Reviewer's report

Title: Motivation and Treatment Engagement Intervention Trial (MotivaTe-IT): The effects of motivation feedback to clinicians on treatment engagement in patients with severe mental illness

Version: 1 Date: 19 October 2012

Reviewer: Simone Farrelly

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I think this is an interesting question and the authors are to be congratulated on their use and application of theory to a complex intervention.

Discretionary revisions

I don't believe there are any compulsory or essential revisions. But a number of aspects below would definitely make it a stronger protocol.

1. The manuscript would be improved by adherence to the 2008 CONSORT extension for nonpharmacologic treatment guidance. In particular,
   a. there is no description of the randomisation procedure. Is this managed by an online system? How is the random number sequence generated? The abstract should state the level of randomisation.
   b. How is clustering accounted for in the sample size calculation?
   c. The abstract should describe the randomisation, blinding etc

2. The protocol would be improved if the authors gave more detail about the settings and TAU control condition. In particular, it seems that this intervention would be delivered in outpatient context. As there are many different models of delivery of outpatient/community mental health case management approaches, and interested readers may not understand the particular model in the Netherlands, the manuscript would be improved by a more detailed description. For example, who are the clinicians and what does a standard consultation involve? For example on page 9 it is described as a ‘therapy session’ – this may be quite different to an outpatient appointment.

3. A related point, if this is a case management intervention, the background literature should be extended to account for this setting. The literature at the moment is all about psychotherapy settings – which may differ in terms of the outcomes of interest e.g., consider the motivation of patients in mandated treatment in community mental health. There are two trials that I’m aware of that have tested feedback to clinicians in community mental health settings 1;2; the outcomes of interest in these two trials are different (e.g., quality of life and satisfaction with treatment) but may be at least conceptually related to the outcomes of interest in this manuscript. Both trials suggest a positive effect for feedback to clinicians. In this context, the authors should say something about
the equipoise of this particular intervention.

4. In terms of reporting, as a complex intervention, it is advisable to discuss the stage of development upfront – i.e., Is this a pilot? Efficacy trial versus effectiveness? (see Tansella, Thornicroft et al 2006, Psych Medicine). There are number of guidelines about stages of development that it would be useful to contextualise this intervention with (e.g., UK MRCs guidance on complex interventions). Is this intervention is untried in this particular setting and with these patient groups? The authors should discuss the potential impact such novel aspects? There may also be an impact on the sample size if this is untested in this context and with these patient groups.

5. This may be my lack of understanding, but the primary outcome is not entirely clear to me. Is it TEQ? HCCQ? Or a combination of these and the measures addressing TTM and IM? Which scales were used to determine the sample size? This section could benefit from a little clarification for the uninitiated reader.

Points to consider
- How may the effect of the intervention be affected by individual clinician factors? Would TM be a factor of the relationship with an individual clinician and if so, how would the FACT-team participants differ in their response to the intervention?
- It is not clear why (other than perhaps convenience) why personality disorders are included alongside psychosis? What are the likely effects of this and will this be addressed in analyses?
- Regarding therapeutic alliance (and this relates to the points about settings) recent evidence suggests that there is only weak evidence for a link between therapeutic alliance and outcomes in community mental health settings.
- Have the authors considered some qualitative work/process evaluation to determine the acceptability of the intervention from the perspectives of the patients themselves? This may also help to explicate which of the theories are most applicable.

Typos/wording
P 5 – third line from the bottom ‘complement’ rather than ‘completement’
P 14, last line suggest ‘respond according to social desirability’

Reference List
(3) Boutron I, Moher D, Altman DG, Schulz KF, Ravaud P. Extending the


**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests