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An Exploratory Study of the Working Alliance: Its Measurement and Relationship to Therapy Outcome

by

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ABSTRACT

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The purpose of this exploratory study was to develop a paper-and-pencil inventory to measure the strength and quality of the Therapeutic Working Alliance. This instrument, the Working Alliance Inventory (WAI), was based on the conceptualization of a Working Alliance developed by Bordin (1975,1976). According to Bordin, the Working Alliance has three components: Bond, Goal, and Task. The WAI was designed to tap the client's and therapist's perceptions of these components of a therapeutic relationship after the third therapy interview.

An item pool was developed for the WAI, based upon a survey of the literature. The items formulated were refined and culled on the basis of two successive ratings by groups of expert raters. Following these ratings, the WAI was pilot tested in an analog environment using graduate students in counselling psychology as subjects. Finally, the WAI along with two existing tests, the Counselor Rating Form (CRF) (LaCrosse, 1977) and the Relationship Inventory (R-I) (Barrett-Lennard, 1962), were administered to client-therapist dyads representing a variety of theoretical approaches to psychotherapy. Psychotherapy outcome was measured by adaptations of the Client Posttherapy Questionnaire (Strupp et al., 1964).

The results indicated that the WAI had adequate reliability, and evidence was gathered supporting the instrument's construct validity. The analysis of the data suggests that there is a strong correlational relationship between Empathy and the alliance dimension of Bond, and a moderate relationship between Empathy and Goal. The Task dimension was reasonably independent of Empathy. All of the WAI dimensions had low correlations with the concepts measured by the CRF.

The client reported Working Alliance Task dimension correlated significantly with satisfaction, change, and composite outcome, while the Goal dimension correlated significantly with satisfaction. All of the therapist reported alliance dimensions correlated significantly with satisfaction and change as well as the composite outcome score.

Multiple regression analysis using all of the client predictor variables (Empathy, Trustworthiness, Expertness, Attractiveness, Bond, Task, Goal) suggested that the Task scale of the WAI, which was designed to measure the perceived relevance of therapy events, may be the most efficient therapy outcome prognosticator of the variables investigated. The nature of the sample and the low subject-to-variable ratio in this research suggested that the study must be replicated in order to more firmly establish the stability and generalizability of the findings.

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A dissertation is a product of a collective effort. As the doctoral candidate, only my name appears on the title; I wish to express my indebtedness to the members of my dissertation committee (Drs. Allan, Marks and Rogers), each of whom contributed generously to the research from their own field of expertise. My particular appreciation goes to my research supervisor, Dr. Les Greenberg, not only for his intellectual stimulation and guidance, but also for his sense of perspective and humor.

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Chapter I

Introduction and Rationale

BACKGROUND OF THE PROBLEM

During the last decade psychotherapy research has focused on the exploration of the specific factors associated with particular treatment approaches. The explication of the 'non specific' or general factors that seemed to contribute to therapeutic efficacy (Beutler, 1979; Wilkins, 1979a) has been, by comparison, neglected. Often the factors cutting across specific models of intervention have been mistakenly grouped together with 'random variables' or unknown factors (Wilkins, 1979b). More recently there have been signs of renewed interest in the nature of the therapeutic variables that are not unique to a given mode of intervention (Bordin, 1975, 1976, 1980; Frank, 1972, 1973; Kazdin, 1979; Luborsky, 1976).

There are at least two reasons that favor the exploration of these general process variables. In the first place, a number of researchers have concluded that the majority of 'effects' in many different helping situations are common to several therapeutic methodologies and diverse strategies (Frank, 1971, 1972; Gomes-Schwartz, 1978; Snyder & Snyder, 1961). Secondly, although most 'specific factor' research has been based on the model of contrasting two mutually exclusive, well defined, clear alternative strategies, the reality of the clinical situation is

a much more complex one. In the real therapy environment various therapeutic techniques based on a variety of theoretical constructs are often mixed eclectically. Consequently the search for variables that contribute to positive therapy outcome must examine the commonalities as well as the differences among the various therapy approaches.

Among the different investigators examining the issue of general versus specific factors, several (e.g., Bordin, 1975, 1976, 1980; Frank, 1972, 1973; Luborsky, 1976; Rogers, 1951, 1957; Rogers & Dymond, 1954; Strong, 1978) have developed theories of helping that emphasize significance of general factors in psychotherapy. Bordin's taxonomy of a general factor, which he called Working Alliance, is based on specific qualities of the relationship between helpee and helper. In his presentation "The Working Alliance: A Basis for a General Theory of Psychotherapy" Bordin (1976) defined the essential components of the therapeutic relationship that related to successful psychotherapeutic results regardless of the theoretical basis of the therapy used. These were:

1) a personal bond between therapist and client (Bond),

2) agreement between therapist and client on the goals of the therapy (Goal), and

3) shared understandings regarding the relevance of the tasks undertaken in therapy (Task) (Bordin, 1975, 1976).

According to this model, the building and maintenance of these three elements is a common essential factor in all forms of

effective psychotherapy. By the same token he suggested that the relative importance of these components may vary amongst therapies of different orientation.

Although a number of investigators (e.g., Barrett-Lennard, 1962; Carkhuff, 1969a; Rogers, 1951, 1957; Saranat, 1975) have attempted to examine the relationship of the general factors to psychotherapy outcome, to date there has been no attempt to develop an instrument specifically designed to measure the Working Alliance based upon the participants' perception of the therapeutic process. Furthermore, there has been no attempt to delineate empirically the relationship of the proposed alliance dimensions to one another or the relationship between Bordin's Working Alliance dimensions and generic psychotherapy factors proposed by other theoreticians.

Bordin's model of the Working Alliance was chosen for investigation because it appeared to offer a breadth of conceptualization of the therapeutic relationship that was superior to the most frequently used alternative model of a general relationship factor in psychotherapy. The alternative schema, the 'Therapist Offered Facilitative Conditions' was developed by Rogers and his co-workers (Barrett-Lennard, 1962; Carkhuff, 1969a; Rogers, 1951, 1957). While the models of both Bordin and Rogers took into account the quality of the personal relationship between client and therapist, Bordin's Working Alliance focused on two qualities of the client-therapist interaction that have been neglected by both empirical and theoretical investigators. First, it is important that the therapist and the client have a shared and common understanding

of the goals of the therapy. This proposition is logically evident; it would be, in fact, difficult to imagine a productive relationship in which existed a cross purpose of goals between the helper and helpee, or in which the therapist was ignorant of what the client wanted to achieve. Second, there appears to be a sound and logical basis for the notion that the client's gains are related to the degree to which he/she finds the activities engaged in during therapy relevant (Task).

STATEMENT OF THE PROBLEM

The main purpose of the present study was to operationalize the Working Alliance and its dimensions by developing a valid and reliable instrument to measure it. In addition the study also examined the relationship of the Working Alliance components--Goal, Task, and Bond--to other general process variables.

Two methodological problems were addressed in developing the Working Alliance Inventory. First, the question of the most appropriate technique of assessment had to be resolved; which of the available methods of collecting data on the Working Alliance was most suitable? Some of the alternatives considered were: content analysis, interviewing techniques, summary ratings, and questionnaires. The second problem was the selection of the most reliable and efficent referent for the source of the assessment. That is, from whose point of view --client, therapist or independent judge--should the Working Alliance be assessed?

As part of the validation of the Working Alliance measuring instrument, four questions were addressed:

1) Did the Working Alliance Inventory measure the concepts of the Working Alliance as defined by Bordin (1975, 1976)?

2) To what extent did the components of the Working Alliance dimensions represent unique variables previously untapped by other instruments based on alternative relationship taxonomies?

3) How did the Working Alliance relate to other general process variables that were known to have a relationship to psychotherapy outcome?

4) How efficacious was the Working Alliance --as it was measured by the instrument developed in this study-- in predicting psychotherapy outcome? This last question was further explored by analysing the predictive efficacy of the Working Alliance compared to other generic process variables.

DEFINITION OF TERMS

Therapist: A person trained in some method(s) of therapy or counselling which endeavors to relieve a client's psychological distress. (The terms counsellor, helper, and therapist are used synonymously in this study.)

Client: A person over the age of 16 who sought out, or was directed to seek out, a therapist or counsellor for the purpose of relieving some felt distress. (The term helpee and client are used synonymously.)

Working Alliance: The complex understandings, attachments, and agreements that are formed by the therapist and client at the conscious level during their joint effort to eliminate the client's psychological distress. The Working Alliance consists of: a set of personal bonds between the client and the helper; shared understandings between the client and the therapist regarding what are the appropriate goals for therapy; and the consensual understanding between therapist and client of the relevance of the tasks undertaken in therapy for the client's relief of suffering.

In this study Working Alliance refers to the client's and the therapist's awareness of a set of agreements, understandings, and bonds that were arrived at during a sequence of purposive helping interactions. In particular, the following components define a viable alliance regardless of the specific theoretical or technical approach taken by the therapist:

1) The helper and the helpee have a sense of agreement about the goals of the helping process. The helpee will have an awareness that these goals are relevant to him/her and feels a degree of identification with the explicit and implicit aims of the particular helping process he/she is engaged in. The helper has some direct or indirect evidence that the goals established in the therapy relationship are explicitly or implicitly shared and accepted by the client.

2) The helper and the helpee have a sense of mutuality (agreement) that the tasks demanded of each of them in the helping process are reasonable and within their global capabilities (or expertise), and relevant in a direct or indirect way to the goals of the helping process upon which they have mutually agreed.

3) The helper and the helpee experience a sense of a bond between them. Some of the bases on which such a therapeutic partnership are built are sense of mutual trusting, liking, understanding, and caring.

Different therapeutic orientations and strategies make different demands on the participants in terms of each of these components. These unique demands create a unique quality for each successful alliance. It is expected, however, that all helping dyads will have to achieve a basic quantitative level in each of the three areas in order to provide the alliance component necessary for a successful helping relationship.

Empathy: Empathy was defined as:

> The extent to which one person is conscious of the immediate awareness of another ... It is an active process of desiring to know the full present and changing awareness of another person, of reaching out to receive his communication and meaning that makes at least those aspects of his awareness that are most important to him at the moment. It is an experiencing of the consciousness "behind" another's outward communication.(Rogers, Gendlin, Kiesler, & Truax, 1967, p.103)

Perceived Empathy: Perceived Empathy is the extent to which a helpee is aware of the helper's empathy.

Expertness: A counsellor is perceived as an expert or knowledgeable person in his/her field if she/he has the following attributes:

1) objective evidence of specialized training or knowledge such as a diploma or degree,

2) subjective evidence of recognized ability such as reputation, fame, and/or physical signs associated with success (e.g., affluence); and

3) behavioural evidence of expertise such as rational and knowledgeable arguments and confidence in presentation (cf. Strong, 1968).

Attractiveness: The attractiveness of a therapist is a function of the following conditions:

1) physical attractiveness (Cash, Begley, McCowan, & Wiese, 1975; Cash & Saltzbach, 1978),

2) warmth or friendliness (Goldstein, 1971; Greenberg, 1969), and

3) compatibility in terms of agreeableness, likeness of opinion. (Beutler, Johnson, Neville, Elkins, & Iobe, 1975; Mann & Murphy, 1975; Strong, 1968)

Trustworthiness: A helper is perceived as trustworthy if one or both of the following are present:

1) socially sanctioned role as a helper or legitimate source of influence (Strong, 1968), and

2) steady, deep, and consistent concern for the client's welfare (Frank, 1973).

Specific Factor: A factor or variable that is specific to a technique or procedure and associated with a specific approach to psychotherapy.

General or Generic Factor: A factor or variable that is common to all of the different approaches to psychotherapy.

WAI: The acronym 'WAI' refers to the Working Alliance Inventory in both client (WAIc) and therapist (WAIt) forms.

WAIc: The client form of the Working Alliance Inventory.

WAIt: The therapist form of the Working Alliance Inventory.

The dissertation was written in six chapters: the first chapter presented the problem and its background, Chapter II contains the review of the literature, and the third chapter presents the development of the Working Alliance Inventory, Chapter IV deals with the design of the clinical study and the piloting of the WAI, Chapter V presents the results of the clinical evaluation of the inventory, and the dissertation is concluded with discussion of the results in Chapter VI.

Chapter II

Review of the Literature

GENERAL VERSUS SPECIFIC FACTORS IN PSYCHOTHERAPY

Psychotherapy research in the past twenty-five years has been heavily committed to the question of the effectiveness of therapy (Eysenck, 1952, 1959; Fiske, Cartwright, & Kirtner, 1964; Luborsky, Singer, & Luborsky, 1975). The most dramatic example of the importance of this issue has been the attention paid to the research published by Eysenck (1952, 1961) and the subsequent response in the literature that has attempted to refute the challenge by Eysenck that psychotherapy could not claim effectiveness beyond chance remission (Bergin, 1963, 1966, 1971; Bergin & Lambert, 1978; Bergin & Suinn, 1975; Cartwright, 1956; Luborsky, 1954, 1972; Smith & Glass, 1977; Strupp, 1963; Strupp, 1973a). It has been this focus on efficacy, in part, that distinguished the field of psychotherapy research from other studies in psychology. Whilst the latter is often involved with the examination of theories and constructs without concern for immediate application, the psychotherapy researcher is continually striving to evaluate and improve a very practical and socially essential endeavour (Strupp & Hadley, in press).

Questions regarding the efficacy of the helping process can be asked in one of two ways: which specific therapist behaviour or therapy situation result in what specific benefit to the client?; or, what are the common elements in therapeutic situations or behaviours of therapists that result in positive outcomes (Kazdin, 1979; Strupp, 1973a; Wilkins, 1979)? Each of these approaches has specific theoretical and research design implications.

The first approach leads to a molecular view that will induce the researcher to identify small, closely defined variables that are --ideally-- independent from all other factors. The isolation of these variables may lead to the delineation of specific factors causally linked to change (Kazdin & Wilcoxson, 1976). The investigator within this conceptual framework attempts to control, that is, hold constant, all the variables in the design except the one under scrutiny. Due to the multiplicity of events and circumstances that appear to influence the helping process, this task can be extremely difficult.

The alternative approach begins by taking account of the fact that a great variety of therapies using many different methods appear to produce beneficial results (Smith & Glass, 1977). It attempts to look at the commonalities amongst effective therapeutic situations. The researcher in this latter case monitors, in a variety of therapy situations, the variable that was believed to be a 'general factor' and attempts to relate the variability in therapeutic success to this factor.

During the last three decades there has been a considerable bias toward the first of these approaches. The general, or as it was sometimes referred to, 'common', factor has often been erroneously treated as a nuisance variable to be purged from the experimental situation in order to allow the 'specific' variable to emerge (Botzin & Lick, 1979; Wilkins, 1979b). The term 'non-specific variable' has been applied to the general factor(s), and implicit assumptions regarding its nature crept into the literature (Kazdin, 1979). These assumptions linked the common factor with the 'halo effect', general expectations, the placebo effect, and even 'faith healing' (Kazdin, 1979). Wilkins (1979a) pointed out that the lack of clarity and the paucity of research in the area led to the lumping together of the general (or non-theory specific) factors with non-treatment events that included: a) events external to therapy, b) events that are inherent in therapy but are not true variables (e.g., visiting the therapist, placebo effect), and c) events that may be common to many clients' experiences but are not part of therapy (e,g., life experiences outside of therapy).

Since classical experimental designs aim to reduce the effect of these types of variables (Campbell & Stanley, 1963), true therapy-related general factors --mistakenly associated with those above-- were either ignored or minimized. Added to these considerations is the practical reality that, in the field of psychotherapy research, investigators are often practicing psychotherapists, counsellors, or individuals linked to institutions providing clinical service. This situation has encouraged the evaluation of the effectiveness of the specific

model the researcher was associated with rather than the exploration of the commonalities between that method and competing techniques.

The rekindled interest in the general factor received impetus from two sources. First, a number of theoreticians (Bordin, 1975, 1976, 1980; Frank, 1972, 1973; Luborsky, 1976; Rogers, 1951, 1957; Strupp, 1978) have been reconsidering the value of the general factor in conceptualising the process of psychotherapy. Second, recent re-analysis of the results of the studies accumulated during the last twenty-five years (Bergin & Garfield, 1971; Luborsky, Singer, & Luborsky, 1975; Smith & Glass, 1977) have indicated that a great variety of therapy and counselling methods have produced essentially similar gains across a variety of situations. It now appears that the term 'non-specific factors' was unfortunate and that, in fact, the general factor(s) are concrete variables that may be responsible for a considerable portion of outcome variability (Kazdin, 1979). The emerging conceptualization of the general factor does not negate the import of specific techniques, nor does it minimize the validity of specific approaches with particular problems. The model implies that the specific factors function within, and are enhanced by, an environment that is influenced by variables that are common to a variety of approaches.

THE THERAPIST-OFFERED FACILITATIVE CONDITIONS

Although most 'schools' of psychotherapy ascribe to the notion that some kind of positive relationship between client and counsellor is, at least, helpful in the therapeutic endeavour, Rogers' conclusion that three conditions (Empathy, Genuineness, and Unconditional Positive Regard) were necessary and sufficient to produce constructive personality change (Rogers, 1951, 1957) was a uniquely bold hypothesis. The three concepts (core conditions) identified by Rogers were believed to be present in all successful therapies and became the cornerstones of the Client Centered approach to counselling. One of the unique attributes of the client centered approach was the effort Rogers and his colleagues invested in defining these core conditions in functional terms. These endeavours gave rise to some of the most intensive systematic empirical investigations of therapist behaviour with respect to therapeutic outcome.

