Designing research on the therapeutic alliance

Experiences of putting it into practice

Rose McCabe
Introduction

• Subjective construct - patient & clinician perspective
• Relationship vs. interaction
• Relationship - with whom?
• Naturalistic observational studies – Role in influencing outcome
• Intervention studies
Methodological issues

- Large global factor
- Overlap with symptoms /mood/ general appraisal factor
Methods of assessment

- Psychoanalytic
  - transference relationship
  - real relationship
- Methods developed for psychotherapy
- Empirically derived ‘non-specific’ methods
- Measures constructed for psychiatric settings
- Typically *ad hoc* measures
- Minimal established reliability & validity
Psychiatric settings vs. psychotherapy

- Statutory role
- Flexible setting
- Variable time-scale and possibly life long treatment
- Different and changing treatment goals, often aimed at stability rather than change
- Multidisciplinary teamwork
- Various treatment methods
<table>
<thead>
<tr>
<th>Measure</th>
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<th>Rating form</th>
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<td>Helping Alliance Counting Signs</td>
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<td>Expert rater</td>
<td>Rating scale (Transcripts)</td>
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<td>Therapist-Patient Scale for Schizophrenic Patients</td>
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<td>Vanderbilt Therapeutic Alliance Scale</td>
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1. Is the treatment you are currently receiving right for you?

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2. Do you feel understood by your therapist?

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3. Do you feel criticized by your therapist?

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4. Is your therapist committed to and actively involved in your treatment?

5. Do you trust in your therapist and in his/her professional competence?

6. How do you feel immediately after a session with your therapist?

Worse  Unchanged  Better
### The Helping Alliance Scale - Therapist Version

**a) Patient ID**

**b) Date**

**c) Therapist ID**

1. **Do you get along with the patient?**

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2. **Do you understand the patient and his/her views?**

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<td>extremely well</td>
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3. **Do you look forward to meeting the patient?**

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4. **Do you feel you are actively involved in the patient’s treatment?**

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<td>completely</td>
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5. **Do you feel you can help the patient and treat him/her effectively?**

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<td>entirely</td>
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6. **What are the positive aspects of your relationship with the patient?**

7. **What are the negative aspects of your relationship with the patient?**
STAR

• Scale To Assess Therapeutic Relationships developed over 4 yrs
• A patient and a clinician version
• Each with 12 items
• In each scale, 3 distinct factors are assessed:
  positive collaboration (6 items)
  positive clinician input (3 items), and
  non-supportive clinician input/emotional difficulties (3 items)
• Good psychometric properties
relationship and interaction

• interaction: behavioural exchange between patient and clinician that is observable and may be described in objective terms

• relationship: psychological construct held by individuals participating in the TR on each other and their interaction
conversation analysis

- analysis of what people do rather than what they say they do
- audiovisual recording of routine consultations
- highly detailed transcription
- analysis
D: yes of course of course, 3 months time, so
M: okay
P: why don't people believe me doctor when I say I'm God why don't they believe me cos everyone knows I am I think everyone knows I mean it's not nonsense it's true
D: what should I say now?
P: I believe it anyway
D: Well you you are free to believe it anyway but people are people are free to believe not to believe you
P: Mm
D: you know what I mean alright this is your card
P: ye
M: Okay
D: this is you [name] this is eh eh for reception
P: next appointment ye
C1

AS (patient), Mrs S (patient's mother) & MZ (psychiatrist)

12.10

1. Mrs S: ↑oh kay (0.8) [three months time] {smiling}
2. MZ: [so] {writing in notes}
3. AS: ↑why dohn people belie::vme: doctor when I say I'm Go:d (0.2) >why
4. Mrs S: hhhh ******
5. dohn they< belie::ve me (.co[s everyone kno::ws I am (0.4) ]I thi:nk everyone knows (.)(I mean) ih(t)s not nonsense it's ↓true
6. MZ: [hhhhhh]
7. Mrs S: hh[hhhh **{smiles /laughs}]
8. (0.6)
9. MZ: ↑what should I say now? () ha-ha-ha
10. Mrs S: ha-ha
11. (0.4)
13. (0.5)
14. MZ: ↑well ↑yu you are free to believe it any↓way (0.6) but: people ar (.)(0.1) not to belie:ve you:
15. AS: (mm) {nods}
16. ()
17. AS: mm↑hmm {nodding}
18. MZ: you know what I mean? (0.8) a↓right (.)(0.1) this is your carrd
19. AS: {slight nod}
Stage 1

• Semi-structured interviews with 12 care co-ordinators & 10 patients from 3 CMHTs & 1 rehab team

