Developing a European Psychotherapy Consortium (EPoC):

Scientific Objectives and Logistical Challenges

Miguel M. Gonçalves* & Wolfgang Lutz*, Brian Schwartz, João Tiago Oliveira, Suoma Saarni, Orya Tishby, Julian Rubel, Jan Boehnke, Adrian Montesano, Dario Paiva, Davide Ceridono, Emmanuelle Zech, Eeva-Eerika Helminen, Jochem Willemsen, Kasperi Mikkonen, Katarina Kompan Erzar, Luís Janeiro, Omar C.G. Gelo, Paula Errazuriz, Pawel Holas, Rafał Styła, Tatjana Rožič, Vera Békés, Zsolt Unoka & Michael Barkham

(*both first authors)

Correspondence concerning this article should be addressed to:

João Tiago Oliveira, School of Psychology, University of Minho, 4710-057, Braga, Portugal, jtoliveira@psi.uminho.pt

Abstract

Complementing the development of evidence-based psychological therapies, practice-based evidence has developed from patient samples collected in routine care, addressing questions relevant to patients and practitioners and thereby expanding our knowledge of psychological therapies and their impact. Implementation of assessments in routine care allows for timely clinical decision support and the collection of multiple practice-based data sets by addressing the needs of patients and clinicians (e.g., routine outcome monitoring) and the needs of researchers (e.g., identifying the impact of therapist variables on outcomes).In this article we describe an initiative developed in Europe, through the Society of Psychotherapy Research, aiming to create a consortium that has the potential for collecting data on tens of thousands of patients per year. A survey identified one of the main problems in the development of a common data set to be the diversity of measures used by members (e.g., 87 different pre-post outcomes). Three strategies for addressing this issue were adopted: (1) the addition of a single item, common to all the clinics; (2) the development of procedures that allow crosswalks of outcome measures; and (3) the creation of a task force that may be consulted when new data sets are collected, aiming for new common measures to be implemented and shared.

Keywords: Psychological therapies, European Psychotherapy Consortium, Practice-based Evidence, Routine Outcome Monitoring

Developing a European Psychotherapy Consortium (EPoC):
Scientific Objectives and Logistical Challenges

Over the past two decades, a complementary paradigm to evidence-based practice has developed in the form of practice-based evidence as a means of enhancing the overarching evidence-base of psychological therapies (Barkham & Lambert, 2021; Castonguay et al., 2021; Lutz et al., 2021). While the former concentrates on treatments and techniques using the methodologies of randomized controlled trials (RCTs) and meta-analyses, the latter aims to systematically collect patient data in routine clinical settings in connection with specific treatment goals or desired outcomes. Therefore, practice-based evidence focuses not only on how good a treatment can be but also on how well a specific treatment works for a given client in an ongoing therapeutic context (Castonguay et al., 2013).

While RCTs continue to be a major source for informing clinical practice, guidelines, and policy, there is now an expectation in the field that new methodological tools will allow us to advance the science of psychological therapies by studying the effectiveness of psychological therapies in routine care (e.g., Falkenström et al., 2020; Kaiser et al., 2023; Lutz et al., 2022). Indeed, among many relevant topics in psychotherapy research, practice-based studies have been used to compare rates of change in RCTs within naturalistic contexts (e.g., Lutz et al., 2016); to study patterns of client change on a session-to-session basis (e.g., Lin et al., 2023); to clarify how differences between therapists explain an important proportion of outcome variance (Wampold & Owen, 2021); to analyse the impact of process variables (e.g., therapeutic alliance; Falkenström et al., 2019), or the impact of clients' socio-economic background on outcomes (Firth et al., 2023).

The continuous collection of psychometric data before, during, and after psychotherapy sessions may support therapists in their clinical work, creating, at the same time, a rigorous and relevant foundation of data for psychotherapy research. Moreover, therapists may use measures of each session to implement forms of routine outcome monitoring (ROM; Barkham et al., 2023), thereby assisting therapists in their clinical decision-making. Indeed, it now appears that this is good practice in clinical practice (De Jong et al., 2023), helping clinicians make decisions on treatment implementations, facilitating prematurely the identification of clients at risk of deterioration or dropout (De Jong et al., 2021), and thereby reducing the differences between more and less effective therapists (Delgadillo et al., 2022).