Of the therapist offered core conditions, Empathy was chosen for examination in detail in the present study because it is the best understood, accepted, and studied of the core conditions. Empathy has also been shown to be highly correlated with the other core conditions (Gurman, 1977), suggesting that its presence indicates the availability of the other two conditions (Mitchell, Bozarth, & Krauft, 1977).

In essence, empathy according to Rogers, is

> The ability of the therapist ... Accurately and sensitively [to] understand experiences and feelings and their meaning to the client during the moment to moment encounter of psychotherapy ... (it) means that the therapist is completely at home in the universe of the patient ... It is a sensing of the client's inner world .. 'as if' it were the therapist's own ... The ability and sensitivity required to communicate these inner meanings back to the client in a way that allows these experiences to be 'his' is the other major point .... A high level (of empathy) will indicate not only a sensitive understanding of the apparent feelings but ... by its communication clarify and expand the patient's awareness of these feelings or experiences (Rogers et al., 1967, pp. 104-105.)

It is important to note that the concept of Empathy or, the other core conditions do <u>not</u> require the client to accept the usefulness of this condition or to agree that his/her plight will be diminished by receiving communications about his/her feelings and experiences. It is <u>assumed</u> that an atmosphere of empathic understanding is perceived as relevant and helpful, and that the process of providing such conditions co-opts the client to utilize such an opportunity. Rogers et al. (1967) go even further to suggest that, although accuracy of perception is important,

> the communication of [the] <u>intent</u> to understand can itself be of value ....[The] inarticulate or bizarre individual, if he perceives that the therapist is <u>trying</u> to understand his meanings, will be helped because he will be encouraged to communicate more of his self. (p.105).

The essential features of the client centered concept of Empathy are:

1) to communicate an effort to 'understand' (both cognitively and affectively),

2) to be able to perceive accurately ('as if' cf. Rogers et al., 1967, p.104) the client's message of content and context, and

3) to be able to reflect to the client (on a moment by moment basis) the therapist's accurate appreciation of the client's feelings and thoughts.

The condition of Empathy may be evaluated from three discrete points of view: the therapist's, the client's, and independent observers'. Each of those points of observation offers unique perspectives.

The <u>therapist</u> is the 'locus' of the condition; it is his/her 'experiencing' in the 'as if' mode and his/her communication of the intent and fact of perception that defines the substance of Empathy. In some essential sense, the therapist is the primary source of information especially in terms of the necessary preconditions of effort and intent.

The <u>client</u> on the other hand is in a position to give first-hand information on whether the condition of Empathy was available or perceived to be available to him/her.

The third point of view, that of an <u>independent judge,</u> represents an 'objective' assessment of Empathy summarized from second-hand (i.e., non participant) experience. Third party judgments have the following advantages:

1) They are free from 'transference' or other conscious or unconscious sources of bias.

2) They can be assessed across several therapists or clients by the same rater increasing between-rating reliability.

3) They are methodologically better controlled.

4) They are capable of recording moment-to-moment judgments.

Judges' ratings, on the other hand, obviously suffer from the handicap of having to make 'as if' judgments about therapist's intents as well as clients' perceptions --often on the basis of reduced information.

The evidence of published research appears to indicate that each of the above three sources of Empathy might be sensitive to a number of different and independent factors. (Mitchell, Bozarth, & Krauft, 1977; Parloff, Waskow, & Wolfe, 1978).

There is a substantial body of literature which examines the validity of the claim that the degree of Empathy present in a therapeutic relationship is related to successful therapy. Because of the extensiveness of this literature, and the particular interest in the methodology of the assessment of relationship factors, the empirical aspects of this core condition are discussed under two headings: Observed Empathy and Perceived Empathy.

Assessment of Observed Empathy

The third party rating scale used in the studies reviewed below was based on the work of Truax (1962) and Truax and Carkhuff (1967). Mitchell et al. (1977) summarized their operational definition of Empathy this way:

> The extent to which the therapist (1) is sensitive to both current feelings and thoughts of the helpee (both those in and those out of awareness), (2) has the ability to communicate his understanding of his client's feelings and thinking, and (3) has the ability to use language attuned to that of the client. (p. 483).

In the Carkhuff and Truax studies the raters or judges were trained to identify levels and occurrences of Empathy, and either a moment to moment or global rating was made on a five point scale. On the revised form (Carkhuff,1969a) of the Truax and Carkhuff scale a rating of 3 is usually considered the benchmark for minimal therapeutic effectiveness.

The results of the early studies were highly promising, generating optimism about the predictive power of Empathy:

> Therapists or counselors who are accurately empathic ... are indeed effective ... These findings seem to hold with a wide variety of therapists and counselors regardless of their training or theoretic orientation and with a wide variety of clients ... The evidence suggests that these findings hold in a variety of therapeutic contexts ... (Truax & Mitchell, 1971, p. 310).

However, subsequent researchers (e.g., Meltzoff & Kornreich, 1970; Matarazzo, 1971) began to raise both methodological and substantive questions about these findings.

The more recent studies that meet some rigorous experimental criteria are summarized in Table 2.1 . These studies indicate modest relationships between Empathy and outcome in client centered therapy. This relationship, however, seems to weaken or disappear in other therapeutic environments.

TABLE 2.1

Studies Relating Observed Empathy and Therapy Outcome

Author	Year	No. of Subjects	Reliability[1]	Hypotheses Significant	Hypotheses N.S.
Altmann	1973	19	?	1	0
Beutler et al.	1973	49	.49	0*	2*
Bozarth & Rubin		245	.84	15	90
Garfield & Bergin	1971	38	.91	0	90
Kurtz & Grummon	1972	25	.96	-	-
Mintz et al.	1971	27	.89	0	2
Mitchell et al.	1973	120	.67	2	560
Mullen & Abeles	1971	36	.76	1	0
Siegel	1972	8	.81	5*	64*
Sloane et al.	1975	92	?	0	1
Truax	1970	31	.82	1*	3*
Truax et al.	1971	160	.81	3	24
Truax & Wittmer	1971	40	.63	2	3

[1]The methods of estimating the reliability coefficients were not reported.
* Used composite therapist skills.
(Data based on Mitchell et al., 1977)

Perceived Empathy

Although Truax and Carkhuff (1967) originally rejected the notion of the client's perception as a valid source of assessment of Empathy on the grounds that clients would distort their perception of their therapist or misinterpret the

therapist's interventions, there were strong theoretical and empirical reasons to utilize the client's experience of Empathy as a base of measurement. On theoretical grounds, it was evident that Rogers' concept of Empathy involved the ability of the therapist to communicate his/her understanding (Rogers et al., 1967, p. 483). Therefore, the client's experience of the counsellor's behaviour and communication is prima facie evidence of communicated Empathy. In practice, the question of the validity of the measurements must rest with the relationship of client perceived Empathy and therapy outcome. Gurman (1977) reviewed 23 studies using client perceived Empathy as a process variable. These studies spanned approximately 20 years (1954-1974) of research. Although the quality of these studies varied greatly, Gurman felt that they showed "substantial evidence in support of the relationship between patient perceived therapeutic conditions and outcome" (Gurman, 1977, p. 523). In reviewing Gurman's findings however, others (Lambert & DeJulio, 1977; Parloff et al., 1978) found the relationship less impressive, though generally more encouraging than the relationship between outcome and rated (observed) Empathy. Equally important is the conclusion that, like other studies based on the therapist offered conditions, results tend to 'fall off' when the studies involved subjects from non-client centered therapies.

The studies reviewed below used the Relationship Inventory (R-I) of Barrett-Lennard (1962) and its subsequent revisions as the measuring instrument of Empathy. This instrument is based on the hypothesis that: "the client's experience of his

therapist's responses is the primary locus of therapeutic influence in the relationship" (Barrett-Lennard, 1962, p. 2). Although certain distortions by the client are possible, or indeed probable, the author of the instrument contended that it is the therapist's ability to communicate his/her perceptions to the client that is the final mediator of the condition of Empathy.

Gurman's 1977 review of 23 studies using the R-I found substantial intercorrelations among the four subscales of the instrument (See Table 2.2). The same reviewer summarized the

TABLE 2.2

Intercorrelations of the R-I Subscales
(Based on the 23 articles reviewed by Gurman 1977.)

	C	LR	U	Total
Empathy	.62	.53	.28	.72
Congruence		.67	.36	.81
Level of Regard			.26	.77
Unconditionality				.48

C=Congruence LR=Level of Regard U=Unconditionality

13 studies available with both client and therapist ratings of Empathy (Gurman, 1977). The range of correlations (r) was between .02 and .46 with only three out of 13 studies demonstrating significant relationships (Hill, 1974, $p.< .01$; Lietaer, 1974a, $p.< .001$; and Lietaer, 1974b, $p.< .01$). The results indicate that the therapist's and the client's version of the R-I may be measuring different aspects of the

relationship.

SOCIAL PSYCHOLOGICAL APPROACH TO THE THERAPY PROCESS: INTERPERSONAL INFLUENCE CONCEPTUALIZATIONS

There is a well established body of literature linking counselling and psychotherapy research with social psychology. Historically this association began with Carl Hovland's exploration of the dynamics of propaganda and persuasion (Hovland, Janis, & Kelley, 1953) and Kurt Lewin's phenomenological examination of the process of group influence (Lewin, 1948). Social psychologists were also responsible for some of the earliest explorations of the role of goals in opinion and attitude changes (Lewin, 1935). More recently, Goldstein (1962) and Goldstein, Heller, and Sechrest(1966) wrote extensively on psychotherapy in terms of expectations and power to influence. Along similar lines, Frank (1973) suggested that efficacy in psychotherapy is related to the strength of the patient's expectancy and the similarity of the status of the therapist and client. Using experimental evidence gleaned from opinion change research, Strong (1968) distinguished five factors critical to counsellor effectiveness. These were: 1) communication discrepancy, 2) perception of communicator expertness, 3) perception of communicator trustworthiness 4) perception of communicator attractiveness, and 5) involvement. These five variables were in turn refined and sharpened on the basis of empirical evidence (Barak & LaCrosse, 1975; Cash, Kerr, & Saltzbach, 1978; Heppner & Dixon, 1978;

LaCrosse, 1977; Strong & Dixon,1971) and theoretical considerations (Strong & Matross, 1973).

The majority of work related to social influence today involves three variables: a) Perceived Expertness, b) Trustworthiness, and c) Attractiveness. These three concepts are believed to account for the helper's ability to influence his/her client's perception and cognition and explain some of the variability in the client's posttherapy behaviour. The theoretical construct used by the social influence theorists to explain the process of therapeutic change is 'persuasion' or, more technically, the reduction of cognitive dissonance (Patton, 1969).

Cartwright (1965) postulated a model that stated that therapist power is a function of the congruence of the client's perception of his or her need and the therapist's resources. This theoretical position states that there is a conflict between the client's cognition and behaviour, and the therapist's opinion of how the client 'ought to be'. This dissonance is resolved in the therapist's favor only if his/her 'power' is sufficient to dislodge the client's 'status quo' (Johnson & Matross, 1977; Strong, 1978).

The Measurement of Perceived Social Influence Dimensions

Empirical measurement of the social influence concepts can be accomplished by the Counselor Rating Form (CRF) developed by Barak and LaCrosse (1975). The CRF consists of 36 items referencing therapist qualities that are rated on a seven point bipolar scale by the client. Each of the three dimensions (Expertness, Attractiveness, Trustworthiness) is measured by 12

items, yielding three subscores. Data supporting the reliability of the CRF in an analog counselling experiment simulating three different therapeutic approaches has been published by Barak and LaCrosse (1975) and LaCrosse (1977).

TABLE 2.3

Reliability Coefficients[1] of the Counselor Rating Form (CRF) in Three Different Analog Therapy Environments*
N=40

	Client Centered	Gestalt	Rational
Expertness	.92	.83	.85
Attractiveness	.88	.89	.75
Trustworthiness	.91	.93	.89

[1] The method of reliability assessment was not reported.
* LaCrosse 1977.

There have been several reports supporting some degree of discriminating validity within counsellors (Barak & Dell, 1977; LaCrosse & Barak, 1976) and two studies supporting between-counsellor discrimination (Barak & LaCrosse, 1975; LaCrosse, 1977) Additional support for the general functioning of the scale within its own theoretical domain is provided by Cash et al. (1978) and Heppner and Dixon (1978). The reliability estimates of the CRF based on a publication by LaCrosse (1977) are summarized in Table 2.3.

THE CONCEPT OF WORKING ALLIANCE

Classical Analytic Formulations

The concept of the alliance (or Working Alliance) was first described by Freud as the beneficial attachment of the analysand to the doctor. The mechanics of this attachment involved the spontaneous and unconscious linkage by the patient of the analyst with "the images of the people by whom he was accustomed to be treated with affection" (Freud, 1913, p. 139-140). Thus, at least initially, the motivation for 'positive' attachment was libidinal --much like negative transference-- and it relied for its strength on the patient's infantile frustration for total love and acceptance (Freud, 1913, p. 99-108). Although 'positive transference', like its negative counterpart, was the target of analysis and interpretation, some of the friendly cathexis formed between therapist and patient would remain after the infantile erotic attachments were removed, and form the core of the essential treatment promoting rapport: the alliance. This would, "Clothe the doctor with authority and is transformed into belief in his communications and explanations" (Freud, 1913, p. 445). This early conceptualization fits well with the analytical cosmology of the psyche and Freud's basic view of the instinctual basis of relationships. The classical stance was reiterated by Freud himself (Freud, 1937) and later endorsed by Greenacre (1954) and Anna Freud (1954).

The weaknesses of this version of the concept of the alliance are twofold:

1) The theoretical linkage between the 'positive transference' that is libidinal in nature, and 'rapport' or 'alliance' is weak; there is certainly no parallel mechanism in existence for 'negative transference' or 'counter transference'. The notion of a conscious 'standby' of a resolved unconscious complex is at odds with the analytical concepts of neurotic mechanisms.

2) The alliance, as it was originally postulated, arose spontaneously out of the somewhat suspect 'positive transference' (also autogenetic). Thus stated, there was no need, or room, for the therapist to foster or guide the development of the rapport, a notion that was unacceptable even to Freud himself (Freud, 1937). The major contributions to the classical analytical position are summarized in Table 2.4.

TABLE 2.4

Summary of the Literature on the Working Alliance: Classical Analytical Position.

Author	Title	Year	Measure
Freud	Dynamics of Transference	1912	None
Freud	On Beginning Treatment	1913	None
Greenacre	The Role of Transference	1954	None
Freud	The Widening Scope of Indications for Psychoanalysis.	1954	None

The Revised Classical Approach

In 1937 Freud postulated that a portion of the Ego may split off from itself and could observe and relate to the Ego as a 'quasi object'. This mechanism permitted Sterba (1934) to develop the notion of 'therapeutic ego-dissociation'. This hypothesized satellite of the Ego came about through a mechanism similar to the superego's development. However, instead of identifying with the authority figure of the parent, it allied itself with the therapist in a therapeutic alliance. The cleaved off portion of the Ego was not only capable of forming a conscious and realistic bond with the analyst, but also become a sort of internalized therapist that enabled the patient to make therapeutic progress outside the analytical hour. Sterba's concept of alliance, being mostly conscious, is amenable to development and strengthening by the analyst. This proposition was supported by Freud in 1940:

> ...[The analyst] and the patient's weakened ego, basing themselves on the external world, have to band themselves together ... This pact constitutes the analytic situation. (p. 173)

The Ego-Object relation concept of the alliance was further developed by Loewenstein (1954), and more recently, by Greenson (1965, 1967). Greenson suggested that the analyst's attitudes and actions vis-a-vis the client strengthen the Working Alliance. He also developed the notion that successful therapy entails the patient oscillating between transference neurosis and Working Alliance (Greenson & Wexler, 1969); that is, the catharsis of experiencing of the neurosis, followed by the 'working through' utilizing the rational portion of the ego. Thus conceptualized, the rational, object relating Ego not only

TABLE 2.5

Summary of the Literature on the Working Alliance: The Revised Classical Formulations.

Author	Title	Year	Measure
Sterba	The Fate of the Ego in Analytic Therapy.	1934	None
Freud	The Technique of Psychoanalysis.	1940	None
Loewenstein	Some Remarks on Defences, Autonomous Ego and Psychoanalytic Techniques.	1954	None
Greenson	The Working Alliance and the Transference Neurosis.	1965	None
Greenson	The Technique and Practice of Psychoanalysis.	1967	None

provides a reasonable partner for the therapist in building the Working Alliance, but also offers an explanation of failure in some of the analytic attempts (i.e., inability of the Ego to form a relationship with a good object). A summary of the major contributions to the Revised Classical Position is provided in Table 2.5.

The Object Relationship Approach

Several analysts developed a taxonomy of Ego development fundamentally different from the classical Freudian position. Notable amongst these were the Kleinians and Fairbairn and his student Winnicott. Both of these 'schools' felt that the Ego was shaped by its earliest object relations and thereafter remained quite impervious to alterations. Specifically, they maintained that neurotic (or transference) relationships re-activate infantile Ego associations and the Ego (depending on the unconscious object attachments, that is, whether the object

is fantasized as good or bad) either ingests the relationship (good object) or attempts to repel or excrete it (bad object). Accordingly, Bibring (1937), Gitelson (1962) and, more recently, Horwitz (1974) conceptualized the alliance as a 'new-object relationship' not based on previous (instinctive) patterning, but comprising a new class of events in the client's experience. It was the task of the therapist to offer a need-gratifying experience that is not allowed to be ingested or rejected according to old-object patterns but, with the help of the therapist, becomes the model of reality-based gratifications. This model is differentiated from the previous two conceptualizations in that it is based on a real relationship. The major contributions to the Object Relation approach to the Working Alliance are summarized in Table 2.6.

