TESTING THE EFFECT OF FIT IN GROUP PSYCHOTHERAPY FOR PATIENTS WITH EATING DISORDERS

Annika Helgadóttir Davidsen, licensed psychologist & PhD
Assistant Professor at the University of the Faroe Islands

FIT Nätverket 6. september 2024

RESEARCH FUNDED BY:

Innovationsfonden

REGION H

Mental Health Services

DET KONGELIGE DANSKE
Videnskabernes Selskab
THE ROYAL DANISH ACADEMY OF SCIENCES AND LETTERS

External collaborator:

CTU Copenhagen Trial Unit
Centre for Clinical Intervention Research

THE PLANNING OF THE STUDY STARTED IN 2010 AT

STOLPEGAARD PSYCHOTHERAPY CENTRE (PCS):

- OUTPATIENT TREATMENT OF ADULTS WITH EATING DISORDERS (AND OTHER MENTAL DISORDERS)

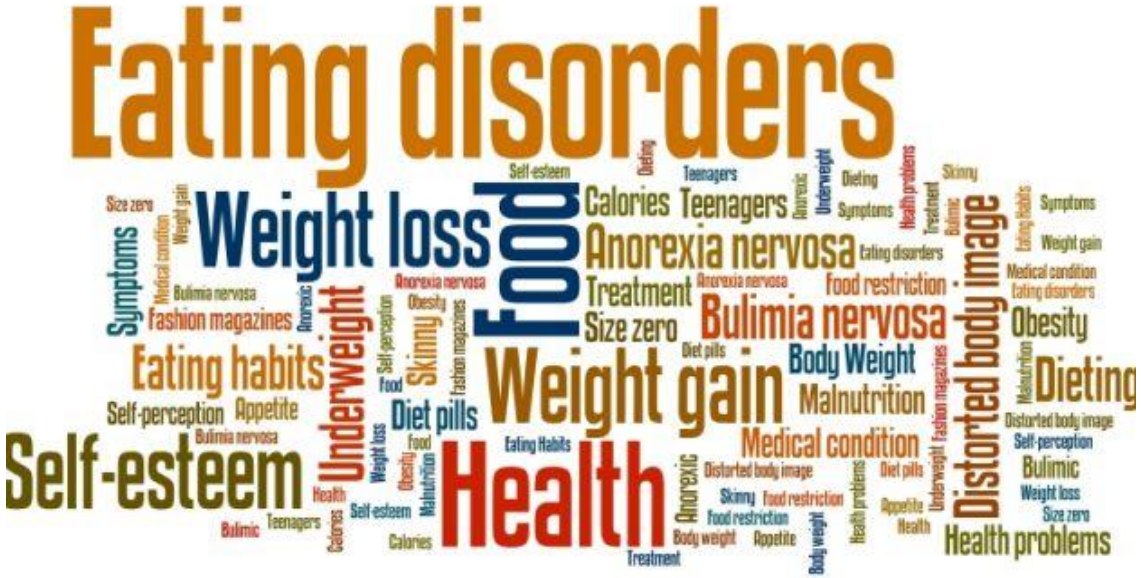
AIM OF RESEARCH

- To examine the effect of client feedback on treatment attendance and outcome in group psychotherapy for eating disorders

- *Hypothesis*: Client feedback, with subsequent adjustments of the treatment, will increase attendance and outcome

SHORT ABOUT EATING DISORDERS

- Severe disturbances in eating behavior (APA, 2000) with significant physical, psychological and social consequences for the individual and his or her relations
- Anorexia (AN)
- Bulimia (BN)
- Binge Eating Disorder (BED)
- Eating Disorders Not Otherwise Specified (EDNOS)



