From Dispensers to Collaborators: Building Effective Therapeutic Relationships for Psychiatric Prescribing

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North Carolina Psychiatric Association
Annual Meeting
September 30, 2023

Duke Psychiatry & Behavioral Sciences
Duke University School of Medicine

DUKE DIVINITY SCHOOL | THEOLOGY, MEDICINE, AND CULTURE

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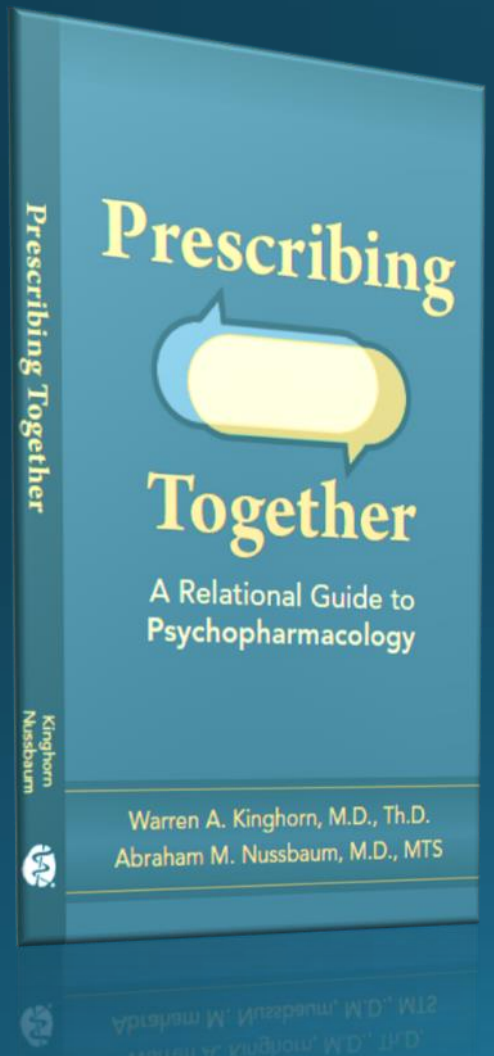
Disclosures



- Salary from US Department of Veterans Affairs and Duke University
- Royalty payments from American Psychiatric Association Publishing
- No past or present industry relationships
- Credits: Abraham Nussbaum, Calvin Gross, David Mintz, Dan Blazer

Objectives

- By the end of this session, participants will be able to:
  - List three dimensions of **Edward Bordin's concept of the working alliance,** and describe how these three dimensions relate to psychiatric medication prescribing
  - Assess three empirical studies in which **therapeutic alliance is associated with variance in psychopharmacological treatment outcomes**
  - Describe and evaluate ten distinctions between a **"dispenser model" and a "collaborator model"** of psychiatric prescribing

Checking in

- *If you are a prescriber of mental health medications*:
  - When do you find **joy and satisfaction** in prescribing?
  - When do experience **frustration** in prescribing?
- *If you are not a prescriber of mental health medications*:
  - What about prescribing, and current practices of prescribing, is **satisfying** for you?
  - What about prescribing, and current practices of prescribing, is **frustrating** for you?

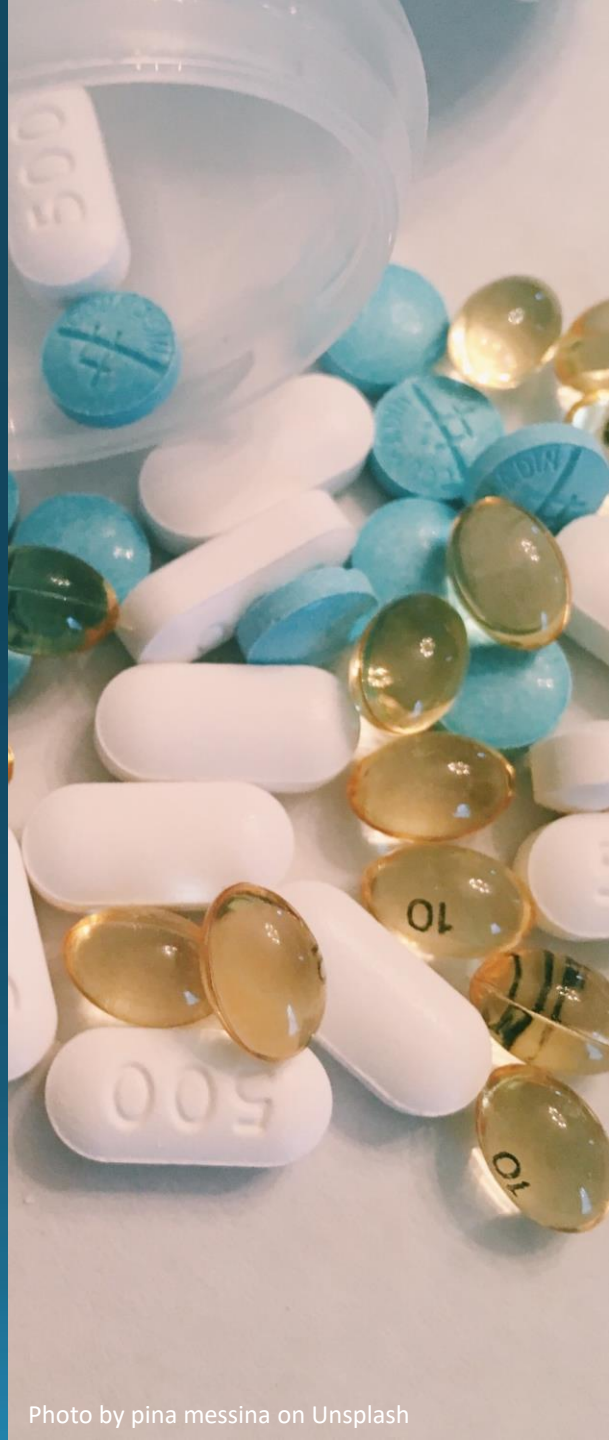
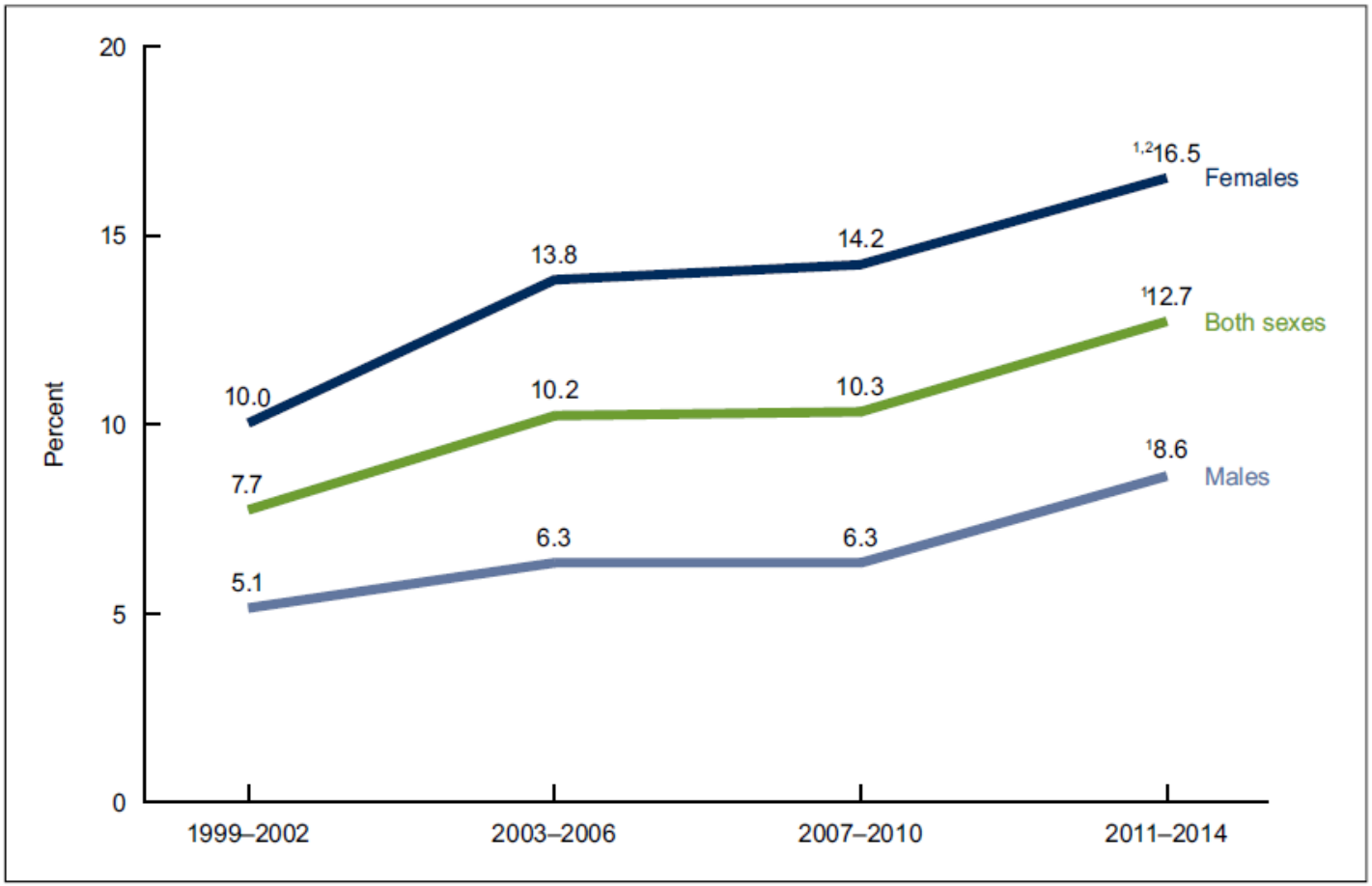


