Digital Technology & Psychiatry

Impact On The Therapeutic Alliance

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The Importance Of The Patient-Provider Alliance

The therapeutic relationship has been reported to account for more variability in psychotherapy outcomes than do specific component of therapy.

Therapeutic alliance accounted for nearly 30% of the variance in treatment outcome, independent of moderating factors.

In mental health, the patient-provider alliance is considered to be at the core of clinical care.

A strong therapeutic relationship is a good predictor for treatment response across both medication response and therapy interventions.

Patients report that their relationship with their HCP is the most important component of care, along with their own engagement.

Elements of a strong therapeutic relationship include mutual trust, alliance, respect, empathy, and positive regard between the patient and clinician.

*Among studies examining the relationship between therapeutic alliance and psychotherapy outcomes; \( r = 0.275, P < .0001 \).

HCP, healthcare provider.

The Digital Shift In Mental Health Care

- Technology and technology-enabled care are rapidly reshaping the clinical landscape in psychiatry\(^1\)
  - Psychological treatments are beginning to undergo a shift, driven by the widespread availability of digital technology\(^2\)
  - Text messaging, telehealth, mobile health, and remote monitoring are becoming part of an emerging hybrid technology-enabled care model\(^1\)

- The HITECH Act (2009) has led to almost complete integration of EHRs into general medical practices in the US\(^1\)
  - As of 2015, 87% of office-based physicians had adopted an EHR system
    - Almost 50% of Americans used technology to interact with their providers or track personal health information

A concern of technology-assisted therapy is whether it detracts from the therapeutic alliance\(^3\)

EHR, electronic health record; HITECH, Health Information Technology for Economic and Clinical Health; US, United States.

Concerns Regarding Therapeutic Alliance In The Digital Age

- Although growing evidence suggests that e-therapy is effective for a variety of conditions, a primary concern relates to the perceived difficulty of developing an effective therapeutic relationship in the absence of nonverbal cues\(^1\)
- Dropout rates have been reported to be significantly higher for digital treatments than usual F2F methods\(^2\)
  - This has raised questions about adherence to digital treatment
    - A common explanation for nonadherence to digital treatments focuses on the absence of a therapeutic alliance
- In addition, digital health service app uptake is low in clinics and engagement remains poor among the public\(^3\)
- These concerns are important, as internet-based interventions are increasingly being incorporated into mental health services in ways that can be expected to influence the quality of working relationships\(^4\)
  - A failure to address and adequately support the digital therapeutic relationship\(^*\) can limit the true potential of digital care\(^3\)

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\(^*\)Defined as the digital interaction between patients and clinicians.
e-therapy, electronic therapy; F2F, face-to-face.

Systematic Review: Therapeutic Relationships In e-Therapy For Mental Health*

Systematic review results indicated that:

- E-therapy seemed to be at least equivalent to F2F therapy in terms of therapeutic alliance
  - Of the 3 studies that investigated differences in alliance between e-therapy and F2F therapy, 2 showed no significant differences, and 1 showed higher scores for e-therapy
- A positive relationship between the therapeutic alliance and e-therapy outcome was reported

Factors that influence the therapeutic relationship in e-therapy†

- Inverse relationship was noted between pretreatment symptom severity and therapeutic alliance ratings
- Higher scores reported for patients who used chat as primary mode of communication vs email
- Higher ratings reported for alliance among patients who used >1 modality of communication vs those who used 1

Impact of the therapeutic alliance on treatment outcome‡

- Patients who rated the alliance better had greater reduction of anxiety scores posttreatment
- Overall patient-rated working alliance posttreatment predicted 15% of score variance for PTSD symptoms

Participants receiving e-therapy for work-related stress or depression

- Rated e-therapy as being pleasant (87-88%) and personal (75-78%)
- Felt the relationship grew during treatment (57-78%)
- Did not miss F2F contact (68-89%)

*Systematic review of 11 studies investigating the therapeutic relationship in e-therapy for mental health. Communication between therapist and patient was conducted via asynchronous email and website postings (8 studies), synchronous website text exchange (1 study), synchronous chat (1 study), or a combination of asynchronous email and synchronous chat (1 study). Patients received e-therapy for a variety of problems, including mental health diagnosis (6 studies) and other types of distress (5 studies). †As investigated by 2 included studies. ‡As investigated by 3 included studies.

e-therapy, electronic therapy; F2F, face-to-face; PTSD, post-traumatic stress disorder.
**Alliance & Communication In Mental Health: Impact On Treatment Adherence**

A systematic review examined alliance and communication in mental health to determine aspects that mobilize adherence behaviors*:

- **A positive alliance was associated with more favorable adherence**
- **Clinician optimism was found to be associated with adherence**
- **Patient question asking was also related to adherence**
- **Collaborative communication† throughout the consultation was important**

Provider attitudes toward treatment, which manifest in communication, may influence the patient’s expectations of prescribed treatment.

Clinicians who were friendly, explained medication, addressed questions and concerns, and discussed treatment specifics were more likely to have patients who were adherent.

In relation to adherence, task-oriented elements of the alliance are instrumental in some contexts: Agreement on the tasks of treatment, collaborative participation, and regularity of contact with clinicians emerged as active elements of the alliance.

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*Twenty-three articles met inclusion criteria, 10 of which examined the relationship between adherence and the clinician-patient alliance. †Collaborative features of communication, such as imparting medication-related information and discussing the practicalities of treatment specifics, were positively associated with adherence.

