

STRENGTHENING THE Therapeutic Alliance

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**Florida Alcohol and
Drug Abuse Association**

The Florida Behavioral Health Association

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LEARNING OBJECTIVES

- ❑ The importance of the relationship between the individual and the therapist.
- ❑ How to build and establish rapport with the individual to enable them to feel understood, valued, and supported.
- ❑ Clinical skills that can strengthen the therapeutic alliance.

THE WHAT



It goes way back....

- ❑ **Freud** (1913) initially conceptualized Therapeutic Alliance as negative transference, but later considered the possibility of a beneficial attachment developing between therapists and the individuals they serve (and not as a projection).
- ❑ **Zetzel** (1956) defines the Therapeutic Alliance as a non-neurotic and non-transferential relational component established between the individual and therapist. ¹

THE WHAT

Therapeutic Alliance

A cooperative working relationship between client and therapist, considered by many to be an essential aspect of successful therapy. Derived from the concept of the psychoanalytic working alliance, the Therapeutic Alliance comprises bonds, goals, and tasks. Bonds are constituted by the core conditions of therapy, the client's attitude toward the therapist, and the therapist's style of relating to the client; goals are the mutually negotiated, understood, agreed upon, and regularly reviewed aims of the therapy; and tasks are the activities carried out by both client and therapist. American Psychology Association (2018)

THE WHAT

Therapeutic Alliance

- The collaboration and the affective bond between a therapist and the individual.
- The development and continued maintenance of the therapeutic relationship is a primary component to facilitating the individual's change.
- The therapeutic relationship explores the thoughts, beliefs, feelings, experiences and needs of the individual.
- Essential qualities for developing an alliance with the individual are trust, non-judgmental stance, and empathy. ²

THE CATALYST

Catalyst

- The Therapeutic Alliance is a significant **catalyst** for change:
 - A strong and healthy therapeutic relationship facilitates the change between these 2 people - the therapist and the individual they are serving.
 - Therapy is a personal relationship that operates within the boundaries of a professional structure. The alliance builds a stronger foundation upon which that relationship rests.

FACTOR

Is the therapist more important than the therapy?

There is considerable evidence that the Therapeutic Alliance may be a more important factor than the type of psychotherapy in deciding therapeutic outcome!

Multiple studies have shown the importance of Therapeutic Alliance.³

STUDIES

Conclusions from Meta-Analytic Studies ⁴

Common Factors associated with Psychotherapy Outcomes

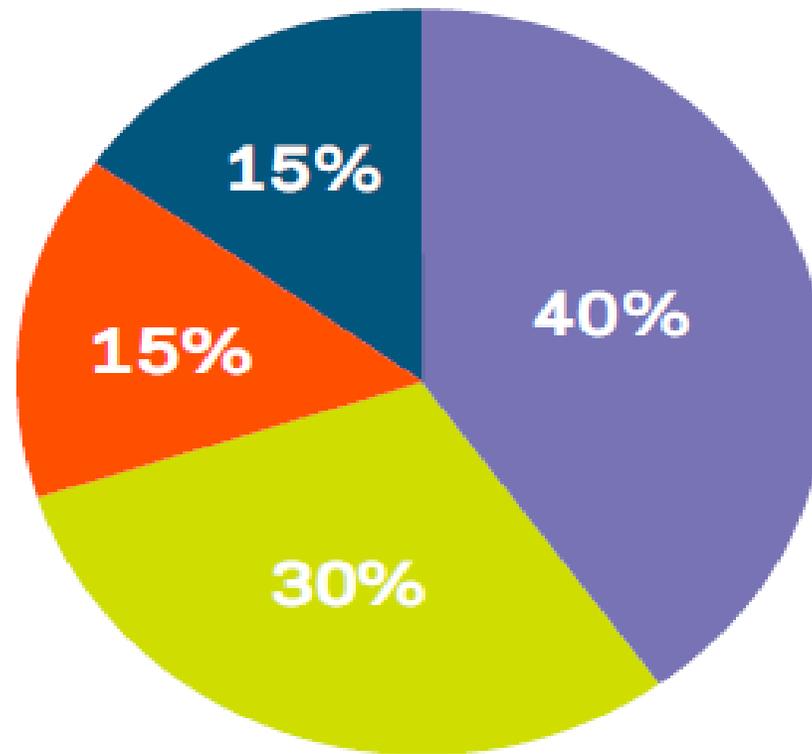
- Extra Therapeutic – 40%
- Therapeutic Alliance – 30%
- Therapy Model – 15%
- Placebo Effect – 15%

