



# Hvordan bruke feedbackverktøy på en måte som kommer pasientene til gode

RESULTATER FRA THE TILLER FEEDBACK PROJECT

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## En høyaktuell problemstilling

«Det bør benyttes et system hvor brukeren/pasienten på en systematisk måte kan gi tilbakemelding til behandleren om hvordan han/hun opplever behandlingen og relasjonen til behandler.

Erfaringer tilsier at bruken av FIT/KOR-verktøyet eller tilsvarende feedbacksystemer gir pasientene økt medvirkning i behandlingen.»

Pakkeforløp for utredning og behandling i  
psykisk helsevern, voksne og  
tverrfaglig spesialisert rusbehandling (TSB)

# Plan

Hva er feedback-  
verktøy?

The Tiller  
Feedback Project

Anbefalinger



# Feedbackverktøy

- Spørreskjema til pasienter
- Hver samtale
- Går det bedre?
- Supplement til klinisk vurdering



# Feedback-Informert Terapi (FIT) Klient- og resultatstyrt behandling (KOR)

Miller, S. D., Duncan, B. L., Sorrell, R., & Brown, G. S. (2005). The partners for change outcome management system. *Journal of Clinical Psychology, 61*, 199–208.

## Symptom/funksjon

Kan du hjelpe oss å forstå hvordan du har hatt det den siste uken (eller etter siste samtale) inkludert dagen i dag, ved å vurdere disse områdene i livet ditt? Et merke mot venstre betyr dårlig og mot høyre betyr bra.

A rating scale for symptoms/function with four categories: Personlig, Mellommenneskelig, Sosialt, and Generelt. Each category has a horizontal line with a blue slider marker.

Category	Description	Rating (0-100)
Personlig	(Hvordan jeg har det med meg selv)	~25
Mellommenneskelig	(Partner, familie og nære relasjoner)	~25
Sosialt	(Arbeid, skole, venner)	~50
Generelt	(Generell opplevelse av hvordan jeg har det)	~50