• Imagine an ideal care co-ordinator-patient relationship. What characteristics would make it ideal? What qualities do you think are important?
## Content analysis of CCs

<table>
<thead>
<tr>
<th>_aspect</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Care co-ordinator helpfulness</td>
<td>36%</td>
</tr>
<tr>
<td>Patient aggression towards CC</td>
<td>36%</td>
</tr>
<tr>
<td>Family interference</td>
<td>36%</td>
</tr>
<tr>
<td>Patient trust of CC</td>
<td>36%</td>
</tr>
<tr>
<td>CC facilitates, not directs</td>
<td>36%</td>
</tr>
<tr>
<td>CC takes patient perspective</td>
<td>36%</td>
</tr>
<tr>
<td>Patient willingness to engage</td>
<td>31%</td>
</tr>
<tr>
<td>Explicit &amp; realistic expectations</td>
<td>31%</td>
</tr>
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</table>
Stage 2

- An amalgamation of existing scales & new items from the interviews administered (>100 items)
- 175 CC version scales completed
- Most were CPNs (66%) or social workers (23%)
- 133 patient version scales completed
- Most patients had schizophrenia (59%) or mood disorder (36%)
## Patient subscales

<table>
<thead>
<tr>
<th>Positive collaboration</th>
<th>Positive CC input</th>
<th>Absence neg CC input</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared understanding of changes needed</td>
<td>CC encouragement</td>
<td>CC authoritarianism</td>
</tr>
<tr>
<td>Open communication</td>
<td>CC helpful</td>
<td>CC impatience</td>
</tr>
<tr>
<td>Agree what to work on</td>
<td>CC allows open conversation</td>
<td>CC withholds truth</td>
</tr>
<tr>
<td>Honesty</td>
<td>CC regard</td>
<td>CC overwhelms</td>
</tr>
<tr>
<td>Work towards mutual goals</td>
<td>CC understanding</td>
<td>CC pressure</td>
</tr>
<tr>
<td>Trust</td>
<td>CC discuss P goals</td>
<td>CC lacks empathy</td>
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### Care co-ordinator subscales

<table>
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<tr>
<th>Positive collaboration</th>
<th>Negative CC input</th>
<th>Positive CC input</th>
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<tbody>
<tr>
<td>Trust</td>
<td>Feels inferior to P</td>
<td>Takes P perspective</td>
</tr>
<tr>
<td>Global assessment</td>
<td>Cannot empathise</td>
<td>Listens to P</td>
</tr>
<tr>
<td>Gets along with patient</td>
<td>Critical of P</td>
<td>Supportive of P</td>
</tr>
<tr>
<td>Rapport</td>
<td>Not feel accepted by P</td>
<td></td>
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<tr>
<td>Open communication</td>
<td>Dislikes P</td>
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</tr>
<tr>
<td>Shared expectations</td>
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Stage 3

• 2 new scales
• 12 items each
• Good test-retest reliability
STAR-C

• I get along well with my patient (1)
• My patient and I share a good rapport (1)
• I listen to my patient (2)
• I feel my patient rejects me as a CC (3)
• I believe my patient and I share a good relationship (1)
• I feel inferior to my patient (3)
• My patient and I share similar expectations regarding progress in treatment (1)

• I feel that I am supportive of my patient (2)
• It is difficult for me to empathise with or relate to my patient’s problems (3)
• My patient and I are open with one another (1)
• I am able to take my patient’s perspective (2)
• My patient and I share a trusting relationship (1)
STAR-P

- My C speaks with me about my personal goals and thoughts about treatment (2)
- My C and I are open with one another (1)
- My C and I share a trusting relationship (1)
- I believe my C withholds the truth from me (3)
- My C and I are honest with one another (1)
- My C and I work towards mutually agreed goals (1)
- My C is stern with me when I speak about things that are important to me (3)
- My C and I have established an understanding of the kind of changes that would be good for me (1)
- My C is impatient with me (3)
- My C seems to like me regardless of what I do or say (2)
- We agree on what is important for me to work on (1)
- I believe my C has an understanding of what my experiences have meant to me (2)
Role of symptoms

- In patients with depression and schizophrenia: 3-28% of the variance
- Observer-rated rather than self-rated
- Schizophrenia
  - Hostility
  - Thought disorder
  - Depression
- Few associations with sociodemographic data
- Associated with quality of life (McCabe et al., 1999)
Where we are now

• Symptoms play a role
• Important in outcome
  – Consistent finding in depression/anxiety
  – Meta-analysis of TR & outcome in SMI
• Concordance b/n clinician & patient ratings not necessarily high
• As with satisfaction scales, rate positively
  – Not much variance in ratings
• Patients rate higher than clinicians