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Can the therapeutic relationship predict 18 month outcomes for individuals with psychosis?

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ABSTRACT

Therapeutic relationships (TRs) are considered a key component of good psychiatric care, yet its association with outcomes for individuals with psychosis remains unclear. Five hundred and sixty-nine service users with psychotic disorders and care coordinators in community settings rated their therapeutic relationship; outcomes were assessed 18 months later. In multivariate analyses, a small but significant association was found between service user ratings and instances of psychiatric hospital admissions, self harm and suicide attempts over an 18 month period. Care coordinator ratings were associated with instances of psychiatric hospital admissions and harm to others over the 18 months and level of functioning at 18 months. The differential findings and small effect size suggests that the therapeutic relationship needs further definition for this patient group in this setting. Nevertheless, clinicians should prioritise interactions that strengthen therapeutic relationships.

1. Introduction

Despite advances in our understanding of the aetiology of schizophrenia and related disorders, overall outcomes for this patient group remain poor (Andrew et al., 2012; Bracken et al., 2012; The Schizophrenia Commission, 2012). The recent Schizophrenia Commission (The Schizophrenia Commission, 2012) in the UK presented several reasons for such poor outcomes, including inadequate funding for services, but highlighted the importance of the relationship between clinicians and patients as a vehicle for change, in particular by engendering hope for the future. The importance of the therapeutic relationship (TR) has face validity, and is cited in clinical guidelines and by service users as the cornerstone of psychiatric care (Fox, 2002; Johansson and Eklund, 2003; National Institute for Health and Clinical Excellence, 2009; Royal College of Psychiatrists, 2009). Several investigations have reported a link between the TR and outcomes in psychotherapy settings (Horvath and Symonds, 1991; Martin et al., 2000) however the current evidence for individuals with psychotic disorders, particularly in case management relationships, is unclear.

1.1. Defining the TR in case management relationships

When discussing the TR, a range of terms is used, often inconsistently. Most commonly, it is discussed as the 'therapeutic relationship', the 'therapeutic alliance' or 'working alliance'. However these terms have different etymologies, connotations and may in fact, be components of the same construct.

Alliance may be defined as a 'state of union or combination' or 'people united by kinship or friendship, kindred, friends or allies' (Simpson and Weiner, 1989). It is generally used to denote a sense of being united with another for a defined purpose and has a sense of equality, and being advantageous to all parties. Alliance implies a sense of agreement, but not necessarily an emotional connection such as being liked or trusted. In terms of community mental health services or case management relationships, alliance would imply a voluntary union, sought by both parties; something which is often not the case. In this context, 'therapeutic alliance' and 'working alliance' seem inappropriate for this setting.

Conversely, relationship is defined as 'the state of being related; a condition or character based upon this; kinship' or the '… particular way in which one thing is thought of in connection with another' (Simpson and Weiner, 1989). In this way, a relationship could be a passive connection between parties. It does not necessitate a conscious, purposeful connection nor does it imply a

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common cause or outcome. It may include notions of alliance (as described above) and positive or negative emotional connections (e.g., trust or distrust). In mental health services, the term may therefore more adequately describe the connection between a service user and a service provider, in particular when it is one that is not voluntarily sought.

Therapeutic is defined as 'of or pertaining to the healing of disease' or 'to minister to, treat medically' (Simpson and Weiner, 1989). Therefore, therapeutic relationship could denote a union with a defined endpoint of curing mental illness or an interaction that is defined around treatment (without reference to the endpoint). In this paper, the latter sense will be used. That is, rather than suggesting a curative function, the term 'Therapeutic Relationship' will be used to describe a connection and interaction between service users and clinicians that is defined through treatment.

There is additional conceptual confusion (Hatcher and Barneds, 2006) about the term which has led some authors (Priebe and McCabe, 2008) to make a distinction between 'interaction' and the 'relationship'. An interaction is an objective and observable behavioural exchange between individuals. The relationship is a psychological construct held by both individuals regarding the interaction and the other individual – it may therefore be seen as an appraisal.

In summary the term 'Therapeutic Relationship' (TR) will be used in this paper to denote 'an appraisal of the connection and interaction between service users and clinicians that is defined through the delivery of mental health treatment' (Priebe and McCabe, 2008).