ORS for voksne - Lagre Avbryt

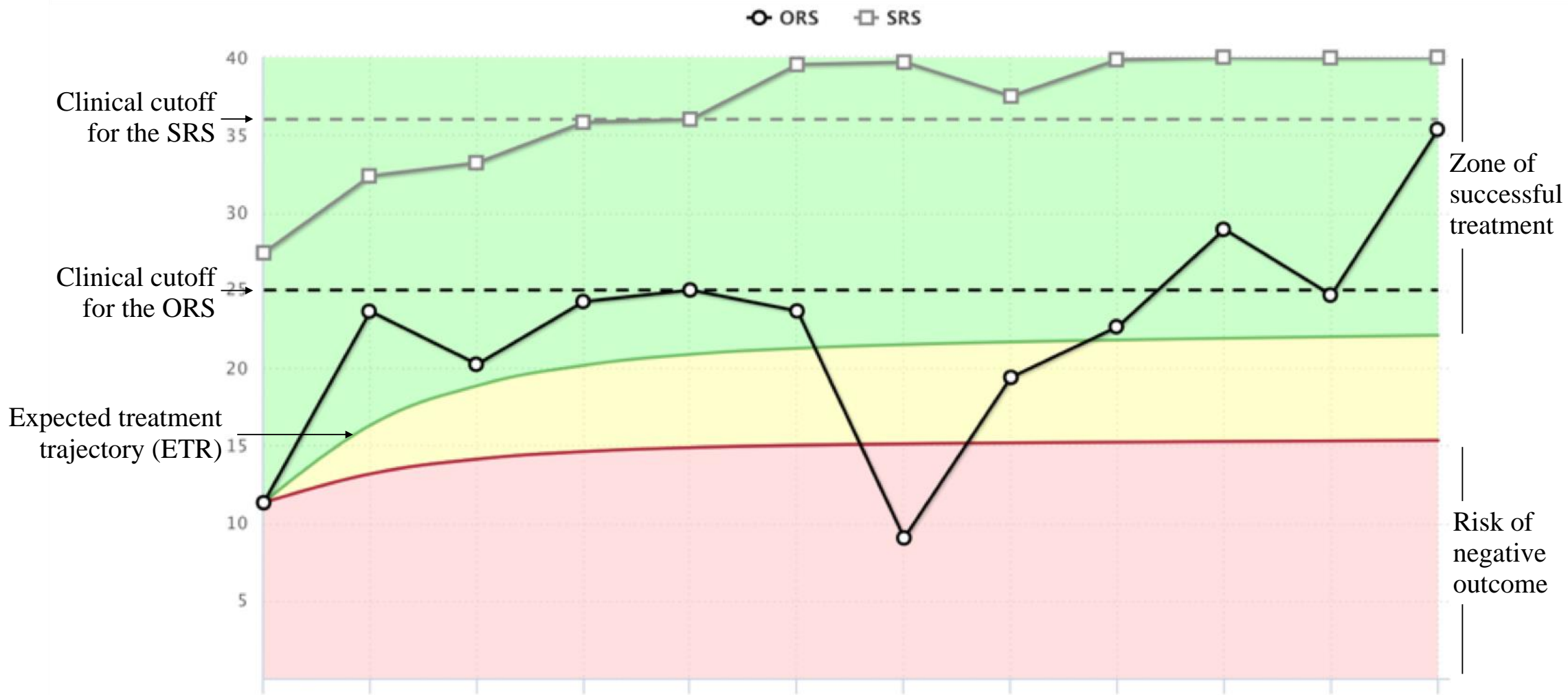
## Arbeidsalliansen

Kan du gi en vurdering av samtalen i dag ved å sette et merke på linjene slik det best passer din egen opplevelse.

A rating scale for the working alliance with four categories: Relasjonen, Mål og tema, Tilnærming eller metode, and Generelt. Each category has a horizontal line with a blue slider marker.

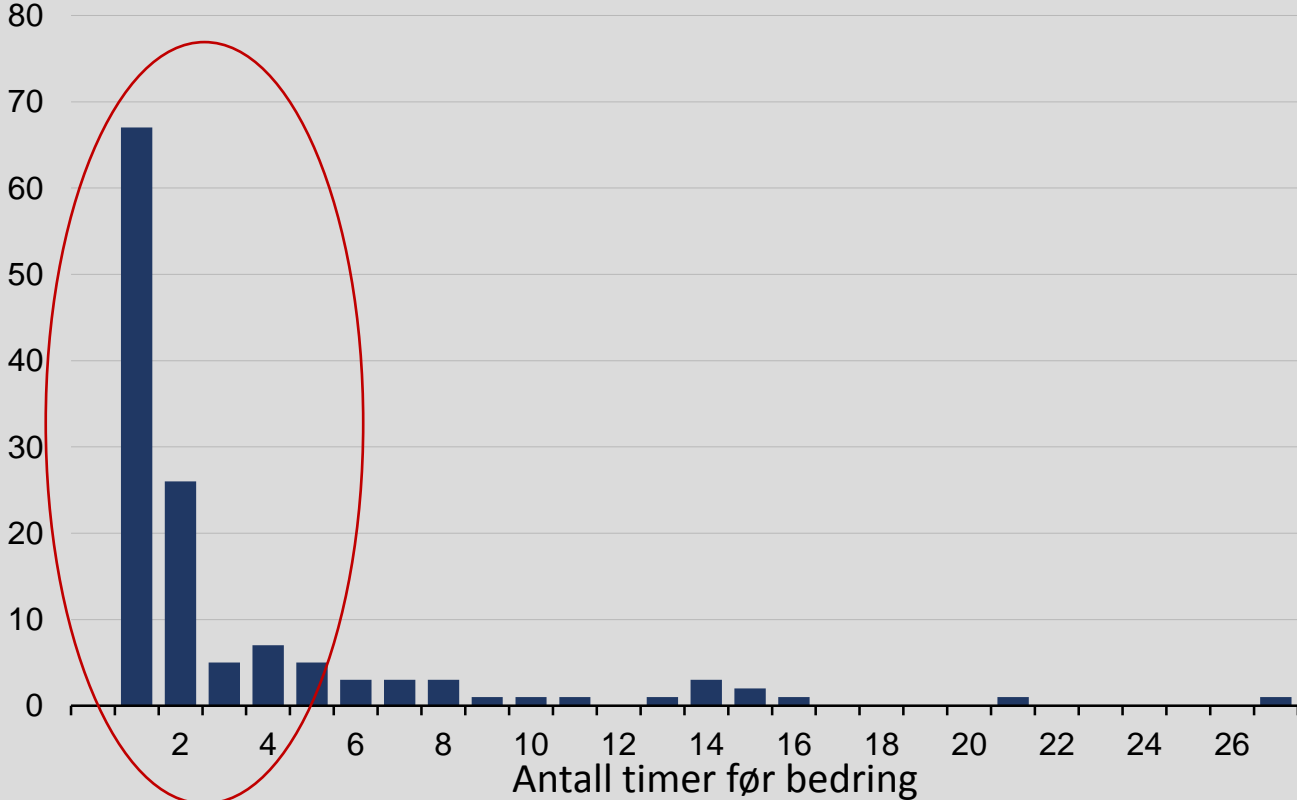
Category	Description	Rating (0-100)
Relasjonen	Jeg opplevde ikke at jeg ble hørt, forstått og respektert. / Jeg opplevde at jeg ble hørt, forstått og respektert.	~85
Mål og tema	Vi snakket ikke om det jeg ville snakke om, og arbeidet ikke med det jeg ville arbeide med. / Vi snakket om det jeg ville snakke om og arbeidet med det jeg ville arbeide med.	~85
Tilnærming eller metode	Måten vi arbeider på passer ikke så godt for meg. / Måten vi arbeider på passer godt for meg.	~85
Generelt	Det manglet noe i samtalen i dag. / Som helhet var samtalen i dag bra for meg.	~85

