Author's response to reviews

Title: The short-term effect on alliance and satisfaction of using patient feedback scales in mental health out-patient treatment. A randomised controlled trial.

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Author's response to reviews: see over
Editor,
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Resubmission of manuscript: The short-term effect on alliance and satisfaction of using patient feedback scales in mental health out-patient treatment. A randomised controlled trial.

We are grateful for the possibility to resubmit this manuscript. Our responses to the comments from the editor and reviewers are as follows:

Editor
1) Copy Editing - After reading through your manuscript, we feel that the quality of written English needs to be improved before the manuscript can be considered further.

We advise you to seek the assistance of a fluent English speaking colleague, or to have a professional editing service correct your language. Please ensure that particular attention is paid to the abstract.

We have consulted a language editing service before resubmission of the manuscript.

Reviewer #1
This paper tested via a RCT whether the use of two brief feedback scales in mental health outpatient treatment results in improved treatment alliance and patient satisfaction six weeks after starting treatment. In the following some comments on specific parts of the manuscript:

1) Abstract
a) The abstract gives a clear and concise summary of the content of the paper.

2) Introduction
a) Background and scope of the work have been comprehensively described.

b) The section “Aim and hypotheses” should be complemented by adding that, in addition to the primary endpoints, secondary outcomes (mental health symptoms/functioning, patient activation/coping, quality of life, patient motivation and patient participation) were analyzed.
We have added a sentence at the end of the section “Aim and hypotheses” regarding the secondary outcome measures.

“Secondary outcomes were mental health symptoms, patient activation, health-related quality of life, patient motivation, and patient participation.”

c) The source of the definition of treatment alliance used in this paper (p. 8) should be cited.

We have added the reference for treatment alliance in the description of hypothesis 1 in the “Aim and hypotheses” section:

“In this study we defined treatment alliance as the patient’s perception of a relational bond and good collaboration with the therapist [40].”

3) Methods

a) Methods of the trial should be reported in line with current recommendations (Zwarenstein et al., 2008). E.g. fully describe inclusion and exclusion criteria.

The present manuscript reports in line with the recommendations given in Boutron, Moher, Altman, Schulz and Ravaud (2008). Extending the CONSORT Statement to Randomized Trials of Nonpharmacologic Treatment: Explanation and Elaboration. Annals of Internal Medicine, 2008;148:295-309.

If needed, we will of course change the report structure to Zwarenstein and colleagues.

Regarding inclusion and exclusion criteria, we believe we have already stated these in this paragraph:

“All patients offered treatment at the out-patient unit between six weeks and three months after referral were eligible. The lower limit of six weeks was needed to allow for baseline assessment, randomisation, and treatment allocation in the units. There were no exclusion criteria. All therapists at the out-patient unit who provided and were responsible for individual treatment were eligible for participating in the study.”

b) p. 9, section “Recruitment”, 1st paragraph: Please correct: “[...] written information was given […]”.

The sentence is corrected in the current manuscript.
c) 1st paragraph: Although a participant flow chart is provided (Fig. 1), it would be helpful if the text would contain the basic information of how many patients were invited/screened for inclusion, and how many could be enrolled (cf. 3a).

We have already described the participant flow in the first paragraph of the Result section:

“The flow of participants during recruitment and study is described in Figure 1. Three hundred and ninety-five out-patients were eligible and received an invitation letter. Eighty-seven volunteered to participate and 12 withdrew before randomisation. A total of 75 patients were randomised; 37 were put in the PCOMS group and 38 in the treatment as usual group.”

If needed, we will of course repeat this information in the Methods section.

d) 5th paragraph: Although it is stated that the treatment approaches in intervention and TAU groups were chosen freely by the therapists, please at least indicate the range of therapies provided applied in the outpatient unit (e.g. pharmacotherapy, psychotherapy, occupational therapy).

We have added a sentence in the Intervention section to describe this:

“The therapists working in the out-patient units in general mostly use psychotherapy, cognitive behavioural therapy, and some pharmacotherapy.”