At the research level, this activity requires extensive data collection in order to yield reliable and meaningful research findings (Lutz et al., 2022). Thus, in thinking about each individual patient, conducting a systematic assessment of a client's progress during treatment offers the opportunity to provide "real-time" feedback to therapists, thereby making it easier to adjust their intervention to each patient. And in thinking in terms of all patients, new tools (e.g., Machine Learning, Artificial Intelligence) have made it possible to analyse huge datasets, opening up the possibility of identifying “small” effects that could make a real difference to patients’ lives when delivered at scale (Barkham, 2023).

For example, the English NHS Talking Therapies program (previously called Improving Access to Psychological Therapies, IAPT; Clark, 2018) has facilitated the development of studies with large numbers of patients, showing that there are client differences in the way they respond to different models of psychotherapy (Delgadillo & Duhne, 2020), although these differences disappear when we look at whole samples (i.e., on average). In a similar effort, the collection of psychometric data for university outpatient clinics in Germany is being pooled in the project for the coordination of data collection and evaluation at research and training outpatient clinics for psychotherapy (KODAP; Margraf et al., 2021). In fact, the use of these new tools opens the way to personalization or precision psychotherapy (e.g., Lutz et al., 2022), creating a possibility that has proved very difficult to achieve in past decades, namely improving the efficacy and the effectiveness of psychological treatments. A variety of psychotherapy models and numerous empirically supported treatments or protocols have proliferated in recent decades (Wampold & Imel, 2015), with little evidence that this has improved client outcomes (Cuijpers et al., 2023). In effect, we seem to have reached a plateau in terms of the effectiveness of psychological therapies that is proving difficult to surpass.

A key aspect of the paradigm of practice-based evidence is the continual evaluation of outcomes. Not only does this aid therapists in their clinical decision-making, but at the clinic level, the use of psychometric assessment tools enables the measurement of the average effectiveness of services (e.g., the number of clients who have recovered within a year). Furthermore, it is possible to identify therapists who consistently deliver poorer outcomes (Imel et al., 2015), who may benefit from skill development in areas such as facilitative interpersonal skills (Anderson et al., 2009; Schöttke et al., 2017), to establish achievable benchmarks, or to identify and monitor populations with inadequate access to current treatments (Delgadillo, et al., 2018).

Against this background, it is presumed that in Europe there are a large number of clinics with the potential for collecting data and others who do collect data in their natural practice contexts. However, much of this collected information is lost in terms of generating new knowledge: “We are letting knowledge drip through the holes of a colander” (Kazdin, 2008, p. 155). Furthermore, it is also clear that psychotherapy research has been conducted in a small number of countries, with a large proportion of studies conducted in the US and the UK (Kamenov et al., 2017; Rief et al., 2022). The collection and use of psychotherapy data from other countries would allow for cross-national comparisons that would be of great interest to psychotherapy research.

European Psychotherapy Consortium (EPoC)

All of the above provided the impetus for the current project – the European Psychotherapy Consortium (EPoC) – that grew out of the idea that if we could coordinate a level of standardized data collection across different European countries, we would be able to generate data sets of considerable size, accessible to researchers that could add a new dimension to research findings and thereby extend our current knowledge-base. In particular, such a development would provide young researchers, who usually have considerable difficulty in securing funding, with access to a unique data source for their own research.

The EPoC was launched as an idea at the European Chapter meeting in Rome in September 2022, and during 2023 researchers from different countries began to join what is now a very heterogeneous and open group of researchers and practitioners, collecting data in their own countries. Sharing data is common in psychotherapy-specific research projects (e.g., RCTs), but it is less common in practice-based research, probably because of the difficulties (logistical, and ethical) that it presents.

In other sciences, the wide sharing of data is very important (e.g., physics, medicine, genetics), and we strongly believe that it can also improve clinical psychology research in several different ways. First, it would be relevant to psychotherapy research to have data from different countries, with different cultural, political, and socio-economic realities. Second, one of the aims should be to develop cooperation between European countries, with enough data that can be used to better understand psychotherapy in naturalistic clinical settings. Third, in the long term, if the consortium is successful in collecting enough data, it may have some influence on decision-making processes concerning the implementation of psychotherapy services. Fourth, as mentioned above, the consortium could facilitate the construction of large datasets, with considerable diversity (e.g., clients, diagnoses, cultural backgrounds, therapists), which would enable research on topics relevant to both practitioners and researchers.

With the above ideas in mind, it was decided at the beginning of the project to launch a survey that would capture some of the key features of the way practice has been implemented in different contexts. The survey is still active and if new members want to join in the EpoC, they should start by filling it in (see https://spr-form.vercel.app/).