TABLE 2.6

Summary of the Literature on the Working Alliance: The Object Relations Approach.

Author	Title	Year	Measure
Bibring	On the Theory of the Results of Psychoanalysis	1937	None
Zetzel	Current Concepts of Transference	1956	None
Gitelson	The Curative Functions in Psychotherapy	1962	None
Horwitz	Clinical Predictions in Psychotherapy	1974	Indirect

Current Extrapolations of the Concept of Alliance

The previous discussion of the Working Alliance was based exclusively on clinical observations and logical extrapolations. The current proponents of the concept distinguish themselves from these not only on theoretical grounds but also, more importantly, because empirical data have influenced their formulations. Luborsky (1976) and Strupp (1974) have broadened the definition of the 'classical' and 'revised classical' school to include all 'non transference' types of relationship dynamics between therapist and patient. Without specifying the identity of the alliance in more explicit terms, but relying on the definitions of Greenson (1965) and Horwitz (1974) these two investigators, as well as Hartley (1978) and Morgan (1977), attempted to quantify the Working Alliance either by content analysis or by tape-rating techniques. In all these studies an attempt was made to relate the strength of alliance to some measure of therapeutic success. The criterion of success ranged from length in therapy (remainers vs. quitters) to changes in MMPI scores. The size of the correlational relationships have been, on the whole, somewhat uneven (See Table 2.7).

A distinctly different approach to the concept of alliance was offered by Bordin (1975, 1976, 1980). He has attempted to define the Working Alliance on the basis of his extensive review of the literature as well as on his own experience, in terms of the demands and agreements between the client and the therapist. More specifically, he postulated that:

1) different therapeutic techniques would place different

demands on both therapist and patient,

2) unique strategies would imply different goals and objectives,

3) a good therapeutic alliance would demand an acceptance of, and agreement on a) and b) between therapist and client. In other words, these elements would have to 'fit' client and therapist needs and resources and result in mutual agreement between them regarding goals and objectives, and consequently the client would regard the therapy activities as relevent to his/her goals, and

4) a real relationship, 'bond' would have to develop between client and therapist, involving trust, acceptance, and liking.

The formulation was unique from several points of view:

1) Although it incorporates some of the basic concepts of the analytic stream of thought, it is operationally independent of therapeutic constructs that are unique to a particular theoretical orientation.

2) It defines a generic process variable that cuts across theoretical strategies (agreement on goals and tasks; personal bonds), but at the same time, specifies that different methods will produce unique topologies within these agreements.

3) The definition of the Working Alliance can be explicated in terms of discrete therapeutic objectives.

There has been some interest in recent years in the empirical validation of Bordin's concept of alliance (Lehrke, 1978; Ryan, 1973; Saranat, 1975).

TABLE 2.7

Summary of the Literature on the Working Alliance: The Current Conceptualizations

Author	Outcome Criteria	Method of Measurement	Significance
Luborsky (1976)	Third Party Global Assessment Based on Audiotapes	Content Analysis	(a) $p \leq .05$ (b) $p \leq .01$
Strupp (1974)	MMPI Scores and Therapist's Judgements	Content Analytic	$p \leq .05$
Morgan (1977)	Therapist's Judgement	Global Rating Scale	$p \leq .05$
Hartley (1978)	MMPI Scores and Therapist's Judgement	Rating Scales (V.T.A.S)	n.s.

(a) Phase I alliance
(b) Phase II alliance

Although Ryan's (1973) study preceded Bordin's formal definition of the alliance, his research is germaine because of his close association with Bordin. Furthermore, his instrumentation and data base were used for two subsequent studies by Saranat (1975) and Lehrke (1978). Essentially, Ryan's focal interest was the correlaton of conditions he considered prerequisite to alliance (Object Relations Capacity, Hope, and Form Level) to the measure Quality of Alliance (QA) he developed. QA was rated on the basis of two 4-minute interview segments per client per interview taken at the beginning, middle, and end of the sessions. The ratings (by psychology students) were based on the global question: To what extent is the patient willing to "ally himself with the therapist and to

participate in a more directly collaborative way?" (Ryan, 1973, p. 83). He found only weak correlations among his variables, perhaps not unexpectedly in view of the remoteness of his concepts from the dependent variable.

Saranat (1975) reanalysed Ryan's data using additional demographic information, as well as a follow-up outcome measurement based on a global therapist report. Her results showed slightly improved correlations, but still relatively few significant relationships.

Lehrke (1978) yet again reanalysed the Ryan-Saranat data and re-rated the tape segments using the Alliance Related Communication Instrument (ARC) that she developed based on Bordin's (1975, 1976) concept of alliance. Her approach was essentially content analytic, yielding 13 categories, most of which turned out to be somewhat redundant. Of the scales she retained for analysis, three had moderate relationship to Saranat's outcome data, the same number of scales correlated with the QA, and two scales related significantly with Alliance Related Preconditions. The literature on the current conceptualizations is summarized in Table 2.8.

The results of these studies are not conclusive. It is reasonable to expect that if the Working Alliance is an important general process factor, then more powerful relationships ought to be demonstrable. One of the problems plaguing these studies appears to be the vagueness or imprecision surrounding the definition of alliance. Another difficulty could be related to the problem of measurement. All of these studies attempted to examine the strength or presence

Table 2.8
Summary of Studies Using Concepts Related to Bordin's Definition of the Working Alliance.

Author	No. of Subjects	Alliance Defined?	Measure	Dependent Variable	Date
Ryan	40	No	Interview * Rorschach * Global Rating	---------	1973
Luborsky	10	No	Content Analysis	Residual Gain on Patient's and Therapist's Rating	1975
Saranat	40	No	See Ryan	Follow up Questionnaire sent to Therapist.	1975
Lehrke	39	Yes	Alliance Related Communications	See Ryan & Saranat	1978
Hartley	11	Yes	Rating Scale (VTAS)	Change Score on the MMPI, Client Rated Improvement Therapist Rated Improvement Observer Rated Improvement	1978

* Alliance 'pre-conditions'.

of the alliance based on external evaluations of the content of the therapy. This process required a level of inference that may be unnecessarily high. There appears to be a more direct way of assessing the alliance through the experience of the therapist and the client. It seems likely that Perceived Working Alliance shall prove to be a more powerful general process variable than Rated Working Alliance, just as Perceived Empathy proved to be a more useful measure than Rated Empathy.

COMPARISONS AND CONTRASTS AMONG THE CONCEPTS OF WORKING ALLIANCE, THERAPIST-OFFERED FACILITATIVE CONDITIONS, AND SOCIAL INFLUENCE THEORY

In the ongoing search to locate powerful general process variables that account for different degrees of success in therapy and counselling, three distinct alternatives are represented by the Working Alliance conceptualizations, Therapist-Offered Facilitative Conditions, and the Social Influence theory.

Social Influence theory, based on social psychology, sees the helping process as one of influencing the client to change his/her cognitions, perceptions, and actions. The therapist's ability to accomplish these changes depends on how the client perceives the therapist in terms of Expertness, Attractiveness, and Trustworthiness (Strong, 1968). A high rating on these components enhances the helper's 'interpersonal influence'.

The theory of Therapist-Offered Facilitative Conditions is based upon the necessary and sufficient conditions (as defined by C. Rogers and his followers) that the helper offers to the helpee. These Therapist-Offered Facilitative Conditions (Accurate Empathy, Congruence, Level of Regard, Unconditionality,) strengthen in the client his/her innate regenerative powers, and psychic growth occurs.

Working Alliance (as defined by Bordin, 1975, 1976) assumes that different helping situations place unique demands on the helper and the helpee. Notwithstanding the differences, however, certain common elements must exist for a working relationship (alliance) to develop: the client and his/her helper have to be in agreement as to the goals of treatment, the client must perceive the tasks involved as relevant to those goals, and close personal bonds must develop between therapist and client.

Major differences between Therapist-Offered Facilitative Conditions and Working Alliance

1. Therapist-Offered Facilitative Conditions are dependent only on the therapist; Working Alliance is dependent on mutuality.

2. Therapist-Offered Facilitative Conditions disregard differences or preferences of clients; Working Alliance expects a successful therapy to be a 'fit' among client, therapist, and method.

3. Therapist-Offered Facilitative Conditions require a non-judgmental 'unconditional' stance on the part of the helper; Working Alliance does not assume the necessity of a single specific attitude toward the client.

Major differences between Social Influence concepts and Working Alliance

1. Social Influence specifies that the helper should be perceived as 'expert, trustworthy, and attractive'; Working Alliance does not specify personal attributes.

2. Social Influence does not specify mutuality among patient and client; Working Alliance does emphasize such mutuality.

3. Social Influence assumes that clients improve because of therapist 'influence'; Working Alliance does not suggest assumptions regarding the 'mechanics' of helping.

Major similarities among the concepts of Working Alliance, Social Influence, and Therapist-Offered Facilitative Conditions

1. Each assumes that there are generic factors in therapy.

2. Each places emphasis on a good relationship and attachments between helper and helpee.

3. The three conceptualizations agree that the client's perceptions mediate the meaning of the helper's actions.

Chapter III

The Development of the Working Alliance Inventory -- Logical Analysis

This study was designed to explore the concept of Working Alliance and its relationship to alternative conceptualizations of generic process variables and therapy outcome. The task necessitated the development of an instrument capable of measuring the degree of Working Alliance that was present in a therapeutic relationship. This instrument, the Working Alliance Inventory (WAI), consisted of a questionnaire that assessed the client's and therapist's awareness of qualities in the relationship that were related to the dimensions of Working Alliance as defined by Bordin (1975, 1976). These alliance dimensions (Task, Bond, and Goal) were constitutively defined in Chapter I. The inventory (WAI) was validated through logical procedures and empirical analyses.

The study consisted of four steps, each building on the results and findings of the previous step. The four steps were:

1) Item generation and construct validation by selected experts, hereafter referred to as Phase I construct validation,
2) Additional item evaluation by a new group of experts, hereafter referred to as Phase II construct validation,
3) Pilot testing of the Working Alliance Inventory and the empirical procedures, and
4) Empirical or criterion-related validation.

Chapter III deals with the first two steps of the study, including a description of the design and discussion of the findings, under the general heading of Logical Analysis. Chapter IV contains the methodology and results of the pilot study as well as the design of the fourth (clinical) phase of the research. Chapter V is devoted to the results of the clinical explorations, and Chapter VI contains the discussion and interpretation of all the findings presented in the previous chapters.

ITEM GENERATION

The goal of this step of the study was the development of three item pools of approximately 30 items each. Each of the item pools referenced one of the three dimensions of the Working Alliance. The items were formulated to meet the following objectives:

1) Each pool of items should fairly represent the universe of concepts related to one of the Working Alliance dimensions.

2) The individual items should be specifically related (referenced) to the concepts and qualities embedded in the notions of the alliance dimensions of Goal, Bond, or Task as defined by Bordin (1975, 1976).

3) Satisfactory items should discriminate between absence and presence of a construct to which they were referenced.

The following guidelines were observed in the formulation of the items:

1) Simple and straightforward phrasing of items. It was recognized that the adoption of this guideline would lead to items with a 'lower level of subtlety' (transparency). However, the value of the gain in relevance, readability, and face validity attained by the use of simpler structures as opposed to more subtle ones has been supported in the literature (Holden & Jackson, 1979).

2) Several items were written referencing the same construct. It was considered desirable to allow the subsequent logical analysis to select the most suitable items from these overlapping units.

3) An equal number of items was generated indicating strength and lack of Alliance.

Preliminary to the actual generation of items the literature was reviewed in search of the kinds of items and methods of presentation that satisfied these objectives. Particular attention was paid to the items developed by Orlinsky and Howard (1966); Saltzman, Luetgert, Roth, Creaser, and Howard, (1976); Barrett-Lennard (1978); and Hartley (1978). The items found in the literature were used as models for the generation of the Working Alliance items.

Items developed were critiqued by two experienced psychotherapists and two senior doctoral students in counselling psychology. These psychologists, representing four different theoretical orientations (Gestalt, Behaviour Modification, Client Centered, and Eclectic), permitted the evaluation of the

items' acceptability in different therapeutic contexts. Particular attention was paid to the wording of the items. It was essential that, in keeping with the notion of a general factor, items should not contain words, expressions, or constructs which were unique to a particular treatment orientation or which had a connotation unique to a single therapeutic framework (e.g., transference, reinforcement).

Each of the items was designed to capture a feeling, sensation, or attitude in the client's field of awareness that would be present or absent depending on the strength of that particular relationship. For example, if the client decided that the statement "I feel uncomfortable with ----" described his or her feelings toward the therapist, this would imply a lack of alliance in general, and poor personal bonds between helper and helpee in particular.

Following the procedures and guidelines outlined above, 38 items were formulated referencing the Bond dimension, 30 items referencing the Goal dimension, and 23 items relevant to the Task dimension. The total number of items was 91.

RATING OF THE ITEM POOL

The item pool was rated by two groups of experts. The purpose of these ratings was to gather evidence for the construct validity of the items in the Working Alliance Inventory. The ratings were sequential, permitting the elimination and modification of items that were found to be unsatisfactory by the first group of raters.

Phase I Construct Validation

The initial pool of 91 items was rated in two ways: first, the raters were asked to indicate on a scale of one to five, the degree of relevance of the items to the concept of Working Alliance; second, they were asked to indicate which of the three components of the alliance (Goal, Task, or Bond) the item referenced.

Instrumentation. In order to facilitate the rating procedure, the 91 items in the combined item pool were arranged on a form, with a five point Likert scale below each item (1=Not Related to Alliance; 5=Alliance Item). In addition, the letters 'B', 'G', and 'T' were printed to the right of each item.

The rating package consisted of the following materials.

1) A letter explaining the research and soliciting the potential raters cooperation.

2) An instruction sheet explaining the procedure the raters were to follow.

3) Definitions of the Working Alliance and its components.

4) The 'face sheet' of the proposed Working Alliance Inventory.

5) The rating form.

6) Self-addressed stamped envelope for the return of the rating.

The Phase I rating package is presented in Appendix A.

The instruction sheet (item 2) explaining the rating procedures invited the raters to make comments or suggestions on the items in the questionnaire or on the scales in general.

Preliminary drafts of the rating package were administered to four graduate students (two Doctoral, two Masters) in the Department of Counselling Psychology. Their comments provided valuable assistance toward the improvement of the final package. In addition the penultimate draft was critiqued by two members of the Faculty of Education (U.B.C) with expertise in the field of testing and measurement.

Sample. For the Phase I rating procedure a group of highly qualified experts was sought. An expert, for this part of the study, was defined as one who had authored a scholarly publication on the topic of the Working Alliance. A review of the literature covering the past ten years yielded the names of ten such scholars. Each of these individuals (one in Canada, nine in the United States) was sent an item rating package. One person could not be located; of the remaining nine, seven completed and returned usable questionnaires.

Phase I Rating Results. Two summary statistics were computed for each item:

1) The mean rating (M.R.) of the item, which equalled the arithmetic mean of the ratings assigned by the raters in response to the question 'Is this item relevant to the Working Alliance?' Each respondent used a five point scale defined as:'1=Not related to alliance,.... 5=Alliance item.'

2) Percent agreement on dimension (P.A.), defined as the percentage of raters who classified an item in the 'correct' category. The correct category in this instance meant the Task, Bond, or Goal dimension to which the item initially was referenced. P.A. was calculated by dividing the sum of correct ratings by the number of ratings received.

The criteria for the retention, rephrasing, or elimination of an item were decided on the basis of logical considerations developed prior to the analyses of the returns. These criteria were:

An item was retained 'as is' if its M.R. was ≥4.0 and its P.A. was ≥70%.

An item was re-phrased if it met the first criterion, but two or more raters suggested improvements in phrasing of the item, or if two or more raters categorised the item as fitting into more than one dimension.

An item was rejected if it had a M.R. of <4.0 or P.A. <70%.

Application of the above criteria resulted in the retention of 59 items 'as is', the rephrasing of 11 items, and the elimination of 21 items. Table 3.1 shows the actions taken with respect to each of the 91 items in the original data bank. In the right hand column of the table the new item numbers are listed for the items retained for Phase II of the item rating procedure.

TABLE 3.1

Phase I Item Rating Results & Item Disposition
(n of Raters= 7)

Item #	Domain	Mean Rating	Agreement on Dimension (%)	Action Taken	New Item Number
1	G	4.8	85	Retained	1
2	G	4.4	57	Deleted	
3	G	4.0	85	Retained	2
4	G	4.8	71	Retained	3
5	G	4.8	100	Retained	4
6	G	4.2	85	Retained	5
7	B	4.2	100	Retained	6
8	B	4.7	85	Retained	7
9	B	4.7	85	Retained	8
10	T	3.9	42	Deleted	
11	G	4.5	71	Retained	9*
12	G	4.4	71	Retained	10*
13	G	4.2	83	Retained	11
14	G	4.0	71	Retained	12*
15	G	4.7	71	Retained	13
16	T	4.0	71	Retained	14*
17	G	4.1	71	Retained	64*
18	T	4.0	71	Retained	68*
19	G	3.8	42	Deleted	
20	T	4.2	85	Retained	15
21	T	4.7	71	Retained	16
22	T	4.5	85	Retained	17
23	T	4.2	85	Retained	18
24	B	4.5	85	Retained	19
25	B	4.8	85	Retained	20
26	T	4.1	71	Retained	21
27	G	4.8	71	Retained	22
28	B	4.6	83	Retained	23
29	T	4.8	85	Retained	24
30	T	4.8	71	Retained	25
31	T	4.7	71	Retained	26
32	T	4.5	83	Retained	27
33	T	4.6	85	Retained	28
34	B	4.0	57	Deleted	
35	T	4.8	71	Retained	29
36	T	4.2	71	Retained	30*
37	B	3.2	44	Deleted	
38	T	4.7	71	Retained	31*

* Items re-phrased.