Did you check for systematic differences in treatment provided by allocation to intervention or TAU groups?

We did not specifically check for systematic differences in the treatment provided in the two groups. We collected no data on the treatment provided during the study. Since there were no differences between the therapist groups regarding educational background or work experience, we did not consider this to be necessary.

4) Results:

a) p. 16, section “Baseline data“, 1st paragraph: Please correct: “In the total sample 63% were female […]”.

The sentence is corrected in the current manuscript.

b) p. 16, 2nd paragraph 2: Did you test for differences (SES etc.) between study participants and non-participants? It is not conclusive that tests were performed for therapists (and p-values are shown in table 2), but where are the test results for patient differences?
We tested for differences between the two groups of therapists, and the results and statistical methods are reported in Table 2. We did not test for differences between the group of patients that participated and the non-participants since the data collected were only age, gender, and main (referral) diagnosis.

5) Discussion
   a) p. 23, section “Treatment outcome”, last sentence: please correct: “A longer follow up time is needed to make a more exact comparisons [...]”

   The sentence is corrected in the current manuscript.

6) Conclusion
   a) Last sentence: Please divide in two sentences by starting a new sentence after “effect sizes”. (p. 24).

   The sentences are divided in the current manuscript.

I recommend to enlist the aid of an English native speaker to improve style of writing.

See comment to editor.

Reviewer #2
This paper present preliminary information that may be useful as a spur to future research. Weaknesses are detailed below.

Discretionary Revisions
1) The introduction is thorough and comprehensive but long. Consolidating this section to some extent could be helpful. The authors also use passive voice—converting to active voice, although not essential, would improve readability.

We have rewritten several parts of the Introduction section to include a more active voice.

Minor Essential Revisions
2) In the Methods section, it appears that therapists self-selected to participate in the intervention rather than being randomly assigned to intervention vs. control. This is a potential weakness that should be discussed.
In the Discussion section we have added a sentence to highlight the fact that therapists initially self-selected to participate. Eventually 86 % of all therapists participated. We have therefore chosen not to discuss the self-selection as a weakness.

“Although the therapists initially self-selected to participate, 86 % of all eligible therapists at the out-patient units eventually participated in the study.”

3) General information regarding patients’ diagnoses is presented. More specific information would help the readers understand the target population.

We only collected the main (referral) diagnosis for the participating patients. As we describe in the beginning of the Result section, the main diagnosis in the group participating was representative of the 40 % of non-participants we were able to collect data on main (referral) diagnosis.

4) The authors use “coping” as a synonym for “activation,” when activation refers to a much broader constellation of attitudes and behaviors than is implied by coping. Self-efficacy is more closely related to activation than is coping.

We agree with the reviewer and have replaced the term “coping” with the more precise term “patient activation” throughout the current manuscript.

5) The authors use the term “quality of life” to refer to the SF-12 measures, which are more accurately described as “health-related quality of life”—a more narrowly defined concept.

We have changed the term “quality of life” to “health-related quality of life” when describing SF-12 measures throughout the manuscript.

6) It is not clear why demographic data were collected for only 40% of non-participating patients. If these data are not available, a more complete explanation of why they were not collected would be helpful.

We have added a sentence describing the reason in the Result section:

“Due to data registration restrictions, we were not able to collect data for all non-participating patients.”

7) Minor English-language errors are present occasionally in the manuscript. A careful editing would address these problems.

See comment to editor.
Major Compulsory Revisions

8) Measures were translated and back-translated but no information is presented about the psychometric properties of the translated instruments. Such information might be very helpful in interpreting results.

We have added a paragraph describing the results from calculation of Cronbach’s alpha on the translated outcome measures:

“Cronbach’s alpha was calculated and found satisfactory for the outcome measures that were translated to Norwegian for this study. The results were 0.89 for BASIS-32 (mental health symptoms and functioning), 0.93 for TAS (treatment alliance), and 0.96 for CSQ (patient satisfaction).”

We hope our responses and resubmitted manuscript are satisfactory and look forward to hearing from you again.

Yours sincerely

Marit By Rise /s/