Survey on practice-based evidence

The survey opened on the 1st of February 2023 and comprised 10 basic questions as listed in Table 1. The survey was advertised on the Society for Psychotherapy Research (SPR) mailing list, at scientific meetings, and on the SPR website. Responses were received from 31 clinics in 15 different countries, most of them European (Austria, Belgium, Finland, Germany, Hungary, Italy, Poland, Portugal, Slovenia, Spain, Switzerland, Turkey, United Kingdom, and Argentina and Chile) (Figure 1). The estimated total number of clients per year was 25,000, ranging from 12 (couples therapy) to 15,000 per clinic. The most common therapy model was cognitive-behavioural therapy (N=15), followed by psychodynamic (N=14), and then other models (e.g., person-centered, integrative, systemic, transactional analysis).

Interestingly, and what may be a significant challenge in articulating the different datasets, a total of 87 different pre-post measures, 22 measures in each session, and 13 process measures were used. The most common pre−post outcome measure was the Clinical Outcomes in Routine Evaluation−Outcome Measure (CORE-OM; Evans et al., 2002), used in 13 clinics, while at each session the most common measure was the Outcome Rating Scale (ORS; Duncan & Reese, 2015), used in 3 clinics. When considering process measures, the most common was the Working Alliance Inventory–Short Revised (WAI-SR; Hatcher & Gillaspy, 2006), used in 3 clinics.

Because of the difficulties posed by the diversity of instruments used to collect data, it would likely be very difficult to change the situation and to do so might become an obstacle to the development of the Consortium. Hence, we decided on a step-wise strategy comprising three different approaches to developing future collaborations based on making the minimal demand of services and requiring them not to change their current procedures. Our strategy is to take each of these approaches in turn.

1. Introduction of a single item in data collection procedures

As making significant changes to the instruments used in each clinic would be challenging and impractical, a decision was made to propose introducing a single item to be adopted by all participating clinics. This was judged to be the minimal demand to achieve the maximum extent of possible participation by individual clinics. The single item selected was taken from the work of Ken Howard and for which a first version can be found in Orlinsky and Howard (1986) and has been employed successfully in several large-scale studies (e.g., Howard et al., 1996). The item asks clients to evaluate their current emotional and psychological impairment using the question: “At this moment, how well do you feel you are getting along emotionally and psychologically?”. Based on the original item, the item is scored on a 5-point scale with anchor points defined as 0 ("Very bad; I can hardly cope") to 4 ("Very good; I have no major complaints"). In addition, the item is used dimensionally in the Consortium with a visual analog scale (0 to 100), which was introduced at the outpatient clinic of the University of Trier (Lutz et al., 2019). Robust correlations with various outcome measures have been demonstrated (Lutz et al., 2021), indicating that it has the potential to establish a common standard across diverse societies.

At present, in addition to the English version, there are versions of the item translated into German and also in Polish; and the Consortium is now involved in translating and adapting the item into French, Finnish, Italian, Portuguese, Slovenian, and Spanish. The members of the EPoC are following the guidelines of the International Test Commission (Hernandez et al., 2020) in the process of translating and adapting the item, and we are making great efforts to have an equivalent measure across different countries and languages. We have no restrictions on the use of the item, as some clinics may use it in every session, and others at regular intervals. The item will be freely available and under a Creative Commons Licence upon a no-cost registration.

2. Crosswalks between different outcome measures

Another form of collaboration involves developing crosswalks between different measures. Recently, de Beurs et al. (2021) argued for the use of raw measures to develop common metrics, emphasizing that one obstacle to the development of the field is the scattered landscape of measures, which they illustrate at the beginning of the paper with the current existence of 280 different instruments to measure depression. It seems that not only do we have a huge variety of psychotherapy models (Twomey, et al., 2023), but we also have a huge variety of measures that we can use to measure the outcomes of psychotherapy (Margison et al., 2000).

This diversity of measures in the literature parallels clearly the diversity of measures the members of EPoC use. It is unrealistic to aim to reduce the number of measures, as there are often historical or specific reasons for a clinic to adopt a specific outcome measures. And to ask clinics to change be too great a cost for them as they would then not have a bridge for linking the old measure to the new. Indeed, it is known that there is variability across time even within the same measure let alone across differing measures (e.g., Rognstad et al., 2023). As a way of circumventing the problems posed by this diversity of measures, Beurs et al., (2021) proposed the use of T scores as a method of delivering uniformity to the reporting of outcomes from the diversity of measures and illustrated this method by comparing the assessment of depression with three different instruments (CES-D, Radloff, 1977; PHQ-9, Kroenke et al., 2001, and BDI-II, Beck et al., 1996). Other methods have also be used to deliver cross-walk tables, for example, between the BDI and CORE-OM (Leach et al., 2006).

