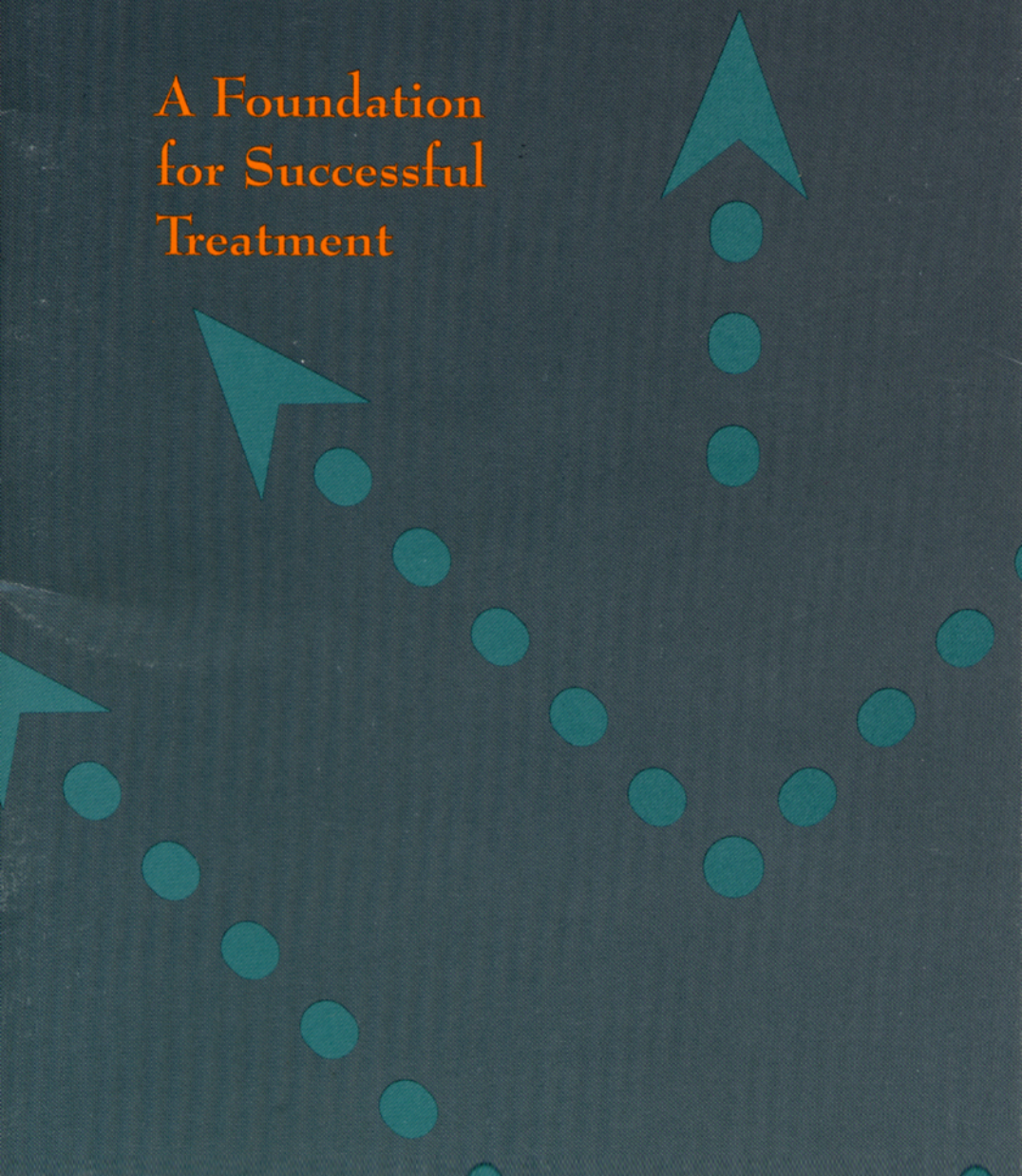


The Therapeutic Alliance:

A Foundation
for Successful
Treatment



The therapeutic alliance

As a mental health professional working with patients with schizophrenia, you know how important it is for them to be actively engaged and involved in treatment, to be a part of what has been called the *therapeutic alliance*. Forging such an alliance is not an easy thing to do, but—as research shows—it is very much worth doing.

In a study of 143 patients with schizophrenia, those who had good alliances with their therapists were significantly more likely to remain in therapy, comply with medication regimens, and achieve better outcomes. Conversely, failure to form an alliance was associated with nonadherence to treatment plans and premature termination of therapy.¹

In this brochure, we will review the indicators of a *therapeutic alliance*, its relation to patient education and treatment adherence, and agreements made in anticipation of future needs. We hope you find this brief discussion of the *therapeutic alliance* concept helpful in your work.

improves clinical outcomes.

