

ACUTE PSYCHOSIS AND THE FIRST DAYS OF CARE. CONCEPTS AND PILOT STUDIES OF THE "CRISIS DIALOGUE"

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Objective: To assess the teaching of a method, the "Crisis Dialogue" (CD), designed to improve the therapeutic relationship during the first days of care for acute psychosis - hence the outcome. The "Crisis Dialogue" is fundamentally different from usual "empathetic" speech in that it provides tools meant to help de-construct the delirium. The underlying theory is induced from patients' descriptions of the onset of the psychotic crisis and uses the concepts of generalised concern, dys-mimetism and undifferentiation of the self. This dense and precise verbal technique requires 3 minutes of the consultation time and is meant to complement usual work in emergency psychiatry.

Method: CD was taught to all health professionals of 3 emergency psychiatry wards and assessed in an exploratory multiple study (n=105 patients) including case series, "before-and-after" comparisons and a pilot randomised controlled trial (RCT).

Results: In the case series, no adverse reaction was reported and most clinicians expressed satisfaction with CD use. In the "before-and-after" study, duration of hospital stay after CD implementation was shorter (median 46 days) than before (61 days)(p=0.01). In the RCT, all measured indicators were equal to or better with CD, most significant with the model including Working Alliance Inventory, Difficult Doctor- Patient Relationship and patient perception of reassurance (p=0.02).

Conclusion: In this pilot study, the CD appears as a promising aid for the establishment of a good therapeutic relationship in the first days of care for acute psychotic patients. It may also have a positive impact on patient progress.