Photo by pina messina on Unsplash

Antidepressant Use in US, 12 and over, 1999-2014

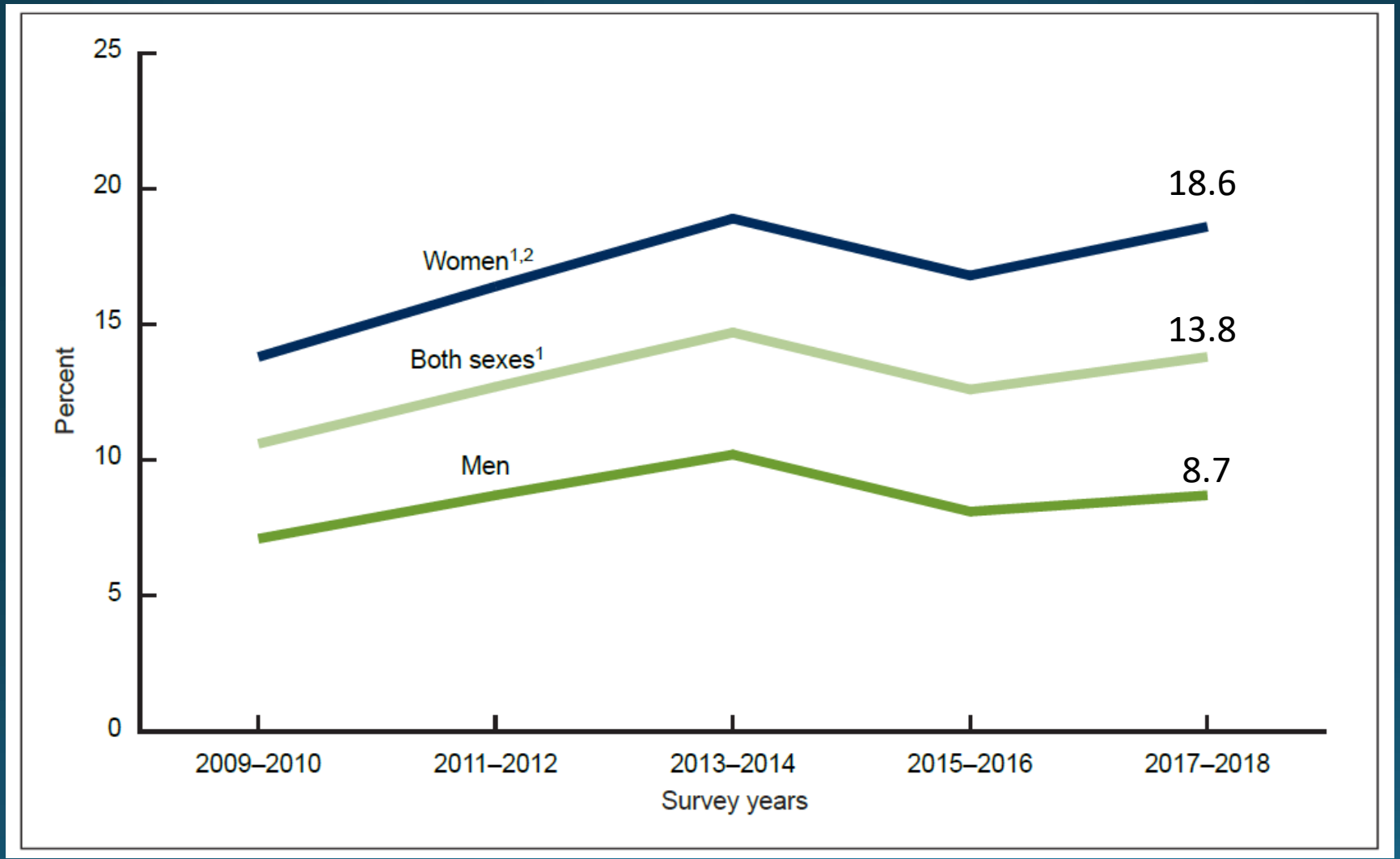
Figure 4. Trends in antidepressant use among persons aged 12 and over, by sex: United States, 1999–2014



[1]Significant increasing trend.
[2]Significantly higher than males for all years.
NOTE: Access data table for Figure 4 at: https://www.cdc.gov/nchs/data/databriefs/db283_table.pdf#4.
SOURCE: NCHS, National Health and Nutrition Examination Survey, 1999–2014.