Another solution based on Item Response Theory (IRT) would be to develop an algorithm on the basis of existing data with which values on different instruments that record similar constructs can be converted into each other. In this way, a common metric for existing data is to be generated a posteriori. Similar approaches have already been presented by Böhnke et al. (2014) and Cardace et al. (2022).

So, the next step would be to create analytical routines among the EPoC members that would allow comparison of similar constructs (e.g., depression, anxiety) despite using different instruments to measure them. A final course of collaboration involves the creation of new datasets that could be articulated from the onset.

3. Unified data collection in routine care

The EPoC has colleagues with considerable experience of collecting data in routine care, and this offers the opportunity to create a task force that could be employed when new clinics want to start collecting data and have no external constraints on the instruments they need to use. This could be the starting point for the collection of more common measures. In fact, the survey also revealed that 23 clinics would like to start collecting new datasets, which would make it possible to introduce more common instruments that would allow a more direct comparison of measures.

Conclusion

Efforts to improve the effectiveness of psychotherapy require an understanding of the complex interplay between therapeutic interventions and the needs of individual clients in real-world settings. The launch of this project hopefully will mark a pivotal moment in collaborative psychotherapy research and practice in Europe and in SPR. Bringing together committed researchers and practitioners from across Europe (and other countries), the EPoC aims to harness the potential of assessments in routine care to provide a more nuanced understanding of psychotherapy in the setting in which it naturally occurs. Its ambition extends beyond the present to a future in which collaborative efforts produce large, accessible datasets that can inform service delivery both at a local, national, and international level. The participation of colleagues from Latin America in the EPoC will enhance collaboration with the Latin American Chapter, and is a first step toward data collection collaboration between different SPR Chapters.This scientific endeavor invites therapists to join forces in a collective quest to advance the science of psychotherapy, contribute to a growing body of knowledge, and thrive in a community that shares insights and is committed to unraveling the intricacies of effective psychotherapeutic practice.

References

Anderson, T., Ogles, B. M., Patterson, C. L., Lambert, M. J., & Vermeersch, D. A. (2009). Therapist effects: facilitative interpersonal skills as a predictor of therapist success. *Journal of Clinical Psychology, 65*(7), 755–768. https://doi.org/10.1002/jclp.20583

Barkham M. (2023). Smaller effects matter in the psychological therapies: 25 years on from Wampold et al. (1997). *Psychotherapy Research, 33*(4), 530–532. https://doi.org/10.1080/10503307.2022.2141589

Barkham, M., De Jong, K., Delgadillo, J., & Lutz, W. (2023). Routine Outcome Monitoring (ROM) and feedback: Research review and recommendations. *Psychotherapy Research, 33*(7), 841–855. https://doi.org/10.1080/10503307.2023.2181114

Barkham, M., & Lambert, M. J. (2021). The efficacy and effectiveness of psychological therapies. In M. Barkham, W. Lutz, & L. G. Castonguay (Eds.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (7th ed.) (pp. 135–189). John Wiley & Sons, Inc.

Beck, A. T., Steer, R. A., & Brown, B. K. (1996). *Beck Depression Inventory manual* (2nd ed.). San Antonio, TX: Psychological Corporation.

Böhnke, J. R., Lutz, W., & Delgadillo, J. (2014). Negative affectivity as a transdiagnostic factor in patients with common mental disorders. *Journal of Affective Disorders, 166*, 270–278. doi: 10.1016/j.jad.2014.05.023

Cardace, F., Rubel, J., Altmann, U., Merkler, M., Schwartz, B., Deisenhofer, A.-K., Paulick, J., Schoenherr, D., Strauß, B., & Lutz, W. (2022). Konvergenz von Skalen zur Erfassung sozialer Ängste: Ein IRT-Linking Ansatz. [Convergence of social anxiety scales: An IRT linking approach.] *PPmP-Psychotherapie· Psychosomatik· Medizinische Psychologie, 72*(02), 59–67. https://doi.org/10.1055/a-1519-7259

Castonguay, L. G., Barkham, M., Youn, S. J., & Page, A. C. (2021). Practice-based evidence—Findings from routine clinical settings. In M. Barkham, W. Lutz, & L. G. Castonguay (Eds.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (7th ed.) (pp. 191–222). John Wiley & Sons, Inc.