TREATMENT OUTCOMES

Percent of Improvement in Psychotherapy Individuals as a Function of Therapeutic Factors ⁵

Factors Associated with Treatment Outcome

- Extra-therapy factors
- Client-therapist factors
- Expectancy
- Techniques



STUDIES



Therapeutic Alliance Scales

- This viewpoint was more recently confirmed by Strupp (2001), who showed that the outcome of a ***psychotherapeutic*** process is often influenced by so-called non-specific factors, namely, the personal characteristics of the therapist and the positive feelings that arise in the individual – feelings which can lead to the creation of a positive therapeutic climate from an emotional and interpersonal perspective.

STUDIES

TA in Clinical Populations

Studies of the efficacy of the Therapeutic Alliance in multitude of **clinical samples** (eating, personality & mood disorders, bereavement issues, and substance-related disorders) and across a range of **treatment methods** (12 Step, medication/ psychotherapy, and cognitive-behavioral therapy) and **programs** (detox, residential, outpatient, and aftercare), have been done. In these wide-ranging studies of diverse problems and therapies, researchers have found that Therapeutic Alliance is a moderate but consistent predictor of outcome. ⁶

STUDIES

Substance Use

One recent study found improving the quality of the Therapeutic Alliance during treatment contributes to a significant reduction in **alcohol use**. Another review concluded the content or even model of therapy has little effect on improvement of ***substance-related*** outcomes, but the interpersonal qualities of the therapist—especially the capacity for empathy—can have significant effect. ⁷

STUDIES

Therapeutic Alliance Scales

- More recent meta-analyses of studies examining the linkage between alliance and outcomes in both adult and youth psychotherapy ([*Martin et al., 2000; Shirk and Karver, 2003; Karver et al., 2006*](#)) have confirmed these results and also indicated that the quality of the alliance was more predictive of positive outcome than the type of intervention, but for slightly different results in youth psychotherapy - [see McLeod, 2011.](#)

TREATMENT OUTCOMES

Common individual/Therapist Factors ⁸

Common Factors, including the individual-therapist relationship, are significant to the individual's improvement and account for 30% of the variance in individual's outcome.

It is difficult to differentiate between therapist variables such as interpersonal style or personal attributes, facilitative conditions (empathy & warmth) and the TA.

These concepts are not mutually exclusive or distinct but are interdependent and overlapping.

Therapeutic Alliance

[The Therapy Relationship - Key Ideas in Therapy](#)



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CLINICAL SKILLS

Therapeutic

Hope



Genuineness



Caring



Respect



Awareness



Optimism



Empathy



Non-Therapeutic

Hopelessness

Disingenuous

Self-Centeredness

Domination

Aloofness

Pessimism

Apathy

THE CLINICAL SKILLS Cont'd.

Enhancing the Relationship and Alliance by:

1. Active Listening
2. Empathy
3. Unconditional Positive Regard
4. Genuineness

**Motivational Interviewing (MI)– The Method of Employing
Skills 1 – 4 listed above**

THE CLINICAL SKILLS Cont'd.

What is Active Listening?

1. The therapeutic relationship begins with the ability to actively listen - Listening is one of the most important skills a therapist can demonstrate. How well you listen has a major impact on the quality of your relationship with the individual.
2. Research suggests we only remember between 25 percent and 50 percent of what we hear ([as described by Edgar Dale's Cone of Experience](#)).

THE CLINICAL SKILLS Cont'd.

How to Actively Listen -

1. Try to understand the feeling contained in what Individual is saying, not just the facts, words, or ideas.
2. Maintain good eye contact
3. Body language
 - Nodding of the head
 - Mirroring the individual's body language
 - Saying "yes" occasionally
 - Correct posture
4. Paraphrasing/Summarizing helps to confirm what the individual is saying and to help them feel heard. Summarizing involves proposing and then verifying your overall impression, not unilaterally imposing your perception of the individual's story.