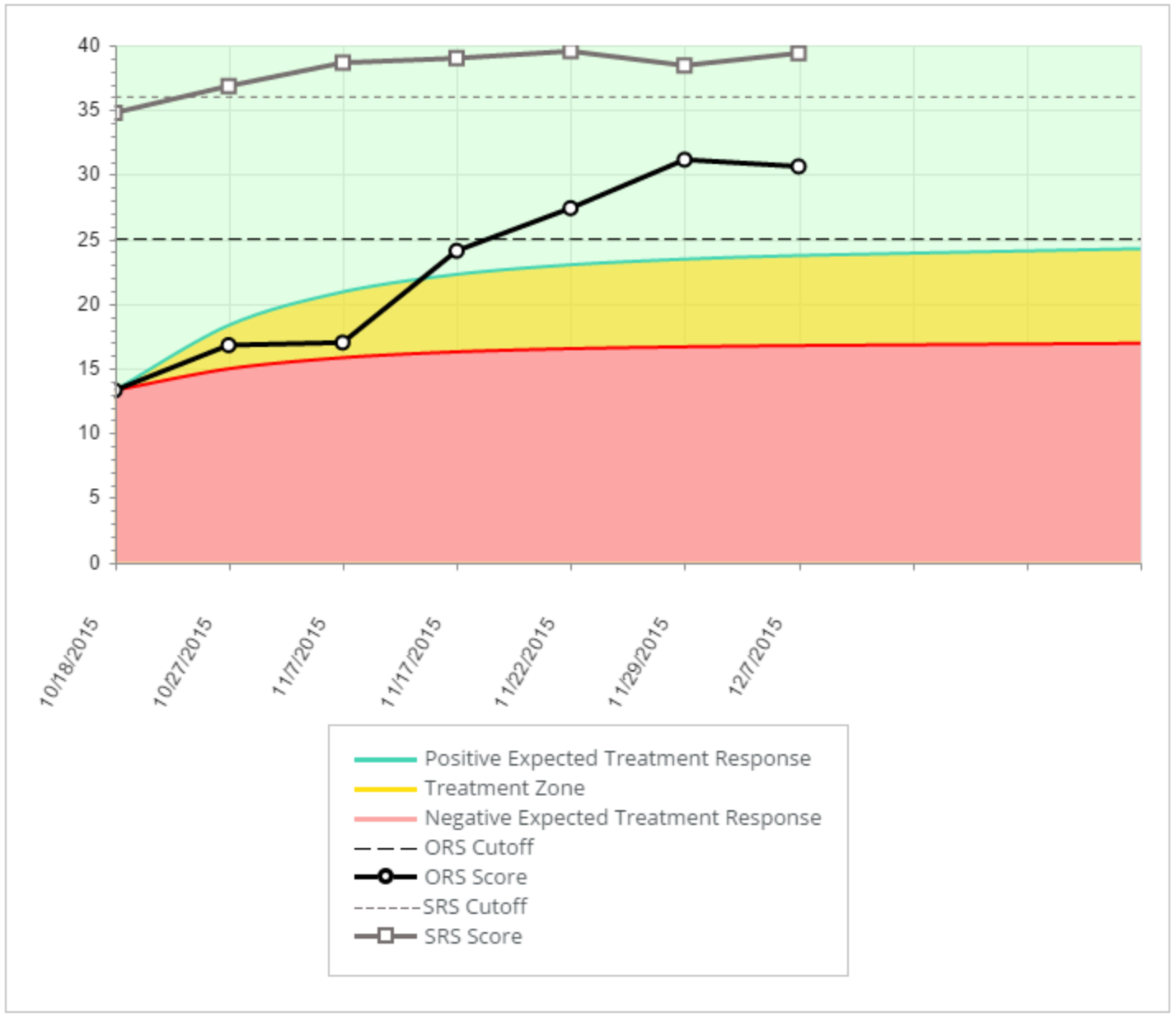
CHALLENGES OF DROP-OUT AND LOW REMISSION RATES

- 32 % of patients with BN, EDNOS, or BED dropped out at PCS in 2011
- Negative effect of drop-out:
  - People are not helped
  - Domino effect in group therapy
- Remission rates are low:
  - 30 % of patients with BN and EDNOS remain affected (Keel & Brown, 2010)