TABLE 3.1 CONTINUED

Item #	Domain	Mean Rating	Agreement on Dimension (%)	Action Taken	New Item Number
39	G	4.0	57	Deleted	
40	T	3.7	57	Deleted	
41	G	4.0	44	Deleted	
42	B	4.8	71	Retained	32
43	B	4.7	71	Retained	33
44	B	4.7	100	Retained	34
45	B	3.6	57	Deleted	
46	B	4.5	51	Deleted	
47	B	4.8	66	Deleted	
48	B	3.8	71	Deleted	
49	G	4.5	66	Deleted	
50	B	4.6	74	Retained	35
51	B	4.0	71	Retained	36
52	B	4.8	68	Deleted	
53	T	4.2	71	Retained	37
54	B	4.2	71	Retained	38
55	G	4.5	71	Retained	39
56	B	4.8	75	Retained	40
57	B	4.0	71	Retained	66
58	B	4.0	71	Retained	41
59	B	3.8	57	Deleted	
60	B	4.0	85	Retained	42
61	B	4.8	57	Deleted	
62	G	4.6	85	Retained	67
63	B	4.2	57	Deleted	
64	B	4.5	85	Retained	43
65	T	4.5	71	Retained	44
66	B	4.7	100	Retained	45
67	B	3.4	44	Deleted	
68	G	4.0	66	Deleted	
69	B	4.2	71	Retained	46
70	T	4.5	44	Deleted	
71	T	4.5	71	Retained	47
72	B	4.0	57	Deleted	
73	B	5.0	71	Retained	48
74	B	4.2	78	Retained	49
75	B	4.8	78	Retained	50
76	B	4.8	78	Retained	51
77	B	4.8	71	Retained	52
78	G	4.5	78	Retained	53
79	T	4.8	78	Retained	54
80	G	4.2	71	Retained	63*
81	G	4.2	76	Retained	55

* Items re-phrased.

TABLE 3.1 CONTINUED

Item #	Domain	Mean Rating	Agreement on Dimension (%)	Action Taken	New Item Number
82	G	4.0	78	Retained	69
83	G	4.2	71	Retained	56
84	G	4.5	71	Retained	57*
85	T	4.1	78	Retained	58
86	G	4.0	71	Retained	59
87	B	4.2	78	Retained	60
88	B	4.5	78	Retained	61
89	G	4.4	71	Retained	62
90	G	4.0	71	Retained	65*
91	G	4.8	78	Retained	70

* Items re-phrased.

Table 3.2

Phase I Item Rating Summary: All Items
(n of Raters=7)

Domain	Number of items	Mean Rating	Standard Deviation	Percent Agreement
Goal	30	4.33	.31	70.1
Bond	38	4.36	.44	73.0
Task	23	4.39	.33	74.6
Total	91	4.36	.37	72.4

Table 3.2 shows the summary statistics for all the items in the original item pool while Table 3.3 displays the same information for the 70 items remaining in the item bank at the end of Phase I.

The first phase of Construct Validation appeared successful:

Table 3.3

Phase I Item Rating Summary: Retained Items
(n of Raters= 7)

Domain	Number of items	Mean Rating	Standard Deviation	Percent Agreement
Goal	24	4.38	.30	76.1
Bond	26	4.50	.31	80.0
Task	20	4.45	.29	75.8
Total	70	4.44	.30	77.5

weak items were identified and eliminated, phrases that appeared to be ambiguous were detected, and helpful expert advice was obtained for their improvement. On the whole, the average M.R. of 4.44 for the retained items gave support to the viability of the instrument, while the average P.A. of 77.5% indicated that experts were capable of distinguishing items among the three target domains.

Phase II Construct Validation

Instrumentation. Experience gained in Phase I suggested the need for some changes in the instrumentation. Specifically three alterations were made:

1) instructions to raters were clarified regarding the items that were negatively worded with respect to the Alliance;

2) it was found that the 'face sheet' of the proposed instrument did not contain any information that was essential to the raters, and therefore this material was omitted from the Phase II mailing; and

3) the anchor points for the raters, displayed on the top margin of each page of the rating form were extended from: '1=NOT RELATED TO ALLIANCE.... 5=ALLIANCE ITEM' to '1=NOT RELEVANT TO ALLIANCE. 2=SLIGHTLY RELEVANT. 3=SOMEWHAT RELEVANT. 4=RELEVANT. 5=HIGHLY RELEVANT TO ALLIANCE'. The last alteration was made to facilitate more precise location of the rating points.

The Phase II Item Rating protocol contained:

1) a personalized letter, signed by the researcher and the chairman of the dissertation committee, soliciting the co-operation of the raters,

2) instructions for completing the questionnaire,

3) definitions of the Working Alliance and its dimensions,

4) the 70 item rating form, and

5) a self-addressed stamped return envelope. A copy of the Phase II protocol is provided in Appendix B.

Sampling. Subjects for the second phase of the construct validation were practicing clinical or counselling psychologists registered with the British Columbia Psychological Association (B.C.P.A.). These subjects were expected to have some familiarity with the concept of Working Alliance. They represented a population which, given the definition of the alliance and its components, was believed to be able to utilize their training and expertise to render qualified judgments with

respect to the validity of the items.

From the current (1979) membership list of the B.C.P.A., 215 psychologists who met the criteria were identified. Of this population 100 were randomly selected. Fifteen individuals were eventually eliminated because they had been exposed to some aspects of this research (n=8); were known to be retired or no longer practicing (n=4); or had moved out of the country (n=3). The remaining 85 individuals were sent item rating material early in June 1979.

Phase II Rating Results. The subjects were requested to return their questionnaires within a week. Fourteen days after the material was sent, 15 responses were received. In order to ascertain the reason for the low rate of return and to improve the response rate, a 100% telephone follow-up of the non-responding subjects was undertaken. Fifty-one successful contacts were made over the next ten days. These phone calls resulted in an additional 6 returns. Evidence from the follow-up procedure indicated that the reason for the relatively poor response was that a large proportion of the subjects were either just going or were away on vacation.

The total number of responses for Phase II was 21, or 24.7% of the sample. All the returns were usable.

Analysis of Phase II Ratings. The analysis of Phase II was designed to produce a penultimate version of the Working Alliance Inventory. Individual item statistics, based on the ratings of the 21 respondents are presented in Table 3.4.

TABLE 3.4

Phase II Item Rating Results & Item Disposition
(N. of Raters=21)

Item #	Domain	Mean Rating	Agreement on Dimension (%)	Action Taken	New Item Number
1	G	4.52	95	Retained	30
2	G	4.57	86	Deleted	
3	G	4.13	81	Deleted	
4	G	4.67	95	Retained	22
5	G	4.52	100	Retained	27
6	B	4.43	76	Deleted	
7	B	4.52	86	Retained	19
8	B	4.57	81	Retained	21
9	G	4.61	43	Deleted	
10	G	4.33	33	Deleted	
11	G	4.00	62	Deleted	
12	G	4.38	54	Deleted	
13	G	4.29	71	Deleted	
14	T	4.10	71	Deleted	
15	T	4.25	53	Deleted	
16	T	4.48	88	Retained	24
17	T	4.33	94	Retained	2
18	T	4.10	76	Retained	31*
19	B	4.38	94	Retained	8
20	B	4.24	100	Retained	23
21	T	3.81	47	Deleted	
22	G	4.19	88	Retained	9
23	B	4.33	100	Retained	28
24	T	4.12	100	Retained	4
25	T	3.87	71	Deleted	
26	T	4.15	76	Retained	16*
27	T	4.38	76	Retained	15
28	T	4.11	85	Retained	11
29	T	4.05	95	Deleted	
30	T	4.14	95	Retained	6
31	T	4.57	72	Retained	13
32	B	4.57	100	Deleted	
33	B	4.61	90	Deleted	
34	B	4.56	100	Retained	17
35	B	4.33	95	Deleted	
36	B	4.43	76	Deleted	
37	T	3.62	38	Deleted	
38	B	4.24	95	Retained	1
39	G	4.48	81	Retained	14
40	B	4.38	95	Retained	29

* Items re-phrased.

TABLE 3.4 CONTINUED

Item #	Domain	Mean Rating	Agreement on Dimension (%)	Action Taken	New Item Number
41	B	4.00	85	Deleted	
42	B	3.48	76	Deleted	
43	B	4.14	90	Deleted	
44	T	4.12	81	Retained	35
45	B	4.31	95	Retained	26
46	B	4.10	81	Deleted	
47	T	4.29	43	Deleted	
48	B	4.29	71	Deleted	
49	B	4.14	100	Deleted	
50	B	4.28	100	Deleted	
51	B	4.48	95	Retained	36
52	B	4.57	81	Deleted	
53	G	4.14	70	Retained	25*
54	T	3.75	95	Deleted	
55	G	4.48	72	Retained	7
56	G	4.00	62	Deleted	
57	G	4.24	81	Retained	34
58	T	4.19	91	Retained	33
59	G	4.19	47	Deleted	
60	B	4.29	95	Deleted	
61	B	4.62	95	Retained	5
62	G	4.28	47	Deleted	
63	G	4.52	86	Retained	10
64	G	4.38	58	Deleted	
65	G	4.24	76	Retained	12
66	B	4.57	100	Retained	20
67	G	4.25	57	Deleted	
68	T	4.10	100	Retained	18
69	G	4.10	94	Retained	3
70	G	4.50	85	Retained	32

* Items re-phrased.

Summary statistics of the Phase II ratings for all items are shown in Table 3.5 .

Phase II results were generally consistent with the results obtained from the first phase, providing additional confidence in the validity of the items. The decrease in the variability of the items supported the notion that each successive rating of

the item pool would eliminate ambiguous items.

Table 3.5

Phase II Item Rating Summary: All Items
(n of Raters=21)

Domain	Number of items	Mean Rating	Standard Deviation	Percent Agreement
Goal	24	4.33	.19	73.5
Bond	26	4.34	.25	87.4
Task	20	4.13	.23	78.7
Total	70	4.27	.24	79.9

The application of the original item criteria (discussed under Phase I construct validation) resulted in the elimination of 15 items (9, 10, 11, 12, 15, 21, 25, 37, 42, 47, 54, 59, 62, 64, 67) and the re-phrasing of three items (18, 26, 33). The remaining 55 items constituted the final item pool from which the actual items for the Working Alliance Inventory were selected.

There were several conditions which had to be considered in designing the final instrument. In order to provide sufficient reliability scales of 10 items or more were desirable. Practical considerations called for a questionnaire of 45 items or less which would keep the administration time below 30 minutes. The above constraints suggested an inventory of between 30 and 45 items or 10 to 15 items per domain.

Some of the items on the rating form referenced very similar concepts due to the provision of item overlap in the item generation phase. A selection procedure was designed to reduce redundancy (overlap) and at the same time maximize construct validity.

The items in each of the three item pools were separated into 'content affinity clusters'. These clusters consisted of items that originally referenced the same or closely related concepts. The sorting was done by the researcher, based on the criteria used at the item generation phase. The list was then referred to a practicing psychotherapist to verify the researcher's judgments. There were 13 clusters in the Bond dimension, 12 in the Task dimension, and 12 in the Goal dimension. The 13 clusters in the Bond dimension were re-examined and the two clusters with the most similar content were pooled resulting in an equal number of clusters in each of the three subscales (12). The 'best' item from each of the clusters was chosen to represent the underlying concept. The judgment of which item was the 'best' in each cluster was based on the P.A. values. The P.A. values were used at this stage in preference to the M.R. figures based on the rationale that a high P.A. value indicated an item that was referencing a construct that was unique to that particular scale. At this stage of the validation process the P.A. figure was seen as the more discriminating indicator of construct validity.

The summary statistics for the final 36 items selected for inclusion in the Working Alliance Inventory are presented in Table 3.6.

Table 3.6

Phase II Item Rating Summary: Retained Items
(n of Raters=21)

Domain	Number of items	Mean Rating	Standard Deviation	Percent Agreement
Goal	12	4.38	.19	85.3
Bond	12	4.43	.14	94.8
Task	12	4.23	.16	86.2
Total	36	4.35	.18	88.7

The items were arranged in random order in the Inventory. Under each item a five point Likert-type scale was printed to enable the respondents to indicate the degree to which they felt that the item described their relationship to the therapist. The use of the five point scale was explained on the 'face sheet' of the Working Alliance Inventory. In addition, anchor statements defining the meaning of each of the scale points were printed on the top margin of each page of the questionnaire. This version of the Working Alliance Inventory is presented in Appendix C.

Chapter IV

The Pilot Study and the Design of the Clinical Study

This step in the investigation consisted of two parts:

1. The pilot study. This study had two objectives: a) to pilot test the Working Alliance Inventory, and b) to field test the procedures to be used in the final, clinical study.
2. The clinical study. This portion of the study also had two objectives: a) to explore the relationship between Working Alliance and the concepts of Empathy, Attractiveness, Trustworthiness, and Expertness, and b) to investigate the efficacy of the Working Alliance Inventory as a predictor of therapeutic success.

In this chapter the instruments used in the remainder of the study are described. This is followed by the presentation of the design and findings of the pilot study. The chapter concludes with the description of the design and analysis for the clinical study, the results of which are presented and discussed in Chapter V.

INSTRUMENTATION

The instruments discussed below were used in both the pilot and the clinical phases of the study. Minor changes and refinements made to the instruments between these two parts of the research are specifically noted under the heading 'Revisions of the Instrumentation and Procedures' in the penultimate section of this chapter. Copies of all the instruments

discussed in this section are contained in Appendix C.

Working Alliance Inventory --Client Form (WAIc)

The development of the Working Alliance Inventory was described earlier in Chapter III. The final form of the instrument consisted of 36 items, 12 items per domain. Each of the items was a statement referencing an aspect of the client-therapist relationship. Below each item there was a five point Likert scale. The meaning of each point on the Likert scale was defined on the face sheet of the inventory and repeated on the top margin of each page. The subjects were asked to indicate the degree to which the statement characterized their relationship by circling the appropriate number below the item.

Working Alliance Inventory --Therapist Form (WAIt)

In preparation for the clinical study a therapist version of the Working Alliance Inventory was developed. The inclusion of the therapist's point of view of the alliance was important for several reasons: first, to permit an examination of the similarities and differences between the therapist's and the client's perception of the alliance; second, to facilitate the comparison of the relationship of the alliance components and Empathy from the therapist's and client's points of view; and lastly, to facilitate the evaluation of the convergent validity of the WAI instruments.

The WAIt was developed from the WAIc by re-phrasing the individual items of the WAIc. There were three possible points of reference that might have been used to re-formulate the items:

1) the therapist's beliefs or experiences in therapy,

2) the therapist's impression of the client's beliefs or experiences, or

3) the therapist's impression of the client's impression of the therapist's experience or beliefs.

Initially the approach was to adopt one of the above three alternatives and use it exclusively throughout the instrument. However, attempts to use one option exclusively resulted in some awkward items. Therefore the first alternative (therapist's experience) was used wherever feasible in order to obtain direct 'first-hand' evidence. However other points of reference were also used when the therapist-referenced statement would have resulted in awkward items, or would have altered the focus of the item. The final wording of the items was verified for clarity and parallelism with the source items from the WAIc by two experienced psychotherapists.

The Relationship Inventory (R-I)

The Relationship Inventory (Barrett-Lennard, 1962) was designed to measure four dimensions of the interpersonal relationship --Empathy, Unconditionality, Level of Regard, and Congruence. These dimensions are based on Rogers's (1957) concepts of necessary conditions for therapeutic change. The instrument has 16 items in each subscale yielding 64 items in total. The background of this instrument and a summary of the subsequent empirical investigations of the R-I scale were discussed in Chapter II (Table 2.1) along with data indicating the relationship of Empathy with the other facilitative conditions and outcome research. Because the R-I scales tend

to be highly correlated, only the most 'representative' of the four scales --Empathy-- was analysed in this study. (A more detailed exposition of the rationale for choosing Empathy to represent the concepts measured by the R-I is presented in Chapter II.)

Scoring of the R-I. The subjects responded to the R-I by assigning a value of +3, +2, +1, -1, -2, or -3 to each item. A response of +3 signified strong agreement, whereas the response of -3 indicated strong disagreement with the item. The R-I is normally scored by multiplying the value assigned to the negatively worded items by -1, and summing the scores of all of the items in a given scale. This method of scoring results in a discontinuous scale (without '0' values) which proved to be inconvenient in some aspects of the numerical analysis. It was decided, therefore, to recode the subjects' responses (after correcting for polarity) by assigning the value of 1 to the -3 responses, 2 to the -2 responses, 3 to -1, 4 to +1, 5 to +2 and 6 to the +3 responses. This procedure simplified the analysis without loss of information. Throughout the text, Empathy scores refer to scores derived by this transformation. In the tables and in certain parts of the text, the abbreviation EMPH is used for Empathy.

Counselor Rating Form (CRF)

The Counselor Rating Form (LaCrosse, 1977) measures the dimensions of Attractiveness (ATTRACT), Trustworthiness (TRUST), and Expertness (EXPERT). These dimensions and their theoretical foundation in Social Psychology were discussed in some detail in Chapter II. Empirical evidence of the

reliability of the CRF was discussed in Chapter II and summarized in Table 2.3.