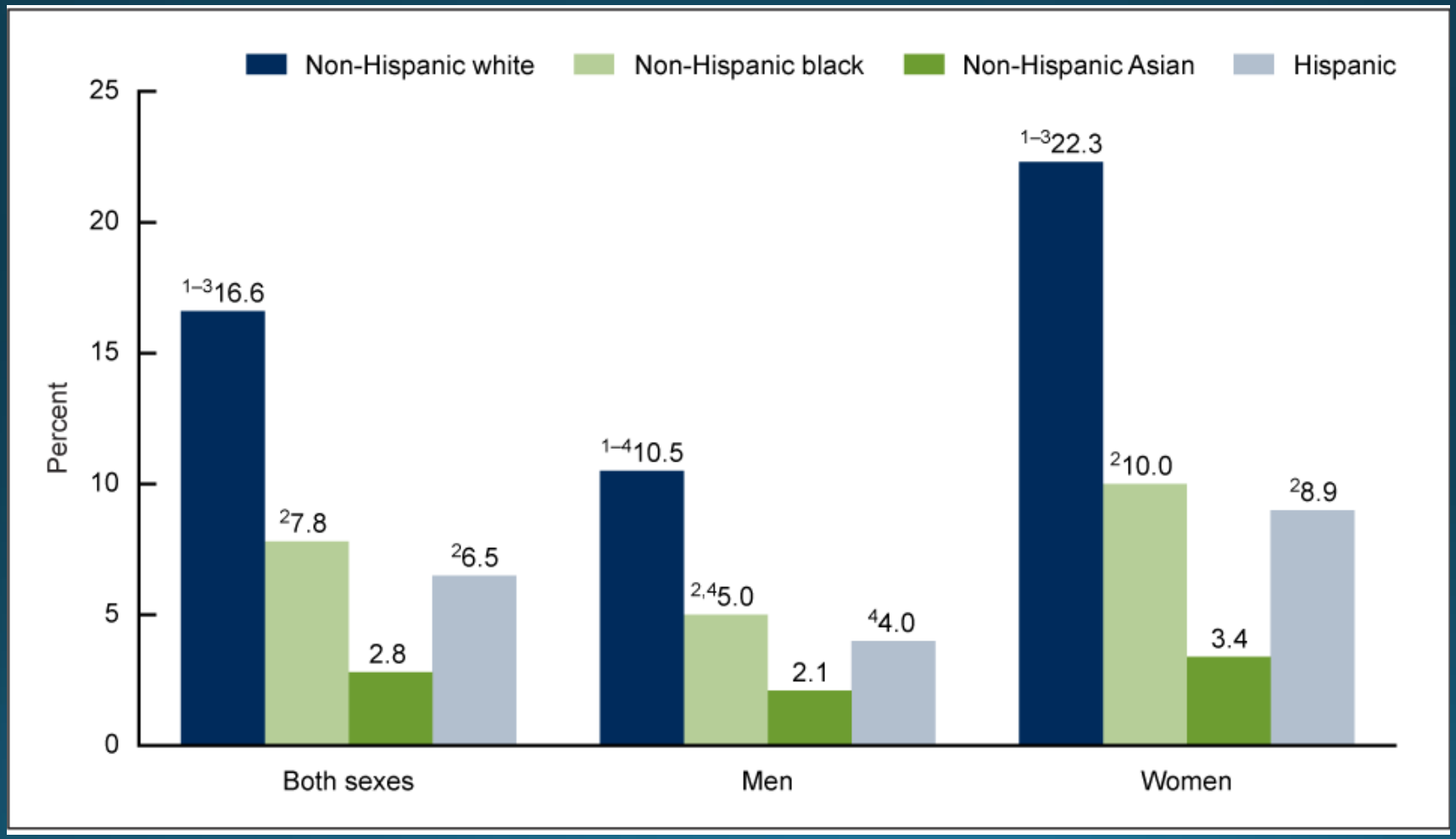
NCHS Data Brief No. 283, August 2017

Antidepressant Use in US, 18 and over, 2009-2018



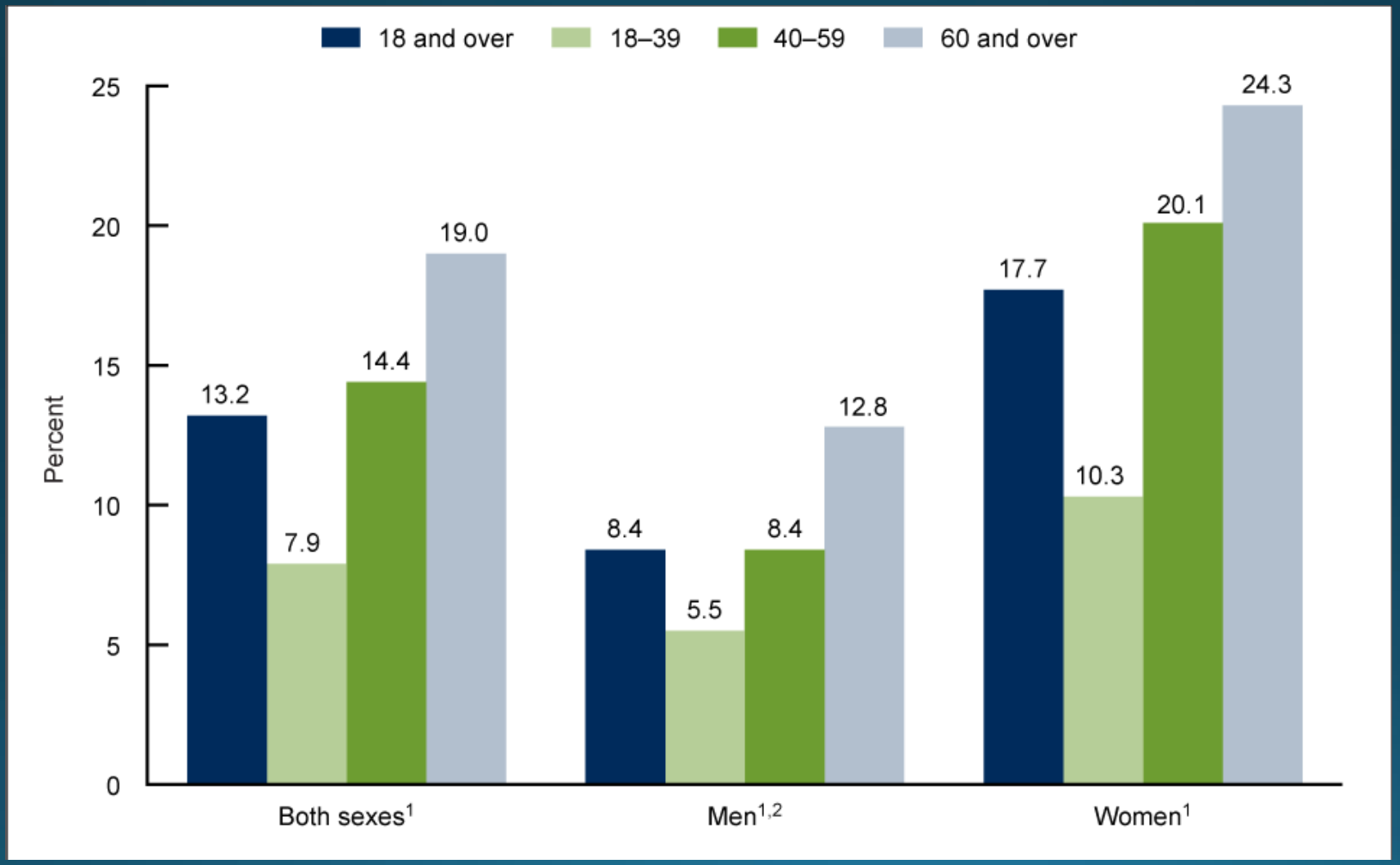
NCHS Data Brief No. 377, September 2020

Percentage of adults aged 18 and over who used antidepressant medication over past 30 days, by race and Hispanic origin and sex: United States, 2015–2018



Brody DJ, Gu Q. NCHS Data Brief No. 377, September 2020

Percentage of adults aged 18 and over who used antidepressant medication over past 30 days, by age and sex: United States, 2015–2018



Brody DJ, Gu Q. NCHS Data Brief No. 377, September 2020

Antidepressants (and other meds) work

The drugs do work: antidepressants are effective, study shows

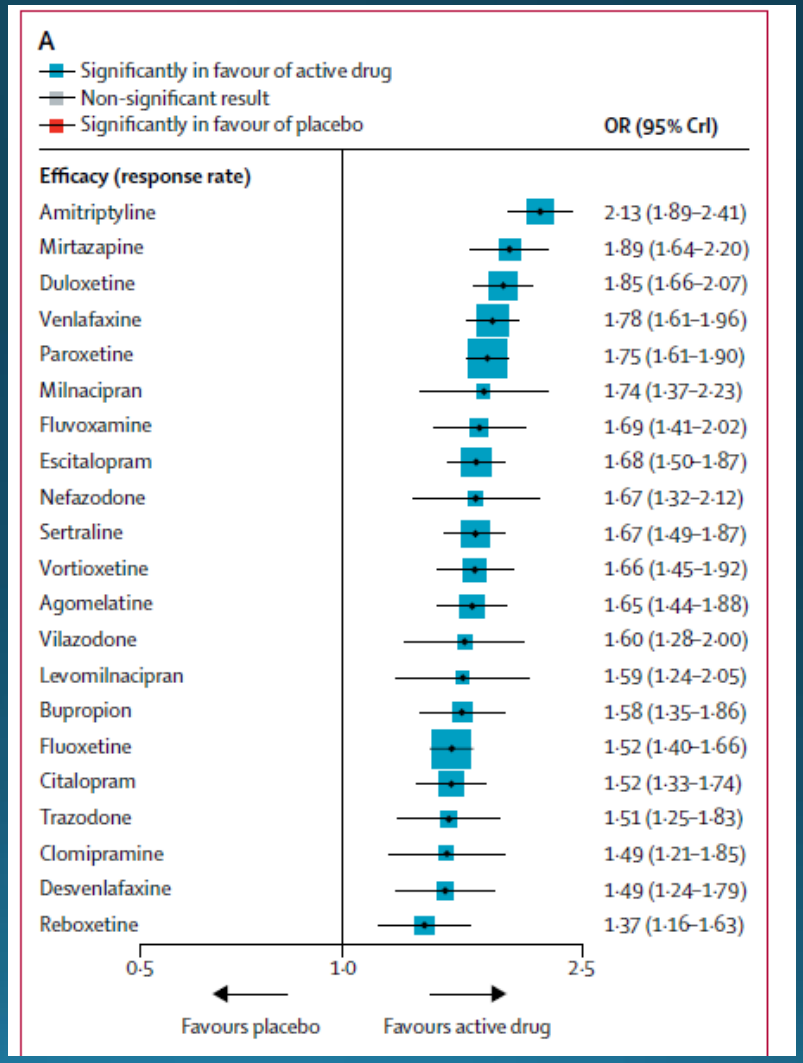
Doctors hope study will put to rest doubts about the medicine, and help to address global under-treatment of depression

It's official: antidepressants are not snake oil or a conspiracy

▲ It is likely that in the UK alone 1 million more people a year should have access to either drugs or psychotherapy for depression, say experts. Photograph: Darron Cummings/AP

Antidepressants work - some more effectively than others - in treating depression, according to authors of a groundbreaking study which doctors hope will finally put to rest doubts about the controversial medicine.

depressants-are-not-snake-oil-or-a-conspiracy-they-work



Cipriani A et al. *Lancet* 2018;391:1357-66

But *how* do medications "work?"

Response

But *how* do medications "work?"

Response

Pharmacological efficacy

Placebo

Spontaneous recovery

But *how* do medications "work?"

Response

Pharmacological efficacy

Therapeutic Alliance
Patient expectations
Prescriber expectations
Therapist effects
Other contextual factors

Spontaneous recovery

But *how* do medications "work?"