THE CLINICAL SKILLS Cont'd.

How to Actively Listen -

Interpreting Body Language:



THE CLINICAL SKILLS Cont'd.

Non-Verbals

- Much is communicated that is not verbalized, even when an individual is not talking, the individual is still communicating in some manner.
- The skilled listener hears more than the speaker's voice:
 - pitch, tone, subtle variations
 - face color and how it changes; movement of lips, mouth, eyebrows
 - Become aware of expressions that convey tension, doubt, trust, inattention, etc.

THE CLINICAL SKILLS Cont'd.

How Not to Listen

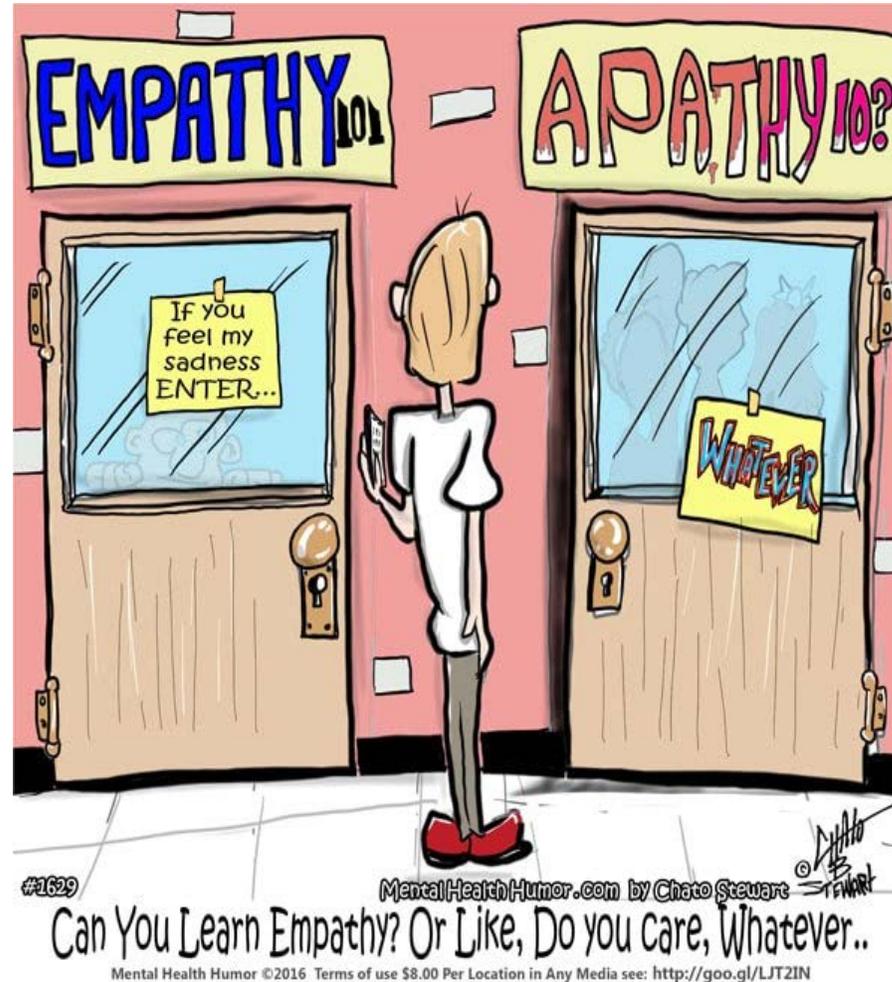
What is his body language conveying in this scenario of the client imploring her Therapist to listen?



THE CLINICAL SKILLS Cont'd.

What is Empathy?

- Taking the perspective of another by seeing situations from their point of view
- Being non-judgmental
- Tuning into and understanding another's feelings
- Communicating that you understand and care



THE CLINICAL SKILLS Cont'd.

Why is Empathy so Important ?



- Leads to strong Therapeutic Alliances.
- Communication with empathy yields empathetic communication which leads to a trusting relationship.
- Trust and the feeling of being understood reinforces the Therapeutic Alliance so the individual feels they are being heard and respected for their unique experiences.

THE CLINICAL SKILLS Cont'd.