The Counselor Rating Form consists of 36 items with 12 items referencing each of the dimensions of Attractiveness, Trustworthiness, and Expertness. The items of the CRF are adjective pairs of opposite meaning (e.g., Attractive ..... Repulsive). Between each of these pairs of adjectives there are seven spaces indicated. The subject responded to the rating form by selecting one of these spaces and marking it with an 'X'. The position of the 'X' indicated the respondent's perception of the therapist. For example, if the subject's response appeared as:

Attractive __ __ __ __ __ X __ Repulsive

this would indicate that this person's therapist was perceived as more repulsive than attractive. The closer the mark is made to the left or right adjective, the more the therapist is identified with that descriptor. The CRF is scored by assigning the integers 1-7 to the points between the adjectives and summing the scores of the 12 items (after correction for polarity) belonging to each scale.

Client Posttherapy Questionnaire (CPQ)

The Client Posttherapy Questionnaire (Strupp et al., 1964) is a retrospective measure of client perceived change. It contains 23 items, 11 of which pertain directly to therapy outcome (Questions 5, 7, 8, 16, 17a, 17b, 17c, 18, 19, 20, 22). The other 12 items relate to demographic information and pre-treatment status; only the 11 therapy outcome oriented questions were used in the analysis.

A retrospective evaluation instrument was chosen in preference to other alternatives for the following reasons:

1) The client's (and the therapist's) view of outcome is prima facie evidence of change (Cartwright, 1975);

2) Empirically, the CPQ has adequate correlations with other recognized outcome measurements (Cartwright, Kirtner, & Fiske, 1963; Klein, 1960; Nichols & Beck, 1960);

3) Evidence has been accumulating that an underlying homogeneous composite index of improvement was captured by retrospective measurements (Cartwright et al., 1963; Nichols & Beck, 1960; Strupp, Wallach, & Wogan, 1964);

4) The instrument appeared suitable for adaptation for therapist use; and

5) Cartwright, in his analysis of outcome assessments recommended that:

> Since the patient's overall retrospective views of treatment success appear to be a very necessary part of appraisal, some verson of the Client Posttherapy Questionnaire should definitely be included in a research battery (1975, p. 58).

Scoring of the CPQ. The items referencing psychotherapy outcome were examined with a view to extracting a smaller number of factors underlying these 11 items. There were two possible methodologies to accomplish this: an empirical approach, using one of the factor analytic data reduction techniques, or a logical approach based on judgments of item content. Because the ratio of subjects to variables was low, the factor analytic procedures would have yielded an unstable solution, hence the logical approach was chosen. A panel of five psychotherapists (including the researcher) independently sorted the items into

groups each referencing a single construct. Four of the five raters agreed on the following groupings:

Group 1: Items 5, 18, 19

Group 2: Items 7, 8, 22

Group 3: Items 16, 17a, 17b, 17c, 20

The concept underlying group 1 was named Adjustment, group 2 Satisfaction, and group 3 Change. In the view of the panel of raters the sorting resulted in subgroups which were clinically meaningful. Subsequent numerical analysis of outcome data in this study is presented in terms of the three subscores derived from the Posttherapy Questionnaires: Adjustment (ADJ), Satisfaction (SAT), and Change (CHG). In the computational procedures (except in the calculation of the internal consistency indicies where raw scores were used) the subjects' scores on each scale were standardized (Mean=0, S.D.=1). The formula used for standardization was $Zi=(Xi-X)/S.D.x$ where Zi is the standardized score for subject i on scale X, Xi is the subject's corresponding raw score, X is the subscale mean, and S.D.x is the standard deviation for scale X.

In addition to the three subscale scores, a Composite score --the sum of the three standardized subscale scores-- was also used in the analysis.

The Therapist Posttherapy Questionnaire (TPQ)

The Therapist Posttherapy Questionnaire was an adaptation of the CPQ constructed to provide a parallel outcome indicator based on the therapist's judgment. The rationale to include a therapist's evaluation amongst the outcome measures was based on the findings that suggested that the therapist tends to capture

a portion of the outcome variance that is quite independent of the client's point of view (Garfield et al., 1971; Luborsky, 1971; Mintz, 1977; Strupp, 1978).

Since the non therapy-related (demographic) CPQ items were redundant on the TPQ form, they were omitted. In addition CPQ item #22 (How strongly would you recommend psychotherapy/counselling to a close friend?) was not suitable for a therapist oriented questionnaire. It too was omitted. As the result of these deletions, the TPQ questionnaire had 15 items in total in contrast to the CPQ's 23 items, and the TPQ form had 10 outcome related items, whereas the CPQ form had 11. (The remaining five items dealt with pre-therapy conditions; these were not analysed.)

Scoring of the TPQ. The scoring procedures used for the TPQ form were identical to those for the CPQ.

Demographic Data Sheet

This questionnaire, completed by the therapist, was designed to gather the following information on the therapists: professional affiliation, highest degree earned, number of years of experience, and theoretical orientation used with this client.

THE PILOT STUDY

Subjects of the Pilot Study

The subjects for this phase of the study were graduate students enrolled in a course in basic clinical skills in the Department of Counseling Psychology at The University of British Columbia. In the summer of 1979 three sections of this course were offered. Two of the three sections were using the model developed by Egan (1975) as the basis of their training and student dyads formed client-therapist pairs to practice counselling skills. During the course these dyads participated in over 10 one-hour interviews. The third section also used the Egan training method but changed 'client' and 'counsellor' pairs on a weekly basis.

The stucture of the first two sections was closely analogous to short term counselling or psychotherapy. Although there are obvious differences between a counselling relationship that is established as part of a training program and the relationship established between a professionally trained helper interacting with a client seeking help, it has been observed by the instructors teaching this course that the student 'clients' often risk dealing with some of their real personal concerns during these sessions. It has also been noted that the students performing the counselling role appeared highly motivated to respond in a very realistic and professional manner. Although each student in these two sections acted both as counsellor and client, they did not interchange roles

within the same relationship. To reduce the possibility of contamination, each student was a subject only once in the pilot study; either as a client or as a counsellor. After securing the instructors' cooperation, the classes were approached and the general nature of the research was explained to them. The researcher emphasized that the responses would be anonymous and confidential, and that no questionnaire response would be shared with the instructor of the class. Of the 30 students in the two sections approached, 29 agreed to participate in the research.

Pilot Study Procedures

The pilot study had two data collection points, one after the third and one after the tenth session of an analog counselling situation. After the third session, each subject-pair (subject-pair refers to a 'counsellor' and a 'client' dyad) completed the appropriate form of the Working Alliance Inventory and the Relationship Inventory. In addition, clients were administered the Counselor Rating Form and the therapists responded to the Demographic Data Sheet. The order in which the subjects responded to these questionnaires was specified in the instructions, and the response orders were randomized over the subject population. All the materials were completed privately, and confidentiality was guaranteed to each respondent. The research material was sealed in individual envelopes and returned to the researcher by the counsellor.

Following the tenth session the subjects were asked to respond to the appropriate outcome assessment instrument (CPQ or TPQ). After the therapists and clients privately completed the forms, these were sealed in self addressed envelopes and returned to the researcher. The inventories had no personal identification of the client or the therapist ensuring total anonymity of the subjects. The testing material was coded, however, to permit the identification of all the materials obtained from a particular client-therapist pair.

RESULTS OF THE PILOT TESTING PHASE

The 29 subjects provided 14 completed protocols. Although the subjects responded to all the instruments used in the study only the responses to the WAIt (Therapist) and WAIc (Client) forms of the Working Alliance Inventory were analysed. The aim of this analysis was to estimate reliability of the inventory and its subscales, and to examine individual item correlations with total questionnaire and subscale scores. The method of estimating reliablity in this study was based on the criterion of item homogeneity. The actual analysis was carried out using the LERTAP (Nelson, 1974) program on the AHMDAL II computer at the University of British Columbia. Item level results of this analysis are presented in Appendix D. The program uses Hoyt's (1941) method of calculating an index of reliability based on internal consistency. The generic term 'reliability estimates' in this and all further discussion, refers to <u>reliability estimates based on internal consistency.</u>

Estimates of the composite reliability were based on Cronbach's (1951) procedure. The value that was derived, Cronbach's Alpha, is an index of the degree to which the different subtests measure similar underlying constructs.

Table 4.1
Hoyt's Reliability Coefficients of the WAI
n=14

Dimension		N of Items	Mean	S.D.	Hoyt	Cronbach
Goal	(C)[1]	12	43.86	5.30	.63	
	(T)[2]	12	40.00	4.90	.68	
Task	(C)	12	46.46	4.01	.51	
	(T)	12	44.29	4.12	.57	
Bond	(C)	12	48.29	4.84	.77	
	(T)	12	43.36	4.62	.72	
Composite	(C)	36	138.86	11.92		.79
	(T)	36	127.64	10.29		.62

[1]Clients' data (WAIc).
[2]Therapists' data (WAIt).

Table 4.1 summarizes the results of this stage of analysis. In the review of the subtest reliability of the Working Alliance Inventory, the effect of the homogenous therapeutic orientation of the pilot sample (cf. p. 68) was taken into account. It was expected that this factor would restrict the variability of the subjects' responses and therefore lower the reliability estimates. The decision was made to proceed with the WAI without major revisions with the expectation that with the more varied sample of the clinical study, the reliability would improve. This decision was supported by the results of the

clinical portion of the study (cf. Table 5.1).

The next stage of the analysis involved an examination of item level data. Specifically, individual item correlations with subscale and total inventory scores were evaluated. Theoretically, a good item would display a moderate correlation with the total test and a strong correlation with its own subtest. The reversal of this pattern (i.e., low correlaton with the subtest) would indicate a possibility that the item was sampling a construct that is different from the other items in the subtest.

Items with low correlation or having patterns of correlation markedly different from the ideal described before were evaluated. As a result of this evaluation two items in the Task domain were substantially revised (Nos. 3, 24). In several other cases minor grammatical changes were made. The researcher decided that the revisions at this stage should be conservative. This decision was influenced by the nature of the population of the pilot study. Twelve out of the 14 'therapists' in the sample indicated that they were using a client centered model. The 'clients' also received the same training program as the therapists and, presumably, had 'client centered expectations' of the therapy process. It was felt that, under these circumstances, some items would exhibit low item subtest correlation as an artifact of sample bias with respect to theoretical orientation. In particular, the items in the Task and Goal dimensions might have appeared to the pilot sample as less relevant or germane to the kind of helping process in which they were engaged. Additionally it was

probable that the restricted nature of the sample also limited the variability of the responses.

In addition to the item analysis of the WAI, the returns were scrutinized for evidence of procedural difficulties with the other measuring instruments and the administration procedure[1]. As a result, a few grammatical changes were made in the TPQ form of the Posttherapy Questionnaire and, in addition, the instructions to the therapist that accompanied the instruments were slightly revised. It was noted at the same time that the general response to the procedure was highly favorable. The only negative comments received were in response to items in the outcome measuring instrument that were not relevant to the analog situation, (e.g. Whose decision was it to terminate these sessions?).

Revision of the Instrumentation and Procedures

The following changes were made to the instruments as a result of the pilot testing experience. Items 3 and 24 of the Task scale were revised, as discussed under the heading 'Results of the Pilot Study'. The wording of two questions on the TPQ form was simplified. Procedures outlined on the cover sheet that accompanied the testing material were revised and clarified.

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[1]During the initial discussion with the student subjects, remarks and comments on the procedures and/or difficulties with any of the tests were specifically requested.

The final form of all the instruments used in the clinical study constitutes Appendix E.

THE CLINICAL STUDY

Design of the Clinical Study

The design of this phase of the investigation was basically identical to the design of the pilot study. The important distinction between these two phases of the investigation was that, while the pilot study used an analog counselling situation, the subjects in the clinical study participated in genuine psychotherapy. In addition, the clinical study was based on therapy experiences that encompassed the broad variety of psychotherapy applications and a variety of therapy orientations. The widened scope of the clinical study permitted the exploration of the alliance components in a variety of psychotherapy experiences.

The Sample

Twenty-three potential sample sources were approached and asked to participate in the study. Some of these sources were agencies, others were individual therapists or counsellors. In each of these cases the researcher made a personal presentation that covered the nature and scope of the research, the broad outline of the study, the amount of time the procedures would take, and the safeguards on confidentiality and anonymity. The 15 sources that indicated interest or willingness to participate in the project received instructions regarding the subject

selection criteria. During the research no information was given to the potential subjects regarding the hypothesized structure of the Working Alliance. Indeed, the use of the term Working Alliance was avoided. The research was discussed in terms of an exploration of the structure of the therapeutic relationship.

Because of the anonymity guaranteed to the agencies as well as the subjects, the geographical distribution of the sample can only be approximated in terms of potential sources. The data that follow are based on sources agreeing to cooperate with the project. Not all of these sources contributed subjects.

Thirteen of the 15 sources were located in the lower mainland of British Columbia, two on Vancouver Island, and one in the United States. Table 4.2 displays the location of the sources and the number of therapists within each source who volunteered to participate in the research. Note again that not all of the therapists who agreed to cooperate became part of the sample. The research design permitted a therapist to appear in the sample more than once, however no client appears in the sample on more than one occasion.

The 15 data sources covered a broad range of therapy services; five of the sources were individual psychotherapists or counsellors and 10 were agencies. The five individuals each provided a wide range of therapy services; three of these five received financial compensation in whole or part directly from their clients. The others, as well as all the agencies involved, were funded by third parties. Three of the agencies served a university population, two specialized in problems

related to drug-abuse, one was in the field of forensic psychiatry, one specialized in treating clients suffering from phobic disorders, and three were Mental Health Centers with specific geographical catchment areas. The remaining three agencies provided a broad range of mental health services.

Table 4.2
Location of Sample Sources and Number of Therapists

Source #	Location	No. of Therapists Volunteering
1	Vancouver B.C.	1
2	Port Coquitlam B.C.	3
3	Burnaby B.C.	3
4	Surrey B.C.	5
5	Vancouver B.C.	4
6	Vancouver B.C.	2
7	Vancouver B.C.	1
8	Vancouver B.C.	1
9	Victoria B.C.	4
10	Portland U.S.A.	2
11	Surrey B.C.	1
12	Vancouver B.C.	1
13	Vancouver B.C.	1
14	Vancouver B.C.	2
15	North Vancouver B.C.	1
Total=15		Total=32

Client Selection Criteria. Clients were elgible to participate in the research project if they met the following criteria:

1) The primary service received by the client from the participating agency or therapist was, at the time of the research, individual psychotherapy or counselling. Although a client may have received adjunctive therapies of different kinds (occupational therapy, vocational counselling or the like) in each instance --in the view of the person in charge of the client's case-- individual therapy was the major service offered to the subject.

2) The client had to be age 16 or over.

3) The client was not diagnosed as psychotic.

4) The client-therapist relationship was a 'new' relationship. That is, the client did not receive therapy from his/her therapist during the 12 months preceding this relationship.

5) The client was able and willing to give informed consent to participate in the project.

DATA PREPARATION AND ANALYSIS

Data Preparation

Questionnaires returned from the field were coded and keypunched. Prior to analysis a 17% random error check was carried out on the coding process; the error rate was 0.6%. The keypunching of the coded data was 100% verified. All

subsequent data analyses and management were handled via the computing facilities of The University of British Columbia.

Analysis

The analysis of the results of the clinical study focused on two major areas:

1) The reliability of the instruments used in the study.

2) The construct validity of the WAI.

The reliability of the WAI scales was estimated through the calculation of internal consistency coefficients. The construct validity of the WAI was assessed by:

1) a multitrait multimethod matrix, and

2) the examination of the extent to which the WAI measurements were predictive of psychotherapy outcome.

In addition, the relative efficacy of the predictor variables (GOAL, TASK, BOND, EMPH, TRUST, EXPERT, ATTRACT) when used in combination was explored. This last analysis was carried out using stepwise multiple regression analysis.

Chapter V

Results

This chapter begins with a description of the demographic characteristics of the sample, followed by an examination of the reliability of the instruments used in the study. Next, evidence pertaining to the convergent and divergent validity of the WAI is introduced. This section is followed by the presentation of the correlational relationships of the Working Alliance dimensions with the other process variables monitored in the study. The chapter concludes with an examination of the relationship of the Working Alliance Inventory dimensions to outcome.

DEMOGRAPHIC CHARACTERISTICS OF THE SUBJECTS

The results of this study are based on the 29 protocols that were completed by the data collection deadline. It should be noted that, since a therapist may have participated in the study more than once, and since there was no way of identifying a therapist on the basis of the returns, the therapist data includes some duplications. There are no duplications in the client data.

Therapists

The following professions were represented in the sample: Counsellors (n=16), Psychologists (n=10), Social Workers (n=2). One therapist did not report this information. These descriptors represent either the title assigned to a therapist

by an agency or the therapist's own statement of professional identity.

Ten therapists had doctoral degrees, eight had masters degrees, while seven listed the highest degree completed at the bachelors level. Education level was not reported in four cases. Of the ten therapists with a doctorate, six had Ph.D.'s and four had Ed.D.'s. The masters level subjects could be further subdivided into M.A.'s (3), M.Ed.'s (2), M.S.W.'s (2), and M.Sc.'s (1). At the baccalaureate level[1] there were four B.A.'s and three B.Ed.'s. Four therapists did not report their level of training.

Ten therapists had between one and five years of experience; eleven had six to ten years of experience; and three had more than 15 years of experience. Data were not reported in five cases.

The therapists were asked to indicate the therapy orientation they used with their client. Of the 29 persons who completed this part of the questionnaire, ten categorised their therapy orientation as Client Centered; eight as Behaviour Modification; four as Eclectic; three as Gestalt; two as Analytic; and one each as Jungian and Existential. Sundland and Barker (1962) has cautioned against the use of therapist self report as an indication of therapeutic orientation; nonetheless, the above information may provide a general index of the degree of diversity amongst therapies offered to the clients.