Response

Pharmacological efficacy
Therapeutic Alliance
Patient expectations
Prescriber expectations
Therapist effects
Other contextual factors

Spontaneous recovery

Ankarberg P, Falkenstroem F. *Psychotherapy Theory, Research, Practice, Training* 2008;45:329-339

Bordin and alliance

Bordin ES. The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research, and Practice* 1979;16:252-260

Common alliance measures

Instrument	Description
Working Alliance Inventory (WAI)	36 items, 3 scales: agreement on goals, agreement on tasks, development of bonds Client (WAI-C), therapist (WAI-T); observer (WAI-O) versions available
Vanderbilt Therapeutic Alliance Scale (VTAS)	44 items arranged into 3 scales: patient, therapist, interaction (observer-rated)
California Psychotherapy Alliance Scale (CALPAS)	24 items reflecting 5 scales: patient working capacity, patient satisfaction, goal consensus, working strategy consensus, therapist understanding and involvement Therapist (CALPAS), patient (CALPAS-P), and rater (CALPAS-R) versions available
Helping Alliance Questionnaire (HAq)	Two scales measuring two dimensions of alliance: HA1 (6 items) – patient's perception of the therapist as providing needed help; HA2 (4 times) – patient's experience of collaboration with therapist on goals of treatment

Tichenor V, Hill CE. A comparison of six measure of working alliance. *Psychotherapy* 1989;26:195-99.

Alliance and pharmacotherapy for depression

- **Krupnick et al. (1996)**: Among 225 adults with MDD in the TDCRP receiving CBT, IPT, imipramine + clinical mgmt., or placebo + clinical management, mean alliance ratings accounted for 18% (BDI) and 19% (HRSD) of variance in outcome across all treatment conditions.

- **McKay, Imel, and Wampold (2006):** In the TDCRP, outcome variance affected by study psychiatrist (6.7%) > medication (5.9%), and "top" 1/3 of psychiatrists obtained better outcomes with placebo than "bottom" 1/3 did with imipramine.

Krupnick et al. *J Consult Clin Psychol* 1996;64:532-539; McKay KM et al. *J Affect Dis* 2006;92:287-290

Alliance and pharmacotherapy for depression

- **Weiss et al. (1997):** Among 31 adults with MDD, patient- and therapist-rated alliance accounted for 21%-56% of outcome variance across patients.

- **Leuchter et al. (2014):** Among 88 adults with MDD randomized to supportive care alone, meds, or placebo, no sig diff between meds and placebo, both better than supportive care alone; med expectancy predicted improvement in placebo group; patient rated goal and working strategy consensus predicted improvement in both placebo and med groups.

- **Zilcha-Mano et al. (2014, 2015a, 2015b)**: Mid-treatment patient- and therapist-rated alliance predicts future symptom change.

Weiss et al. *J Clin Psychiatry* 1997;58:196-204; Zilcha-Mano et al. *J Consult Clin Psychol* 2014;82:931-5; Leuchter AF. *Br J Psychiatry* 2014;443-449; Zilcha-Mano et al. *J Couns Psychol* 2015;62:568-578; Zilcha-Mano et al. *Psychother Psychosom* 2015;84:177-82.

Alliance and pharmacotherapy for bipolar disorder

- **Strauss and Johnson (2006)**: Among 58 adults with symptomatic Bipolar I Disorder, baseline patient-rated alliance was associated with lower manic symptoms but not lower depressive symptoms after 6 months, and inversely associated with stigma and negative beliefs about medication.

- **Sylvia et al. (2013):** Among 3037 adults in STEP-BD, "patients' perceptions of collaboration, empathy, and accessibility" were positively associated with adherence to treatment.

Strauss JL, Johnson SL *Psychiatry Res* 2006;145:215-223; Sylvia LG et al. *J Clin Psychopharmacol* 2013;33:doi:10.1097/JCP.0b013e3182900c6f.

Alliance and pharmacotherapy for schizophrenia

- **Frank and Gunderson (1990):** Among 143 adults with schizophrenia receiving two different forms of psychotherapy, strong alliance associated with willingness to accept and take medication; active engagement in relationship accounted for 11% of variance in 2-year outcomes (more than social class, intelligence, premorbid social adjustment, motivation to change)

- **McCabe et al. (2012):** Among 507 adults with schizophrenia, 42% of patients with low clinician-rated alliance had poor adherence, 17% with high clinician-rated alliance had poor adherence.

Frank AF, Gunderson JG. *Arch Gen Psychiatry* 47:228-236; McCabe et al. *PLoS One* 2012;7:e36080. doi:10.1371.journal.pone.0036080;

The Role of the Therapeutic Relationship in Psychopharmacological Treatment Outcomes: A Meta-analytic Review

Christine M. Wienke Totura, Ph.D., Sherecce A. Fields, Ph.D., Marc S. Karver, Ph.D.

Objective: Patient nonadherence to psychopharmacological treatment is a significant barrier to effective treatment. The therapeutic relationship is known to be a critical component of effective psychological treatment, but it has received limited study. A meta-analysis was conducted to examine the role of the therapeutic relationship in the delivery of effective psychopharmacological treatment.

Methods: PubMed, PsycINFO, CINAHL, Google Scholar, Ingenta, and the Web of Science–Science Citation Index were searched, including reference lists of found articles. Meta-analytic methods were used to examine the association between the physician-patient therapeutic relationship and outcomes in psychopharmacological treatment.

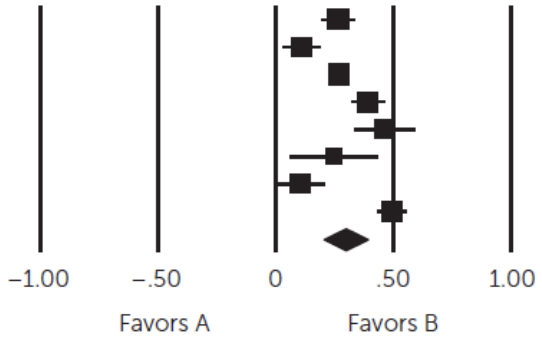
Results: Eight independent studies of psychopharmacological treatment reported in nine articles met the inclusion criterion (1,065 participants) of being an empirically based study in which measures of the therapeutic relationship were administered and psychiatric treatment outcomes were assessed. The overall average weighted effect size for the association between the therapeutic relationship and treatment outcomes was z=.30 (95% confidence interval=.20–.39), demonstrating a statistically significant, moderate effect.

Conclusions: Findings indicate that a positive therapeutic relationship or alliance between the physician and the psychiatric patient is associated with patient improvement over the course of psychopharmacological treatment. Results suggest that more attention should be paid to psychiatrist communication skills that may enhance the therapeutic alliance in psychopharmacological treatment.

