Training to Enhance Psychiatrist Communication with Patients with Psychosis (TEMPO): A Cluster Randomized Controlled Trial

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Background

There is no trial based evidence on how to improve therapeutic relationships in psychosis. The latter predict enhanced treatment adherence, less severe symptoms, better social functioning and fewer hospitalisations. Previous research has identified a lack of shared understanding in psychiatrist-patient communication in the treatment of psychosis¹. This often arose in exchanges about psychotic symptoms in the context of mental state assessment. Patients repeatedly attempted to discuss the content and emotional consequences of their hallucinations and delusions, whilst psychiatrists tended to avoid engaging with these concerns in an attempt to avoid disagreement. Currently mental health professionals receive little training specific to how to communicate effectively with patients with psychosis. We developed a training programme based on research findings that psychiatrist-patient shared understanding, assessed by means of psychiatrist ‘self-repair’, is associated with better relationships. It focuses on: engaging with the patient to acknowledge their distressing experience without an underlying goal of changing the patient’s beliefs; acknowledging negative symptoms as protective; working with patients with long standing negative symptoms to set their own, albeit small, treatment goals; and empowering and involving the patient in decisions². The training was novel as it was developed from micro-analysis of psychiatrist-patient communication in previously recorded routine psychiatric encounters.

Aims

This paper will outline the TEMPO programme communication training for psychiatrists on improving shared understanding and the therapeutic relationship, and present findings from the cluster randomized controlled trial.

Methods

In a cluster randomized controlled trial in the U.K., 21 psychiatrists were randomized. 97 (51% of those approached) outpatients with schizophrenia/schizoaffective disorder were recruited. 64 (66% of the sample recruited at baseline) were followed up after 5 months. The intervention group received four group and one individualized session. The primary outcome, rated blind, was psychiatrist effort in establishing shared understanding, self-repair. Secondary outcome was the therapeutic relationship.

Results

Psychiatrists receiving the intervention used 44% more self-repair than the control group (6.4, 95% CI 1.46 to 11.33, p<.011, a large effect) adjusting for baseline self-repair. Psychiatrists rated the therapeutic relationship more positively (0.20, 95% CI 0.03 to 0.37, p=.022, a large effect), as did patients (0.21, 95% CI 0.01 to 0.41, p=.043, a medium effect).

Conclusions

This is the first study to test an intervention for psychiatrists to enhance communication with patients with psychosis. It suggests that shared understanding, which can be challenging in the treatment of psychosis, can be targeted in training and is important for improving the quality of the communication and the therapeutic relationship.

Refs:


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The TEMPO resource is available free. Contact R.McCabe@exeter.ac.uk