Good to know – Informed about psychotherapy (ICPT study):
Optimized informed consent (OIC) - a semi-structured treatment manual

Note: This semi-structured treatment manual serves as a guide for study psychologists and treatment providers. During the conversation, the strategies of contextualization, framing, and shared decision-making are used. This means that treatment providers individually adapt the information to the patient’s information needs, life circumstances and psychological complaints, which were explored in advance during the clinical interview. All participants should receive the core message that psychotherapy is evidence-based and effective, and that like other effective treatments, psychotherapy might entail risks and side effects. Treatment providers should explicitly address the treatment decision to be made and actively encourage participants to make an autonomous and informed treatment decision.

The blocks highlighted in green contain an abridged version of the content of the respective section. Formulation aids are printed in italics.

0. Start of the conversation (2 min.)

- Greeting
- Creation of a pleasant atmosphere for discussion
- Information cards available?
- Encourage to ask questions and take notes

“The aim of this discussion is to inform you about psychotherapy and to support you in deciding whether psychotherapy might currently be a suitable treatment for you. I will talk a lot, but I would like to ask you to bring your own experiences and views. Please let me know if you have any questions. You are also welcome to make notes on the information cards, which will remain with you later. Are you ready? Do you have any question?”
1. Overview (0 min.)

Information card 1

**WHAT TO EXPECT TODAY ...**

1. Psychotherapy – what is that?
2. Techniques and goals in psychotherapy
3. How well does psychotherapy work and how?
4. Your decision for or against psychotherapy
5. Appendix

Intended as a visual orientation for participants – don’t go into further detail about the slide in the conversation.

2. Repetition of suspected diagnosis, previous experiences and expectations (2 min.)

- Repetition of **suspected diagnosis**, two typical complaints, typical disease progressions, **treatability** through psychotherapy & **alternative treatment options**
- Record **previous experiences** with psychotherapy (+ valence).
- Individual ideas and expectations about how psychotherapy works

**Suspected diagnosis:**

- “Do you still remember the suspected diagnosis that we discussed at the last study date?”
- Repetition of suspected diagnosis, two core symptoms of the specific mental illness
- Treatability with psychotherapy
- Typical disease progressions
- Other treatment options (adapt individually to the disorder and severity: e.g., psychopharmacological treatment, sport, self-help programs, watchful waiting)
Information card 2

YOUR PREVIOUS EXPERIENCE & EXPECTATIONS

• “Have you or people close to you already had experience with psychotherapy?” → Inquire about the valence of the experience

Individually, ideas and expectations about how psychotherapy works:

• “Do you have any idea how psychotherapy works?”

3. What is psychotherapy? (2 min.)

• It is about alleviating psychological problems and achieving changes through the therapeutic conversion

• It is possible to talk about thoughts, feelings and desires in a protected setting and trusted therapeutic relationship
4. Techniques in psychotherapy (3 min.)

- Techniques that have already helped other patients
- Go into 1-2 techniques individually & make them understandable through concrete examples
- Aim: To implement what you have learned individually in everyday life by using the techniques

- “Here you can see central techniques that can be used in psychotherapy and that other patients have already found to be helpful. Are you already familiar with one of these listed techniques? Or are you particularly interested in one or more of them?”

- Depending on the need for information, single out and explain individual techniques.

Examples per technique:
- Self-observation: e.g., keeping a diary regarding the own daily routine, planning of activities
- Past and current relationships: How have past relationships influenced me; who are important persons for me and to what extent does this influence my lifestyle?
- Thoughts in difficult situations: e.g., unhelpful thoughts like “I won’t make it anyway.”
- Reveal unconscious conflicts and contradictions: e.g., desire to have a better relationship with parents, but at the same time postpone or do not attend telephone calls/ personal meetings
- Problems and possible solutions in the social context: e.g., stressful conflict among friends or at work → “How did the conflict arise, what role do I play in it and how do I deal with it?”
• Confrontation with unpleasant feelings: e.g., dealing with strokes of fate such as the loss of a loved one, dealing with anger and disappointment

The aim is to be able to implement what you have learned in everyday life through various techniques, such as self-observation or confrontation with unpleasant feelings.

Information card 4

5. Treatment objectives (3 min.)

- Discuss individual (positive and gain-framed) treatment objectives & write them (→ help with wording!)
- If necessary, catch unrealistic expectations

- “How do you think psychotherapy could help you?”
- “Which goals might apply to you?”
- “Feel free to write down your own ideas.”
- support with concrete formulation!
- Consider the feasibility of named treatment objectives. If necessary, address unrealistic treatment expectations.
6. Effectiveness (4 min.)

- Go into illustration → Psychotherapy is effective for 8 out of 10 patients!
  → Conformity with patient’s expectations?
- One of the most studied treatment methods
- Good performance in comparison of effectiveness to medical treatments
- Sustainability and broad spectrum of positive psychotherapy effects (e.g., quality of life, self-esteem, ability to work)

“Psychotherapy is one of the most studied treatment methods. A high level of effectiveness was found: in 8 out of 10 patients who undergo psychotherapy, their state of health improves compared to people who do not receive psychotherapy. Does this match your expectations for how many patients psychotherapy works for?”

