

Patient-Centered Care and Therapeutic Alliance

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What is Patient-Centered Care and Therapeutic Alliance (TA)

Patient-centered care in physical therapy is regarding the patient-as-person with a focus on a biopsychosocial perspective where the clinician is seen as sharing power, responsibility, and creating therapeutic alliance with their patients.¹ With this approach, the care is based on the following essential components:¹

- establishing meaningful connections
- shared decision-making
- self-management support
- patient-centered communication

Patient-centered care is an important approach for patients with persistent pain conditions. A vital aspect of providing patient-centered care is forming therapeutic alliance. “**Therapeutic alliance** refers to the strong collaborative relationship between a person receiving therapy and another person providing it. Edward Bordin was one of the first scholars to formally describe therapeutic alliance; he noted that therapeutic alliance consists of three components: 1) the relationship bond between the therapist and the client, 2) the agreement on the goals of therapy, and 3) the agreement on the tasks of therapy.”²

How is TA implemented when treating patients?

Building trust, conveying empathy, and expressing validation is important with fostering TA to promote patient-centered care. This can be implemented at the first interaction with the patient during the initial evaluation with active listening. Gathering a patient’s subjective reports about their condition with active listening is not only important to help determine their deficits, limitations and what test and measures to perform, it also helps with goal setting with the patient. More importantly, when a patient feels you have a genuine interest in their story it can help develop that trust. Listening to your patient is an integral component of TA. “A patient interview is far more than “just” collecting information. It also is a critical component to establishing an alliance with a patient and a fundamental first step in therapeutic neuroscience education (TNE) for patients in pain.”³

Furthermore, at the initial evaluation the process of history taking and physical examination “lead to positive therapeutic effects of short-term decreases in pain, catastrophization, improved functional mobility, and decreased sensitivity to pressure in patients being seen for LBP by a PT. The most significant reduction was found after the initial history taking process.”⁴

Why is patient-centered care and therapeutic alliance Important?

As stated above, TA has been shown to improve patient outcomes. In addition, researchers have investigated TA in clinical studies and qualitative evidence demonstrates that positive relationships can

facilitate engagement in care, can foster recovery, and promote treatment retention.²

In a recent article by Vestol et al (2020)² they stated the following:

“Therapeutic alliance in physical therapy has also been systematically investigated, and Taccolini et al. focused on the physiotherapist–patient alliance. This review included four studies and found no strong relationship between therapeutic alliance and pain relief, *but it highlighted the need for further studies on this topic.* [emphasis added] Hall et al. analyzed 13 studies and found a positive correlation between the alliance and the treatment outcomes for pain, disability, physical and mental health, and satisfaction with the treatment. O’Keefe et al. analyzed 13 qualitative studies and found that a mix of organizational, clinical, and interpersonal factors influences the relationship and interactions between a patient and a therapist. They also suggested that increased awareness of these factors by physiotherapists could enhance treatment outcomes. Given that therapeutic alliance constitutes a fundamental factor in effective therapy and that studies on physiotherapy are limited, there is a need to explore ways to facilitate therapeutic alliance, which is consistently related to therapeutic outcomes.”

Physical therapists should consider utilization of good communication and promote the patient’s self-management. In the Hutting et al (2021)¹ article, it gives the “Key elements to support clinicians to focus on the person.” They developed these elements based on a focused symposium about patient-centered care for patients with musculoskeletal conditions. Here they wanted to share the components of the key elements of establishing meaningful connections, deciding together and self-management support to augment the clinicians use of patient-centeredness in their current practice. The article can be found here: <https://pubmed.ncbi.nlm.nih.gov/34376367/>.

Understanding how to perform the elements of good patient-centered care is important to facilitate a strong TA. Physical therapists must understand the factors that can positively and negatively affect the relationship when working with patients with persistent musculoskeletal pain.⁵ To be effective, it “requires attention to *what* we communicate and *how* we communicate.”¹ Additionally, implementing these skills should take place at every visit as not all patients will be open at the first visit. Building the trusting relationship may take some time.

The barriers and difficulties

Building TA may come naturally to some physical therapists; however, there have been reports that clinicians experience difficulties with incorporating patient-centered care principles into their clinical practice.¹ In a recent focus group study published by Unsgaard-Tøndel, M., & Sørderstrøm, S. (2022)⁶, they reported that the physiotherapists expressed a shared view that therapeutic alliance should “build upon person-centering, motivational communication, and facilitation of lifestyle adjustments within a biopsychosocial perspective.” Here they appreciated and agreed that there is an ideal standard of presence, empathy and applying the biopsychosocial perspective as a key for building therapeutic alliance; however, they noted the following difficulties:⁶

- *Time-consuming*: Active listening and personally adapted treatment is important but it is time-consuming.
- *Challenging area*: Advanced clinical reasoning/experience is required to understand/modify the complex barriers for recovery to incorporate the psychological and social domains into the patient's care.
- *The art of balancing*: There is a need to apply sensitive communication to assist patients gain understanding where the psychosocial demands on patients may be outside the clinician's professional competence.

In this study the clinicians were transparent with their feelings but were they impacted by the environment in which they were treating? For instance, Brun et al (2020) ⁷ gives a good description of the barriers that clinicians face when trying to incorporate these skills into practice by indicating that “The successful practice of physical therapy requires a professional culture that places value on the interpersonal relationships that foster healing, and the face time required to build those relationships. Pressures on current practice are not facilitating this approach. The drive for increased productivity, cost effectiveness and ultimately, profit, are changing the landscape in which we practice. This phenomenon is fueled by an overemphasis on quantitative research in evidence-based medicine and an underappreciation of clinical expertise and patient values. This imbalance undermines the holistic, patient-centered approach that has been the basis for physical therapy since its inception.”⁷

To incorporate patient-centered care and TA there is a need to focus on DPT education to promote the study of contextual and psychosocial factors that influence treatment outcomes. “Recent research findings indicate that the effect of therapeutic alliance may be as important to outcomes as the chosen intervention. The authors suggest that excellence in Doctor of Physical Therapy (DPT) education must incorporate education addressing the vital importance of therapeutic alliance and also include training in the skills for developing such unique intentional relationships.”⁷

Summary

In conclusion, patient-centered care and TA both require building positive relationships to be effective. It can foster better outcomes with the patient concluding their plan of care with an improved sense of well-being. Clinicians may have barriers or difficulties with trying to implement these skills, especially with a patient that is suffering with persistent pain. In our profession the best way to start with knowledge about this topic is to address its importance and train students in their DPT education. I was fortunate to have a course offered in my DPT program in the management of pain. It piqued my interest to take additional courses to further my education at a post-graduate level and hence being part of this group to collaborate with my colleagues on topics regarding pain.

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