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[1] The baccalaureate level therapists were students enrolled in a graduate program fulfilling practicum or residency requirements.

Clients

The mean age of the client sample was 34.6 years. The youngest client was 19 years of age, the oldest 65. There were more female clients (17) than male (12). Most of the clients were married (15); of the remaining, six were single, seven divorced, and one separated. The majority of the clients (17) had completed a university degree, five were in university, and four were high school graduates. Educational data were incomplete on three subjects.

RELIABILITY ESTIMATES OF THE MEASURING INSTRUMENTS

Working Alliance

Psychological inventories used in the field have reported reliability coefficients ranging from .61 to .93 (LaCrosse, 1977; Barrett-Lennard, 1962; Dahlstrom, Welch, & Dahlstrom, 1975). The internal consistency estimates of the WAI subscales, calculated using Hoyt's (1941) paradigm, are shown in Table 5.1. An inspection of Table 5.1 reveals that all but one of the WAI scales' reliabilities compare favorably with those reported for similar inventories in the field. The exception is the Therapist's Bond scale. The lower internal consistency of this scale of the WAIt may be attributed, in part, to the relatively lower variability of the therapists' responses on this scale (S.D.=5.10).

Table 5.1
Reliability Estimates of The Working Alliance Inventory
n=29

Dimension	N of Items	Mean	S.D.	Hoyt[1]	Cronbach[2]
Client Form (WAIc)					
GOAL	12	45.21	9.14	.88	
TASK	12	45.10	8.85	.88	
BOND	12	49.07	7.02	.85	
COMPOSITE	36	139.38	23.63		.93
Therapist Form (WAIt)					
GOAL	12	44.86	8.03	.87	
TASK	12	45.03	6.83	.82	
BOND	12	47.59	5.10	.68	
COMPOSITE	36	137.48	18.05		.87

[1]Hoyt's estimate of reliability (Hoyt, 1941).
[2]Cronbach's Alpha for composite (Cronbach, 1951).

The Cronbach's Alphas reported in Table 5.1 are indices of homogeneity of the total inventory. A high value indicates that subscales of an instrument measure closely related concepts. The obtained Alpha coefficients of .93 and .87 for the WAIc and WAIt respectively raise the possibility that the three subscales within each of the instruments were measuring a uni-dimensional underlying concept. This finding together with other results pertaining to this issue are discussed in the next chapter.

Table 5.2 displays the inter-scale correlations of the WAIc and the WAIt respectively[1]. These correlation coefficients indicated a very strong relationship amongst these scales, in agreement with the high Cronbach's Alpha noted above. The

Table 5.2
Intercorrelation Coefficients
of the WAI.

		GOAL	TASK
TASK	(Therapist)	.83	
	(Client)	.88	
BOND	(Therapist)	.69	.59
	(Client)	.84	.79

interscale correlations were higher in the case of the clients' instrument (WAIc) than the therapists' (WAIt), though the correlation between the Goal and Task scales of the latter was also high. These findings also pertain to the question of the unidimensionality of the WAI, and are evaluated in the next chapter.

Counselor Rating Form (CRF)

Hoyt's reliability coefficients of the CRF are presented in Table 5.3. The values in Table 5.3 compare satisfactorily with the values reported by LaCrosse (1977) (cf. Table 2.3). The high Cronbach's Alpha of .88 indicates that the CRF may be measuring a unifactorial underlying concept.

[1] Curvilinearity of these and all subsequent correlations discussed in this chapter were evaluated by inspection of the scatterplots.

Table 5.3
Reliability Estimates of the Counselor Rating Form (CRF)
n=29

Dimension	N of Items	Mean	S.D.	Hoyt[1]	Cronbach[2]
ATTRACTIVENES	12	74.07	7.34	.86	
EXPERTNESS	12	71.34	8.27	.84	
TRUSTWORTHINESS	12	75.17	8.24	.87	
COMPOSITE	36	220.59	21.52		.88

[1]Hoyt's estimate of reliability (Hoyt, 1941).
[2]Cronbach's Alpha for composite (Cronbach, 1951).

Table 5.4
Intercorrelation Coefficients
of the CRF Dimensions
n=29

	ATTRACT	EXPERT
EXPERT	.72	
TRUST	.61	.69

Table 5.4 contains the correlation coefficients among the CRF subscales. The correlation coefficients obtained also suggest a strong relationship among the concepts measured by these scales.

Empathy

Table 5.5 summarizes the internal consistency (Hoyt's reliability) estimates of the R-I Empathy scale. The values obtained were comparable to those found by previous investigators using this instrument (see Table 2.1).

Table 5.5
Reliability Estimate of the Empathy Scale
as Measured By The R-I
n=29

Dimension		N of Items	Mean[1]	S.D.	Hoyt[2]
EMPATHY	client	16	40.86	12.94	.89
	therapist	16	39.57	10.72	.88

[1]For the procedure used to score the R-I see Chapter IV.
[2]Hoyt's estimate of reliability (Hoyt, 1941).

The Outcome Measurements

Table 5.6 presents the internal consistency estimates of the CPQ and TPQ versions of the outcome questionnaire. As discussed in the previous chapter, the outcome instrument was subdivided into three subscales based on a logical evaluation of the items. Internal consistency estimates are reported for each of the three subscales: Satisfaction, Adjustment, and Change, as well as Cronbach's Alpha for the composite outcome score. In evaluating the estimates of the reliability, the number of items in each of the scales must be kept in mind, since reliability estimation is affected by the length of the scale (Cronbach, 1970). A scale with fewer items is likely to have a lower Hoyt value than a similar scale of greater length. For example, the low Hoyt value of .37 for the TPQ Satisfaction scale is probably partly due to the fact that this scale had only two items. However, the fewer items in the Satisfaction scale do not entirely account for the low reliability. The data available are insufficient to explain the remaining discrepancy. Overall, with the exception noted above, the

outcome scales appeared to have satisfactory internal consistency.

Table 5.6
Reliability Estimates of the Client Outcome Measures.
N=29

Dimension	N of Items	Mean	S.D.	Hoyt[1]	Cronbach[2]
Client form (CPQ)					
SATISFACTION	3	5.83	2.83	.87	
CHANGE	5	13.26	5.00	.88	
ADJUSTMENT	3	7.38	2.60	.77	
COMPOSITE	11	26.47	8.40		.65
Therapist form (TPQ)					
SATISFACTION	2	5.83	1.77	.37	
CHANGE	5	15.74	3.84	.75	
ADJUSTMENT	3	7.86	2.61	.81	
COMPOSITE	10	29.43	6.30		.55

[1]Hoyt's estimate of reliability (Hoyt, 1941).
[2]Cronbach's Alpha for composite (Cronbach, 1951).

The Cronbach's Alphas of .65 and .55 for the CPQ and the TPQ, respectively, indicate that the outcome subscales probably represented more than one underlying factor. This finding supports the approach taken earlier on logical grounds of subdividing the outcome questionnaire into components representing different aspects of outcome. The comparison of the Cronbach values across the two different forms of the instrument suggests the possibility that the therapist version of the instrument (TPQ) or the therapists themselves, were more discriminating than the clients' form (CPQ) and/or the clients

themselves.

One additional set of data is presented in this section, although these findings do not bear directly on the question of the instrument's reliability. The subscale means, as presented in Table 5.6, are not readily interpretable because the values are dependent on the numbers of items in the scale and on the different number of response alternatives. For the purpose of inter-scale comparison the formula

$$X^* = \frac{\sum \frac{\Sigma\, X_i / Y_i}{M}}{N}$$

was developed. In this formula X* represents the adjusted mean, Xi is the raw score[1] on question i, Yi is the number of alternative responses in question i, M is the number of items in the scale, and N is the number of individuals. The values derived from this transformation range from 1.0 for the highest positive outcome to 0.0 for the most negative outcome.

Table 5.7
Adjusted Means (X*) of the Outcome Instruments
n=29

	CPQ	TPQ
ADJUSTMENT	.69	.64
SATISFACTION	.83	.62
CHANGE	.63	.48
COMPOSITE	.71	.58

Inspection of these values (presented in Table 5.7) shows that

[1] The items were scored by assigning positive sequential integers to the response alternatives, starting with 1 for the most negative outcome option.

the therapist rated outcomes of therapy were somewhat less positive than the clients' rating. This trend is in agreement with the findings of LaCrosse (1977) and Mintz (1977). In addition there appears to be some indication that both clients and therapists rated the level of Change lower than either Satisfaction or Adjustment.

CONVERGENT VALIDITY OF THE WORKING ALLIANCE INVENTORY

Evidence of convergent and discriminant validity of the WAI was evaluated using the multitrait, multimethod matrix procedure developed by Campbell and Fiske (1959). The multitrait, multimethod matrix is presented in Table 5.8. This matrix can be subdivided into four conceptually meaningful components:

1) the reliability diagonal (figures in bracket),

2) the heterotrait monomethod triangles (enclosed in broken lines),

3) the heteromethod heterotrait triangles (enclosed in solid lines), and

4) the validity diagonal (values underlined).

The reliability diagonal and the adjacent heterotrait monomethod triangle make up a monomethod block. A heteromethod block is made up of the validity diagonal and the heterotrait heteromethod triangles lying on either side of it.

Campbell & Fiske (1959) specified four conditions that bear on the question of an instrument's validity:

> 1) The items on the [validity] diagonal should be significantly different from zero and sufficiently large to encourage further examination of validity.
>
> 2) [The value on the] validity diagonal should be higher than the values lying on its column and row in the heterotrait heteromethod triangle.
>
> 3) A variable [should] correlate higher with an independent effort to measure the same trait than with measures designed to get at different traits which happen to employ the same method... This involves comparing its values in the validity diagonals with its values in the heterotrait monomethod triangles.
>
> 4) A fourth desideratum is that the same pattern of trait interrelationship be shown in all of the heterotrait triangles of both the monomethod and heteromethod blocks. (p. 82-83).

Table 5.8
Multitrait Multimethod Matrix of the Relationship Variables

		CLIENT				THERAPIST			
		Bond	Task	Goal	Emph	Bond	Task	Goal	Emph
CLIENT	Bond	(.85)							
	Task	.79	(.88)						
	Goal	.84	.88	(.88)					
	Emph	.83	.63	.62	(.89)				
THERAPIST	Bond	.53	.43	.50	.55	(.68)			
	Task	.46	.76	.66	.33	.59	(.82)		
	Goal	.55	.75	.80	.48	.69	.83	(.87)	
	Emph	.53	.32	.48	.50	.74	.49	.60	(.88)

The 'traits' in Table 5.8 were the three Working Alliance domains and Empathy. (The latter was included because of its close theoretical affinity to the Working Alliance Bond dimension.) The 'methods' were the source of data (i.e., therapist and client). The first of these four conditions pertains to the convergent validity of a test, the last three bear on the discriminant validity of the instrument.

Analysis of Table 5.8 indicates that:

1) The validity coefficients of the Working Alliance Inventory were significantly different from zero.

2) The Task and Goal scales satisfied the second criterion proposed by Campbell & Fiske. It was noted, however, that the correlation between the therapist Goal and the client Task scales was only .01 less than the corresponding validity coefficient (Task r= .76).

3) None of the WAI dimensions met the third Campbell & Fiske criterion.

4) All three of the WAI domains met the criterion of similar patterns of interrelationships in the heterotrait triangles (condition four).

In summary, there is evidence supporting the convergent validity of the WAI scales. These findings also offer some support of the discriminant validity of the WAI Goal scale. There is also some evidence supporting the discriminant validity of the scale measuring the Task domain. Evidence regarding the discriminant validity of the Bond scale is equivocal; while the elevated correlation between Bond and Empathy was explicable on the basis of the similarity of the underlying constructs, the

strong relationship between client's Bond and therapist's Goal scales suggests the possibility that the concepts underlying these two scales were conceptually difficult to differentiate.

THE RELATIONSHIP BETWEEN THE WORKING ALLIANCE DIMENSIONS AND ATTRACTIVENESS, TRUSTWORTHINESS, EXPERTNESS, AND EMPATHY

Table 5.9 presents the values of the correlations among the relationship variables based on the client reported data. Inspection of these values reveals that the Working Alliance dimensions have a stronger relationship to Empathy than to any of the social-psychological dimensions measured by the CRF.

Table 5.9
Relationship Between the WAIc and the CRF Dimensions and Empathy
n=29

	GOAL	TASK	BOND	EMPATHY
ATTRACTIVENESS	.22	.33	.38	.38
EXPERTNESS	.29	.39	.28	.29
TRUSTWORTHINESS	.08	.23	.05	.09
EMPATHY	.63	.63	.83	1.00

Of the CRF dimensions, Trustworthiness appeared to be unrelated to all the other variables except for a low-moderate relationship to the WAIc Task dimension (r= .23). The Expertness scale is moderately related to all of the other scales, with a stronger relationship to the WAIc Task domain. Attractiveness had the least correlation with Goal and a moderate relationship with all of the other scales.

The correlations between Empathy and the WAI indicate that the Alliance dimensions and Empathy share some common variance, with Empathy and Bond showing a strong relationship. The strong correlation between Empathy and Bond was expected on the basis of the logical structure of these concepts. Empathy, on the other hand, appeared unrelated to Trustworthiness and showed a stronger affinity to Attractiveness.

Expertness and Attractiveness share approximately the same amount of common variance with Empathy and the Working Alliance dimensions. It is possible that a minimum level of all of these attributes are common to all therapeutic relationships. The independence of the Trustworthiness scale from all but the Task dimension may indicate that the therapist was judged Trustworthy on the basis of perceptions and feelings relatively independent of Goals and Bond but perhaps related somewhat more to specific therapy events.

Table 5.10
Relationship Between the Therapist Working Alliance Domains and Therapist Reported Empathy
n=29

	GOAL	TASK	BOND
EMPATHY	.60	.49	.74

Table 5.10 presents the relationship of the <u>therapist</u> reported Working Alliance dimensions and Empathy. The highest correlation found was between Bond and Empathy. This relationship was expected to be strong because of the similarity of the concepts underlying these two scales. The weakest relationship was between Task and Empathy; this too was

expected, since the Task domain is the most 'behavioural' of the Working Alliance dimensions whereas the Empathy scale is designed to capture mostly the affective components of the relationship (Rogers et al., 1967).

Inspection of the correlations (Table 5.9) among the relationship dimensions appears to support the notion that the Working Alliance domains are distinct from the social psychological dimensions measured by the CRF. The observed relationships further suggest that Empathy and the Working Alliance domains are more related to one another than to the CRF scales. Amongst the Working Alliance dimensions Bond was perceived by both therapists and clients as most nearly identical to Rogers's concept of Empathy, while the Task dimension was seen as the most distinct.

THE RELATIONSHIP BETWEEN THE OUTCOME CRITERIA AND THE RELATIONSHIP MEASURES

The correlation between each of the process variables and the outcome is presented in Table 5.11 for the clients and Table 5.12 for the therapists. To provide protection against an elevated experiment-wise error that would accrue through testing each of the correlation coefficients separately, Steiger's (1980) X statistic was used to test the hypotheses whether, in each matrix, all population coefficients were equal to zero. In both instances, these hypotheses were rejected at the .05 level of significance.

Clients

The zero order correlations between the client reported outcome and the client reported relationship variables are shown in Table 5.11.

Table 5.11
Zero Order Correlation Coefficients of the Client Relationship and Outcome Variables
n=29

	SAT	CHNG	ADJ	COMP
WAIc	.50*	.33*	.22	.42*
TASK	.65*	.45*	.31	.57*
BOND	.32	.23	.21	.31
GOAL	.40*	.24	.09	.30
EMPH	.11	.05	.26	.15
ATTRACT	-.07	-.06	.03	-.05
TRUST	.02	-.10	.16	.01
EXPERT	.15	.09	.14	.15

* p<.05

An overview of the results leads to the following general observations:

1) The composite alliance score (as measured by the WAIc) was significantly related to the composite outcome score. Additionally, the composite alliance score was significantly correlated with the Satisfaction and Change outcome subscales; however, the correlation between the composite alliance measure and the Adjustment component of the outcome is not significant.

2) The Alliance dimensions Task, Bond, and Goal, though highly correlated amongst themselves, appeared to relate to the outcome scales differentially. The Task dimension of the alliance correlated significantly with all but the Adjustment outcome subscales --though to different degrees-- whereas the Bond dimension did not correlate significantly with the outcome scores, and the Goal dimensions had significant zero order correlation only with the Satisfaction outcome scale.

3) In this study Empathy failed to correlate significantly with any of the outcome scales.

4) None of the social psychological dimensions (Attractiveness, Trustworthiness, Expertness) measured by the CRF correlated beyond chance levels with the outcome scales at the $p<.05$ level of significance.

Therapists

Table 5.12 displays the zero order correlations of the therapist reported relationship dimensions and the therapist reported outcome. The findings may be summarised thus:

1) The composite Working Alliance score, Empathy, and the alliance dimension scores all correlated significantly with the composite outcome score.

2) All of the above relationship variables also correlated significantly with the Satisfaction outcome subscale.

3) The composite Alliance score and two of the Alliance dimensions --Bond and Task-- correlated significantly ($p<.05$) with the Change outcome subscale.

4) None of the Working Alliance scores had a significant zero order correlation with Adjustment.

Table 5.12
Zero Order Correlation Coefficients of the Therapist Relationship and Outcome Variables
n=29

	SAT	CHNG	ADJ	COMP
WAIt	.66*	.38*	.27	.52*
TASK	.68*	.37*	.32	.54*
BOND	.48*	.47*	.16	.48*
GOAL	.60*	.22	.25	.39*
EMPH	.54*	.31	.03	.34*

* p<.05

Regression Analysis

In spite of the evidence of high intercorrelation amongst the alliance dimensions, the examination of the relationship of these variables with the outcome subscales suggested that there may be clinical usefulness in the exploration of differential predictive efficacy amongst the alliance dimensions. In order to investigate which variable, or combination of variables, would be the most useful outcome predictors, a set of multiple stepwise regression equations was developed using the relationship variables as independent variables to predict each of the outcome dimensions. Additionally, these equations were used to examine the relationship among the variables to discover if any overlap existed in terms of the explained variance referenced by these variables.