1.2. Therapeutic relationships in case management for psychosis

While the evidence for a link between TRs and outcomes is well established in psychotherapy settings (Horvath and Symonds, 1991; Martin et al., 2000), there are relatively equivocal findings in case management relationships for psychosis (Priebe et al., 2011). We found four studies that examined longitudinal associations between the TR and subsequent hospitalisation. Two studies (Priebe and Gruyters, 1993; Fakhoury et al., 2007) using clinician ratings and service user ratings respectively, and found a significant positive association. However, two further studies that used clinician ratings found no association (Olfson et al., 1999; Clarke et al., 2000). Likewise, longitudinal examinations of the link between the TR and subsequent functioning have been inconsistent (Priebe and Gruyters, 1993; Goering et al., 1997; Chinman et al., 2000; Clarke et al., 2000; Catty et al., 2010) Clinician ratings in these studies, in particular vocational workers, often showed a positive relationship to functioning outcomes, however service user ratings were not associated with outcomes. The most consistent evidence is for a positive relationship between both clinicians and service users' ratings and subsequent medication adherence (Olfson et al., 2000; Holzinger et al., 2002; Weiss et al., 2002). We were unable to find any studies examining a broader definition of engagement (e.g., attendance at appointments) as an outcome, however cross-sectional studies (or those with therapeutic relationships as the outcome) suggest that stronger clinician-rated TRs are associated with improved help seeking and treatment adherence, but service user ratings are not (Corriss et al., 1999; Calsyn et al., 2006). Additionally, we found no studies linking the TR to subsequent harm to self or others. More recently, there has been some evidence for a cross-sectional positive association between perceived coercion and service user ratings of the TR (Angell et al., 2007; Sheehan and Burns, 2011). Our own unpublished investigation (first author's PhD) in the same dataset found cross sectional associations between: poorer service user ratings of the TR and higher number of hospital admissions in the previous two years, higher perceived coercion and more instances of self harm, but no association with level of functioning and engagement in treatment. In this data set poorer care coordinator ratings of the TR were associated with poorer service user functioning and engagement. In both analyses, rates of harm to others and suicide were not entered into the final analysis model due to the p value not meeting a predetermined threshold ($p < 0.20$).

One possible explanation for the lack of consistent evidence is the methodology of published studies. A recent systematic review (Priebe et al., 2011) found some evidence for a small association for individuals with psychotic disorders but concluded that research was undermined by methodological issues, in particular by poorly operationalised measures of the TR and small sample sizes. Further, the differential associations with outcomes when considering the rater of the relationship outlined above adds further difficulty in assessing the literature. Another factor is measurement of TRs used in studies of relationships in case management for psychosis. In their meta-analysis of psychotherapy literature, Horvath and Symonds (1991) suggest that different measures had a differential effect, yet the Martin et al., 2000 repeat of this review did not support this finding. In a study of the conceptual bases of common measures of TR, Catty et al., 2007 suggest that the measures found in the case management literature define TRs in different ways. The Working Alliance Inventory (WAI) (Horvath and Greenberg, 1989), for example, uses Bordin's Pan theoretical definition of TRs (Bordin, 1979), whereas the Helping Alliance Scale (Priebe and Gruyters, 1993) appears to assess a more Rogerian definition of unconditional positive regard and empathy. In this context, studies using different measures of TRs may be assessing different constructs, which may in turn, provide some explanation for the equivocal nature of the findings to date in investigations of the TR in case management for psychosis.

This study aims to resolve this uncertainty by examining the utility of ratings of the therapeutic relationship between service users with a diagnosis of a psychotic disorder and their care co-ordinator, measured at baseline, in predicting a range of outcomes at 18 months whilst controlling for potential confounding variables. Our hypotheses are based, where possible, on existing literature and an exploratory analysis of associations between therapeutic relationships and variables conducted as part of the first author's PhD. The specific hypotheses tested were:

1. A weaker service user-rated therapeutic relationship at baseline would predict:
   - 1.1. being admitted (voluntarily or involuntarily) to a psychiatric hospital during the follow-up period
   - 1.2. more perceived coercion rated at the follow-up interview
   - 1.3. self-harm during the follow-up period
   - 1.4. suicide attempts during the follow-up period

   Service user rated therapeutic relationships would not predict:
   - 1.5. harm to others during the follow-up period
   - 1.6. engagement rated at the follow-up interview
   - 1.7. functioning rated at the follow-up interview
2. A weaker care coordinator-rated therapeutic relationship at baseline would predict:
   - 2.1. being admitted (voluntarily or involuntarily) to a psychiatric hospital during the follow-up period
   - 2.2. poorer engagement as rated at the follow-up interview
   - 2.3. poorer functioning as rated at the follow-up interview

   Care coordinated-rated therapeutic relationships would not predict:
   - 2.4 harm to self/others or suicide attempts during the follow-up period
   - 2.5 perceived coercion.