Empathy

- Empathy is a substantial predictor of the individual's outcome in psychotherapy that holds across theoretical orientations, treatment formats, and the individual problems. This finding has been proven in many research studies and in multiple meta-analyses.
- Empathy is not only something that is “provided” by the therapist as if it were a medication but is a co-created experience between a therapist trying to understand the individual and the individual trying to communicate with the therapist and be understood.

THE CLINICAL SKILLS Cont'd.

Empathy

- The idea is to be empathically attuned to the individual's *experience*- as opposed to their words or content. Empathic therapists do not simply recite the individual's words back to them, but they *understand* their goals and tasks, their moment-to-moment experiences in the session, and their unspoken nuances and implications.
- Empathic responses require therapists to continually adjust their assumptions and understandings, attending to the individual's experience to facilitate awareness of emerging feelings and perspectives, and be mindful of their morals and values.

THE CLINICAL SKILLS Cont'd.

Empathy

- Empathy entails individualizing responses to the person you are serving. There is a certain diversity in the empathy-outcome association, pointing to the value of personalization and clinical judgement.
- Empathy will probably not prove effective unless it is grounded in authentic caring for the individual.
- Encourage psychotherapists to value empathy as both an “ingredient” of a healthy therapeutic relationship as well as a specific, effective response that promotes strengthening of the self and deeper exploration. ⁹

THE CLINICAL SKILLS Cont'd.

Empathy

Brené Brown on Empathy



THE CLINICAL SKILLS Cont'd.

Empathy

- Empathy promotes a connection

Empathy – I feel with you

- Empathy is walking in their shoes and truly understanding their pain
- Understanding and acceptance are revoked under Empathy

Sympathy

- Sympathy promotes isolation

Sympathy – I feel for you

- Sympathy feels sorrow for someone's plight
- With Sympathy, pity, sorrow and concerns are revoked

“Empathy is walking a mile in somebody else's moccasins and Sympathy is feeling sorry their feet hurt.”

Rebecca O'Donnell

THE CLINICAL SKILLS Cont'd.

What is Unconditional Positive Regard ?

- The respect one has for another person
- An understanding of no matter how dangerous or dysfunctional they may appear to be, the individual is doing his or her best.
 - Respecting one's right to self determination
 - Express appreciation of the individual as a unique and worthwhile person
 - Protect individual's revelations from personal biases— i.e. rejection or disdain – regardless of discussion's content
 - Provide acceptance, regardless of discussion

THE CLINICAL SKILLS Cont'd.

Unconditional Positive Regard

- Respect the individual regardless of difference of values or world view
- No condition is set upon the individual's behaviors and experiences
- Non-judgmental mindset ¹⁰

THE CLINICAL SKILLS Cont'd.

Unconditional Positive Regard

- Respect involves:
 - Do no Harm
 - Become committed
 - You support the individual
 - Non-judgmental stance
 - Keep individual's agenda in focus ¹¹

THE CLINICAL SKILLS Cont'd.

Unconditional Positive Regard

- Meta-analyses have indicated that Positive Regard has a moderate association with psychotherapy outcomes which, like many other relational factors, is a significant but not exclusive part of the clinical process-outcome equation. A therapist's provision of positive regard is strongly indicated in practice as it provides the basis for other helpful interventions. ¹²

THE CLINICAL SKILLS Cont'd.

What is Genuineness?

- True genuineness is one's authenticity - defined as the ability and willingness to be what one truly is toward oneself and another in a mutual relationship (Gelso and Carter 1994, pg. 297). ¹³
- Lambert (1992) ⁸ has concluded that practically all therapeutic orientations consider a therapist's genuineness as important for significant progress in psychotherapy and in fact, fundamental in the formation of a working alliance (pg. 104).
- The therapist's "real" demeanor means that the individual does not have to worry about what the counselor is really like or truly thinks.

THE CLINICAL SKILLS Cont'd.

Genuineness

- Effective in the Relationship
- Self-Awareness
- Emotionally Involved in the individual's story
- Here and Now interaction

Therefore, a therapist's genuineness is an inner attitude, a relational experience and a dynamic process between the individual and therapist.¹⁴

THE CLINICAL SKILLS Cont'd.