FIT RATIONALES

- 'Patient-focused research': supporting a research-practice perspective (Lutz et al., 2015)
- '*Valuing clients as credible sources of their own experiences of progress and relationship*' (Duncan & Reese, 2015)
- An effective way to address drop-out and improve outcome

ORS & SRS



FIT TOOLS USED IN THE STUDY:

THE OUTCOME RATING SCALE (ORS)
THE GROUP SESSION RATING SCALE (GSRS)

EFFECT OF CLIENT FEEDBACK

- Reviews and meta-analyses report a positive effect of FIT on outcome, especially:
  - for patients achieving less than expected change, not-on-track (NOT) (e.g., Krägeloh et al., 2015; de Jong et al., 2021; Kendrick et al., 2016; Lambert et al., 2018; Østergård et al., 2018; Rognstad et al., 2023)
- The effect seems to weaken with more severely affected psychiatric patients (Davidson et al., 2015)

lting and Clinical Psychology

0022-006X/17/$12.00 http://dx.doi.org/1

Feedback in Group Psychotherapy for Eating disorders: A Randomized Clinical Trial

Annika Helgadóttir Davidsen
d Psychotherapy Centre, Capital Region of Denmark, and University of Copenhagen

Stig Poulsen
University of Copenhagen

Jane Lindschou and Per Winkel
Copenhagen University Hospital

Marjun Frígerð Tróndarson, Mette Waad and Marianne Lau
Stolpegaard Psychotherapy Centre, Capital Region

Objective: To investigate the effect of client feedback in group psychotherapy on attendance and treatment outcome for patients with eating disorders. ***Method:*** We conducted a randomized clinical trial with central randomization stratified for diagnosis and treatment type according to a computer-generated allocation sequence concealed to the investigators. One-hundred and 59 adult participants, diagnosed with bulimia nervosa, binge eating disorder, or eating disorder not otherwise specified according to *DSM–IV*, were included. Eighty participants were allocated to the experimental group, and 79 participants to the control group. Both groups received 20–25 weekly group psychotherapy sessions. In the experimental group, participants gave and received feedback about therapy progress and alliance, measured before and after each session using the Outcome Rating Scale and the Group Session Rating Scale. The primary outcome was rate of attendance to treatment sessions; the secondary outcome was

METHODS

- Randomized clinical trial, RCT
- All patients referred to group psychotherapy for BN, BED or EDNOS at PCS (patients with AN were excluded)
- 159 patients included between August 2012 and February 2014

GROUP THERAPY SETTING

- 7 patients and 2 therapists
- Systemic and narrative group therapy once a week for 20 weeks (BN) or 25 weeks (BED)
- Individual therapy in the group, i.e., all patients are active each session
- Supplementary sessions (as needed) with dietician, social worker, doctor, and relatives

15 THERAPISTS

- Two men and 13 women
- Mean age: 44.3 years (*SD* = 9.1)
- Mean years of experience
  - Psychotherapy in general: 7.2 (*SD* = 6.6)
  - ED treatment: 3.8 (*SD* = 5.2)
- Training: 2x3 hours
- Supervision: 1 regular biweekly, 1 FIT specific monthly
- The F-EAT allegiance measure
- Served as their own controls

INTERVENTIONS

Experimental group (FIT group)

