

## ICADD Presentation Abstracts

Ryan Porter and Jon Hite. Client Engagement May 19, 2011

Baldwin, S.A., Wampold, B.E. & Imel, Z.E. (2007). Untangling the alliance–outcome correlation: Exploring the relative importance of therapist and patient variability in the alliance. *Journal of Consulting and Clinical Psychology, 75*(6), 842-852.

### Abstract-

Although the therapeutic alliance is a consistent predictor of psychotherapy outcomes, research has not distinguished between the roles of patient and therapist variability in the alliance. Multilevel models were used to explore the relative importance of patient and therapist variability in the alliance as they relate to outcome among 331 patients seen by 80 therapists (therapist average caseload was 4.1). Patients rated both the alliance and outcome and all models adjusted for baseline psychological functioning. The results indicated that therapist variability in the alliance predicted outcome, whereas patient variability in the alliance was unrelated to outcome. Reasons why therapist variability as opposed to patient variability predicted outcome are discussed. Clinical implications include therapists monitoring their contribution to the alliance, clinics providing feedback to therapists about their alliances, and therapists receiving training to develop and maintain strong alliances.

Crits-Christoph, P, Gibbons, M.B., Crits-Christoph, K., Narducci, J., Schamberger, M. & Gallop, R. (2006). Can therapists be trained to improve their alliances? A preliminary study of alliance fostering psychotherapy. *Psychotherapy Research, 16*(3), 268-281.

### Abstract -

Research has consistently documented that the quality of the therapeutic alliance is related to the outcome of diverse psychotherapies. In this preliminary study, the authors examined whether therapists could learn to improve their alliances with patients. Therapists were trained in alliance-fostering therapy, a 16-session treatment for major depressive disorder that combines interpersonal\_/psychodynamic interventions with techniques for enhancing the alliance based on Bordin's model of the alliance. Five therapists with 1 to 3 years of postdoctoral clinical experience treated three patients in each of three study phases: before, during, and after training. From pre- to posttraining, moderate to large increases in the alliance were apparent, although these effects were not statistically significant. Variability between therapists was also apparent. The training produced small improvements in depressive symptoms but larger improvements in quality of life, particularly at follow-up and for cases that had relatively higher levels of alliance-fostering techniques. Limitations of the study, including small sample size, relatively high initial levels of alliance, and lack of control group, are discussed and potential future directions identified.

Crits-Christoph, P., Hamilton, J.L., Ring-Kurtz, S., Gallop, R., McClure, B., Kulaga, A. & Rotrosen, J. (2011). Program, counselor, and patient variability in the alliance: A multilevel study of the alliance in relation to substance use outcomes. *Journal of Substance Abuse Treatment 40*, 405-413.

### Abstract -

We explored patient, therapist, and program variability in the alliance in relation to drug and alcohol use during treatment, and whether alliance mediates the relation of program characteristics to drug/alcohol use. Data (N = 1,613 patients) were drawn from a randomized clinical trial investigating the efficacy of an intervention that provided alliance and outcome feedback to 112 counselors across 20 community-based outpatient substance abuse treatment clinics in the northeast United States. Program characteristics were measured using the Organization Readiness for Change scale. Using multilevel modeling, we found that alliance was related to both drug and alcohol use during the past week at the patient and program levels of analysis, but not the counselor level. Several program characteristics were related to average drug and alcohol use. The alliance was not a mediator of these relationships. Program variability in the alliance is important to the alliance–outcome relationship in the treatment of substance abuse. Better outcomes can be achieved by improving both organizational functioning and the patient–counselor alliance.

Duncan, B. L., Miller, S.D., Sparks, J.A., Claud, D.A., Reynolds, L.R., Brown, J. & Johnson, L.D. (2003). The Session Rating Scale: Preliminary psychometric properties of a “working” alliance measure. *Journal of Brief Therapy*, 3(1), 3-12.

Abstract-

Over 1,000 research findings (Orlinsky, Rønnestad, & Willutzki, 2004) demonstrate that a positive alliance is one of the best predictors of outcome. Paradoxically, despite the robust connection between the alliance and outcome, no alliance measures have been developed specifically as clinical tools for therapists to use on a day-to-day basis with their clients. This article describes the development and validation of an ultra-brief alliance measure, the Session Rating Scale Version 3 (SRS). The instrument’s psychometric properties are examined and reported. Based on experience with the instrument at the various sites in the study, the feasibility of the scale is also considered. Results indicate that the SRS, a clinical rather than research tool, represents a balanced tradeoff between the reliability and validity of the longer research measures, and the feasibility of this brief scale. Results and implications for clinical practice and future research are discussed.

