Fidelity Testing of the Manual of Psychodynamic Psychopharmacology

Background

Psychodynamic Psychopharmacology is an approach to psychiatric prescribing that emphasizes the importance of psychological and interpersonal factors for good treatment. It is influenced by a psychodynamic perspective and by evidence suggesting that psychosocial aspects of medications are often as powerful as the “active ingredients” of those medications. The psychodynamic perspective emphasizes that meaning can have profound influences on the effects of any medication intervention, that these meanings are often hidden and require time and attention to see and understand, that patients’ desires from treatment are complex and multilayered (going well beyond just obliterating symptoms), and that the doctor-patient relationship can be a powerful tool for healing. The evidence supporting this approach includes, among other things, the role of placebo (and nocebo) effect on how medications work, the role of the patient’s desires, expectations, and ambivalence on medication outcomes, and the power of the therapeutic alliance (including the role of patient preferences) for getting the most out of medications. Psychodynamic Psychopharmacology also recognizes that patients who experience treatment as disempowering are less likely to benefit from treatment.

Broadly speaking, Psychodynamic Psychopharmacology is grounded in six technical principles:

- Avoid a mind-body split in approaching the patient
- Know who (not just what) the patient is
- Attend to the patient’s ambivalences about illness, medications, and caregiving
- Foster the doctor-patient alliance and address negative transferences
- Address covert countertherapeutic uses of medications
- Contain irrational prescribing driven by countertransference

This model, used at the Austen Riggs Center for over fifteen years, was developed because we thought that mainstream psychiatry was overvaluing medications in a way that deauthorized patients and de-emphasized psychosocial aspects of care, and this led many patients not to get better. Psychodynamic Psychopharmacology was our effort to help patients with histories of treatment resistance to benefit more from psychiatric treatment and get back on the road to recovery. We have found that, in general, patients are more satisfied with this approach to prescribing compare to “treatment-as-usual.” We have also found that, in general, patients treated in this model at Riggs are typically prescribed fewer medications and are more likely to actually take the medications they are prescribed.

Significance

Our intent, ultimately, is to show the importance of psychosocial aspects of care in psychopharmacology, and to offer tools to psychiatric prescribers whose training has, for a generation, neglected key skills for listening deeply to patients, understanding their desires, and ambivalences, and forming relationships that empower patients and mobilize their strengths. Though the basic principles of Psychodynamic Psychopharmacology have been taught in many psychiatry training programs through our writings, the impact of the model is limited by the lack of an evidence base. To effectively promote a
psychodynamically informed patient-centered model of prescribing in the age of “evidence-based practice,” requires establishing solid evidence for the principles of Psychodynamic Psychopharmacology. The Manual of Psychodynamic Psychopharmacology will fill an important niche, as there are no manualized, integrated, and evidence-based approaches for a truly psychosocial and patient-centered prescribing practice.

**Specific Intent of the Study of Fidelity Testing**

The first phase of research following the development of a draft manual is rate how prescribers carry out recommendations in the manual, so the manual can be edited for greater usefulness. If trained prescribers have difficulty following a particular treatment recommendation, this will indicate that the recommendation is either poorly explained or clinically impractical. Those recommendations will either be edited or removed in order to hone the manual into an effective and usable guide to research and treatment. Major problems with fidelity are not anticipated, as the model is already well-tested in clinical practice at the Austen Riggs Center, and has consensus support among the prescribing staff.

**Potential Risks of participation in the study**

Any study has at least minimal risks, and this study is no different. The most likely risk to both participating psychiatrists and patients is that the presence of a camera, and awareness of an assessment, will cause anxiety, despite the fact that it is the manual, and not the doctor or patient who are being assessed. Evidence suggests that doctors are more likely to be anxious than patients. Evidence also suggests that such anxiety is likely to be transient, disappearing as doctor and patient become accustomed to the presence of the camera.

For a more comprehensive description of potential risks and benefits and protocols for human protection, please refer to the informed consent documents for participating psychiatrists and patients.

**Potential Benefits of participation in the study**

Both participating patients and doctors may benefit from knowing that they are part of an effort to restore the field of psychiatry to a more integrative, thoughtful, and patient-centered perspective. Should this research result in decreases in biomedically reductionistic practice in mainstream psychiatry, patients may also benefit indirectly from the research in the future. Participating prescribers may benefit from improved knowledge and skills related to further training in the use of the manual.

**Eligibility to Participate**

- Psychiatrists wishing to participate in the study must be credentialed for psychopharmacology at the Austen Riggs Center. First and Second Year Fellows are excluded to minimize the potential of feeling coerced to participate.
• Patients are eligible to participate if their psychiatrist is (1) currently a voluntary participant of the study, and (2) not also the patient’s psychotherapist. In addition, participating patients must have a history of treatment-resistance to pharmacotherapy, as evidenced by the failure of two or more trials of medications for their primary diagnoses. Patients who feel that they may experience paranoia about being recorded for the study are encouraged to consider not participating.

Methods

Participating psychiatrists will be trained using the draft of the Manual of Psychodynamic Psychopharmacology. The manual describes a model already in use at the Austen Riggs Center, so specific recommendations are unlikely to introduce new changes in how treatment is provided or adverse effects.

Raters comprised of clinical staff members of the Austen Riggs Center (i.e., staff psychiatrists and psychologists, social workers, community staff, and nursing staff) will be trained in the use of a fidelity rating tool, which describes optimal prescribing behaviors, according to the Manual. This assessment tool will be used to determine if psychiatric prescribers are able to adhere to the model.

Training and ratings will be conducted based on video recordings of prescriber behavior during psychopharmacology visits and reviews of initial psychiatric assessments. All prescribers will be members of the Austen Riggs Center staff. Secure webcams (pointed at the pharmacotherapist) will record from 1-3 session. Video data will be stored in secure conditions on encrypted digital and deleted as soon as possible (though parts of the data may first be transcribed and de-identified for teaching/educational purposes). The research project is approved by the Austen Riggs Center Institutional Review Board (IRB) to ensure protection of human subjects.

Prescribers will opt in to the research project and provide informed consent for their participation in the study. Patients, though they will not be the subject of the study and will not be visible on the video recording, will also opt in to the study to allow recording of their pharmacotherapy sessions and rating of sessions by trained raters. Participants may opt to turn off the cameras and/or withdraw from the study at any time and for any reason. After recorded sessions, patients will have an opportunity to provide feedback on whether they found the recording to be intrusive or harmful in any way, so we can adjust the recording procedure as needed, to make it better for participants.

In the pilot phase of this study, 4 total recordings of psychopharmacology sessions will be obtained (from 4 ongoing treatments). Once pilot data is collected, the procedure will be assessed and adjusted so as to maximize benefit and minimize any harm from the procedure, before continuing data collection on another 45-60 patients.