

In Psychotherapy With Severe Patients Discouraging News May Be Worse Than No News: The Impact of Providing Feedback to Therapists on Psychotherapy Outcome, Session Attendance, and the Alliance

Paula Errázuriz
Pontificia Universidad Católica de Chile

Sigal Zilcha-Mano
University of Haifa

Objective: Our objective was to assess low-cost and feasible feedback alternatives and compare them to Lambert’s OQ feedback system. We also studied patient, therapist, and process characteristics that could moderate the effect of feedback on outcome, session attendance, and alliance. **Method:** A total of 547 patients, 75% female, average age 41 ($SD = 13$), 95% Latino, treated in an outpatient individual psychotherapy setting in Chile were randomly assigned to five feedback conditions: no feedback, feedback on symptomatology, feedback on the alliance, feedback on both symptomatology and alliance, and Lambert’s OQ progress feedback report. The measures included the Outcome Questionnaire and the Working Alliance Inventory. We also had follow-up interviews with therapists. **Results:** We found through multilevel modeling that feedback had no effect on outcome, session attendance, and alliance. Contrary to previous findings, these results were maintained even when focusing only on patients “not-on-track.” However, patients’ former psychiatric hospitalization history and baseline severity, combined with lack of progress, significantly moderated the impact of feedback. For this more dysfunctional population, “positive feedback” (i.e., low symptomatology) to therapists had a positive impact on therapy outcome, while “negative feedback” (i.e., high symptomatology) had a negative impact. **Conclusions:** Providing feedback to therapists without offering them tools to improve treatment may be ineffective and even be detrimental. This may be especially the case for patients who suffer more severe mental health issues and whose therapists receive mostly discouraging news as feedback.

What is the public health significance of this article?

This study suggests that one type of feedback does not fit all patients and that “negative feedback” to therapists may be harmful to treatment. Before implementing a large-scale feedback system, it is necessary to study its impact on that specific context.

Keywords: feedback, outcome, alliance, attendance, patient-focused research

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In order to monitor and enhance treatment outcome, a new line of research has emerged during the last decade, known as patient-focused research. Patient-focused research promotes systematic and ongoing evaluation of patient response to treat-

ment during the therapeutic process (Howard, Moras, Brill, Martinovich, & Lutz, 1996). The rationale behind patient-focused research is that providing therapists with timely feedback on patients’ therapy progress can help them make treatment decisions based on changes in patients’ symptoms. Therapists can be more responsive to patients’ needs when using feedback because they know how their symptomatology is evolving (Shimokawa, Lambert, & Smart, 2010).

Whereas therapists’ optimism has a positive effect on treatment, it can prevent their timely identification of patients who are not progressing as expected or whose symptomatology is deteriorating (Hannan et al., 2005). Not surprisingly, clinical judgment alone has proven to be less effective in predicting progress than has relying on statistical or actuarial methods (Ægisdóttir et al., 2006; Grove, 2005). Because of this difficulty, the importance of providing real-time feedback to clinicians regarding their patients’ progress so that they can adjust treatment as needed has been recognized (American Psychological Association, Presidential Task Force on Evidence-Based Practice, 2006).

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Paula Errázuriz, Department of Psychology, Pontificia Universidad Católica de Chile; Sigal Zilcha-Mano, Department of Psychology, University of Haifa.

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Correspondence concerning this article should be addressed to Paula Errázuriz, Department of Psychology, Pontificia Universidad Católica de Chile, Avendia Vicuña Mackenna 4860, Macul, Santiago, Chile. E-mail: paulae@uc.cl