EFFECTS OF THE USE OF FEEDBACK IN PSYCHOTHERAPY: TWO CASE STUDIES

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Abstract

The research shows that the highest percentage of effectiveness in psychotherapy is due to a series of extra-therapeutic variables, among which the feedback provided in the therapeutic session stands out (Wampold & Imel, 2015). The way in which outcomes are evaluated in psychotherapy on which feedback is given to the patient is called Routine Outcome Monitoring (ROM), which consists of the periodic inter-session evaluation of the progress of psychological treatment. To evaluate the patient's progress throughout treatment, the Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE; Evans et al., 2002) stands out, although there are few studies that have tested the effectiveness of its use. The objective of this work is to analyze the impact of the feedback that the therapist provides to the patient on their progress, based on the use of the CORE, in routine clinical practice. The sample was made up of two participants who were treated in private clinical practice, aged between 50 and 60 years, who presented anxiety-depressive problems of varying severity without other diagnoses. The instruments used were the CORE-18 and CORE-34 to evaluate the inter-session progress of the patients, the first composed of two parallel forms that alternate in their application, and the SCL-90-R (Derogatis, 1977) to evaluate clinical symptoms. The session-by-session CORE-18 scores, and the CORE-34 scores obtained every three months, were used to monitor progress and provide feedback to the patient about the evolution of treatment. Analysis of treatment effects was carried out using a single-case design, and statistical analyses were used to quantify the magnitude of the treatment effect, the reliability of the change, and its clinical significance (Jacobson & Truax, 1991). The results showed reliable and significant changes, with an effect size that qualified the treatment as very effective, in both participants. The results obtained allow us to conclude that the CORE questionnaire appears to be an effective tool for systematic monitoring of results, which has in turn proven useful for carrying out an effective intervention in patients with anxiety-depressive problems of different severity.

Keywords: Psychotherapy efficacy, routine outcome monitoring, CORE, feedback, case study.

1. Introduction

Although the use of validated, evidence-based psychological treatments has been progressively increasing, therapeutic failure rates remain high. In fact, clinical trials show that approximately 30% of patients do not respond to psychotherapy, and in routine practice, up to 65% of patients drop out of treatment without measurable benefit (Lambert, 2017). These data highlight the need for further research to improve therapeutic interventions in order to increase their effectiveness and reduce failure rates. For this purpose, it is relevant to analyze the common factors that explain the effectiveness of treatments, as it has been shown that the therapeutic relationship and the active participation of the patient play a crucial role in treatment outcomes, regardless of the model applied (Wampold & Imel, 2015). In particular, recent research supports the use of instruments that evaluate the patient's progress during the course of psychotherapy and provide continuous feedback that can improve treatment outcomes (de Jong et al., 2025). Assessment of patient progress during the therapeutic process is carried out through routine outcome monitoring (ROM), one of the main instruments used for this purpose being the Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE; Evans et al., 2002). However, research is needed to determine the efficacy of this strategy on different clinical problems and its application in different therapeutic contexts. Given that anxiety and depressive disorders are highly prevalent in clinical practice, the aim of this paper was to analyze the impact of feedback on treatment progress, as assessed by CORE, on two clinical cases suffering from anxious-depressive problems of different severity.

2. Method

2.1. Participants

The sample was made up of two participants who were treated in private clinical practice in a psychotherapy center in Malaga (Spain). From an original sample of 16 cases in which feedback had been routinely applied during the intervention process, the inclusion criteria in this study were being between 50 and 60 years old and present anxious-depressive problems without other diagnoses. The exclusion criterion was receiving pharmacological treatment. The information for the diagnosis was obtained through a clinical interview and according to the ICD-10 it was, for Case 1, as Mixed Anxious-Depressive Disorder (F41.2), and for Case 2, as Mixed Anxiety-Depression Reaction (F43.22). Both patients had a medium-high socio-economic level.

2.2. Instruments and procedure

The Clinical Outcomes in Routine Evaluation (CORE; Evans et al., 2002) is a set of scales that measure subjective well-being, functioning, problems/symptoms and risk, which are used to carry out systematic monitoring of results in psychotherapy. In this work, the CORE-34 and CORE-18 were used, the latter consisting of two parallel forms which alternate in their application. Specifically, we used the Spanish adaptation of the scales carried out by Feixas et al. (2012), which have a test-retest reliability between 0.75 and 0.90 and have high validity and sensitivity to detect change (Trujillo et al., 2016). The clinical cut-off point set at 1.00 in several studies was used in this study (e.g. Feixas et al., 2012).

The Symptom Checklist-90-Revised (SCL-90-R; Derogatis, 1977) is a 90-item instrument that is used to evaluate the clinical symptoms that the person has experienced in the previous week. In this work, the global severity index (GSI) score was used. Regarding the clinical cut-off point, it is set at 0.60 for functionally-moderately symptomatic, and at 1.20 for moderately-severely symptomatic (Schmitz et al., 2000).