SRS for voksne - Lagre Avbryt



# Tidlig bedring

8,4 x større  
sjanse for varig  
bedring



80 %





# Arbeidsalliansen

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- Robust assosiasjon mellom allianse og terapiutfall<sup>1</sup>
- Nyere forskning:
  - Alliansebedring → symptomlette<sup>2</sup>
  - Når terapeuten overvurderer kvaliteten, går det dårlig<sup>3</sup>
  - Har mest med terapeuten å gjøre<sup>4</sup>

Mål

Relasjon

Metode

<sup>1</sup>Horvath, A. O., Del Re, A. C., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy: Theory, Research, & Practice*, 48, 9–16.

<sup>2</sup>Zilcha-Mano, S. (2017). Is the alliance really therapeutic? Revisiting this question in light of recent methodological advances. *American Psychologist*, 72(4), 311-325.

<sup>3</sup>Zilcha-Mano, S., Muran, J. C., Hungr, C., Eubanks, C. F., Safran, J. D., & Winston, A. (2016). The relationship between alliance and outcome: Analysis of a two-person perspective on alliance and session outcome. *Journal of Consulting and Clinical Psychology*, 84(6), 484-496.

<sup>4</sup>Baldwin, S. A., Wampold, B. E., & Imel, Z. E. (2007). Untangling the alliance-outcome correlation: Exploring the relative importance of therapist and patient variability in the alliance. *Journal of consulting and clinical psychology*, 75(6), 842.

# Forskning på feedbackverktøy

- Cochrane litteraturgjennomgang<sup>1</sup>
  - Utilstrekkelig evidens
- Meta-analyse av 18 KOR/FIT-studier<sup>2</sup>
  - Liten effektstørrelse
  - Stor variasjon
- KOR/FIT i akuttpsykiatrien<sup>3</sup>
  - Etter 6 uker: Mindre bedring med KOR/FIT
  - Etter 3 mnd: Ingen forskjell

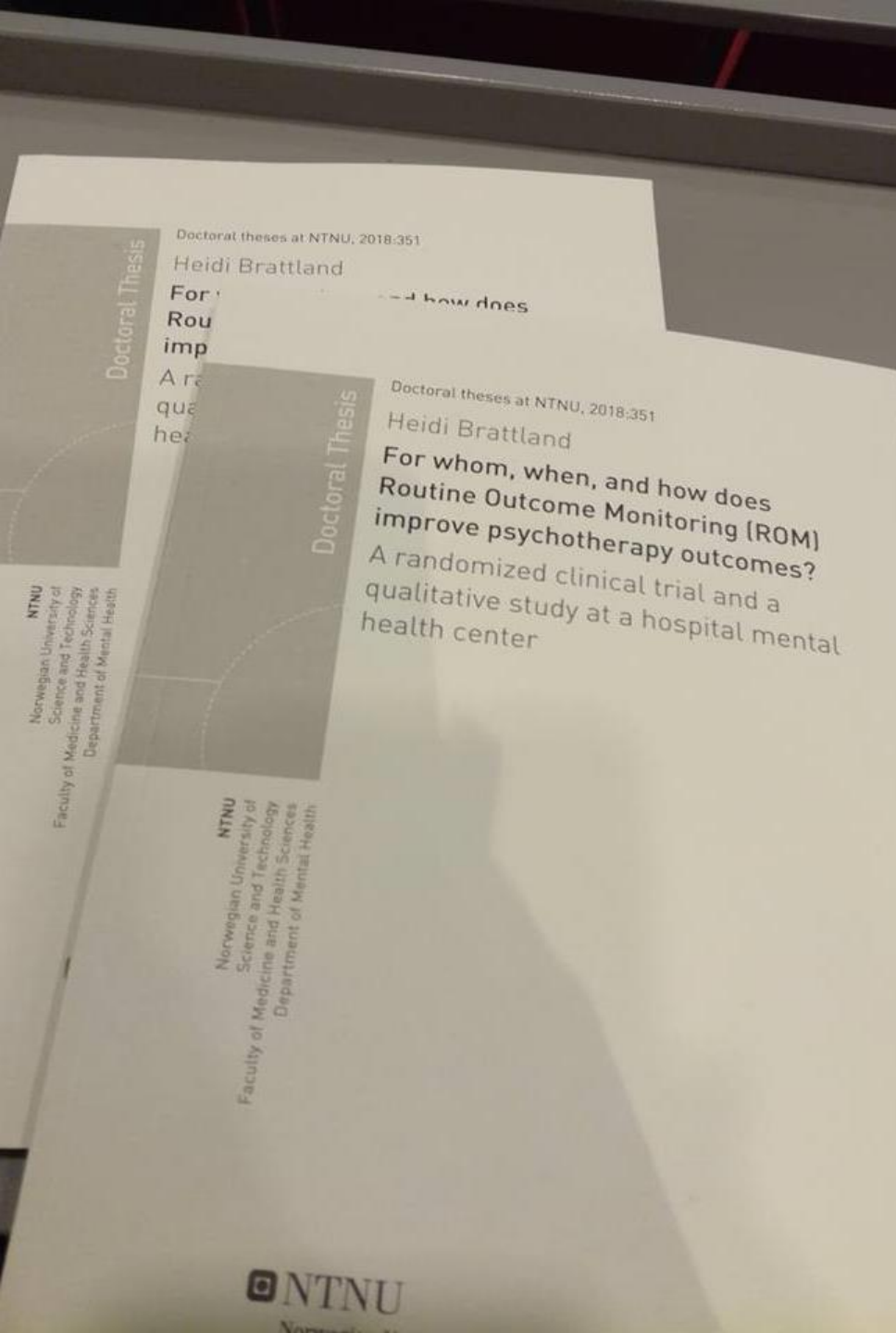
<sup>1</sup>Kendrick, T., El-Gohary, M., Stuart, B., Gilbody, S., Churchill, R., Aiken, L., . . . Moore, M. (2016). Routine use of patient reported outcome measures (PROMs) for improving treatment of common mental health disorders in adults. *Cochrane Database of Systematic Reviews*, 7(7), CD011119.