- ORS before each session
- GSRS after each session

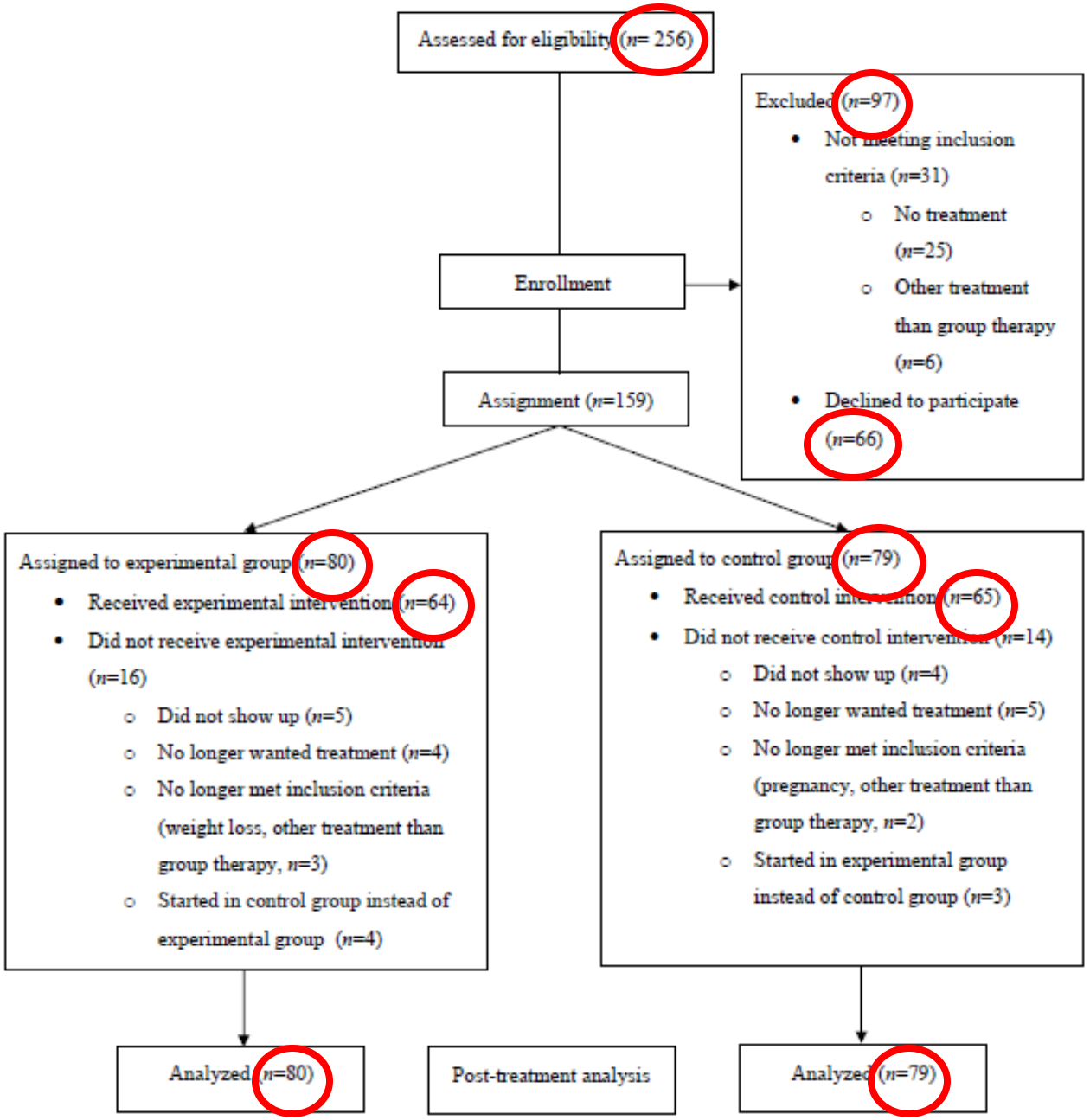
Control group

- Patients filled out the ORS without giving or receiving feedback

OUTCOMES

- *Primary*: Rate of attendance (no. of attended sessions over no. of planned sessions)
- *Secondary:*
  - Severity of ED symptoms (Eating Disorder Examination global score)
  - Psychological problems and life functioning (SCL-90, ORS and WHO-Five well-being index)
  - Functional impairment (Sheehan Disability Scale)
- *Exploratory*: Suicidal tendencies (elements of the Self-Harm inventory)