Harmon, S.C., Lambert, M.J., Smart, D.M., Hawkins, E., Nielsen, S.L., Slade, K. & Lutz, W. (2007). Enhancing outcome for potential treatment failures: Therapist-client feedback and clinical support tools. *Psychotherapy Research*, 17(4), 379-392.

Abstract-

Enhancing treatment outcomes for clients who are predicted to deteriorate before leaving treatment has important implications for quality of client care. The effects of three interventions aimed at reducing client deterioration were examined in a sample of 1,374 clients whose outcome was contrasted across experimental groups and with a no-feedback/archival control group consisting of data from 1,445 clients. Results indicated that feedback to therapists reduced deterioration rates and improved outcome across clients, especially those predicted to be treatment failures. Therapist feedback effects were enhanced by the use of prompts to action based on a clinical support tools manual but not by the provision of direct feedback to clients.

Henkelman, J. & Paulson, B. (2006). The client as expert: Researching hindering experiences in counselling. *Counselling Psychology Quarterly*, 19(2), 139-150.

Abstract -

This paper identifies the importance of valuing clients' experiences when seeking to understand hindering experiences in counseling. Since the research literature reports that client perceptions of counseling are better predictors of outcome than counselor ratings, client viewpoints are critical to furthering understanding of hindering experiences. Clients are generally reluctant to share negative experiences and a discussion regarding the difficulty in soliciting these experiences is presented. Examples of the process of conducting a client-oriented investigation into hindering experiences convey some of these difficulties. Several implications for counseling practice are addressed: (1) the need for counselors to notice and repair hindering experiences, (2) the value of attending to the quality of the relationship, (3) the need for counselors to cultivate flexibility and responsiveness, and (4) the use of methods to encourage clients to share their unspoken experiences.

Hill, C.E. & Knox, S. (2009). Processing the therapeutic relationship. *Psychotherapy Research*, (19)1, 13-29.

Abstract -

The authors propose that if therapists and clients process their therapeutic relationship (i.e., directly address in the here and now feelings about each other and about the inevitable problems that emerge in the therapy relationship), feelings will be expressed and accepted, problems will be resolved, the relationship will be enhanced, and clients will transfer their learning to other relationships outside of therapy. The authors review theories supporting the idea of processing the therapeutic relationship, discuss the relevant empirical literature in this area, and provide their conceptualization of the construct of processing the therapeutic relationship based on the theory and empirical findings. Finally, they discuss methodological concerns and suggest implications for clinical practice, training, and further research.

Levitt, H.M. & Piazza-Bonin, E. (2011). Therapists' and clients' significant experiences underlying psychotherapy discourse. *Psychotherapy Research*, (21)1, 70-85.

Abstract -

This article complements the narrative research that focuses on the process and content of what is said in psychotherapy by examining clients' and therapists' significant experiences beneath the in-session discourse. Toward this end, the authors recorded one midtherapy session from each of four dyads, and the therapist and client from each dyad were then interviewed using an interpersonal process recall method. Participants were asked what they experienced as significant during the session and to describe their rationale for that selection. Descriptions of these experiences were organized into categories using an inductive method. An analysis of therapist- and client-originated categories was conducted to elucidate the often unspoken concerns of participants. The range of internal experiences that underlie narration in psychotherapy is explicated.

Miller, S.D. (2004). Losing faith: Arguing for a new way to think about therapy. *Psychotherapy In Australia* 10(2) 44-51.

Abstract -

Do you ever wonder if you missed the one crucial day in your psychotherapy training that told you the secret to making it all work? SCOTT MILLER assures us that no amount of clinical experience, training or research material can provide any guarantee of a successful

or effective therapeutic outcome. In this personal account, Miller describes his 'loss of faith in therapy' – in the belief that with experience, a knowledge of the literature and research and further training we can gain the confidence to help those struggling for a better, happier and more fulfilling life. Instead, reports Miller, his experience has shown there is no way to predict if an interaction with a particular person on a given day will result in a good outcome. To think otherwise, suggests Miller, is not a demonstration of faith, but of conceit. He argues for a change in the entire way we think about and conceive of therapy. Readers are advised to read the previous article, 'Beyond Integration', first.

Miller, S.D., Duncan, B.L. & Hubble, M.A. (2004). Beyond integration: The triumph of outcome over process in clinical practice. *Psychotherapy In Australia, 10*(2), 2-19.

Abstract -

The empirically validated, integrative and evidence-based practice movements share in the belief that specific therapeutic ingredients, once isolated and delivered in reliable and consistent fashion, will work to improve outcome. Yet research and clinical experience indicates otherwise. How best to proceed in the light of such findings? Miller, Duncan and Hubble argue that the best hope for integration of the field is a focus on the common goal of change and the use of outcome to inform the clinical process. Significant improvements in client retention and outcome have been shown where therapists have feedback on the client's experience of the alliance and progress in treatment. Rather than evidence-based practice, therapists tailor their work through practice-based evidence.