<sup>2</sup>Østergård, O. K., Randa, H., & Hougaard, E. (2018). The effect of using the Partners for Change Outcome Management System as feedback tool in psychotherapy—A systematic review and meta-analysis. *Psychotherapy Research*. Advance online publication.

<sup>3</sup>van Oenen, F. J., Schipper, S., Van, R., Schoevers, R., Visch, I., Peen, J., & Dekker, J. (2016). Feedback-informed treatment in emergency psychiatry; a randomised controlled trial. *BMC psychiatry*, 16(1), 110.



# THE TILLER FEEDBACK PROJECT

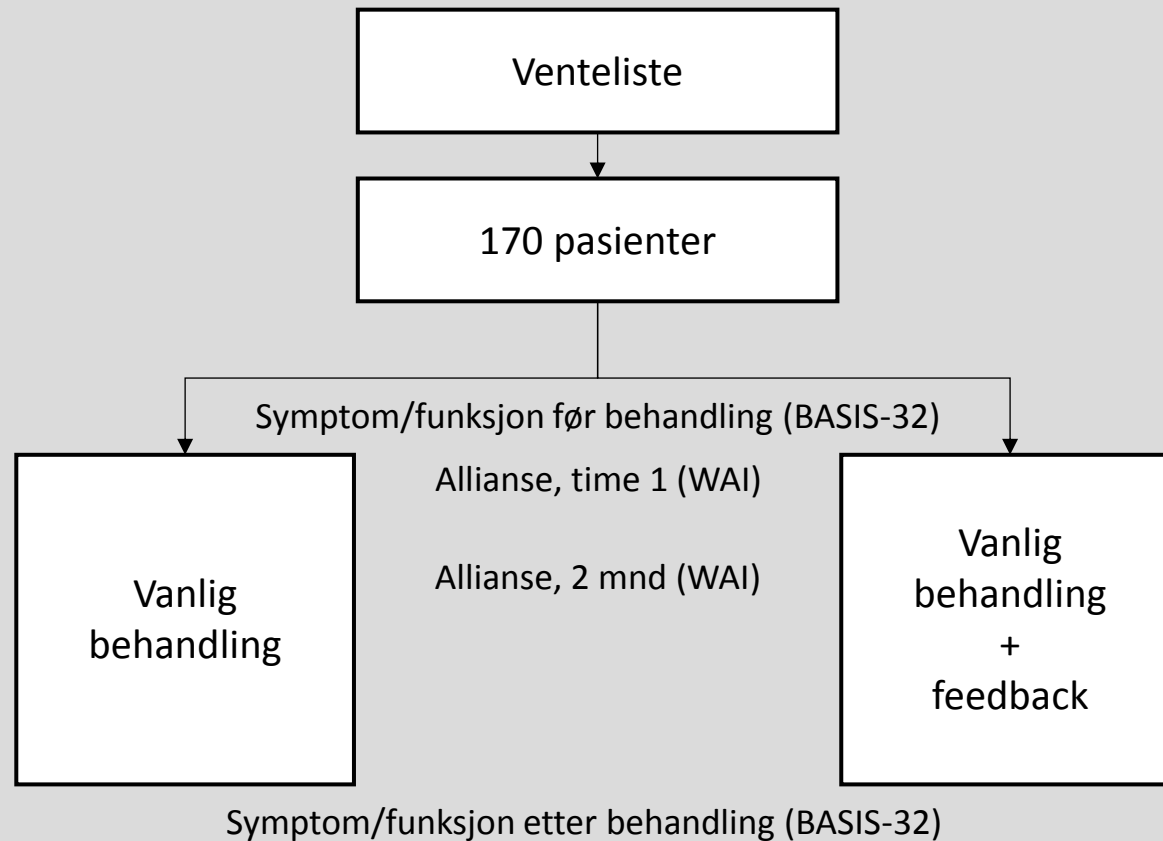


# Doktorgrad

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- Veiledere: Valentina Iversen og Truls Ryum
- Samarbeidspartnere:
  - Tiller DPS: Olav Burkeland, John Morten Koksvik og Mariela Lara + Poliklinikken Rosten
  - AFFU: Olav Linaker, Gunnar Morken og Rolf Gråwe
  - Psykologisk institutt: Christian Klöckner
  - Brukermedvirkning: Juni Raak Høiseth, KBT
  - Eksterne: Bruce Wampold og Scott Miller
- Finansiert av Samarbeidsorganet, Tiller DPS og AFFU

# Metode



Resultater

## The Effects of Routine Outcome Monitoring (ROM) on Therapy Outcomes in the Course of an Implementation Process. A Randomized Clinical Trial

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This study investigated the effects of the Partners for Change Outcome Management System (PCOMS) in adult outpatient treatment at a hospital-based mental health clinic. It also investigated whether the effects differed with the timing of the treatment within a 4-year implementation period, with clients' initial distress levels, and between therapists. Adult clients ( $N = 170$ ) were randomized to treatment as usual (TAU) or routine outcome monitoring (ROM). Twenty therapists provided therapy in both conditions. Therapy outcome was measured by the Behavior and Symptoms Identification Scale (BASIS-32). Data were analyzed in a series of multilevel models (MLMs). Clients in the ROM condition were 2.5 times more likely to demonstrate improvement than those in the TAU condition. Controlling for therapist variability, the overall effect size (ES) in favor of ROM was small ( $d = 0.26, p = .037$ ). The superiority for ROM over TAU increased significantly over the duration of the study. ROM effects were not moderated by clients' initial distress levels. Differences between therapists accounted for 9%–10% of the variability in outcomes, and there were no significant differences in ROM effects between therapists. ROM was associated with better treatment outcomes independent of clients' initial distress levels. Clients treated later in the study benefited more from ROM than those treated earlier.

### Public Significance Statement

This study demonstrated improved outcomes for adult outpatient treatment when clients' session-to-session treatment responses were tracked with short routine outcome monitoring (ROM) questionnaires. The effect of ROM increased over the 4-year trial period, suggesting that it may take time to implement an effective ROM program and that training and supervision of therapists should be sustained over time.