Psychiatric Services 2018; 69:41–47; doi: 10.1176/appi.ps.201700114

FIGURE 1. Meta-analytic plot of Fisher's z effect sizes and 95% confidence intervals in eight studies of the association between the therapeutic relationship and psychopharmacological treatment outcomes[a]

		Statistics for each study						
Study Name	Subgroup within study	Fisher's z	Standard error	Variance	Lower limit	Upper limit	z	p
Frank et al., 1990	Adults (schizophrenia)	.266	.036	.001	.195	.337	7.365	.000
Blais, 2004	Adults (mixed clinical)	.110	.042	.002	.027	.193	2.609	.009
Krupnick et al., 1996	Adults (depression)	.270	.019	.000	.233	.306	14.485	.000
McCabe et al., 1999	Adults (schizophrenia)	.393	.036	.001	.322	.464	10.800	.000
Weiss et al., 1997	Adults (depression)	.463	.067	.004	.332	.594	6.932	.000
Strauss et al., 2006	Adults (bipolar)	.249	.095	.009	.062	.436	2.610	.009
Guadiano et al., 2006	Adults (bipolar)	.105	.054	.003	.000	.210	1.962	.050
Beauford et al., 1997	Adults (mixed clinical)	.494	.033	.001	.429	.558	15.003	.000
		.295	.048	.002	.202	.388	6.192	.000



[a] Favors A results suggest a negative effect; favors B results suggest a positive effect. The diamond indicates the overall meta-analytic effect and 95% confidence interval.

Totura CMW, Fields SA, Karver MS. *Psych Serv* 2018;69:41-47.

Prescribers as Dispensers?

Photo by NeONBRAND on Unsplash

Prescribers as Dispensers (1)

	Dispenser Model
Way of understanding **experience**	Individual/biomedical
View of the **patient**	Individual patient (face to face view)
Nature of the problem	Unwanted or disvalued experience and/or behavior understood as **symptoms**

Kinghorn WA, Nussbaum AM. *Prescribing Together: A Relational Guide to Psychopharmacology* (American Psychiatric Association Publishing, 2021)

Prescribers as Dispensers (2)

	Dispenser Model
Approach to the problem	Specifying diagnoses that fit the symptoms (reliability)
Primary **role** of prescribing clinician	Expert who can recommend and dispense effective pharmacotherapy
Primary therapeutic **goal**	Symptom reduction

Kinghorn WA, Nussbaum AM. *Prescribing Together: A Relational Guide to Psychopharmacology* (American Psychiatric Association Publishing, 2021)

Prescribers as Dispensers (3)

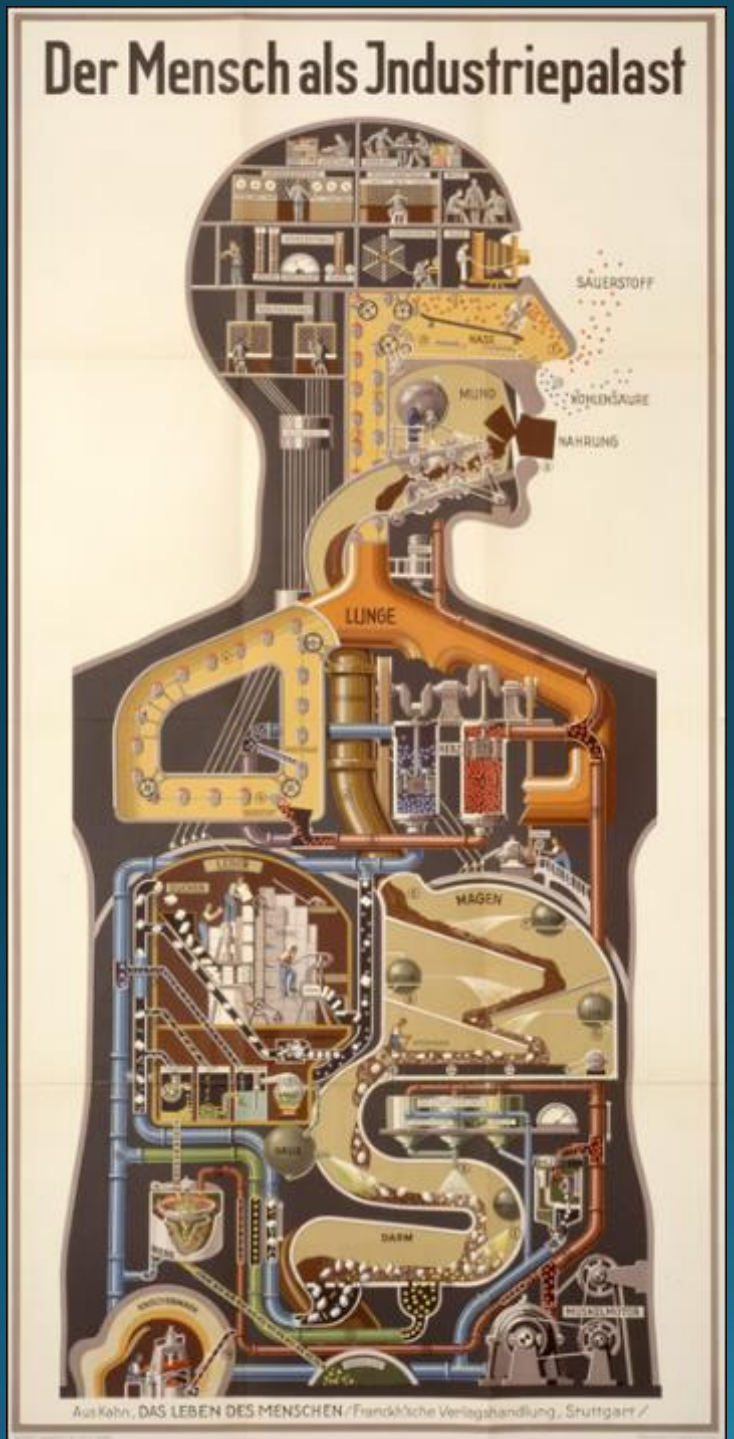
	Dispenser Model
Prioritized **agent of healing**	Medication (with relationship supporting adherence to medication)
Therapeutic roles of medication	Altering dysfunctional brain circuits or other bodily states of affairs, thereby reducing symptoms

Kinghorn WA, Nussbaum AM. *Prescribing Together: A Relational Guide to Psychopharmacology* (American Psychiatric Association Publishing, 2021)

Prescribers as Dispensers (4)

	Dispenser Model
Harmful roles of medication	• Toxicity or unwanted side-effects • Psychological and physiological dependence (addiction) • Lack of benefit for target condition
Primary **role of therapeutic alliance**	• Enhancing trust in prescriber's expertise • Promoting adherence