Miller, S.D., Duncan, B.L., Sorrell, R. & Brown, G.S. (2004). The Partners for Change Outcome Management System. *Journal of Clinical Psychology, 61*(2), 199-208.

Abstract -

A number of systems provide feedback regarding client progress and experience of the therapeutic alliance to clinicians. Available evidence indicates that access to such data improves retention and outcome for clients most at risk for treatment failure. Over the last several years, the team at the Institute for the Study of Therapeutic Change has worked to develop an outcome management system that not only provides valid and reliable feedback, but also is as user-friendly as possible for therapists and consumers. In this article, we describe the system and summarize current research findings.

Miller, S.D. (2005). The manual is not the territory. Miller discusses the inability of treatment manuals to predict outcomes.

Abstract -

Psychotherapy is not an uninhabited terrain of technical procedures, as it follows that treatment manuals do not improve outcomes. Only 1% of the variance in outcomes can be attributed to specific treatment factors. The explosion of manuals has not eliminated the influence of the individual therapist on outcomes. Monitoring the client's progress and view of the alliance—using practice-based evidence—and altering treatment accordingly, is an alternative way to manage the complexity and wonderful uncertainty that accompanies the process of psychotherapy.

Miller, S.D., Duncan, B.L., Brown, J., Sorrell, R. & Chalk M.B. (2006). Using formal client feedback to improve retention and outcome: Making ongoing, real-time assessment feasible. *Journal of Brief Therapy*, 5(1), 5-22.

Abstract -

Research has found that client change occurs earlier rather than later in the treatment process, and that the client's subject experience of meaningful change in the first few sessions is critical. If improvement in the client's subject sense of well-being does not occur in the first few sessions then the likelihood of a positive outcome significantly decreases. Recent studies have found that there are significant improvements in both retention and outcome when therapists receive formal, real-time feedback from clients regarding the process and outcome of therapy. However, the most used instruments in these feedback studies are long and take up valuable therapy time to complete. It has been found that most therapists are not likely to use any feedback instruments if it takes more than five minutes to complete, score and interpret. This article reports the results of an evaluation of the use of two very brief instruments for monitoring the process and outcome of therapy, the Outcome Rating Scale (ORS) and the Session Rating Scale (SRS), in a study involving 75 therapists and 6,424 clients over a two year period. These two instruments were found to be valid and reliable and had a high use-rate among the therapists. The findings are discussed in light of the current emphasis on evidence-based practice.

Nissen-Lie, H.A., Monsen, J.T., Ronnestad, M.H. (2010). Therapist predictors of early patient-rated working alliance: A multilevel approach. *Psychotherapy Research*, 20(6), 626-647.

Abstract -

The present study investigated whether and how various therapists' (N = 68) self-reported characteristics relating to their therapeutic work predicted patients' (N = 335) early ratings of the working alliance in a naturalistic psychotherapy study. Results from multilevel modeling demonstrated that certain self-reports accounted well for the therapist effect in the early alliance. The effect of therapists' experiences of difficulties in practice was particularly strong: a negative influence of difficulties termed negative personal reaction (NPR) and a surprising positive influence of another factor, professional self doubt (PSD), were found. The latter was interpreted as reflecting an attitude of therapist humbleness and sensitivity, which seems to facilitate alliance development. A negative impact of self-reported skills in using one's own and the patients' emotional reactions in the therapeutic relationship (advanced relational skills) was found when controlling for a warm interpersonal style. The negative effect of advanced relational skills depended on the level of NPR difficulties. The findings suggest that therapists should be cautious in using this kind of relational skill unless they experience relating to patients in a warm manner and report low levels of NPR in their practice.

Rabu, M., Halvorsen, M.S., & Haavind, H. (2011). Early relationship struggles: A case study of alliance formation and reparation. *Counselling and Psychotherapy Research*, 11(1), 23-33.

Abstract -

Aim: A good alliance established during the early sessions of psychotherapy will most likely lead to a good outcome. As a result, there is much to learn from a case in which both the patient and therapist regarded the alliance as being poor for an extended period (the first 15 sessions), yet still managed to develop a solid and stable alliance and reach a successful completion of therapy. The aim is to give a close inspection of this reparation process.

Methods and analysis: Ratings on the Working Alliance Inventory (WAI) were used to guide the strategic selection of a case in which a depressed woman in her thirties sought help from an experienced senior male psychotherapist. A detailed analysis of the therapeutic dialogue brought forth what the parties expected from each other and how they responded to explicit and implicit expressions about how to proceed. Post termination interviews revealed their subjective configurations of events in therapy and their corresponding reflections. Findings and discussion: Important steps and hallmarks of the alliance formation and reparation were identified: (i) Early in the process, incompatible expectations about what the relationship could achieve led to repetitious struggles. (ii) Their conflicting notions came forward in a more open dialogue about two specific issues (her medication and sick leave). (iii) Through the recognition of different viewpoints they were able to expand on their interactional pattern and develop playful ways to explore her decision making in everyday life. (iv) Temporary breaks seemed to consolidate her autonomy. (v) Late in the course of therapy, the therapist introduced a literary metaphor that seemed to further consolidate the alliance. Keywords: case study; therapeutic dialogues.

Ryan, R.M., Lynch, M.F., Vansteenkiste, M. & Deci, E.L. (2011). Motivation and autonomy in counseling, psychotherapy, and behavior change: A look at theory and practice. *The Counseling Psychologist*, 39(2), 193-260.

Abstract -

Motivation has received increasing attention across counseling approaches, presumably because clients' motivation is key for treatment effectiveness. The authors define motivation using a self-determination theory taxonomy that conceptualizes motivation along a relative-autonomy continuum. The authors apply the taxonomy in discussing how various counseling approaches address client motivation and autonomy, both in theory and in practice. The authors also consider the motivational implications of nonspecific factors such as therapeutic alliance. Across approaches, the authors find convergence around the idea that clients' autonomy should be respected and collaborative engagement fostered. The authors also address ethical considerations regarding respect for autonomy and relations of autonomy to multicultural counseling. The authors conclude that supporting autonomy is differentially grounded in theories and differentially implemented in approaches. Specifically, outcome-oriented treatments tend to consider motivation a prerequisite for treatment and emphasize transparency and up-front consent; process-oriented treatments tend to consider motivation a treatment aspect and give less emphasis to transparency and consent.

Shimokawa, K., Lambert, M.J. & Smart, D.W. (2010). Enhancing treatment outcome of patients at risk of treatment failure: Meta-analytic and mega-analytic review of a psychotherapy quality assurance system. *Journal of Consulting and Clinical Psychology*, 78(3), 298-311.

Abstract -

Objective: Outcome research has documented worsening among a minority of the patient population (5% to 10%). In this study, we conducted a meta-analytic and mega-analytic review of a psychotherapy quality assurance system intended to enhance outcomes in patients at risk of treatment failure. Method: Original data from six major studies conducted at a large university counseling center and a hospital outpatient setting (N = 6,151, mean age = 23.3 years, female = 63.2%, Caucasian = 85%) were reanalyzed to examine the effects of progress feedback on patient outcome. In this quality assurance system, the Outcome Questionnaire-45 was routinely administered to patients to monitor their therapeutic

progress and was utilized as part of an early alert system to identify patients at risk of treatment failure. Patient progress feedback based on this alert system was provided to clinicians so that they could intervene before treatment failure occurred. Meta-analytic and mega-analytic approaches were applied in intent-to-treat and efficacy analyses of the effects of feedback interventions. Results: Three forms of feedback interventions—integral elements of this quality assurance system—were effective in enhancing treatment outcome, especially for signal alarm patients. Two of the three feedback interventions were also effective in preventing treatment failure (clinical support tools and the provision of patient progress feedback to therapists). Conclusions: The current state of evidence appears to support the efficacy and effectiveness of feedback interventions in enhancing treatment outcome.

Soares, L., Botella L. & Corbella, S. (2010). The co-constructed therapy alliance and the technical and tactical quality of the therapist interventions in psychotherapy. *European Journal of Psychotherapy and Counselling*, 12(2), 173-187.

Abstract -

This study sought to describe a brief review of studies conducted on the therapeutic alliance, taking into consideration therapeutic process and outcomes. We seek to reflect about the need to encourage the communities who engage in and conduct research on clinical practice not only to implement surveys of empirically validated measures of therapeutic outcomes, but also make them a regular practice among all clinical mental health psychotherapists. We therefore suggest the following paradigm – the Practice Based on Evidence of Results (PBER) – as a way to improve the quality of technical and tactical interventions of psychotherapists.

Whipple, J.L., Lambert, M.J., Vermeersh, D.A., Smart, D.W., Nielsen, S.L. & Hawkins, E.J. (2003). Improving the effects of psychotherapy: The use of early identification of treatment failure and problem-solving strategies in routine practice. *Journal of Counseling Psychology*, 50(1), 59-68.

Abstract -

Client-focused research systems have been developed to monitor and provide feedback information about clients' progress in psychotherapy as a method of enhancing outcome for those who are predicted to be treatment failures. In the current study, the authors examined whether feedback regarding client progress and the use of clinical support tools (CSTs) affected client outcome and number of sessions attended. Results showed that clients in the feedback plus CST group stayed in therapy longer and had superior outcomes. Nearly twice as many clients in the feedback plus CST group achieved clinically significant or reliable change, and fewer were classified as deteriorated by the time treatment ended.