**Keywords:** feedback, implementation, psychotherapy, routine outcome monitoring, therapist effects

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St. Olavs University Hospital; Valentina Cabral Iversen, Department of Mental Health, Faculty of Medicine, Norwegian University of Science and Technology, and Department of Tiller DPS, St. Olavs University Hospital.

This research was presented in poster format at the 47th International Annual Meeting for the Society for Psychotherapy Research (SPR) in Toronto, Canada (June 2017) as well as in an oral presentation at the 6th European Conference on Mental Health (ECMH) in Berlin, Germany (October 2017). We are grateful to the Liaison Committee for Education, Research and Innovation in Central Norway and the Tiller Mental Health Center, St. Olavs Hospital for funding this research, to all participating clients and therapists, and to Scott D. Miller and Rolf Sundet for lending their support, experience, and wisdom to this project.

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## Does the Working Alliance Mediate the Effect of Routine Outcome Monitoring (ROM) and Alliance Feedback on Psychotherapy Outcomes? A Secondary Analysis From a Randomized Clinical Trial

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Little is known about the mechanisms through which routine outcome monitoring (ROM) influences psychotherapy outcomes. In this secondary analysis of data from a randomized clinical trial (Brattland et al., 2018), we investigated whether the working alliance mediated the effect of the Partners for Change Outcome Monitoring System (PCOMS), a ROM system that provides session-by-session feedback on clients' well-being and the alliance. Adult individuals ( $N = 170$ ) referred for hospital-based outpatient mental health treatment were randomized to individual psychotherapy either with the PCOMS ROM system, or without (treatment as usual [TAU]). Treatment was provided by the same therapists ( $N = 20$ ) in both conditions. A multilevel mediation model was developed to test if there was a significant indirect effect of ROM on client impairment at posttreatment through the alliance at 2 months' indirect effect of ROM on client impairment at posttreatment through the alliance at 2 months' treatment controlled for first-session alliance. Alliance ratings increased more from session 1 to 2 months' treatment in the ROM than TAU condition, and alliance increase was associated with less posttreatment impairment. A significant indirect effect of ROM on treatment outcomes through alliance increase ( $p = .043$ ) explained an estimated 23.0% of the effect of ROM on outcomes. The results were consistent with a theory of the alliance as one mechanism through which ROM works.