RESULTS


Assessed for eligibility (n= 256)
Enrollment
Excluded (n=97)
Not meeting inclusion criteria (n=31)
No treatment (n=25)
Other treatment than group therapy (n=6)
Declined to participate (n=66)
Assignment (n=159)
Assigned to experimental group (n=80)
Received experimental intervention (n=64)
Did not receive experimental intervention (n=16)
Did not show up (n=5)
No longer wanted treatment (n=4)
No longer met inclusion criteria (weight loss, other treatment than group therapy, n=3)
Started in control group instead of experimental group (n=4)
Assigned to control group (n=79)
Received control intervention (n=65)
Did not receive control intervention (n=14)
Did not show up (n=4)
No longer wanted treatment (n=5)
No longer met inclusion criteria (pregnancy, other treatment than group therapy, n=2)
Started in experimental group instead of control group (n=3)
Analyzed (n=80)
Post-treatment analysis
Analyzed (n=79)

Majority of patients in both intervention groups were:

- Single females
- In their twenties
- Without children
- Under education

Baseline characteristics for patients in feedback and no feedback groups

Characteristics/categories	Feedback (*N* = 80)	No feedback (*N* = 79)
Basic treatment type (vs elaborate), *n* (%)	31 (38.8)	34 (43)
Diagnosis, *n* (%)		
Bulimia nervosa	29 (36.3)	28 (35.4)
Binge eating disorder	37 (46.3)	36 (45.6)
Eating disorder not otherwise specified	14 (17.5)	15 (19.0)
Age in years, *M*(*SD*)	26.4 (8.4)	27.5 (8.9)
Female, *n* (%)	78 (97.5)	78 (98.7)
Duration of eating disorder > 5 years, *n* (%)	55 (68.8)	49 (62.0)
Body Mass Index (*SD*)	26.3 (7.9)	26.3 (7.5)
Marital status: single, *n* (%)	55 (68.8)	57 (72.2)
Children under the age of 15: no, *n* (%)	68 (85%)	65 (82.3)
Education: ≥ 10 years of schooling, *n* (%)	59 (73.8)	66 (83.5)
Employment status: student, *n* (%)	34 (42.5)	37 (46.8)
Comorbidity[1]: ≥ 1 comorbid diagnosis, *n* (%)	24 (30.0)	24 (30.4)
SAPAS score ≥ 4, *n* (%)	30 (37.5)	35 (44.3)

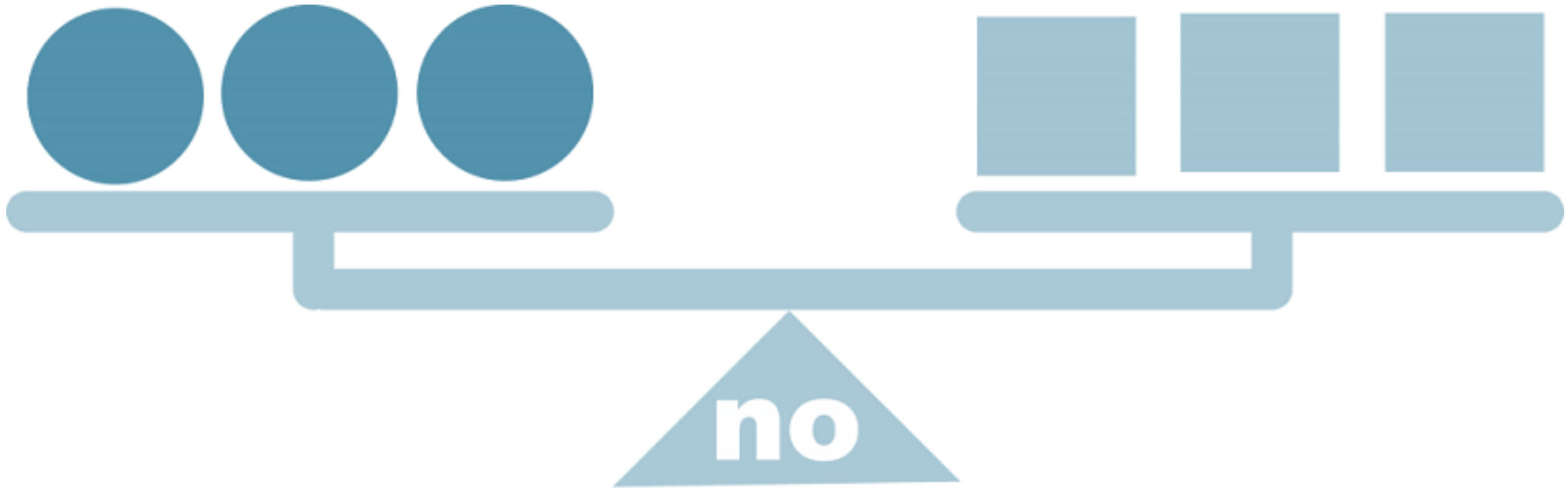
[1] Comorbidity was assessed with the Mini International Neuropsychiatric Interview (MINI). SAPAS = Standardised Assessment of Personality – Abbreviated Scale.