Kinghorn WA, Nussbaum AM. *Prescribing Together: A Relational Guide to Psychopharmacology* (American Psychiatric Association Publishing, 2021)



Fritz Kahn, “Man as Industrial Palace,” 1926

Prescribers as Collaborators

Photo by Nigel Cohen on Unsplash

Prescribers as Collaborators (1)

	Dispenser Model	Collaborator Model
Way of understanding **experience**	Individual/biomedical	Contextual/relational
View of the **patient**	Individual patient (face to face view)	Person extended in relationships, community, and culture (side-by-side view)
Nature of the problem	Unwanted or disvalued experience and/or behavior understood as **symptoms**	Unwanted or disvalued experience and/or behavior understood as **challenges and problems**

Kinghorn WA, Nussbaum AM. *Prescribing Together: A Relational Guide to Psychopharmacology* (American Psychiatric Association Publishing, 2021)

Prescribers as Collaborators (2)

	Dispenser Model	Collaborator Model
Approach to the problem	Specifying diagnoses that fit the symptoms (reliability)	Understanding the challenges or problems, using diagnoses as **heuristic guides for understanding broader life context**
Primary **role** of prescribing clinician	Expert who can recommend and dispense effective pharmacotherapy	**Collaborator and guide** who can help to discern a way forward
Primary therapeutic **goal**	Symptom reduction	Empowerment, agency, capacity for relationship, and pursuit of purposes and goals

Kinghorn WA, Nussbaum AM. *Prescribing Together: A Relational Guide to Psychopharmacology* (American Psychiatric Association Publishing, 2021)

Prescribers as Collaborators (3)

	Dispenser Model	Collaborator Model
Prioritized **agent of healing**	Medication (with relationship supporting adherence to medication)	**Relationship** with clinician and relationships with others (with medication supporting growth in/of relationship)
Therapeutic roles of medication	Altering dysfunctional brain circuits or other bodily states of affairs, thereby reducing symptoms	• Reducing or eliminating barriers to relationship, agency, and engagement (overlap with symptom-reduction view) • Signifying relationship (medication as transitional object)

Kinghorn WA, Nussbaum AM. *Prescribing Together: A Relational Guide to Psychopharmacology* (American Psychiatric Association Publishing, 2021)

Prescribers as Collaborators (4)

	Dispenser Model	Collaborator Model
Harmful roles of medication	• Toxicity or unwanted side-effects • Psychological and physiological dependence (addiction) • Lack of benefit for target condition	• Avoiding relationship, or increasing or **creating barriers to relationship** (e.g, through excessive blunting) • **Talisman against abandonment** in therapeutic relationship (e.g., clinging to ineffective medication in order to avoid termination of pharmacotherapy) • **Countertransference prescribing** (medications meeting a psychological need of the prescriber) • **Talisman against loss of external goods** (e.g., disability benefits) • Contributing to **injustice and inequality** • Conforming patients to **harmful social norms**
Primary **role of therapeutic alliance**	• Enhancing trust in prescriber's expertise • Promoting adherence	• Activating attachment system • Promoting commitment to common goals and tasks • Promoting secure attachment relationships outside of therapy

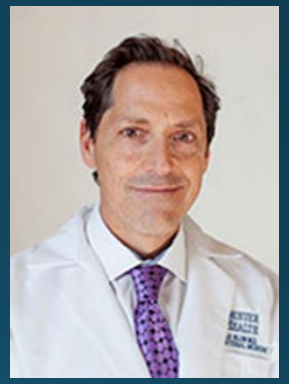
Learning to prescribe . . . in relationship













Learning to prescribe . . . in relationship

Chapter	Area of Mental Disorder	Featured Clinician(s)	Key Concepts and Skills
2: Relationship Matters	Relationships and Mental Disorder	Vincent Felitti, MD	4P Model of Case Formulation
3: Prescribing Alliances	Prescribing Relationships	David Mintz, MD	Psychodynamic Psychopharmacology
4: Peak Performance	Attention-Deficit Hyperactivity Disorder	Francine Conway, PhD	Mentalization
5: Visions and Voices	Schizophrenia and Psychotic Disorders	Mohammed Abouelleil Rashed, MBBS, PhD	Pragmatic Diagnosis
6: Stabilization Forces	Bipolar Disorders	Kay Redfield Jamison, PhD	Medication Concordance
7: Frayed Edges	Depressive and Anxiety Disorders	Sidney Hankerson, MD, MBA	Connecting to Community
8: Unwelcome Strangers	Obsessive-Compulsive and Related Disorders	Jennifer Freeman, PhD	Externalization of Symptoms
9: Building Peace	Trauma- and Stressor-Related Disroders	Glenda Wrenn, MD, MHSP	Exploring the Meaning of Medication (and Symptoms)
10: When the Body Speaks	Somatic Distress	Cecilia Ordóñez, MD and Luke Smith, MD	Cultural Formulation
11: Befriending the Body	Eating Disorders	Jennifer Gaudiani, MD	Listening to the Body
12: Getting Clean	Substance Use Disorders	Joshua Blum, MD	Motivational Interviewing; Structural Competency
13: Knowing and Being Known	Neurocognitive Disorders	Sharon Inouye, MD, MPH	Listening for Stories
14: Strong Emotions	Borderline Personality Disorder	Sarah Fineberg, MD, PhD	Deprescribing

Kinghorn WA, Nussbaum AM. *Prescribing Together: A Relational Guide to Psychopharmacology* (American Psychiatric Association Publishing, 2021)

1. Relationship

Photo by Nigel Cohen on Unsplash

1. Relationship

Glenda Wrenn, MD, MSHP
Morehouse School of Medicine

"It's not just the prescription that you're giving… In everything you are doing, there are so many opportunities to be a part of the healing process for people who are traumatized. Whether it's the smile on your face, the welcome in your voice, or the understanding in your eyes, these are all really powerful interactions."

Kinghorn WA, Nussbaum AM. *Prescribing Together: A Relational Guide to Psychopharmacology* (American Psychiatric Association Publishing, 2021).