Castonguay, L. G., Barkham, M., Lutz, W., & McAleavey, A. (2013). Practice-oriented research: Approaches and applications. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (6th ed., pp. 85-133). John Wiley & Sons, Inc.

Clark D. M. (2018). Realizing the mass public benefit of evidence-based psychological therapies: The IAPT Program. *Annual Review of Clinical Psychology, 14*, 159–183. https://doi.org/10.1146/annurev-clinpsy-050817-084833

Delgadillo, J., Farnfield, A. & North, A. (2018), Social inequalities in the demand, supply and utilisation of psychological treatment. Couns. Psychother. Res., 18: 114-121. https://doi.org/10.1002/capr.12169

Cuijpers, P., Harrer, M., Miguel, C., Ciharova, M., & Karyotaki, E. (2023). Five decades of research on psychological treatments of depression: A historical and meta-analytic overview. *American Psychologist*. Advance online publication. https://doi.org/10.1037/amp0001250

de Beurs, E., Boehnke, J. R., & Fried, E. I. (2022). Common measures or common metrics? A plea to harmonize measurement results. *Clinical Psychology & Psychotherapy*, *29*(5), 1755-1767. https://doi.org/10.1002/cpp.2742

De Jong, K., Conijn, J. M., Gallagher, R. A. V., Reshetnikova, A. S., Heij, M., & Lutz, M. C. (2021). Using progress feedback to improve outcomes and reduce drop-out, treatment duration, and deterioration: A multilevel meta-analysis. *Clinical Psychology Review, 85*, 102002. https://doi.org/10.1016/j.cpr.2021.102002

De Jong, K., Delgadillo, J., & Barkham, M. (2023). *Routine Outcome Monitoring and feedback in psychological therapies.* McGraw-Hill Education (UK).

Delgadillo, J., & Gonzalez Salas Duhne, P. (2020). Targeted prescription of cognitive-behavioral therapy versus person-centered counseling for depression using a machine learning approach. *Journal of Consulting and Clinical Psychology, 88*(1), 14–24. https://doi.org/10.1037/ccp0000476

Delgadillo, J., Deisenhofer, A. K., Probst, T., Shimokawa, K., Lambert, M. J., & Kleinstäuber, M. (2022). Progress feedback narrows the gap between more and less effective therapists: A therapist effects meta-analysis of clinical trials. *Journal of Consulting and Clinical Psychology, 90*(7), 559–567. https://doi.org/10.1037/ccp0000747

Duncan, B. L., & Reese, R. J. (2015). The Partners for Change Outcome Management System (PCOMS) revisiting the client's frame of reference. *Psychotherapy, 52*(4), 391–401. https://doi.org/10.1037/pst0000026

Evans, C., Connell, J., Barkham, M., Margison, F., McGrath, G., Mellor-Clark, J., & Audin, K. (2002). Towards a standardised brief outcome measure: psychometric properties and utility of the CORE-OM. *The British Journal of Psychiatry, 180*, 51–60. https://doi.org/10.1192/bjp.180.1.51

Falkenström, F., Kuria, M., Othieno, C., & Kumar, M. (2019). Working alliance predicts symptomatic improvement in public hospital-delivered psychotherapy in Nairobi, Kenya. *Journal of Consulting and Clinical Psychology, 87*(1), 46–55. https://doi.org/10.1037/ccp0000363

Falkenström, F., Solomonov, N., & Rubel, J. (2020). Using time-lagged panel data analysis to study mechanisms of change in psychotherapy research: Methodological recommendations. *Counselling and Psychotherapy Research, 20*(3), 435–441. https://doi.org/10.1002/capr.12293

Finegan, M., Firth, N., Wojnarowski, C., & Delgadillo, J. (2018). Associations between socioeconomic status and psychological therapy outcomes: A systematic review and meta-analysis. *Depression and Anxiety, 35*(6), 560–573. https://doi.org/10.1002/da.22765

Firth, N., Barkham, M., Delgadillo, J., Bell, A., & O'Cathain, A. (2023). The role of socioeconomic deprivation in explaining neighborhood and clinic effects in the effectiveness of psychological interventions. *Journal of Consulting and Clinical Psychology, 91*(2), 82–94. https://doi.org/10.1037/ccp0000784

Hatcher, R. L., & Gillaspy, J. A. (2006). Development and validation of a revised short version of the Working Alliance Inventory. Psychotherapy Research, 16(1), 12–25. https://doi.org/10.1080/10503300500352500