MAIN FINDINGS

- Treatment was successful
  - overall effect size: EDE = 1.5; ORS = 0.76

- Feedback did *not* affect
  - the rate of attendance (0.59 vs 0.58; $p = 0.96$),
  - the severity of symptoms (2.03 vs 2.02; $p = 0.46$)
  - or any of the exploratory outcomes (p values from 0.06 to 0.67)

- Results are consistent with some previous research (Schmidt et al., 2006; Davidson et al., 2014 ; Janse et al., 2016)
- Differ from other (e.g., Anker et al., 2009; Knaup et al., 2009; Shimokawa et al., 2010; Lambert & Shimokawa, 2011; Truitt, 2011; Carlier et al., 2012; Simon et al., 2013; Krägeloh et al., 2015)



significant difference

THERAPIST SURVEY

- Therapists routinely looked at the scores but they were not used as tools to discuss the progress

Table 4
Therapist Survey (N = 11)

Questions	Median[a]
1. How often did you look at the patients' ORS scores?	4
2. How often did you look at the patients' GSRS scores?	4
3. How often did you (alone) reflect upon the patients' progress, based on the ORS and GSRS?	3
4. How often did you discuss with your co-therapist the patients' progress, based on the ORS and GSRS?	2
5. How often were the ORS/GSRS-scores discussed at team conferences?	1
6. How useful was the ORS graph?	2
7. How useful was the distribution of ORS scores into green and red areas?	3
8. How useful was the expected treatment response (ETR) graph?	2
9. How useful was the GSRS graph?	3
10. How useful was the GSRS cut-off score?	1
11. How useful were the ORS and GSRS with regards to adjusting or ending the treatment course?	2
12. How useful was discussing the ORS and GSRS scores with the patients?	2
13. How useful was discussing the ORS and GSRS scores with your co-therapist?	2
14. How useful was the FIT-supervision?	3

Note. ORS = Outcome Rating Scale; GSRS = Group Session Rating Scale; FIT = Feedback-informed treatment. Answers were rated on a 5-point Likert scale and scored from 0 to 4.
[a] *Mdn* = 0–4.

DISCUSSION

- Instrumental implementation of FIT:
  - Patients and therapists used the FIT tools
  - Good match between FIT and therapists
  - Organizational context and treatment packages

THERAPIST BARRIERS TO ROUTINE IMPLEMENTATION OF FIT

01

Limited knowledge of clinical outcome measures

02

Limitations in training

03

Burden on clients

04

Concerns regarding additional work and time

(Ionita et al., 2020)

CONCLUSIONS

- Using FIT has a positive effect on psychotherapy outcome, especially for clients NOT

- Inspite of a good fit with therapeutic orientation, FIT did not have advantages in this treatment setting

- Achieving an effect of FIT is complex and also depends on organizational context, therapists and implementation issues

THANK YOU FOR LISTENING!

Annika Helgadóttir Davidsen
Licensed psychologist, PhD
annikad@setur.fo

THE NEXT FIT CONFERENCE IN THE FAROES:

APRIL 29TH – MAY 2ND 2026

ICCE | The International Center for Clinical Excellence