# Technology As A Therapeutic Adjunct: Impact On The Alliance

In a small Australian study, therapists who incorporated an advanced mobile and web-based technological system as a therapeutic adjunct reported that, when individualized and matched to patient needs, it enhanced personalization of therapy without dehumanizing the experience.

<table>
<thead>
<tr>
<th>Positive Outcomes Reported</th>
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</thead>
<tbody>
<tr>
<td>Was believed to strengthen the therapeutic alliance</td>
</tr>
<tr>
<td>Increased opportunity to provide client care and build therapeutic alliance and rapport</td>
</tr>
<tr>
<td>Increased access to the process of therapy</td>
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<tr>
<td>Gave patients more responsibility within therapy</td>
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<tr>
<td>Was believed to enhance the quality and depth of therapy*</td>
</tr>
<tr>
<td>Extended the ways in which therapists could provide empathy, compassion, and care for clients, creating a stronger therapeutic bond</td>
</tr>
<tr>
<td>Provided clients with immediate and convenient access to the therapeutic process, which fostered their increased therapeutic involvement</td>
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<tr>
<td>Technology was reported to lead to increased internalization of therapeutic messages through increased exposure</td>
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</tbody>
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The report cautioned that use requires careful consideration by therapists in setting up appropriate limits and boundaries both within the patient–therapist contract and for the therapist’s work-life balance.

## Advantages & Challenges Of Internet-based Therapeutic Relationships

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Challenges</th>
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<tbody>
<tr>
<td>Facilitation of therapeutic engagement(^1)</td>
<td>May cause difficulties in articulation(^1)*</td>
</tr>
<tr>
<td>Roughly equivalent clinical outcomes as F2F psychotherapy(^2)</td>
<td>Concerns about HCP work-life balance/workload and therapeutic boundaries(^2)</td>
</tr>
<tr>
<td>Greater self-disclosure and therapeutic writing(^1)</td>
<td>Studies validating safety and efficacy needed for endorsement(^4)</td>
</tr>
<tr>
<td>May enhance communication between patient and provider(^3)</td>
<td>Lack of nonverbal cues(^1)*</td>
</tr>
<tr>
<td>Extends working relationship beyond active therapy period(^1)</td>
<td>Concerns about potential therapeutic risks(^1)(^2)</td>
</tr>
<tr>
<td>May reduce stigma associated with visiting mental HCP(^3)</td>
<td>Patient lack of access to the internet(^5)</td>
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*May increase possibilities for misunderstandings. †Possible examples include fostering dependence and disappointing the patient.

F2F, face-to-face; HCP, healthcare provider.

The Continued Need For Therapeutic Contact In The Digital Age

- Advancing technology has largely been utilized as an alternative to traditional F2F treatment\(^1\)
  - While positive therapeutic alliance is possible when interactions with HCPs via technology are included in digital treatments, many digital interventions are completely free from such interactions\(^2\)

- Apps that are independent tools focused on either patients or clinicians ignore\(^3\):
  - The therapeutic power of the relationship
  - The reluctance of both patients and clinicians to abandon it
  - The potential damage that can be caused to the relationship by fragmenting care

- Research indicates that treatment outcomes of internet-based interventions for depression are related to the amount of therapist involvement\(^4\)
  - Studies suggest that a minimum of human therapeutic contact is needed to reduce attrition rates and alleviate symptoms of depression
  - Interventions that included therapist support were comparable with F2F treatment for depression

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Bridging The Gap: The Role Of Technology In Connecting Patients & Providers

• When technology is utilized to connect and engage with patients instead of being used as an adjunct to care, technology enhances patient-provider communication and enables opportunities to improve care and patient-provider rapport\(^1\)
  – The challenge is the determination for how to best use these tools

• Bridging the gap through addressing the digital therapeutic relationship is one pragmatic solution\(^2\)
  – The clinician and patient must first develop a relationship based on trust; the most effective method for this remains an initial F2F visit
  – Thereafter, apps that strengthen and inform the therapeutic relationship offer a host of novel uses, for example, in navigating medication reduction
    • Ability to augment F2F time with real-time symptom monitoring
    • Ability for immediate communication
    • Automatically triggered contingency planning

F2F, face-to-face.
The Impact Of Existing Therapeutic Relationships & Interactions On Technology Adoption By Patients

- Patients’ use of secure messaging has been reported to be related to the extent to which their providers use it¹
  - A 2017 study examining 25 million observations of provider and patient messaging among US Army soldiers found that prior provider-initiated and response messaging levels were associated with new patient messaging
    - Patients whose providers were highly responsive to messages initiated 334% more secure messages ($P < .001$) than patients with providers who did not personally respond to patients’ messages

- Some evidence suggests that a patient’s adoption of technologies in healthcare may be tied to the patient’s existing relationship and interactions with the provider¹

Studies from Norway examined the use of an internet-based portal designed to support recovery processes for patients and their mental HCPs²,³

### Patient-Provider Pairs

- Benefit from using the portal appeared to be associated with the degree to which pairs’ relations were open and flexible before portal introduction
  - For those who experienced frustrations, the portal may have both exposed and added to suboptimal working relationships
- Difficulties arose when users and HCPs’ expectations were not aligned and when the resulting difficulties were not addressed

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