Hernández, A., Hidalgo, M. D., Hambleton, R. K., & Gómez-Benito, J. (2020). International Test Commission guidelines for test adaptation: A criterion checklist. *Psicothema, 32*(3), 390–398. https://doi.org/10.7334/psicothema2019.306

Howard, K. I., Moras, K., Brill, P. L., Martinovich, Z., & Lutz, W. (1996). Evaluation of psychotherapy: Efficacy, effectiveness, and patient progress. *American Psychologist, 51*(10), 1059–1064. https://doi.org/10.1037/0003-066X.51.10.1059

Imel, Z. E., Sheng, E., Baldwin, S. A., & Atkins, D. C. (2015). Removing very low-performing therapists: A simulation of performance-based retention in psychotherapy. *Psychotherapy, 52*(3), 329–336. https://doi.org/10.1037/pst0000023

Kaiser, T., Brakemeier, E. L., & Herzog, P. (2023). What if we wait? Using synthetic waiting lists to estimate treatment effects in routine outcome data. *Psychotherapy Research, 33*(8), 1043–1057. https://doi.org/10.1080/10503307.2023.2182241

Kamenov, K., Twomey, C., Cabello, M., Prina, A., & Ayuso-Mateos, J. (2017). The efficacy of psychotherapy, pharmacotherapy and their combination on functioning and quality of life in depression: A meta-analysis. *Psychological Medicine, 47*(3), 414-425. https://doi.org/10.1017/S0033291716002774

Kazdin, A. E. (2008). Evidence-based treatment and practice: New opportunities to bridge clinical research and practice, enhance the knowledge base, and improve patient care. *American Psychologist, 63*(3), 146–159. https://doi.org/10.1037/0003-066X. 63.3.146

Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9: Validity of a brief depression measure. *Journal of General Internal Medicine, 16*(9), 606–613. https://doi.org/10.1046/j.1525-1497.2001.016009606.x

Leach, C., Lucock, M., Barkham, M., Stiles, W. B., Noble, R., & Iveson, S. (2006). Transforming between Beck Depression Inventory and CORE-OM scores in routine clinical practice. *The British Journal of Clinical Psychology, 45*(2), 153–166. https://doi.org/10.1348/014466505X35335

Lin, T., Anderson, T., Erekson, D. M., & Ogles, B. M. (2023). Trajectories of change in weekly and biweekly therapy. *Journal of Counseling Psychology*. Advance online publication. https://dx.doi.org/10.1037/cou0000711

Lutz, W., de Jong, K., Rubel, J., & Delgadillo, J. (2021). Measuring, predicting and tracking change in psychotherapy. In M. Barkham, W. Lutz, & L. G. Castonguay (Eds.), *Bergin and Garfield`s handbook of psychotherapy and behavior change* (7th ed.), (pp. 89-133). John Wiley & Sons, Inc.

Lutz, W., Rubel, J. A., Schwartz, B., Schilling, V., & Deisenhofer, A.-K. (2019). Towards integrating personalized feedback research into clinical practice: Development of the Trier Treatment Navigator (TTN). *Behaviour Research and Therapy, 120,* 103438. https://doi.org/10.1016/j.brat.2019.103438

Lutz, W., Schiefele, A.K., Wucherpfennig, F., Rubel, J., Stulz, N. (2016). Clinical effectiveness of cognitive behavioral therapy for depression in routine care: A propensity score based comparison between randomized controlled trials and clinical practice. *Journal of Affective Disorders, 189*, 150-158. doi: 10.1016/j.jad.2015.08.072.

Lutz, W., Schwartz, B., & Delgadillo, J. (2022). Measurement-based and data-informed psychological therapy. *Annual Review of Clinical Psychology, 18*, 71-98. https://doi.org/10.1146/annurev-clinpsy-071720-014821

Margison, F., Barkham, M., Evans, C., McGrath, G., Clark, J., Audin, K., & Connell, J. (2000). Measurement and psychotherapy: Evidence-based practice and practice-based evidence. *The British Journal of Psychiatry, 177*(2), 123-130. doi:10.1192/bjp.177.2.123

Margraf, J., Hoyer, J., Fydrich, T., In-Albon, T., Lincoln, T., Lutz, W., Schlarb, A., Schöttke, H., Willutzki, U., & Velten, J. (2021). The cooperative revolution reaches clinical psychology and psychotherapy: An example from Germany. *Clinical Psychology in Europe, 3*(1), e4459. https://doi.org/10.32872/cpe.4459

Orlinsky, D. E., & Howard, K. I. (1986). The psychological interior of psychotherapy: Explorations with the Therapy Session Reports. In L. S. Greenberg & W. M. Pinsof (Eds.), *The psychotherapeutic process: A research handbook* (pp. 477–501). Guilford Press.