“Also compared to other medical treatments, be it surgical interventions or drug therapy, psychotherapy scores well in terms of effectiveness. Furthermore, it has been shown that the positive effects of psychotherapy last longer than with drug therapy, in which the drugs often only work as long as they are taken. The strategies learned in psychotherapy can also be applied after the end of therapy. The spectrum of effects of psychotherapy is also wide: in addition to the symptoms, quality of life, performance and satisfaction can also improve significantly, resources can be built up and self-healing powers activated.”
Information card 6

**EFFECTIVENESS OF PSYCHOTHERAPY**

Psychotherapy is one of the best-studied treatment methods in the health system & very effective compared to medical treatments!

8 out of 10 patients feel better after psychotherapy than patients without treatment!

7. Mechanisms of action (4 min.)

- Psychotherapy can work in **different ways**
- Embracing the **therapeutic relationship** (listening to a good gut feeling)
- Discuss the **role of positive expectations**
- You can contribute to the success of psychotherapy by having **positive, yet realistic treatment expectations**

- “Now we already know that psychotherapy is effective, but how does it work? On this information card you can see important factors that contribute to the success of psychotherapy and have already helped other patients. We can use this knowledge for your therapy success!”
- “The therapeutic relationship, for example, which ideally offers a trustful space, is particularly important and feelings can be exchanged openly. Pay attention to your gut feeling.”
- “Sometimes just the expectation that a drug will be effective can have a positive effect on symptoms. These expectation effects are even **physiologically measurable**, i.e., positive expectations can actually lead to positive physical changes. We can apply that to psychotherapy as well: Your expectations influence how you can use the therapy for...”
Forming realistic and positive treatment expectations can contribute to the success of psychotherapy.”

- “Do you have any questions?”

**Information card 7**

**HOW DOES PSYCHOTHERAPY WORK?**

- Strengthening resources
- Therapeutic techniques/exercises
- Therapeutic relationship
- Address & manage problems
- Common therapeutic objectives
- Positive expectations

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### 8. Side effects (ca. 5 min.)

- Side effects are temporary unwanted effects of an effective psychotherapy
  - Metaphor of muscle soreness
  - Can be sign of effectiveness
- **Examples** of side effects
  - Load increase (closet metaphor)
  - Problems with close relatives
- **Trusting exchange with therapist** or get in contact to professional support offers in the very rare case that issues cannot be resolved in a joint discussion (e.g., independent patient advice)
- **Final short individualized summary** before decision-making process (what is psychotherapy, techniques, personal goals, how psychotherapy works)

“As you now know, psychotherapy is very effective. Like other effective treatments, side effects can occur with psychotherapy. You can think of it like a muscle soreness during exercise that is uncomfortable but will pass. The muscle grows and is stronger afterwards than before.”
"So it may be that the stress increases in the meantime. On closer inspection, problems often appear larger at first, but can then be better classified and managed. You can imagine this as an overcrowded closet from which everything suddenly falls out and chaos reigns at first. On closer inspection and sorting of the individual items, everything gradually finds its place in the closet and the closet doors can finally be properly closed again."

"In addition, temporary problems with significant others can arise, if patients learn in psychotherapy how to express their own needs and bring up problems. If you are aware of this possible side effect, you can balance your therapy goals with your personal relationships."

"Such phases usually only occur for a short time and can be a sign of effectiveness. Feel free to discuss this with your therapist in a trusting manner. In the very rare case that issues or conflicts cannot be clarified in a discussion with your therapist, you can seek advice from the independent patient advice service."

If you need advice: Independent patient advice (Tel.: 0800 0117722)
9. Individual balance model for psychotherapy (9 min.)

- **Centerpiece** of the intervention
- **Written documentation** (+ formulation help through paraphrasing!) of individual fears and hopes
- Development of concrete **coping strategies** for negative expectations that have arisen
- "What weighs more for you?" \(\rightarrow\) Final summary of the current decision
- explicitly addressing the **treatment decision** to be made
  \(\rightarrow\) supporting an autonomous and informed treatment decision

- “Now we get to the heart of our conversation and thus, specifically to your personal motivations! **What fears** do you have when you think about upcoming psychotherapy?“

- (…) “You are now welcome to enter these on your information card.”

- “Do you also have positive expectations of taking part in psychotherapy? **How could this help you?**”

- “What can you do if one of your fears or negative expectations materializes? **What strategies could you use?** Feel free to write down your strategies below.”

- Support with concrete formulations through paraphrasing!

**Information card 9**

**MY BALANCE MODEL FOR PSYCHOTHERAPY**

<table>
<thead>
<tr>
<th>NEGATIVE EXPECTATIONS</th>
<th>POSITIVE EXPECTATIONS</th>
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<th>WHAT CAN I DO?</th>
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Examples of coping strategies:

- Talk openly with my therapist about it
- Rewarding myself for tiring, tiring therapy sessions (delicious tea, going to the cinema, etc.)
- Clearly formulate my needs, wishes and goals in therapy (write them down at home beforehand if necessary)
- Be aware of the frequency of mental illnesses, talk to other people who are affected (“I am not alone”; “Others have also found it helpful.”; “Others have also coped with it.”)

“If you look again at the scales and the strategies discussed, what weighs more for you?” (with scales gesture)

10. Conclusion (1 min.)

   - Reference to the appendix, other sources of information or decision-making aids
   - Closing and thank you for participating!

In the appendix (not part of this publication), we have prepared further information for you and listed additional sources of information and decision-making aids on the internet, which you can access after our discussion today.

Thank you very much for your attention and participation!