Therapeutic Alliance

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- Family engagement
- Clinical formulation
- Treatment planning and implementation
- Self-reflection and skill building

Was this a therapeutic alliance?

- In what ways was it?
- What was missing?
- What could have been different?
**Therapeutic Alliance: Bordin**

- Bond (emotional component)
- Cognitive framing (Dryden)
- Consensus on goals
- Consensus on tasks

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**Common Factors**

![Diagram](image)

- Therapeutic Alliance: 30%
- Expectancy: 15%
- Techniques: 15%
- Client & Exoterapeutic Factors: 40%

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**Client Factors**

- Natural supports (ecmap?)
- Motivation (MET)
- Agency
- Resilience/protective (res I and II - protective v change)
Common Factors

- Therapeutic alliance established between the patient and the therapist
- Exposure of the patient to prior difficulties, either in imagination or in reality
- A new corrective emotional experience that allows the patient to experience past problems in new and more benign ways
- Expectations by both the therapist and the patient that positive change will result from the treatment
- Therapist qualities, such as attention, empathy, and positive regard, that are facilitative of change in treatment
- The provision by the therapist to the patient of a reason for the problems that are being experienced

Therapeutic Alliance: Special Status

“As a general trend across studies, the largest chunk of outcome variance not attributable to preexisting patient characteristics involves individual therapist differences and the emergent therapeutic relationship between patient and therapist, regardless of technique or school of therapy.

This is the main thrust of three decades of empirical research.”

Therapeutic Alliance Concept

- An ability to draw on knowledge that the therapeutic alliance is usually seen as having three components:
  1. The relationship or bond between therapist and client
  2. Consensus between therapist and client regarding the techniques/methods employed in the therapy
  3. Consensus between therapist and client regarding the goals of therapy
- An ability to draw on knowledge that all three components contribute to the maintenance of the alliance
Cognitive Reframing

• Being able to understand and represent another’s point of view

• Being able to reframe their narrative into one that is accurate, hopeful, and strengths-based

Capacity to Grasp the Client’s View

• An ability to apprehend the ways in which the client characteristically understands themselves and the world around them

• An ability to hold the client’s world view in mind throughout the course of therapy and to convey this understanding through interactions with the client, in a manner that allows the client to correct any misapprehensions

• An ability to hold the client’s world view in mind, while retaining an independent perspective and guarding against identification with the client

How do we do it?

• Mirror neurons
But

Brain Efficiency

• Shortcuts

• Patterns

• Let’s not reinvent the wheel

Not Only That...

• “Negativity bias”
  – Rick Hanson
  – More important to know who not to trust than who TO trust
  – (who would this apply to?)
Look at Our...

• Inclination toward “what’s wrong”
• Love of crime shows on TV
• Political campaigns

To Be...

• Open
• Receptive
• Non-judgmental
  – Is an accomplishment
  – A practice
  – It doesn’t come naturally

Six Levels of Validation

The Levels of Validation – Marsha Linehan, PhD

• First: listening and being present
• Second: accurate reflection
• Third: reading a person’s behavior and guessing what they might be feeling or thinking
• Fourth: understanding the person’s behavior in terms of their history and biology
• Fifth: normalizing or recognizing emotional reactions that anyone would have
• Sixth: radical genuineness
Demonstration I

- Was that validating?
- Why and why not?
- The fix
  - Reassurance
  - Dismissing
  - All can be well-meaning
  - That’s why the **alliance** involves **skill** as well as **intent**

Demonstration II

- Write down when you see a validation skill (1-6) demonstrated
- Group practice?

UH OH!

Impasse
Capacity to Maintain the Alliance

• Recognize and address threats to the therapeutic alliance (“alliance ruptures”)

• An ability to:
  – Recognize when strains in alliance threaten progress of therapy
  – Use appropriate interventions in response to disagreements about tasks and goals
  – Check that client is clear about rationale for treatment and to review this with them and/or clarify any misunderstandings
  – Help clients understand rationale for treatment through using/drawing attention to concrete examples in session
  – Judge when it is best to refocus on tasks and goals which are seen as relevant or manageable by the client
  – Use appropriate interventions in response to strains in the bond between therapist and client

Repairing Alliance Ruptures

• Most patients experience a breakdown in alliance but most do not tell us about ruptures unless asked

• Repairs facilitated by therapist responding non-defensively, attending directly to relationship, adjusting behavior, and collecting feedback

Impasses

• Impasses as windows into core organizing principles

• Formulation is always broader, more speculative, hypothetical

• Impasses provide opportunities for more subtle understandings, revisions
Reframing the Narrative

- Multiple Intelligences, Howard Gardner
  - Verbal/linguistic
  - Logical/mathematical
  - Visual/spatial
  - Musical/rhythmic
  - Bodily/kinesthetic
  - Naturalist
  - Intrapersonal
  - Interpersonal
  - Existential

Common Factors

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Expectancy or Hope

96/4
Therapeutic Alliance

- Bond (emotional component)
  - Ability to listen non-judgmentally, supportively & sensitively

- Cognitive framing
  - Ability to ensure clear rationale is offered

- Consensus on goals
  - Ability to gauge the client’s understanding of rationale

- Consensus on tasks
  - Ability to help client express any concerns

Therapist Factors: Sources


Therapist Factors and the Alliance

- Knowledge of therapist factors associated with the alliance:
  - Being flexible and allowing the client to discuss issues that are important to them
  - Being respectful, warm, friendly, affirming, open, alert, active
  - Able to show honesty through self-reflection; being trustworthy

- Knowledge of therapist factors which reduce the probability of forming a positive alliance:
  - Being rigid, critical, distant, aloof, distracted
  - Making inappropriate self-disclosure, inappropriate use of silence
Capacity to Develop the Alliance

- An ability to:
  - Listen to the client’s concerns in a manner which is non-judgmental, supportive, and sensitive, and which conveys a comfortable attitude when the client describes their experience.
  - Ensure that the client is clear about the rationale for the intervention offered and the intervention is in accord with client’s goals and world view (e.g., meet the client where they are).
  - Gauge whether the client understands rationale for intervention, has questions about it, or is skeptical about rationale, and respond to concerns openly and non-defensively to resolve any ambiguities.
  - Help the client express any concerns or doubts they have.

Family Advisory Board Effectiveness

- Availability of therapist when needed for both individual/family sessions/phone calls.
- Commitment of therapist to help meet goals: do whatever it takes (go beyond session time if needed).
- Help parents by actually reading up on child’s diagnosis; actually talk to the child; use tools to enforce/engage child in concept (object lessons).
- Therapeutic foster care: level of consistency provided is great; provides direct access to therapist/staff.
- Individualized/consistency/communication: thinking outside the box especially when dealing with a nonverbal child.
- Respect/trust: respect of parents’ goals, which leads to trust from parents to therapist.
- Hope: being listened to and recognized as knowing child best.

- Flexible, but go beyond/be creative/want & try to help.
- Empowerment of parent to speak up for their child.
- Transfer of skills/support/be present/be there.
- Continuing education/learn more interventions/shadowing should be data-driven.
- Acknowledgment of how hard it is to hear bad stuff/affirmation for feelings & that it is ok to have those feelings.
- Emphasize strengths of family & child.
- Matching staff to a child/family.
- Staff recognition by parents.
The Therapist

- Engages (builds alliance)
- Formulates (from a framework)
- Offers
- Integrates

Common Factors in Training Context

- Extra training and trainee factors
- Hope(expectancy (can I do this?)
- Trainer/trainee alliance
  – Bond, tasks, goals
- Techniques (model, content)