Radloff, L.S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*, 385–401. https://doi.org/10.1177/014662167700100306

Rief, W., Kopp, M., Awarzamani, R., & Weise, C. (2022). Selected trends in psychotherapy research: An index analysis of RCTs. *Clinical Psychology in Europe, 4*(2), 1-15. https://doi.org/10.32872/cpe.7921

Rognstad, K., Wentzel-Larsen, T., Neumer, S. P., & Kjøbli, J. (2023). A systematic review and meta-analysis of measurement feedback systems in treatment for common mental health disorders. *Administration and Policy in Mental Health, 50*(2), 269–282. https://doi.org/10.1007/s10488-022-01236-9

Schöttke, H., Flückiger, C., Goldberg, S. B., Eversmann, J., & Lange, J. (2017). Predicting psychotherapy outcome based on therapist interpersonal skills: A five-year longitudinal study of a therapist assessment protocol. *Psychotherapy Research, 27*(6), 642–652. https://doi.org/10.1080/10503307.2015.1125546

Twomey, C., O'Reilly, G., & Goldfried, M. R. (2023). Consensus on the perceived presence of transtheoretical principles of change in routine psychotherapy practice: A survey of clinicians and researchers. Psychotherapy, 60(2), 219–224. https://doi.org/10.1037/pst0000489

Wampold & Owen (2021). Therapist effects: History, methods, magnitude, and characteristics of effective therapists. In M. Barkham, W. Lutz, & L. G. Castonguay (Eds.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (7th ed.), (pp. 297-326-133). John Wiley & Sons, Inc.

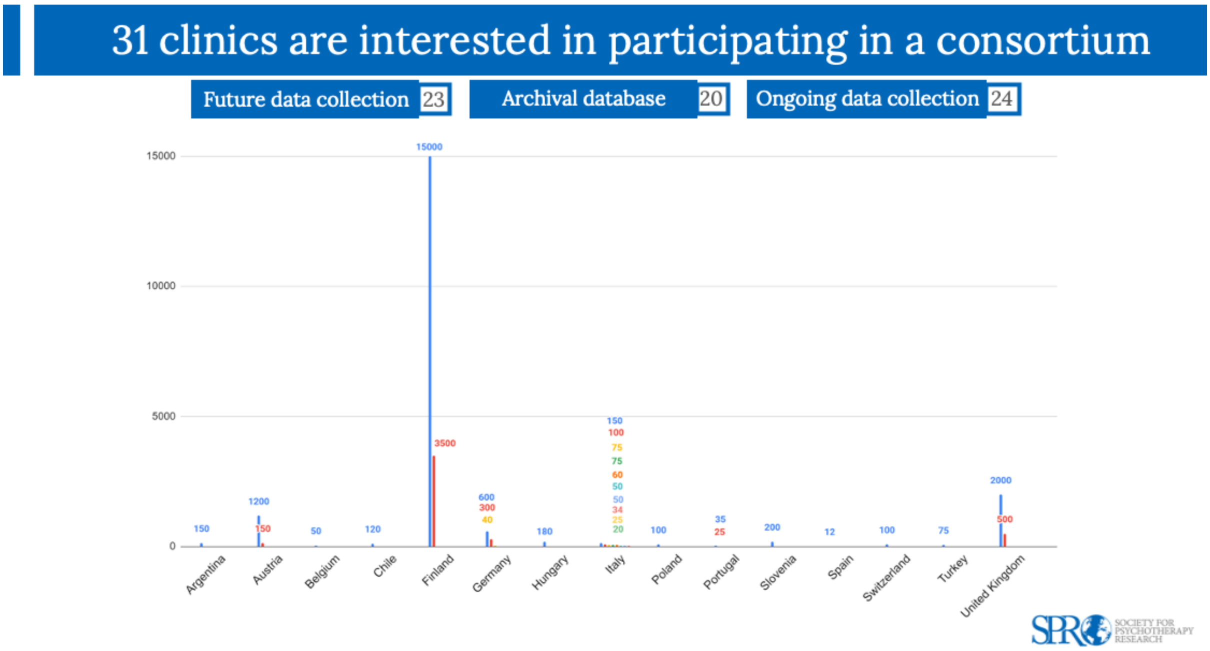
Wampold, B. E., & Imel, Z. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work.* Routledge.

