

Treatment engagement therapy

Treatment engagement therapy (TET) is based on motivational interviewing (MI) and Cognitive Behavior Therapy (CBT). Motivational interviewing is a directive, client-centered approach for eliciting behavior change by helping patients to explore and resolve ambivalence. In this intervention the mental health worker works to develop 'importance' and 'confidence', two key components of ambivalence about participating in treatment. The aim is to build awareness of the importance of treatment and develop confidence in it. The approach is underpinned by a set of principals and general skills that are drawn from both MI and CBT literature. The patient is encouraged to take an active role in illness monitoring and negotiating treatment decisions collaboratively with mental health workers.

The intervention is structured around a number of phases that will typically take around eight sessions to work through with the patient. In the therapeutic phase some of the interventions are considered essential and should be offered to every patient, others are desirable and should be used based on the assessment and formulation undertaken at the start of the therapy.

This adherence approach consists of an:

- Rapport-building phase
- Assessment phase
- Therapeutic phase
- Evaluation phase

PRINCIPLES

There are a number of important principles that underpin this approach.

Working one-to-one

The intervention is delivered on a one-to-one basis in an appropriate, private environment where the mental health worker and patient will not be disturbed or interrupted. This is primarily because interventions have so far only been shown to work individually. Establishing the efficacy of group therapy will be an important next step.

Working collaboratively

This is a collaborative approach where the mental health worker and patient are working together to make treatment decisions. The interventions that have demonstrated improvements in adherence have been where the mental health worker and patient work together as a team.

Take an active therapeutic stance

Because of the disorganization and impairments in cognitive functioning that are associated with psychotic illnesses such as schizophrenia there is a need to take a more active therapeutic stance. In traditional motivational interviewing the patient has to generate the arguments for change. With this adherence approach, in some cases, it may be necessary to suggest a range of possibilities to the patient.

Be flexible

Session length, location and timing should be responsive to the patient's level of concentration and personal preferences.

Emphasize personal choice and responsibility

This approach aims to enable patients to make informed personal choices about their treatment and to take responsibility for those choices.

Support self-efficacy

Self-efficacy is a person's belief in their own ability to do something successfully, in this case it refers to an individual's confidence in their ability to participate in treatment. This adherence approach aims to build self-efficacy by being practical and pragmatic, helping patients develop useful skills and encouraging learning from others. Small realistic goals build up efficacy via experiences of success or looking back at past successes.

Build self-esteem

The importance of taking medication to stay mentally well can be undermined by low self-esteem. A patient with low self-esteem may acknowledge: "I know that I need treatment to keep me out of hospital, but I can't be bothered." Sometimes boosting a patient's self-esteem is necessary to increase the personal relevance of treatment. A feeling of low self-esteem and helplessness often underlies poor self-efficacy to take control and make changes. Accurate empathy and taking small steps towards specific goals may help build and support self esteem.

Be neutral

The worker strives to be neutral and should not try to influence the decisions that the patient makes about their treatment. It may be tempting to try and manipulate or distort what the patient is saying by selectively reflecting the arguments that are being presented in favor of treatment.

Be safe

It is important to point out that safety is an overriding consideration and a priority of care. The adherence work should never put the patient, worker or others at risk.

GENERAL SKILLS

Building on the principles of the adherence approach are some general skill that the worker should draw upon during each session with the service patient.

Set an agenda

The mental health worker and patient collaboratively set an agenda for the session, that has specific and appropriate areas for discussion suitable for the time that is available. The involvement of the patient in setting an agenda can help them feel they have some ownership and control. The mental health worker should then try and follow this agenda and ensure that the patient has a get out clause, in addition to asking if there is any other urgent business.

Don't

Set an agenda by saying....“Today I want to talk to you about the importance of treatment”.

Do

Set an agenda by saying.... “Before we get into any detail, what would you like to talk about? We said in the last session that we might discuss the not so good and good things about treatment, or is there something else that's more important at the moment?”

Elicit and respond to feedback

Throughout the session the mental health worker should try to elicit and respond to verbal and non-verbal feedback from the patient. For example, they should regularly check that they have correctly understood what the patient has said, ask the patient about what they got out of the session and accurately summarise the main points of the session at the end of the meeting.

Use reflective listening

This involves the worker reflecting back the essence or accurately empathizing with what the patient is communicating. It is especially useful after a series of open-ended questions, where the worker can emphasize certain aspects of what the patient has said. It is particularly important to use reflection to reinforce self-generated positive statements about treatment.

Demonstrate understanding

The mental health worker should try to demonstrate an understanding of the patient's perspective and be able to communicate this via verbal/non-verbal responses.

Developing discrepancy

This refers to the inconsistency between the current beliefs and behaviors the patient has and what their goals are. Simply put, pointing out inconsistencies between what they say and what they do. If no discrepancy exists then there will be no motivation to change and the status quo will be maintained. By increasing discrepancy, the worker aims to build a degree of “cognitive dissonance”, i.e. that not engaging in treatment is actually disadvantageous to the patients, in view of their life situation, needs and goals. The aim is to increase awareness of the costs or consequences of the patient's current behavior or attitudes by the patient presenting their own reasons for taking medication.