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Scott D. Miller holds the copyright to the Outcome and Session Rating Scales used in this study.

Heidi Brattland and John Morten Koksvik, Department of Mental Health, Norwegian University of Science and Technology, and Department of Tiller DPS, St. Olavs University Hospital, Trondheim, Norway; Olav Burkeland, Department of Tiller DPS, St. Olavs University Hospital; Christian A. Klöckner, Department of Psychology, Norwegian University of Science and Technology; Mariela Loreto Lara-Cabrera, Department of Tiller DPS, St. Olavs University Hospital; Scott D. Miller, The International Center for Clinical Excellence, Chicago, Illinois; Bruce Wampold, Research Institute, Modum Bad Psychiatric Center, Vikersund, Norway, and Department of Counseling Psychology, University of Wisconsin-Madison; Truls Ryum, Department of Psychology, Norwegian University of Science and Technology; Valentina Cabral Iversen, Department of Mental Health, Norwegian University of Science and Technology, and Department of Tiller DPS, St. Olavs University Hospital. John Morten Koksvik is now at Department of DPS Fredrikstad, Østfold Hospital, Fredrikstad, Norway.

This work was supported by the Liaison Committee for Education, Research and Innovation in Central Norway under Grant 46056812 (653510 IPH). We are grateful to the Tiller Mental Health Center, St. Olavs University Hospital, and the Department of Research and Development, Norwegian University of Science and Technology for cofunding this research, and to all participating clients and participants. The authors report no conflicts of interest.

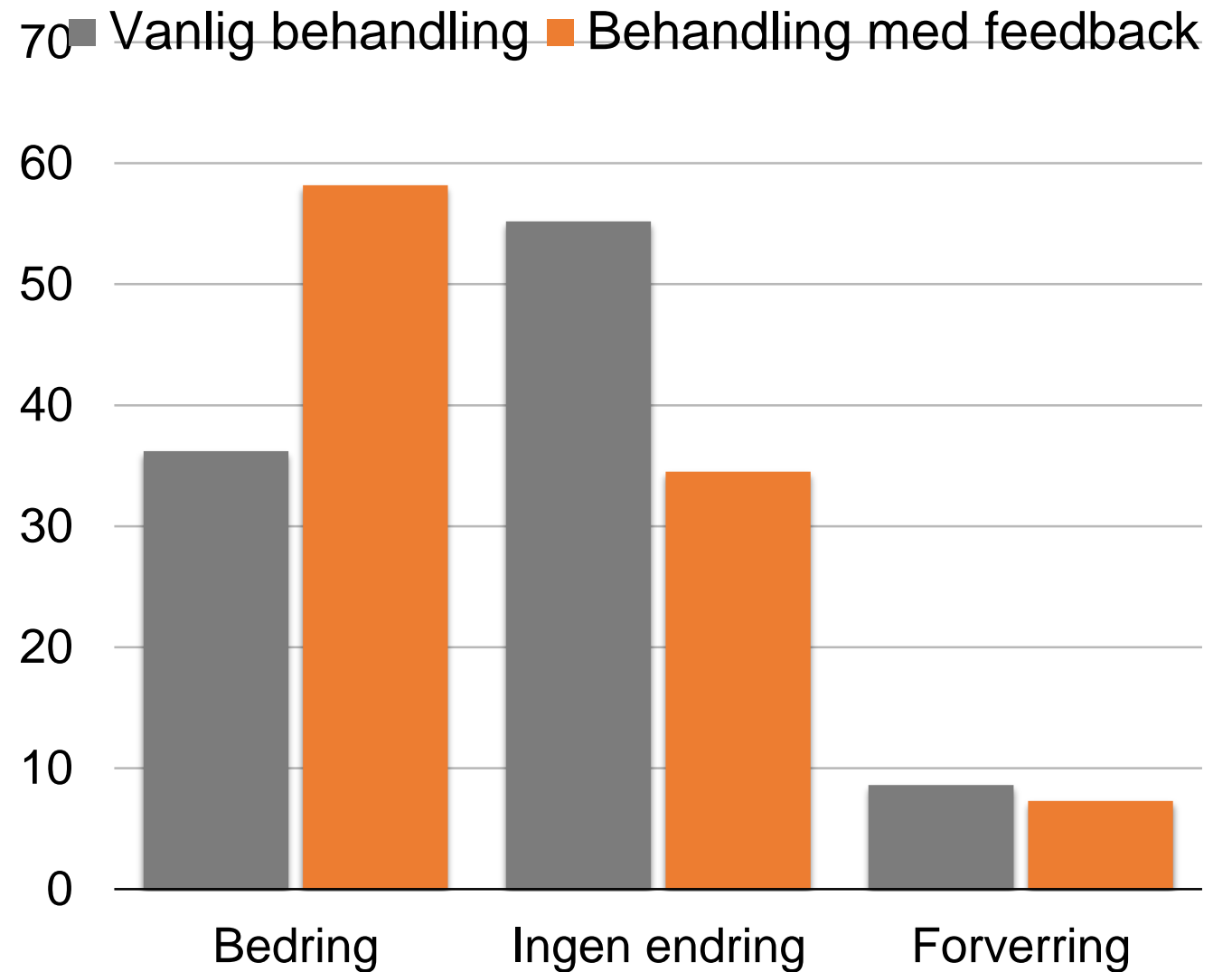
This research was presented at the 49th International Annual Meeting for the Society for Psychotherapy Research in Amsterdam, the Netherlands, June 27–30, 2018.

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## Effekten av feedback

2,5 ganger større sjanse for bedring

Cohen's  $d = 0.27$



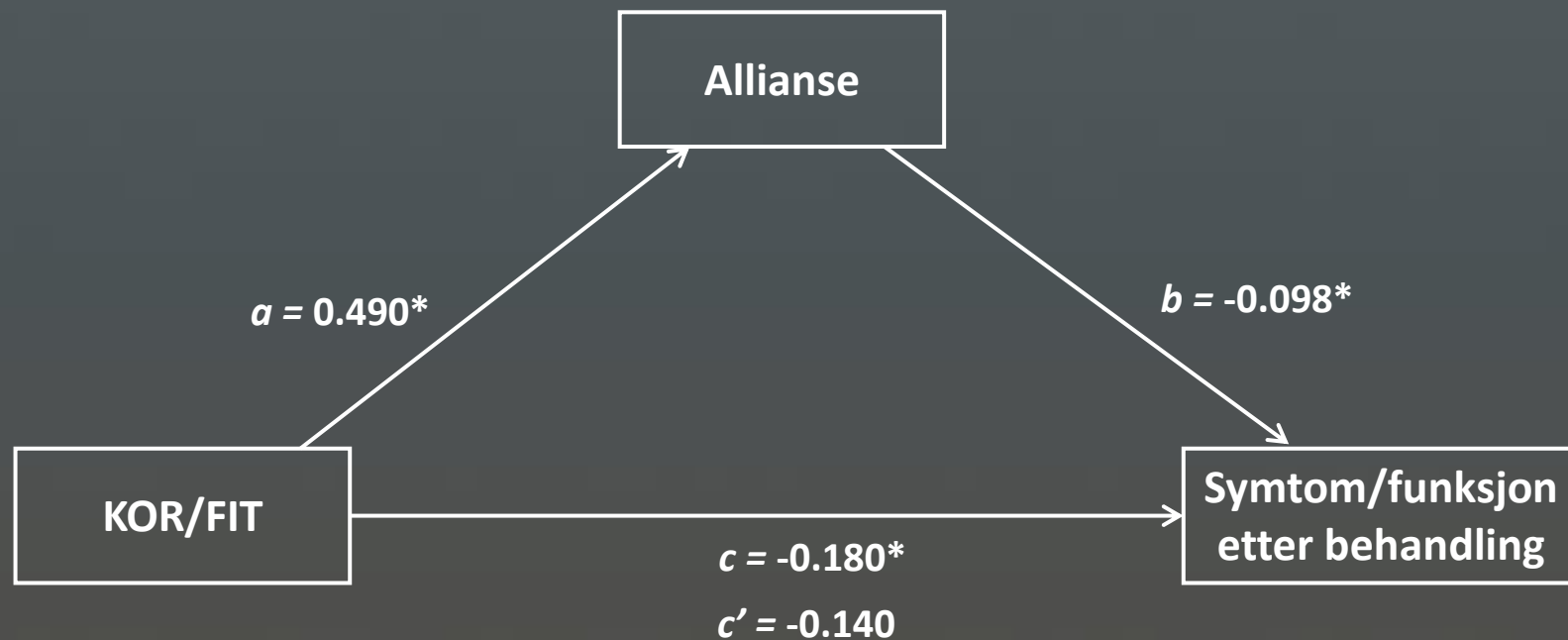




For hvem, og når?