It was noted that these regression equations are subject to 'shrinkage'. Upon replication, the predicted portion of the variance is expected to diminish in proportion to the ratio of the number of cases to the number of independent variables. The lower the cases to variable ratio, the greater the expected 'shrinkage' in predicted variance (Kerlinger & Pedhazur, 1973). Normally, a ratio of 30 subjects per independent variable is desirable to derive a 'stable' equation; this condition was not met in this investigation. The analyses presented in this chapter, however, were implemented in the context of an exploratory investigation. No interpretation can be drawn from these analyses beyond the sample in the study. The probability level of .05 for entry or deletion of a variable into the regression equation was set only in order to select a parsimonious subset of variables. Similarly, the increment of explained variance (R^2) associated with the independent variables was reported only as an indication of the relative contribution of the variables to the explained variance in this study.

Two sets of equations were generated for each of the client and therapist reported data. The first set of equations explored the questions pertaining to the relationship of the Alliance domains and used the Bond, Goal, and Task scales as independent variables. The second set of equations dealt with all of the relationship measures used in the study. The computations presented in the remainder of this chapter were carried out on the computing facilities at the University of British Columbia using the regression analysis program *TRP (Lee

& Tenici, 1979).

Client Data

A summary of the stepwise regression equations based on the Alliance domains and client data is presented in Table 5.13. These equations were generated using the composite outcome and each of the outcome variable subscales in turn as dependent variables, and all of the alliance dimensions as potential independent variables. No regression equation was generated using the Adjustment scale as the dependent variable since none of the alliance dimensions correlated significantly at the $p < .05$ level with this variable.

A review of Table 5.13 suggests that, of the three Alliance Dimensions, the Task domain was the most efficient predictor of client reported outcome. In addition, it was noted that while the Bond dimension contributed significantly to the prediction of the client's satisfaction (after the variance due to Task had been removed), it did not enter into the equation predicting the Composite outcome or Change scores. Similarly the Goal dimension made significant contribution to the explanation of the variance in the Composite outcome score (Equation I) but did not enter into the equations using the other outcome subscores as dependent variables.

Given the high inter-correlation among the dependent variables, these regression equations must be interpreted with caution (Kerlinger & Pedhazur, 1973). Nonetheless it appears that the meaningfulness of the activities engaged in during therapy as seen from the client's point of view, and reflected by the WAIc Task scale, is related beyond chance level to some

Table 5.13
Stepwise Regression Analyses (Client Data)
Working Alliance Variables

Equation I Dependent variable: Composite outcome n=29		
p to enter/delete=.05	R^2=.48	F probability=.000
Variables Entered		Increment in R^2
Task		.33
Goal		.15
Variables Remaining		F-prob
Bond		.60

Equation II Dependent variable: Satisfaction n=29		
p to enter/delete=.05	R^2=.53	F probability=.000
Variables Entered		Increment in R^2
Task		.43
Bond		.10
Variables Remaining		F-prob
Goal		.17

Equation III Dependent variable: Change n=29		
p to enter/delete=.05	R^2=.20	F probability=.013
Variables Entered		Increment in R^2
Task		.20
Variables Remaining		F-prob
Bond		.26
Goal		.09

aspects of therapy outcome (as reported by the client after the tenth session) in this study. In particular such relationships appear to exist with composite outcome scores, scores measuring client perceived Change and, most notably, Satisfaction.

On the basis of this sample, there were some tentative indications that, in addition to Task, the Bond dimension might be useful in predicting client satisfaction. In addition, the Working Alliance Goal domain seems to be linked to a portion of the Composite outcome score that is independent of the Variance predicted by Task. Finally, it was noted that the proportion of variance (R^2) predicted in Change was small in comparison to the amount of variance predicted in the Satisfaction and Composite outcome scores.

The regression equations generated using all of the relationship variables are presented in Table 5.14. These equations were developed to select the most efficient predictors of outcome from all of the process variables.

The results of Equation VI were identical to Equation III, suggesting that the social-psychological variables and Empathy did not improve significantly the accuracy of predicting client change compared to the prediction based on Task alone in this study. Equation V suggests that, although the zero order correlation between Satisfaction and Bond (r= .32) was greater than between Satisfaction and Empathy (r= .11), Empathy appeared to be more independent of the factor referenced by Task than Bond. As a result of the greater portion of unique variance related to it, Empathy displaced Bond as the second variable in the equation predicting Satisfaction.

Table 5.14
Stepwise Regression Analyses (Client Data)
All Process Variables

Equation IV Dependent variable: Composite outcome n=29		
p. to enter=.05	R^2=.56	F probability=.000
Variables Entered		Increment in R^2
Task		.33
Goal		.14
Attractiveness		.08
Variables Remaining		F-prob
Bond		.94
Empathy		.38
Trustworthiness		.95
Expertness		.25

Equation V Dependent variable: Satisfaction n=29		
p. to enter=.05	R^2=.57	F probability=.000
Variables Entered		Increment in R^2
Task		.43
Empathy		.15
Variables Remaining		F-prob
Bond		.64
Goal		.07
Attractiveness		.09
Trustworthiness		.21
Expertness		.49

TABLE 5.14 CONTINUED..

Equation VI
Dependent variable: Change
n=29

p. to enter=.05	R^2=.20	F probability=.013
Variables Entered		Increment in R^2
Task		.20
Variables Remaining		F-prob
Bond		.25
Goal		.09
Empathy		.07
Attractiveness		.20
Trustworthiness		.24
Expertness		.59

Equation IV, on the other hand is somewhat unusual. The first two variables entering the equation correspond to the results of Equation I using only the Working Alliance variables; however, although the variable Attractiveness had a negligible zero order correlation (r=-.05) with the dependent variable, it contributes significantly to the explanation of the variance remaining after the variance due to the Task and Goal dimensions has been removed. It appears that Attractiveness was functioning as a supressor variable in this system (Cohen & Cohen, 1976). As noted before, these equations were developed for the purpose of exploration, not explanation, and therefore the interpretations attached to them must be treated as highly tentative.

Therapist Data

Tables 5.15-5.16 summarize the regression analysis using the therapist reported data. No analysis using the Adjustment outcome subscale is reported, since none of the therapist reported alliance dimensions correlated significantly with that outcome at the $p<.05$ level of significance (See Table 5.12).

In each of the six stepwise regression equations calculated, only one independent variable entered into the equation. That is to say, after the variance due to the independent variable with the highest zero order correlation with the dependent variable had been removed, none of the remaining variables 'explained' a significant proportion of the variance remaining.

The Alliance dimension of Task accounted for approximately 29% of the variance in the therapist reported composite outcome (Eq. VII) and approximately 47% of the therapists' estimation of client satisfaction (Eq. VIII). In this study the Bond dimension of the Alliance scale accounted for 22% of the variance in the therapist estimate of client change (Eq. IX).

Introduction of the other therapist reported process variable --Empathy-- did not alter the result of the regression equations (Table 5.16). This can be interpreted to mean that therapist reported Empathy did not significantly enhance the prediction of any of the outcome variables.

Table 5.15
Stepwise Regression Analyses (Therapist Data)
Working Alliance Variables

Equation VII Dependent variable: Composite outcome n=29		
p. to enter/delete=.05	R^2=.29	F probability=.002
Variables Entered		Increment in R^2
Task		.29
Variables Remaining		F-prob
Bond		.24
Goal		.61

Equation VIII Dependent variable: Satisfaction n=29		
p. to enter/delete=.05	R^2=.47	F probability=.000
Variables Entered		Increment in R^2
Task		.47
Variables Remaining		F-prob
Bond		.53
Goal		.61

Equation IX Dependent variable: Change n=29		
p. to enter/delete=.05	R^2=.22	F probability=.009
Variables Entered		Increment in R^2
Bond		.22
Variables Remaining		F-prob
Task		.53
Goal		.53

Comparison of the regression equations based on Client (Eq. I-VI) and Therapist data (Eq. VII-XII) suggests that:

1. The client reported independent variables were more efficacious predictors of client based Composite outcome than the therapist reported independent variables in predicting therapist reported Composite outcome.

2. The client reported variables predicted a slightly higher proportion of the satisfaction outcome than the variables based on the therapist report.

3. In general, the Task dimension of the Working Alliance Inventory tended to be the most efficient predictor of outcome of brief psychotherapy. The one exception to this trend was the therapist's estimate of client change; this outcome was most efficiently predicted by the Bond dimension of the WAI.

4. The amount of variance predicted in the Change outcome component was relatively small.

5. No combination of therapist or client reported Alliance dimensions correlated significantly with the Adjustment subscale of the outcome instrument.

Table 5.16
Stepwise Regression Analyses (Therapist Data)
All Variables

Equation X Dependent variable: Composite outcome n=29		
p. to enter=.05	R^2=.29	F probability=.002
Variables Entered		Increment in R^2
Task		.29
Variables Remaining		F-prob
Bond		.23
Goal		.61
Empathy		.59

Equation XI Dependent variable: Satisfaction n=29		
p. to enter=.05	R^2=.47	F probability=.000
Variables Entered		Increment in R^2
Task		.47
Variables Remaining		F-prob
Bond		.53
Goal		.61
Empathy		.10

Equation XII Dependent variable: Change n=29		
p. to enter=.05	R^2=.22	F probability=.009
Variables Entered		Increment in R^2
Bond		.22
Variables Remaining		F-prob
Task		.53
Goal		.52
Empathy		.72

A special note of caution must be repeated regarding the values associated with R^2 or 'explained variance' in the equations reproduced in this section (Tables 5.13-5.16). Due to the size of the sample, the expected 'shrinkage' of these values on replication would be high (Kerlinger & Pedhazur, 1973). These calculations, and indeed the conclusions drawn from them in this and the following chapter, are used in the context of an exploratory study. The aim of these explorations was to investigate some broad questions relating to the measurability and structure of the Working Alliance. Inasmuch as 'significant relationships' were found between some of the alliance dimensions and some of the outcome indicators, these can be considered positive signs pointing to areas for further exploration. The size or strength of the relationships found by this study needs to be confirmed by future investigations.

Chapter VI

Conclusions and Discussion

The major focus of the study was the construction and validation of a paper-and-pencil instrument to measure the concept of Working Alliance as defined by Bordin (1975, 1976). After a review of the literature on the measurement of therapy process variables, 91 items were generated. Thirty-five of these items referenced the Bond, 33 referenced the Goal, and 23 items referenced the Task dimension of the Working Alliance Inventory. (The definitions of the Working Alliance dimensions are provided on page six of this document).

A two step rating procedure was devised to verify the construct validity and refine these items:

1) A group of seven expert raters evaluated: a) the relevance of the items to the Working Alliance Inventory, and b) categorized the items as referencing either the Bond, Task, or Goal component of the Alliance. Items that did not meet pre-defined criteria of validity (mean rating and percent agreement) were eliminated.

2) The remaining 70 items were re-rated by a different group of 21 raters. Unsatisfactory items were eliminated, using the criteria specified in step 1.

The 55 items remaining in the item pool were then sorted into 12 groups of highly similar items within each Alliance dimension, and from each group the item with the best percentage agreement rating was selected for inclusion in the Working

Alliance Inventory. A therapist version of the Working Alliance Inventory was developed by re-phrasing each of the items to reflect the therapist's perception of the Alliance.

Empirical validation of the Working Alliance Inventory consisted of the administration of the appropriate version of the instrument to therapist and client dyads after the third therapy interview. At this time, subjects also completed two other instruments: the Empathy scale of the Relationship Inventory (Barrett-Lennard, 1962) and the Counselor Rating Form (LaCrosse, 1977). Seven therapy sessions later, an outcome questionnaire (an adaptation of the Client Posttherapy Questionnaire (Strupp et al., 1964)) was administered to the therapists and the clients.

The procedure and the instruments were first pilot tested in an analog environment. After evaluation of the results of the pilot test and final refinements of the WAI, the clinical study was conducted with 29 therapist client dyads representing a variety of therapeutic orientations. The results of the clinical study were evaluated for evidence of the reliability and construct validity of the Working Alliance Inventory. This evaluation was based on correlational evidence among the process variables and the evaluation of the relationship of the Working Alliance Inventory variables with outcome. In addition, the data were explored for evidence pertaining to the taxonomy of the Working Alliance dimensions.

SUMMARY OF THE MAJOR CONCLUSIONS

The results of this study indicate that progress has been made toward the development of an instrument (WAI) that measures the participants' perception of the therapeutic Working Alliance. There is sufficient evidence for the validity and reliability of the Working Alliance Inventory to consider the instrument suitable for research use. Although the question of the uniqueness of the individual alliance domains (Bond, Goal, and Task) has not been resolved, it appears that at least one of the subscales (Task) is sufficiently linked to therapy outcome to warrant exploration of its clinical utility. In addition, it was found that, in this study, the WAI was a more efficient outcome predictor than perceived Empathy or the Social Influence dimensions of Attractiveness, Trustworthiness, and Expertness.

THE PSCHYCHOMETRIC PROPERTIES OF THE WAI

Reliability

The adequacy of the WAI's reliability was examined to determine whether reasonable progress had been made toward development of an instrument that would be useful in research and perhaps a limited clinical application. To this end the internal consistency (reliability) values were evaluated in comparison to other clinically similar psychometric tools.

Examination of other self-report inventories (cf. Dahlstrom et al., 1975; Gurman, 1977) indicated that the WAI's composite reliabilities of .93 and .83 (Cronbach's Alpha) for the WAIc and the WAIt forms respectively were within the range expected for this kind of an instrument. Five out of the six subscales also compared favorably to subscales of similar length and subject matter (Gurman, 1977). The sixth --WAIt Bond-- scale, had a somewhat lower reliability. A possible reason for the relatively lower reliability (Hoyt= .68) of this scale was the lack of variability of the subjects' responses to this scale. Inspection of the scale mean and standard deviation suggested that one or all of three alternatives might be true:

(1) therapists within the sample tended to see their personal attachments (Bonds) to clients in stereotypic terms;

(2) the therapist's version of the Bond scale could not distinguish fine gradations or shadings of personal attachments between therapist and client; and/or

(3) the items in the therapist's Bond scale were not adequate to describe the relationship.

Available data were insufficient to determine which one or combination of these alternatives was more likely true.

Validity

While it was recognized that it was beyond the scope of this research to undertake all of the tasks necessary to provide sufficient evidence for the construct validity of the WAI for clinical use, certain initial steps, seen as part of an ongoing validation process, were taken.

Expert Rating. Initially, the construct validity of the items was examined from two separate conceptual points of view: Are these items relevant to the Working Alliance as defined by Bordin?; and, are the items intended for the three Working Alliance domains distinguishable from one another? Evaluation and rating of the potential items by two successive groups of 'experts' gave some assurance that the items presented in the inventory provided valid representation of the construct of Working Alliance generally, and of the specific Working Alliance dimensions in particular.

The question of whether these item pools provided a sufficiently rich and fair sampling of all the possible ways of assessing the constructs underlying the Working Alliance was not directly evaluated. Part of the future research on the WAI will have to focus on the issue of whether all the Working Alliance concepts were 'fairly' and exhaustively tapped by the inventories (Cronbach, 1970, p. 124).

The interscale correlations were examined from two points of view for evidence of construct validity:

(1) examination of a multitrait, multimethod matrix contrasting the clients' and the therapists' rating of the process variables and,

(2) comparison of the relative strengths of the relationships of variables theoretically closely related to one another, and those theoretically more independent.

The Multitrait Multimethod Matrix.

Campbell and Fiske's (1959) paradigm provided four criteria for the evaluation of the multitrait multimethod matrix. These were:

1) Evaluation of the size and significance of the entries on the validity diagonal, providing evidence of convergent validity.

2) Comparison of the values on the validity diagonal with the corresponding entries on the same row and column of the heterotrait heteromethod triangles.

3) Comparison of the entries on the validity diagonal with the corresponding values on the heterotrait monomethod triangles.

4) Similarity of trait interrelationships patterns in all of the heterotrait triangles.

The last three criteria were evidence of discriminant validity.

The results of this investigation suggested that all of the WAI subscales have satisfied the requirements of the first criteria. The values on the validity diagonal (cf. Table 5.8) were significant at the $p<.05$ level and the magnitude of the validity coefficients exceeded the examples of satisfactory values suggested by Campbell and Fiske (1959, p. 82-83). Although all of these values met the minimum requirements of convergent validity, it was noted that the coefficient associated with the Bond scale was less than the values associated with the other Working Alliance domains. This discrepancy in size was probably due, in part, to the lower reliability of the WAIc Bond dimension.

Both the Goal and Task scales showed evidence of discriminant validity based on the second Campbell and Fiske criterion. The Bond scale did not satisfy this criterion.

While none of the Working Alliance domains satisfied the third criterion of discriminant validity, all of the variables met the fourth condition proposed by Campbell and Fiske. With respect to this last condition, it was noted that not only did the Working Alliance domains show similar patterns of correlations in the heterotrait triangles, but the relative magnitude of these relationships were as expected on the basis of theoretical analysis. (This finding is examined in greater detail in the following section.)

In summary, the analysis of the multitrait multimethod matrix supported the convergent validity of the WAI scales. Although none of the Working Alliance Inventory scales met all of the discriminant validity criteria, there is evidence indicating that two of the scales (Goal and Task) had some claim to discriminant validity.