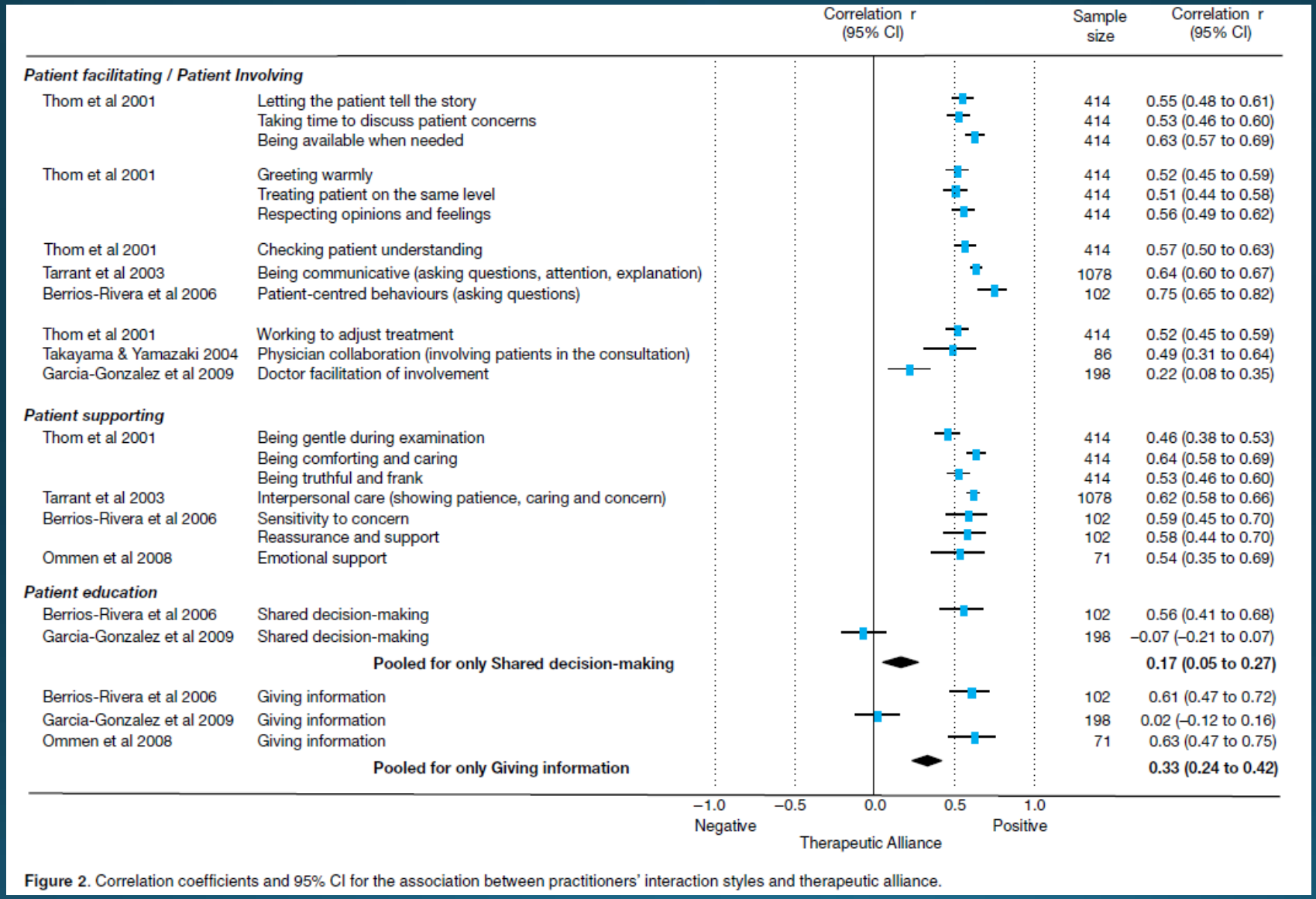


Figure 2. Correlation coefficients and 95% CI for the association between practitioners' interaction styles and therapeutic alliance.

Pinto RZ et al. *Journal of Physiotherapy* 2012;58:77-87

Inside-out or outside-in?

1888 German postcard; public domain

Asking after the four P's

Predisposing factors (Preconditions)	Why is this person vulnerable to this problem?
Precipitating factors	Why now? This can refer to 'why is this person having symptoms now?' and/or 'why is this person presenting to this healer for treatment now?'
Perpetuating factors	'Why is this person still ill?'
Protective factors	'Why is this person not more ill?'

Bolton JW. *Philosophy, Psychiatry, and Psychology* 2014;21:179-189

2. Agency

2. Agency

To families cautious or hesitant about medication for OCD:

"It's like water wings. This is not going to teach you to swim—the CBT is actually the active treatment—but you need something to help keep you afloat while you're learning to do this exposure part of treatment."

Jennifer Freeman, PhD
Brown University

Kinghorn WA, Nussbaum AM. *Prescribing Together: A Relational Guide to Psychopharmacology* (American Psychiatric Association Publishing, 2021), 150-151.

2. Agency

To families expressing preference for medication and not psychotherapy:

"[Medication] is not actually going to change the process. It might abate the symptoms for a moment or a while, but what we're trying to change is a whole approach to life"

Jennifer Freeman, PhD
Brown University

Kinghorn WA, Nussbaum AM. *Prescribing Together: A Relational Guide to Psychopharmacology* (American Psychiatric Association Publishing, 2021), 150-151.

3. Story

Photo by Colin Rowley on Unsplash

3. Story

Sidney Hankerson, MD
Columbia University

"I think understanding a person's story—understanding their fears, their hopes, their wishes—and tailoring your message about medications to the person's story can be very powerful, and it creates a therapeutic relationship. … Understanding their unique story increases the likelihood that they will work with you to find a treatment that does work."

Kinghorn WA, Nussbaum AM. *Prescribing Together: A Relational Guide to Psychopharmacology* (American Psychiatric Association Publishing, 2021), 136.

3. Story

What does “mental health” mean to you? How would you know if you were mentally healthy?

How do you feel about the medications you are taking? If you were to describe your relationship with your medication, how would you do so?

How is taking your medication affecting your relationships with others? With yourself and your body?

How is taking medication affecting your ability to pursue goals that are important to you?

If you were to describe your life as a journey, where have you come from? Where are you now? Where do you want to be going?

3. Story

Yeah, I think that one of the things I found difficult was they [the psychiatrists] would be like "your voices are bad" so we're going to give you medication to get rid of the voices. But [I would say] not all the voices are bad, can we keep the nice ones? And so I understand why a lot of people don't take their medication, because it's actually sometimes a lot harder to be without your friends and to be with your enemies as well, it's better to have them all than to have none. And I think, the medical model . . . I understand what they're trying to do, they're trying to make people normal, but they don't take into account . . . that this is somebody's narrative and these are characters in their narrative. And you can't just . . . it's like taking away their family, you know? It's like you can't do that and not have any repercussions of that . . .

-- "Elizabeth," 32, who lives with schizophrenia

Swinton J. Medicating the soul: Why medications needs stories. *Christ Bioeth* 2018;24:302–318