Reviewer's report

Title: Study protocol Efficacy of immediate patient feedback in emergency psychiatry: A randomized controlled trial in a Crisis Intervention & Brief Therapy Team

Version: 2 Date: 10 July 2013

Reviewer: Christoph Flückiger

Reviewer's report:

"The other articles are being referred in the revised version." Unfortunately, most references (e.g. Pinsof) and more important the specific discussions/arguments behind are not addressed in the revised version. I hope to be much more explicit at this round now:

1) Supportive aspects (introduced e.g. by Pinsof)
   - Pinsof system is very explicit about social support issues.
   - Social support might be especially crucial in patients in crisis. Such alternative factors such as family support or preexisting experiences with therapists (helpful or not helpful) might impact the alliance as well as outcome.
   # The authors should adapt the feedback system to the patients’ population.
   Alternatively: The authors should provide a rationale why a very general feedback system should be useful for this very specific kind of patients.

2) Shape to the clinicians needs (multiple therapeutic processes introduced e.g. by Grawe)
   - It is not obvious why the authors do not adapt the feedback system for the clinicians needs to treat the patients. For example process-experiential or cognitive-behavioral therapists might evaluate further processes as important (outside of the alliance)
   # The authors should adapt their feedback system to the therapists’ needs.
   Alternatively, be very explicit about the acceptance/suitability/adherence and its interactions with outcome (therapists and patients).

3) Differential patterns of change / non-linear changes (introduced e.g. by Lutz)
   - Since the overall alliance-outcome correlation is robust but small, the study provides no information about the cases where a negative alliance is associated with good outcomes. The authors introduce a quite linear understanding of how alliance is connected with outcome. However, in the literature there is a broad range of proposals how to address possible ruptures/tears. Please be much more explicit how clinicians should/could deal with non-linear issues (e.g. Lutz, 2009).
   # The authors should be more explicit about the clinical practice of the feedback system (e.g. qualitative analyses of how the therapists and patients used the
information to the feedback system for there case formulation and treatment adaptation)

4) Information processing or feedback tool? The adjunctive instruction on the alliance (Flückiger) was not developed as feedback tool. It was more an introduction of the psychological argument that applying (direct or indirect) feedback tools might go along with changes in patients general information processing (valuing patients perspectives). The present design (TAU vs. feedback) do not allow for any interpretation about the specific feedback system. # The authors should introduce randomized contrast within different feedback systems (e.g. controlling for “dose”-effects). Alternatively: Please be very explicit why a TAU contrast is required at the recent stage of research. Furthermore be very explicit about the quality management of TAU in your study means (e.g. supervision, case meetings and so on).

Formal aspects
- Citations: References should be sorted in accord to the first citation.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.