

Age
Gender
Disorder-type
Education Level

Therapist

Regulatory focus
Self-efficacy
Feedback orientation
Perceived feedback validity

4 interviews

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

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?

- "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"

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