Therapeutic Alliance: collaborating before conflict

Andre Amaral, MD
Assistant Professor
Interdepartmental Division of Critical Care Medicine
University of Toronto
Sunnybrook Health Sciences Centre
Research Team

Csilla Kalocsai, PhD
Lesley Gotlib Conn, PhD
Dominique Piquette, MD PhD
Shelly Dev, MD
James Downar, MD MHSc
Grace Walters, RN
Paul Taylor, Journalist
THE PROBLEM

Clinician
- EOLC
- Delays
- Suboptimal care

Family Satisfaction
- Non-survivors > Survivors

Family
- Poor communication
- Disrespectful behaviour
- Lack of trust
- Low satisfaction
- PTSD
- Burnout

CONFLICT
A POTENTIAL SOLUTION?

Clinician
- Focus on EARLY communication

Family Satisfaction
- Survivors AND Non-Survivors

Family
- Empowerment
- Integration
- Collaboration

THERAPEUTIC ALLIANCE

LESS CONFLICT
Objectives

- To review the concept of “Therapeutic Alliance”

- To discuss “Therapeutic Alliance” in the ICU

- To consider interventions to improve “Therapeutic Alliance”
THERAPEUTIC ALLIANCE: PSYCHOANALYSIS ORIGINS

- Rapport, transference and empathy as elements of collaboration
  - Freud, Dynamics of Transference, 1912

- Therapeutic alliance: collaboration with the patient’s ego that is consonant with reality
  - Sterba, The Fate of the Ego in Analytic Therapy, 1934
TA IS THE COMMON FACTOR ASSOCIATED WITH OUTCOMES IN PSYCHOTHERAPY

• Psychotherapy: no differences in outcomes across orientations
  – Lambert – The effectiveness of psychotherapy, 1994

• TA as a common factor
  – Wolfe – Research on psychotherapy integration, 1988

• TA associated with outcomes
THERAPEUTIC ALLIANCE

- **Collaboration**: agreement on goals
- **Integration**: reduction of power differences and increase of respect
- **Communication**: information exchange and bonding
- **Empowerment**: partner in decision-making and development of self-confidence
BETTER TA PREDICTS OUTCOMES

The Therapeutic Alliance Between Clinicians and Patients Predicts Outcome in Chronic Low Back Pain

Paulo H. Ferreira, Manuela L. Ferreira, Christopher G. Maher, Kathryn M. Refshauge, Jane Latimer, Roger D. Adams
**ONCOLOGIC PATIENTS WITH HIGHER TA ARE LESS LIKELY COME TO ICU AT THE END OF LIFE**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Patients With Characteristic</th>
<th>Patients Without Characteristic</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care in the last week of life</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care in the ICU (n=6)</td>
<td>46.5 ± 8.26</td>
<td>55.5 ± 6.33</td>
<td>.002</td>
</tr>
<tr>
<td>Chemotherapy (n=4)</td>
<td>58.75 ± 2.5</td>
<td>54.67 ± 6.89</td>
<td>.24</td>
</tr>
<tr>
<td>Use of a feeding tube (n=9)</td>
<td>54.25 ± 7.48</td>
<td>54.92 ± 6.77</td>
<td>.78</td>
</tr>
<tr>
<td>Any aggressive treatment (n=13)</td>
<td>55.64 ± 6.60</td>
<td>54.72 ± 6.87</td>
<td>.66</td>
</tr>
</tbody>
</table>

Measuring Therapeutic Alliance Between Oncologists and Patients With Advanced Cancer

The Human Connection Scale

Jennifer W. Mack, MD, MPH\(^1,2,3\); Susan D. Block, MD; Matthew Nilsson, BS; Alexi Wright, MD\(^4,5\); Elizabeth Trice, MD, PhD\(^6,7\); Robert Friedlander, MD; Elizabeth Paulik, MD; and Holly G. Pngerson, PhD
Therapeutic Alliance between the Caregivers of Critical Illness Survivors and Intensive Care Unit Clinicians

Nidhi G. Huff¹, Nandita Nadig², Dee W. Ford², and Christopher E. Cox¹,³

![Diagram showing the relationships between various factors affecting the therapeutic alliance.](image-url)
Objectives

• To review the concept of “Therapeutic Alliance”

• To discuss “Therapeutic Alliance” in the ICU

• To consider interventions to improve “Therapeutic Alliance”
NEEDS ASSESSMENT PHASE