What is a *therapeutic alliance*?

The *therapeutic alliance* is basically a *relationship*—a trusting, collaborative relationship between patient and psychiatrist. You can't touch it, but you can *feel* it in your day-to-day contacts with a patient. By studying patient behavior during therapy sessions, investigators were able to identify six indicators of a successful alliance.¹

In a successful *therapeutic alliance*, the patient¹:

- 1 Actively participates in the treatment process
- 2 Spontaneously shares relevant experiences
- 3 Feels treatment is useful and valuable
- 4 Demonstrates desire to understand schizophrenia and how it affects the self and others
- 5 Has realistic perceptions about the therapist and is open to the therapist's input
- 6 Has a clear emotional involvement and investment in treatment

Patient education enhances the *therapeutic alliance*.

Your patients with schizophrenia and their families can benefit greatly from information about the illness, its prognosis, and treatment. However, a patient's ability to understand and retain that information may vary over time, or be blocked by cognitive deficits during periods of active psychosis. It is important to recognize that the illness itself may prevent your patient from making use of the verbal information you provide; therefore, printed material about the disorder can help patients retain essential information.

Ongoing patient education enables your patients to recognize and report prodromal symptoms, and allows you to intervene before the onset of a full-blown exacerbation. It lessens the likelihood that a patient will abruptly discontinue medication without consulting with you first.

Patient education also helps your patients understand the purpose and importance of their different medications. Newly published research shows that such communication is enhanced by using "psychosocial" rather than "biomedical" language.³ For example, it is better to say, "This medicine will help you get along with other people," rather than, "This medicine blocks dopamine and serotonin in your brain." Your patients also need to know the difference between serious side effects and less serious ones, as well as which events should be reported and to whom.

A therapeutic alliance promotes adherence to the treatment plan.

One of the things that makes patients with schizophrenia so difficult to work with is their denial of illness (especially when they are feeling relatively free of symptoms) and refusal to tolerate medication side effects. The newer atypical antipsychotics now coming into use—with their more benign side-effect profiles—may help improve medication compliance.

Encouraging your patients to report side effects, and attempting to alleviate them when possible (by adjusting dosage, introducing an anticholinergic agent, or other means) can significantly improve medication compliance. Just as important is creating a climate in which patients feel free to discuss what they dislike about the treatment plan. This two-way communication demonstrates the therapeutic alliance at its best.

When patients do not appear for appointments or are otherwise noncompliant, assertive outreach efforts—including phone calls and home visits—can be a big help. For this reason, you may want to consider a free support service such as *Person-to-Person* for people taking RISPERDAL® (risperidone). *Person-to-Person* will call patients who need to be reminded of appointments and prescription refills, will answer questions over the phone, and will provide referrals to community resources. Discussing *Person-to-Person* with your patients allows you an additional opportunity to emphasize the importance of keeping medical appointments, taking medication as prescribed, and participating in rehabilitation programs.

Advance agreements can be part of the therapeutic alliance.

Most of your patients with schizophrenia will experience at least one psychotic break during the course of illness. Helping them accept that such an event is likely to occur and planning ahead on how to handle it can be an important part of the alliance. Discussion leading to such an agreement has therapeutic value by increasing the patient's understanding of the episodic nature of the illness.

The Ulysses agreement.

Several types of advance agreements have been employed in mental health practice. One is called the Ulysses agreement—named after the episode in Homer's *Odyssey* in which Ulysses orders his men to bind him to the ship's mast so he will not succumb to the Sirens' song that lures listeners to destruction. Just as Ulysses instructed his men to ignore his pleas for release, patients authorize their clinicians to disregard certain demands they may make during decompensation. They may also agree to undergo treatment during a future relapse.⁴ This type of agreement is most commonly used in bipolar disorders, but can also be useful in schizophrenia.

Psychiatric will and power of attorney.

Another contingency plan is the "psychiatric will," a contract between patient and psychiatrist that facilitates timely treatment when necessary. Perhaps the most binding form of previous consent is the durable power of attorney, in which the patient designates a trusted person to make his or her treatment decisions during a psychotic break.⁴

All of these proposals encourage psychiatrists and patients to agree upon what type of treatment is to be initiated in case of a relapse. They recognize the patient's right to participate in treatment decisions, even to the extent of refusing certain types of intervention. As the American Psychiatric Association has pointed out, they require a true *therapeutic alliance* of patient and professional working together.⁵

Conclusion:

Conceptually, the *therapeutic alliance* is an effort to join patient and clinician in a close, collaborative relationship. In practice, it finds expression in active patient participation in the treatment process, including patient involvement in treatment plan development and decisions. Although not easy to achieve, it helps your patients adhere to treatment plans and has been shown to improve treatment outcomes.

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