Genuineness

Therapists are “real” with their individuals

- Without pretense
- Inner and outer experiences match
- Express feelings and attitudes

Balanced shared feelings with the Impact

- Be honest in helpful ways, not destructive
- Cannot share every thought and feeling
- Counselor feelings do not take precedence over individual's feelings ¹⁵

METHOD Cont'd.

Genuineness -

A culturally sensitive Therapeutic Alliance includes two core competency dimensions - counselor self-awareness & awareness of the client's unique variables and cultural experiences.



METHOD

Non-Therapeutic Responses

Stereotyping

Random self disclosure

Agreeing and disagreeing

Being defensive

Personalizing other's response to you

Rejecting

Passing judgment

Changing the topic or subject

Unwarranted / insincere reassurance

Giving advice

Not addressing concerns

METHOD Cont'd.

Motivational Interviewing

"... When an individual seems unmotivated to change or to take the sound advice of practitioners, it is often assumed that there is something the matter with the individual and that there is not much one can do about it. These assumptions are usually false. No person is completely unmotivated." ¹⁶

METHOD Cont'd.

Motivational Interviewing

- A collaborative, goal-oriented style of communication with attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.
- Designed to produce rapid, internally motivated change by mobilizing the individual's own change resources.
- Motivational Interviewing is a method that providers are encouraged to use in their practice in treating substance use, to facilitate change.
- MI training will assist the providers to enhance their clinical skills and become more efficient in them.¹⁷

METHOD Cont'd.

Motivational Interviewing (MI)

Open questions, affirmation, reflective listening, and summary reflections (OARS) are the basic interaction techniques and skills that are used “early and often” in the **motivational interviewing** approach.

Open-ended questions

- Keep conversation going
- Allows individual to process response vs answering reflexively
- Empowers the individual to direct the narrative
- Be mindful of the “why”

Open

Tell me about...

Help me understand...

VS.

Closed

Did you...?

Will you...?

METHOD Cont'd.

Motivational Interviewing (MI)

Affirmations -

- Pointing out individual strengths
- Validating individual experiences
- Respect individual as a person of worth
- Understand their capability of change and willingness to do so

METHOD Cont'd.

Motivational Interviewing (MI)

Reflective Listening

- Reiterates what the individual is saying in the therapist's vernacular
- Statement, not a question
- Validating

Summary Reflections

- Condenses the main points of what the individual is saying
- Allows the individual to know that they've been heard and feel understood

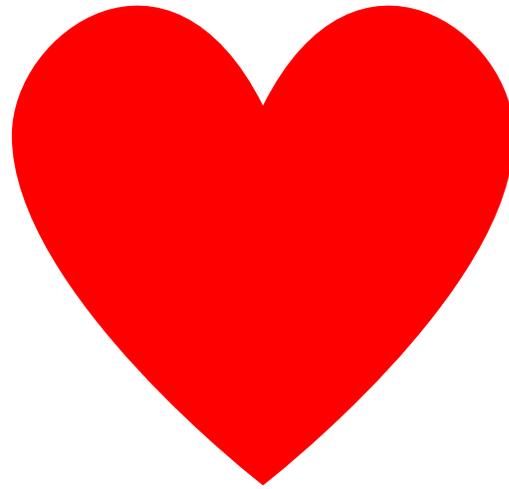
METHOD Cont'd.

Motivational Interviewing (MI)

MI uses the clinical skills to help establish Therapeutic Alliance and the goal the individual wants to achieve:

- Individual determines treatment plan
- Avoid unsolicited advice
- Involves the best basic counseling skills
- Express empathy
- Use good nonverbal listening skills
- Problem solving partners ¹⁸

COMPASSION



CARE

LISTEN

NON-JUDGEMENTAL

SEE

Prevention

And finally a strong Therapeutic Alliance can give the individual you serve the tools needed to prevent a future crisis.

RECAP

The goal of the Therapeutic Alliance is to build a rapport that leads to desired change. An individual's resistance to change is sometimes viewed as a normal and expected part of treatment. Therapists who can aid the individuals they serve in engaging more quickly through a beneficial Therapeutic Alliance will increase the likelihood of positive treatment outcomes.

THANK YOU



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