- 19 semi-structured qualitative interviews
- Diversity in terms of age, ethnicity, religion, and ICU LOS
- Searched for family members that were quiet OR not available during regular hours
- Interviews were recorded, transcribed, and analyzed inductively and iteratively following an interpretivist approach
<table>
<thead>
<tr>
<th>SOURCES OF TA</th>
<th>BARRIERS TO TA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building relationship with nurses</td>
<td>Confusion about staff and their roles</td>
</tr>
<tr>
<td>Upfront communication by MD</td>
<td>Cultural assumption about busy doctor</td>
</tr>
<tr>
<td>Physician’s compassion</td>
<td>Physician’s lack of compassion</td>
</tr>
<tr>
<td>Building trust</td>
<td>Advancement of trust</td>
</tr>
<tr>
<td>Clear messaging in decision-making</td>
<td>Limited understanding of decision-making role</td>
</tr>
<tr>
<td>Discussion of goals of care</td>
<td>Experience of power differences</td>
</tr>
<tr>
<td></td>
<td>Not exploring family concerns</td>
</tr>
<tr>
<td></td>
<td>The “medical lingo”</td>
</tr>
</tbody>
</table>
"easily approachable, … nice to have that welcoming feeling."

“I mean, really, they explain everything,”

“talk in our language”

“I don’t know if anyone realizes just how important that personal touch… they give you a hug and a smile.”
“[The fellow on call] was just amazing. She was so **consoling**. She understood my feelings. She talked about my feelings and she told me what I could do…”
“So I think rounds again build trust and the community. I think the trust – the trust level for us has been very high, because we felt that we had been treated honestly and with great compassion.”
“They do explain the procedures very, very clearly. In layman’s terms.”

“He laid it out very well so that we could make, like, more of an informed sort of decision now, so it was good.”
“I wouldn’t know who is a doctor, everyone that has a stethoscope, or do they all wear a certain uniform. You don’t know, right? Some of them are in jeans and stuff. Who’s a doctor? And who is looking after my mom?”
“…there has to be recognition on the part of the staff and I’m sure they do - your anxiety level is so high. You’re terrified. And, yes, maybe sometimes you’re impatient. And maybe we call too much.”
“I was worried about the fever, but all they would say was ‘this is not important’”
“To be honest, we want to help because we feel powerless right now.”

“We’re here at your mercy.”
Objectives

• To review the concept of “Therapeutic Alliance”

• To discuss “Therapeutic Alliance” in the ICU

• To consider interventions to improve “Therapeutic Alliance”
FRAMEWORK

LEARN THE PATIENT’S VALUES AND GOALS

Collaboration agreement on goals

Integration
reduction of power differences and increase of respect

Communication information exchange and bonding

Empowerment partner in decision-making and development of self-confidence

RESPECT CONCERNS AND OPINIONS

ASK FOR CONCERNS AND OPINIONS
FRAMEWORK

LEARN VALUES AND GOALS
ASK/RESPECT CONCERNS AND OPINIONS

EMPATHY

ENHANCED INFORMATION
CREATE SPACE

SCRIPTS

EMOTIONAL LABOR

POSTERS, OPEN VISITATION, INVITE TO ROUNDS, PAMPHLETS, WEB...
“...the process of regulating experienced and displayed emotions to present a professionally desired image during interpersonal transactions at work”
PROMOTING TA IMPROVES OUTCOMES

---

Enhanced Therapeutic Alliance Modulates Pain Intensity and Muscle Pain Sensitivity in Patients With Chronic Low Back Pain: An Experimental Controlled Study

Jorge Fuentes, Susan Armijo-Olivo, Martha Funabashi, Maxi Miciak, Bruce Dick, Sharon Warren, Safien Rahim, David I. Magee, Douglas P. Gross

---

**Legend:**

- AL: Large AL
- SL: Small SL
- AE: Large AE
- SE: Small SE

**Statistical Significance:**

- *P < 0.01
- *P < 0.01
- *P < 0.01
- *P < 0.01

**Graph:**

- Y-axis: Pain Intensity (P1-NRS)
- X-axis: Treatment Group

---

**Graph Details:**

- AL group has a lower pain intensity compared to SL group.
- AE group has the highest pain intensity, followed by SE group.
- All differences are statistically significant at *P < 0.01.
SUMMARY

• TA - better outcomes in mental health, pain, ICU

• TA - understand barriers and opportunities

• TA - improved through emotional labor, scripts and information

andrecharlos.amaral@sunnybrook.ca