Use of time efficiently

The mental health worker should try and use the time that is available efficiently. They should tactfully limit peripheral and unproductive discussion and pace the session appropriately.

Explore importance and build confidence

Importance and confidence are two components of ambivalence or readiness to change that have been shown, at least clinically, to influence how people make decisions about health behavior (e.g. smoking, diet). This can be applied to treatment engagement. A

patient may think that treatment is important but is not confident that they he/she has the energy to follow through with treatment. Conversely a patient may be confident in their ability to participate in treatment activities but does not think they are important. In both cases they are unlikely to be ready to engage in treatment. Within the assessment phase patients are asked to rate on a ten-point scale how important they think it is for them to engage in treatment. They are also asked to rate their confidence in their ability to follow through with treatment on the same scale. Appropriate techniques can then be applied from the toolkit. For example if the patient was confident that they would be able to follow through with treatment (a rating of eight out of ten) but did not think it was important (a rating of three out of ten) the worker may choose interventions that will increase the importance of engaging in treatment (for example, identifying the less obvious benefits of treatment). Re-rating importance and confidence regularly will be an important indicator for both the worker and patient reinforcing the progress that has been made.

Useful questions (adapted from Rollnick et al 1999)

Explore importance

- What would have to change/be different for it to become much more important for you to engage in treatment?
- What would have to change/be different for you to seriously consider engaging in treatment?
- Why have you placed yourself at that particular point on the importance scale?
- What would have to change/be different for your importance score to move up from x to y?
- What concerns do you have about treatment?
- If you were to engage in treatment what would you be like?
- Where does this leave you now?

Build confidence

- What would make you more confident about attending group activities?
- Why have you placed yourself at that particular point on the confidence scale?
- How could you move up higher from x to y?
- How can I help you succeed?
- What are some of the practical things that you would need to do to help you be better at going to treatment activities?

Exchange information

Throughout the sessions every opportunity should be taken to check the patients understanding of their illness and treatment and exchange information. When information is exchanged it should be at an appropriate level for the patient. The mental health worker should spend time checking the patients' understanding of the information and where possible it should be repeated in later sessions and again understanding should be checked.

Dealing with resistance

Resistance is an observable pattern of behavior (denial, arguing, blaming others, interrupting, showing reluctance to engage in conversation) and a signal to the mental health worker that they need to respond in a different way. It is easy for the mental health worker to fall into some common traps that either cause or increase resistance. Some of these common traps include: arguing with the patient, e.g. trying to persuade them; assuming an expert role, e.g. claiming you have all the answers, using jargon; labelling, e.g. you are ill; being paternalistic, e.g. I know what's best for you; going to fast, e.g. getting ahead of the patients readiness to change their behavior.

Don't

- Use a confrontational interviewing style

Do

- Allow the patient to express their fears about treatment without feeling judged or pressured

Setting homework

Setting appropriate homework tasks can be a useful way of getting patients to consider their ambivalence about treatment outside of the more formal sessions. Examples of homework tasks may include:

- Asking patients to write down a list of the not so good and the good things about treatment
- Work out strategies for relapse prevention
- Think about evidence for and against their beliefs about treatment

It is critical that homework is appropriate to the patient and is something that they will be able to achieve. Setting tasks that are too complex will serve only to damage patients' self esteem.

Building on the principles and general skills of this adherence approach are four phases: engagement; assessment; therapeutic; and evaluation.

The engagement phase

It can be difficult to discuss taking medication with patients so it is important to begin by spending time engaging with the patient and building a rapport. A good rapport is essential for an honest and open discussion and constructive understanding of the patients' views of treatment. Generally during the engagement phase the focus of discussion should be on treatment. Although engagement is an easy concept to understand and recognize it is often taken for granted.

Don't

- Ignore this step
- Decide yourself what should be on the agenda

Do

- Think about the physical environment; privacy, shared access to notes, style of dress

- Discuss expectations and clarify if necessary
- Address any immediate concerns or problems

The assessment phase

The assessment section has a list of questions to ask the patient about their thoughts about their treatment. The aim is to produce a short summary about the patients' view of their treatment and the importance and confidence they assign to treatment.

The assessment can be done informally and should be conversational. The mental health worker should take time to introduce the assessment and why it may be helpful for the patient to spend some time talking about treatment. If the patient seems disinterested in the assessment, then stop and spend more time engaging the patient and explaining the treatment rationale.

Don't

- Assume that you know what the patient thinks about treatment
- Give advice
- Use a dichotomous model of compliance, i.e. patients either want to attend treatment activities or they don't
- Assume that the patient will do anything you say because you are the expert

Do

- Listen carefully and have a conversation
- Use open questions, and then follow the patient's response carefully

Therapeutic phase

The mental health worker should work down through the toolkit with the patient. Some of the interventions are **essential** and should be done with every patient. The remaining interventions are **discretionary**; the decision about whether to use them should be based on the assessment and formulation undertaken at the start of therapy and ongoing discussions with patients. Some of the interventions focus specifically on the **importance** of medication others on developing **confidence** in taking it.