- Effekten av feedback:
  - Uavhengig av hvor dårlig pasienten var
  - Lik for alle behandlere
  - Økte gradvis gjennom studien

# Hvorfor?



Indirect effect  $ab = -0.043^*$

Extent of mediation = 0.23

## Oppsummering av funnene

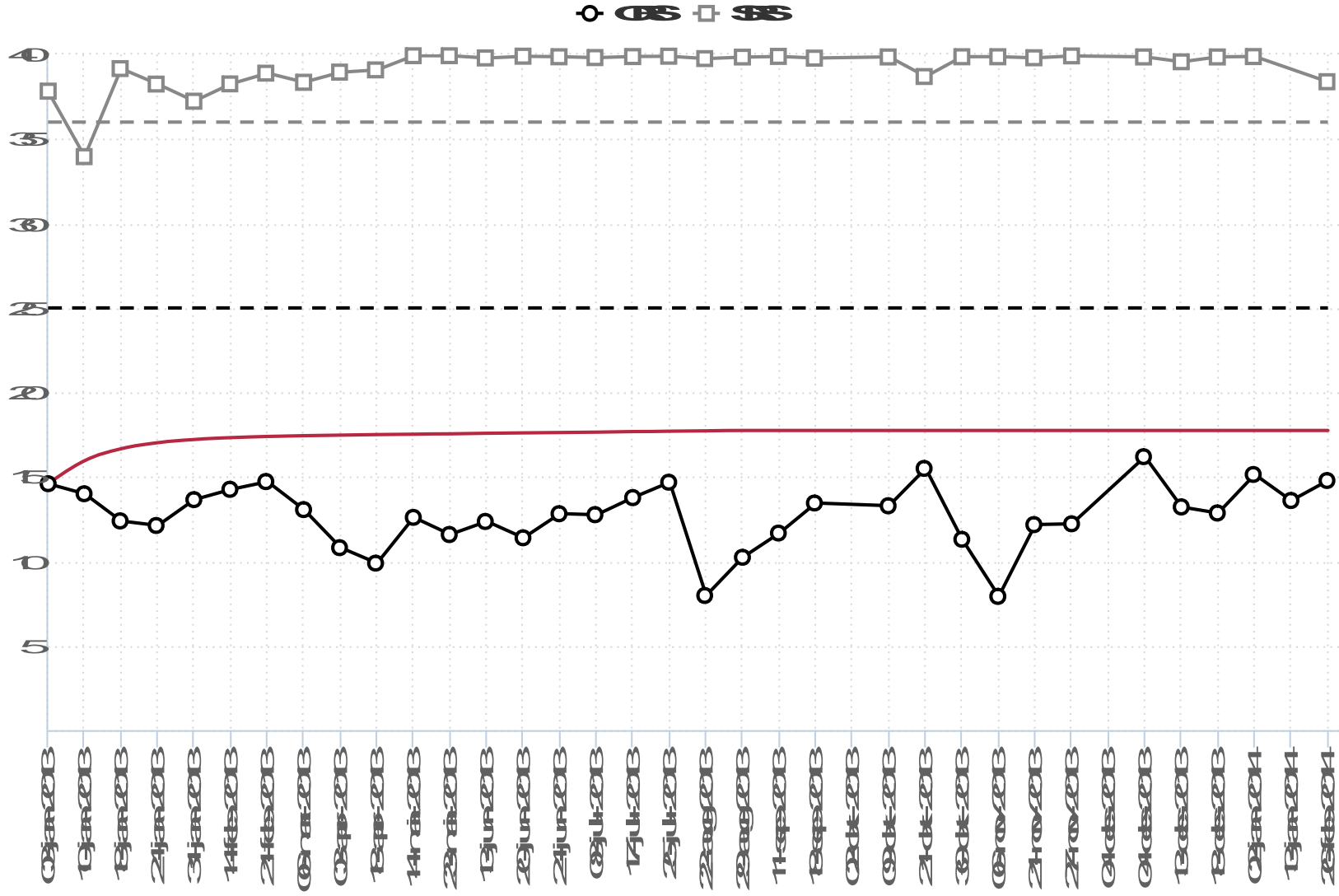
### **FEEDBACKVERKTØY → BEDRE BEHANDLING**

- Også for de dårligste pasientene
- Gradvis bedre effekt gjennom implementeringsperioden
- Delvis på grunn av at feedback virket positiv inn på alliansen



Er feedbackverktøy  
effektive i seg selv?

**TVILSOMT!**



# Hva med akuttpsykiatrien?

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- Et sammensatt felt
  - Format: Døgn, poliklinisk, ambulant
  - Populasjoner: Barn, unge, voksne
  - Tilnærminger
- Folk i krise
- Kortvarig kontakt



## Anbefalinger

1. Bruk feedbackverktøy
2. Tilpass
3. Ta implementering på alvor
4. Lag gode allianser
5. Forsk på feedbackverktøy i akuttpsykiatrien

Takk for oppmerksomheten