

**P**earls

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## Improving collaborative treatment: 6 simple steps

**C**ollaborative (or split) treatment—when therapists provide primarily psychotherapy while psychiatrists manage medication<sup>1</sup>—carries benefits and risks (*Table*).<sup>2</sup> Six simple steps can improve treatment quality for both patients and the treatment teams.

**Obtain the therapist’s diagnostic evaluation** before the patient’s first visit with you to learn why he or she sought help from a mental health professional.

**Reduce liability risk** by asking the collaborative therapist to share significant developments in the patient’s life such as suicide attempts, traumatic events, medication side effects, etc. Document that you had this discussion.

**Read the therapist’s recent progress notes** every time you see the patient to greatly reduce chances of “splitting,” a type of interference in which a patient sides with one person or faction that causes infighting within the team. If the collaborative therapist practices at a facility other than your own, ask the therapist to send you a summary of his or her notes periodically.

**Encourage the therapist to discuss medication early.** Even if the therapist does not expect medication to become necessary, suggest a discussion about the possibility of a medication trial with the patient early in treatment. This can avoid confusion about the psychiatrist’s and therapist’s roles later in therapy.

**Discuss medications’ limitations** to minimize therapists’ and patients’ impulse to change medication whenever the patient endures an emotional challenge or mild side effect.

**Maximize communication** with e-mail and phone calls. Schedule time for communicating with collaborative therapists. Above all, maintain mutual respect for different disciplines.

Table

### Benefits and risks of collaborative treatment

#### Benefits

More available clinical information

Possible cost effectiveness

Emotional support among clinicians and more support for patients

#### Risks

Risk of “splitting”\* (when a patient sides with one person or faction, causing infighting within the team)

Shared legal and clinical responsibility

Miscommunication and the risk of making uninformed clinical decisions

\*More common when treating patients with personality disorders.<sup>3</sup>  
Source: Reference 2

#### References

1. Goin MK. Split treatment: The psychotherapy role of the prescribing psychiatrist. *Psychiatr Serv* 2001;52(5):605-9.
2. Balon R. Positive and negative aspects of split treatment. *Psychiatr Ann* 2001;31(10):598-603.
3. Silk KR. Split (collaborative) treatment for patients with personality disorders. *Psychiatr Ann* 2001;31(10):615-22.

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