In Case 1, 12 treatment sessions were carried out, while in Case 2 there were 15, in both with an inter-session period of around two weeks and a total duration of seven and eight months, respectively. The psychological intervention used was carried out using an integrative systemic approach. The CORE-18 scores obtained before each session allowed the therapist to provide continuous feedback to patients on their progress. In addition, the observation of the graphs with the CORE-34 scores obtained every three months allowed the patient to be aware of the moments of the intervention when changes occurred, which were reviewed within the session. The SCL-90-R was passed before the start and after six months of treatment.

3. Results

Analysis of treatment effects was carried out using a single-case design, and statistical analyses were used to quantify the magnitude of the treatment effect, the reliability of the change, and its clinical significance (Jacobson & Truax, 1991). As seen in Figure 1, in Case 1 the CORE score began in a clinical range (1.3), it suffered a slight aggravation between sessions three and four, dropping below the pre-treatment score in session five and, as the treatment passes, progressively decreasing to 0.39 (non-clinical range). Consequently, there has been a reliable improvement, with a decrease of 0.5 points. A clinically significant change also occurred when the pre-treatment score decreased below the cut-off point of 1.00, thus meeting all clinical change criteria. With regard to Case 2, Figure 2 shows that it started with a score of 0.97, which, although not reaching the clinical range, zigzagged down to 0.17, also indicating a reliable improvement. The effect size on change obtained (Scruggs and Mastropieri, 1998) was 90.91% for Case 1 and 100% for Case 2, qualifying the treatment as very effective.

Figure 1. CORE scores for case 1.	*Figure 2. CORE scores for case 2.*

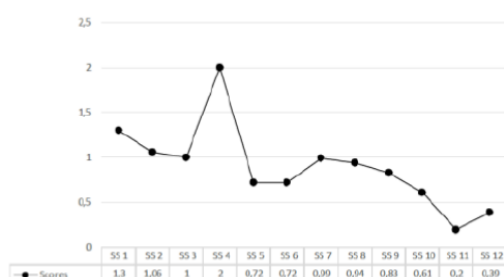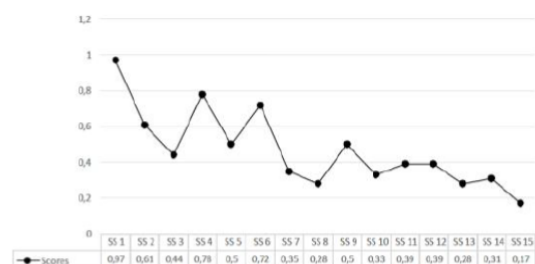*Figure 1. CORE scores for case 1.*

Figure 2. CORE scores for case 2.

As for the GSI of the SCL-90-R, Figure 3 shows that in Case 1 it went from 1.6 to 0.11 points, so there was a change of clinical significance. With regard to Case 2, it can be seen in Figure 4 that, although the pre-treatment score did not reach the clinical range, there was also a significant reduction in anxious-depressive symptoms.
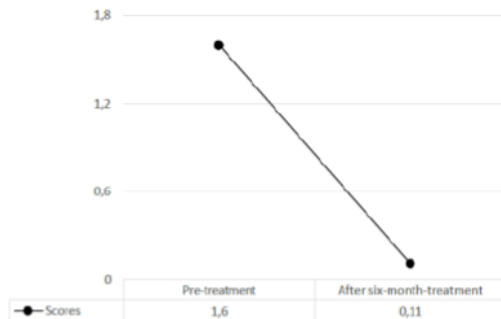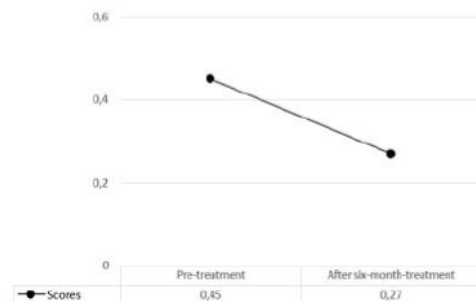

Figure 3. SCL-90-R scores for case 1.

Figure 4. SCL-90-R scores for case 2.

4. Discussion

The results obtained on the CORE and SCL-90-R scores show that reliable and significant changes were produced through the use of ROM in both participants, with an effect size that qualified the treatment as "very effective." In light of our results, the use of ROM has been shown to be effective for intervention in people with anxious-depressive problems of different levels of severity. However, future studies are required that compare the intervention carried out with the usual treatment used without the inclusion of ROM and feedback, which would allow us to conclude on the specific contribution of these strategies to the treatment results. In conclusion, the findings of this study underscore the importance of continuous feedback in the therapeutic relationship as a means of improving treatment outcomes.

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