Table 1: Question topics in EPoC survey

	Question topic
1	Identification data (e.g., country, type of service)
2	Treatment options (e.g., outpatient, inpatient)
3	Therapy models used (e.g., psychodynamic, cognitive-behavioural)
4	Treatment modality (e.g., individual, couples)
5	Patients under treatment (e.g., diagnoses)
6	Estimates of number of patients per year and average number of sessions per patient
7	Pre-post treatment measures used
8	Outcome and process measures used at each session
9	Other process and outcome measures that are used at regular intervals
10	Whether there was routine outcome monitoring in the clinic

Figure 1

Countries and number of clients per year involved in the EPoC



31 clinics are interested in participating in a consortium

Future data collection 23

Archival database 20

Ongoing data collection 24

Supplememt

EPoC – European Consortium of Psychotherapy – is a group closely associated with the Society of Psychotherapy Research (SPR), constituted by the following members.

Adrian Montesano	España	Open University of Catalonia
Antonello Colli	Italy	University of Urbino
Biljana van Rijn	United Kingdom	Metanoia Institute
Brian Schwartz	Germany	University of Trier
Catherine Irniger	Switzerland	University of Zurich, University of Bern
Christopher Hautmann	Germany	University of Cologne
Clara Paz	Ecuador	Universidad de Las Américas
Dario Paiva	Portugal	University of Minho
Davide Ceridono	Italy	Institute for Research on Intrapsychic and Relational Processes, IRPIR, Rome
Emmanuelle Zech	Belgium	Université catholique de Louvain
Eeva-Eerika Helminen	Finland	Missing
Enrico Benelli	Italy	University of Padua
Fabian Rottstädt	Germany	Friedrich Schiller University Jena
Felix Eichenbaum	Austria	Sigmund Freud University Vienna - Vienna
Giovanna Esposito	Italy	Department of Humanities, University of Naples Federico II
Hubert de Condé	Belgium	Université catholique de Louvain
Jan R. Boehnke	United Kingdom	University of Dundee
Javier Fernández Alvarez	Argentina / Spain	Fundación Aiglé / Universidad de Valencia
João Tiago Oliveira	Portugal	University of Minho
Jochem Willemsen	Belgium	Université catholique de Louvain
Joel Vos	United Kingdom	Metanoia Institute
Juan Martin Gomez Penedo	Argentina	Universidad de Buenos Aires
Julian Rubel	Germany	Osnabrueck University
Kasperi Mikkonen	Finland	Missing
Katarina Kompan Erzar	Slovenia	University of Ljubljana
Kevin Hilbert	Germany	Health and Medical University Erfurt
Laura Bastianelli	Italy	Institute for Research on Intrapsychic and Relational Processes, IRPIR, Rome
Laura Inês Ferreira	Portugal	Universidade do Algarve
Liselotte Cullman	Belgium	Université catholique de Louvain
Louis G. Castonguay	USA	Penn State University
Luís Janeiro	Portugal	Universidade do Algarve
Maria Teresa Tosi	Italy	Institute for Research on Intrapsychic and Relational Processes IRPIR
Michael Barkham	England	University of Sheffield
Miguel M. Gonçalves	Portugal	University of Minho

Niccolò Fiorentini Polipo	Belgium	Université catholique de Louvain
Omar Gelo	Italy	Department of Human and Social Sciences
Orya Tishby	Israel	Hebrew University of Jerusalem
Paula Errázuriz	Chile	Pontificia Universidad Católica de Chile / PsiConecta Mental Health NGO
Pawel Holas	Poland	University of Warsaw
Piero Porcelli	Italy	University of Chieti
Rafal Styła	Poland	University of Warsaw
Rosanna Giacometto	Italy	Institute for Research on Intrapsychic and Relational Processes, IRPIR, Rome
Sam Flores	Belgium	Université catholique de Louvain
Suoma Saarni	Finland	Helsinki University Hospital and Helsinki University
Tatjana Rozic	Slovenia	Sigmund Freud University Vienna - Ljubljana branch
Tina In-Albon	Germany	University of Kaiserslautern-Landau
Tomaž Erzar	Slovenia	University of Ljubljana, Faculty of Theology
Vera Bekes	Hungary/USA	Yeshiva University
Wolfgang Lutz	Germany	University of Trier
Zsolt Szabolcs Unoka	Hungary	Semelweis Unversity, Hungarian Cognitive Behavior Therapy Association