Comparison of expected and obtained relationships between the WAI dimensions and Empathy. The relative sizes of the correlational relationships of the Working Alliance dimensions were also examined in comparison to the expected hierarchical relationships based on theoretical analysis. Correspondence of the experimental data and the hypothetical hierarchy was considered supporting evidence of the instrument's construct validity.

Logical analysis of the Working Alliance dimensions suggested that the strongest relationship amongst the component dimensions would exist between Goal and Task. Examination of the definition and explication of Bordin's (1976) concepts showed that the assessment of the strength of the Task element in the Working Alliance cannot be approached without explicit or implicit reference to the goals of the therapy. It appeared logical and reasonable that the goals would constitute a point of reference in arriving at some agreements and understandings regarding the relevance and pertinence of activities directed towards those goals. The working definition used in this study has, in fact, stated that the '[tasks will be] relevant...to the goals of the helping process...' (see p. 8). The Bond dimension, on the other hand, was not directly predicated on either of the two other Working Alliance components. Although it is conceivable that the development of a certain degree of caring and appreciation of one another by therapist and client may be influenced by the quality or quantity of the Goal or Task dimension of their relationship, such contingency was not initially thought to be basic to the structure of the Working Alliance conceptualization.

Bordin's development of the concept of Bond and Rogers' concept of Empathy, seem to have a number of common themes (Bordin, 1976, 1980; Rogers, 1951, 1957). Both of these concepts involve such elements as the prizing of one another, caring, and respect. Based on these considerations it was logically expected that there would be a strong relationship between subject reported Empathy and subject reported Bond.

Based on the foregoing arguments, it was believed that amongst the process dimensions measured in this research, the highest correlation would be between Task and Goal followed by a strong relationship between Bond and Empathy. Task and Bond were expected to show a lesser relationship. Similarly, lower correlation indices were expected between Task and Empathy. The empirical findings (summarized in Table 5.8) correspond to the expected interrelationships, providing some indirect support for the WAI's construct validity.

Comparison of expected and obtained relationships between the Working Alliance, the CRF subscales, and Empathy. The concept of perceived Expertness, perceived Trustworthiness and perceived Attractiveness were difficult to link conceptually to either the Working Alliance dimensions or Empathy. The stumbling block appeared to be related to the different points of view implied in this concept with regard to the unit of interaction which was used as a primary reference. The social psychologists who developed the concepts of Expertness, Trustworthiness, and Attractiveness were focusing on the client's perception of the therapist's appearance, his/her action, and even the therapist's physical surroundings (Cash et al., 1975; Smith & Strong, 1970; Spigel, 1976). This conceptualization implied the client's selective and subjective evaluation of the therapist's attributes as 'stimulus'. In contradistinction, Rogers' concepts were based on attitudes and behaviours of the therapist while Bordin's emphasis was on the interactive element between therapist and client. On logical consideration, it was evident that the concepts developed by the

social psychologists required a different level of inference or attribution from those used by the client-centered theorists and Bordin. In terms of degrees of inference, both the Working Alliance dimensions and the therapist-offered conditions may be considered as being closer to the actual phenomena of therapy, while the qualities ascribed to the therapists by the clients were seen as more distant.

In summary, it was expected that the social psychological concepts would be relatively independent of the Working Alliance dimensions and Empathy. These predictions were borne out by the empirical data: the correlation coefficients between the social psychological dimensions and the Working Alliance scales were approximately .30 lower than the interscale correlations of the WAIc. The highest correlations between the WAIc and the CRF were between Attractiveness and Bond, and Expertness and Task. These results may reflect the fact that the former pair measures an affective component of the relationship while the latter focuses on the cognitive or technical aspects. These findings contribute to the evidence supporting the construct validity of the WAI.

THE STRUCTURE OF THE WORKING ALLIANCE

The issue of the taxonomy of the constructs measured by the WAI scales was the second major focus of exploration of this research. In the preceding section a strong relationship between two of the WAI scales and between Empathy and Bond was predicted. The empirical evidence for the existence of these

patterns of relationship was used to support the construct validity of the WAI.

The obverse of this issue is the question of whether the dimensions measured by the Working Alliance Inventory were referencing one and the same underlying construct. In formulating a decision rule appropriate for the resolution of this problem, two competing factors must be considered. Cronbach (1970) refers to this issue as the 'bandwidth-fidelity dilemma' (p. 180). By grouping scale scores together the researcher improves his or her degree of assurance that all the information of interest has been captured. This increased reliability (bandwith), however, is purchased at the loss of detail information (fidelity) (Cronbach & Glesser, 1964). In the present study it was possible to look at the Cronbach Alpha of .79 and .98 yielded by the WAIc and WAIt respectively and reach a decision that the three Working Alliance dimensions should be pooled and treated as a uni-dimensional scale. However, important clinical information regarding the nature of the alliance would be lost if this assumption were made prematurely.

From the logical point of view the construct of personal bonds is clearly distinct from, and at least potentially independent of, the other two hypothesized dimensions. None of the concepts used by Bordin in his development of the dimension of Bond, nor the elements constituting the working definition of Bond in this research, were logical preconditions of the other two Alliance components. Earlier, when the relationship between Goal and Task was discussed, it was suggested that these

two dimensions were logically related. This theoretical relationship, however, seems causally linked only in one direction. It appeared reasonable that the existence of a degree of agreement on goals is essential before the subject could decide whether the tasks in therapy were relevant and significant. The existence of a strong mutuality with respect to the goals of therapy did not, on the other hand, guarantee the relevance of the therapeutic tasks.

Another possible relationship that might explain the high intercorrelation among the WAI scales takes into account the temporal relationship of the Working Alliance domains. Bordin (1976) and Mann (1973) have suggested that the Working Alliance is built and rebuilt several times during the course of therapy. It is possible that this hypothesis can be extended to include the notion that the Working Alliance dimensions themselves are sequentially interrelated. More particularly, a helper/helpee dyad first seeks an agreement regarding the therapeutic goals. Once concensus has been reached regarding these desirable outcomes, the therapist selects a sequence of purposeful strategies (tasks) applicable to the problem. If the therapy is to be successful the helper secures the client's co-operation with these tasks and the client begins to see the therapy related activities as meaningful, relevant, and potentially successful. Concurrent with these two steps personal bonds develop between therapist and client, strengthening and reinforcing the client's willingness to see the validity of the therapist's approach to his/her problem. If this (untested) hypothesis is tenable, the self reported Working Alliance

components that reflected summative impressions accumulated over time, would tend to be highly intercorrelated.

The empirical evidence concerning the interrelationships within the Working Alliance Inventory was presented in Table 5.2. This table is reproduced here with some additional information as Table 6.1. The degree of overlap amongst the dimensions measured by the WAI may be estimated by squaring the zero order correlations. The 'overlap' amongst the subscales

Table 6.1
The Zero Order and Squared Intercorrelation Coefficients of the WAI
N=29

		GOAL		TASK	
		r	r^2	r	r^2
TASK	(Therapist)	.83	.69		
	(Client)	.88	.77		
BOND	(Therapist)	.69	.48	.59	.34
	(Client)	.84	.70	.79	.62

of the <u>therapists'</u> Working Alliance Inventory, while substantial, was not out of line for an instrument in this field (Orlinsky & Howard, 1977). The commonality among the <u>clients'</u> perception was high (average 70%). Compared to other client-report based inventories, however, these results were not unusual. For example, Kiesler et al. (1967) reported intercorrelations for the Relationship-Inventory ranging from a low of r= .39 to a high of r= .83 (15% to 69%). Gurman (1977), in his summary of intercorrelations of various client reported variables, has found that the <u>average</u> (across studies) intercorrelation between R-I subscales ranged from r= .26 (S.D.= .32) to r= .67 (S.D.= .19).

The issue of differential validity cannot be resolved solely on the basis of determining the shared information amongst subscales. There are several alternative hypotheses that can be generated to fit the data presently available:

1) The Working Alliance dimensions exist as separate and quasi-independent factors, but the Working Alliance Inventory is inadequate to capture the distinguishing features of the different dimensions.

2) The Working Alliance dimensions exist as separate and quasi-independent factors, however, the dimensions are causally linked in such way as to render the technology used in this study incapable of detecting each as a separate entity.

3) The three Working Alliance dimensions exist as separate and quasi-independent factors, however, these factors were overwhelmed by some other factor(s) systematically related to outcome.

4) The Working Alliance is unifactorial.

While there was evidence presented that the scales are strongly interrelated, the potential value of utilizing the unique information that may become available through the use of the subscales must weigh heavily in the deliberation. The actual structure of the Working Alliance between helper and helpee is an empirical question which, at this time, is inseparable from the psychometric qualities of the WAI. Much further research is called for to resolve the basic issues underlying the problem.

THE WAI'S EFFICACY IN PREDICTING OUTCOME

From the clinician's point of view the most interesting aspect of this exploratory research may be the investigation of the relationship between the Working Alliance and therapy outcome. Within the limitations of the research design and the instrument itself the researcher sought to explore the utility of an alliance inventory based on self-report to predict successful outcome in a variety of psychotherapies. The question of the instrument's predictive efficacy was of important practical significance in and of itself, as well as providing evidence of construct validity for the WAI as discussed earlier.

The results showed a positive and significant relationship between both clients' and therapists' reports of the quality of Working Alliance as measured by the WAI composite score, and the composite outcome as measured by the Posttherapy questionnaire. This finding was encouraging and the data were further explored to discern the specific predictive efficacy associated with each of the Alliance domains with respect to each of the outcome components.

The overall performance of the Task domain in relation to both client and therapist reported outcome was satisfactory. There were some empirical data suggesting that, if the activities undertaken in therapy were appreciated as appropriate and germaine to the problems being worked on, then the outcome of the session, at least in the short term, was likely positive. It is logical that clients' satisfaction would be strongly

related to their response to Task items. From the client's point of view, the value of the activities in therapy relate to the quality of the therapy itself. If what one is doing in therapy is perceived as relevant then it is also perceived as at least potentially effective, that is, 'the right thing to do for me', and therefore a potent intervention.

From the therapist's point of view, the Task items probably relate to a degree of assurance and satisfaction with the strategy chosen for a particular client. The therapist who feels satisfied with the activities chosen has found a sense of direction or assurance of what will 'work' with this client. It is likely that a good therapist makes such a judgment on the basis of a variety of empirical and subjective data collected either formally or informally. If there were reasonable evidence that therapy was not moving with optimal effectiveness, there would be a degree of searching, questioning, and testing on the therapist's part which, in turn, would be reflected in a lower rating of the Task items.

The relationship of the Task scale to the Change outcome items probably depends on a logical chain similar to the one discussed above. The lesser strength of the Task-Change relationship could be the result of the relatively short lapse of time between the process and outcome measurements. The degree of change was probably also dependent on the acquisition of skills to implement new behaviors or develop new responses, as well as emotional and cognitive factors. In addition,the behaviors and events associated with the Change items (in contradistinction to Satisfaction which is an intra-subject

phenomenon) involve a network of 'others' who may not immediately alter their habitual responses to the client. For these reasons concepts associated with the Change outcome may be: a) slower to respond to client improvement or, b) to some degree, confounded by variables outside the therapeutic sphere of influence.

The lack of a strong relationship of the Task scale to Adjustment outcome items appeared related to the sequential relationship between Satisfaction, Change, and Adjustment. It appears logical that satisfaction with therapy would precede actual change, which in turn was seen as prerequisite to adjustment. Providing this sequential hypothesis is tenable, the last step in the chain would be predicated on the preceding two, and Adjustment would be, temporally, the most distant outcome component.

The performance of the other two Alliance dimensions in this study was less satisfactory. The clients' Bond scale did not correlate with a significant portion of the outcome variability that was distinct from the variability associated with Task (except in the case of client reported Satisfaction). As noted in Chapter V, however, the conclusions regarding the Working Alliance domains unique contribution to the explained outcome variance were based on the multiple regression analyses; these results must be replicated before any inference can be drawn beyond the sample in this study.

There was evidence of high correlation between the Bond dimension and its client centered counterpart, Empathy. Although a strong relationship was expected due to some similarity in the underlying conceptualization, it was originally hoped that a degree of difference might also be captured due to the different (interactional) focus of the Alliance dimension. On the positive side, the Alliance Bond dimension did correlate more substantially with the outcome measurement than Empathy, offering some hope of the scale's potential. It is conceivable that, in spite of the high correlation between clients' Bond and Empathy, the former might be capturing this facet of the relationship more efficaciously amongst the behavioural-cognitive therapists. Although such increased applicability was one of the original design goals, the present study cannot support or reject this hypothesis.

Satisfaction and the Goal dimensions appear to be linked to a significant degree. It was suggested earlier that Satisfaction might be the outcome component most likely to respond first to therapy events. Similarly, the setting or negotiation of goals would be one of the first items on the therapy agenda. Further research might test the hypothesis linking both of these variables to the beginning phase of psychotherapy.

The only instance the Goal scale captured outcome variance independent of the Task domain was with respect to the clients' composite outcome score. Similar patterns were not observed in relation to the therapists' scale, nor did the Goal scale capture an independent portion of the variance with respect to

any other outcome scale. Consequently there was very limited support to indicate that this scale was systematically contributing to the explanation of therapy outcome at the tenth session.

LIMITATIONS OF THE DESIGN

Some factors limiting the generalizability of these findings beyond the sample under investigation were inherent in the design of the study. The research called for subject reported data for the evaluation of both the therapy process (WAI, CRF, R-I) and therapy outcome (CPQ, TPQ). Inherent difficulties in this strategy were explicitly recognized (e.g., process and outcome variables were to some degree confounded because they derive from the same source). It was reasonable to suppose, that the effect of such confounding would primarely elevate the correlation between Bond and Satisfaction. The superior performance of the Task domain with respect to the Satisfaction outcome component indicates that factors beyond 'self fulfilling prophesy' were operative.

The nature of the concept of the Working Alliance raised some additional design considerations. Bordin's (1976, 1980) conceptualization of Working Alliance has, as one of its distinguishing features, the notion of generalizability across the variety of theoretical spectra. Working Alliance is a meta-concept focusing on the common features of the human helping process. This theory reconceptualizes the differences in approaches to psychotherapy in terms of patterns of alliance

building and rebuilding cycles (Bordin, 1976). Consequently, it was felt that the data should reflect the variety of therapies used in the clinical community. Since there was no guarantee that the development and maintenance of the Working Alliance would be approximated in an analog therapy environment, it was decided that the subjects should be drawn from a 'real' rather than an 'analog' therapy situation.

These design considerations both enhanced and restricted the validity and generalizability of this exploratory research. The face value and clinical credibility of the study, it was believed, benefitted from conducting the research 'in the field' and including a cross-section of therapeutic methods. At the same time, however, the factor of differential therapeutic stances probably confounded the therapists' responses to the alliance questionnaire. Unfortunately, the number of subjects was too small to permit separate analyses and comparison of outcome scores of the different therapeutic orientations.

By accepting a variety of treatments applied to clients with problems of different severity, two assumptions had to be made. First, regardless of the methodology followed, a level of alliance, typical of that relationship, will be developed by the third to fifth session. In fact, there was some empirical support that this assumption was a reasonable one in a variety of situations (Saltzman et al., 1976). The second, more arbitrary, assumption concerned the time required to develop a measurable effect resulting from the therapy intervention. In practical terms the researcher had to reconcile in the design divergent 'expected treatment durations' amongst the variety of

therapies in the sample. Although all of the treatment situations fit the definition of 'short term psychotherapy' (Butcher & Koss, 1978) the more behavioural approaches generally have a shorter treatment expectation than the more dynamically oriented therapies (Marks, 1978). The treatment period selected (10 sessions) was a compromise figure based on information collected from therapists regarding their expectation for the length of treatment.

IMPLICATIONS FOR FUTURE RESEARCH

As noted earlier, the present study was exploratory in nature, designed to evaluate the feasibility of developing a self-report inventory to assess the strengths of the Alliance dimensions proposed by Bordin (1975, 1976). A first attempt to measure a theoretical concept faces some special difficulties. In the areas where the instrument has shown evidence of empirical validity, that is, evidence of relationship to a criterion variable, all is well, and the utility of both construct and instrument is supported. On the other hand, when parts of instruments show less than clear-cut evidence of validity, one of two solutions might be appropriate: further refinement of the instrument can be undertaken, or the concepts underlying the instrument can be reconsidered. In the case of the WAI Task dimension, preliminary evidence was supportive of the construct and the instrument measuring it. Further improvement of this scale might involve some refinements in wording of the items, the lengthening of the scale to improve

reliability (Cronbach, 1970), and the possibility of increasing the number of rating points from five to seven in search of finer discriminations.

With respect to the Bond scale, it appeared reasonable to suppose that the construct sought was logically clear and measurable. Although the scale developed was reasonably reliable and there was some evidence of construct validity, Bond failed to account for a sufficient amount of outcome variance independent of the other dimensions to give firm assurance of its existence as an independent therapy variable. As noted before the study must be replicated before the present findings can be extended beyond the sample. Further research is also required to improve and refine the Bond items to capture the distinctions (if they exist) between Bond and Empathy.

Additional research on the Goal dimension should explore its relationship to the Task domain as an independent factor and investigate the differential temporal emphasis on those two aspects of the Working Alliance in different phases of therapy.

The question of differential quality and quantity of Alliance amongst diverse therapy approaches requires a major investigative effort focusing on: a) comparing the relative strengths of the Working Alliance components amongst successful therapies of different orientation, and b) comparing the Working Alliance's efficacy in predicting outcome across different therapeutic modalities.

In order to confirm the importance of the Working Alliance throughout the length of therapy a somewhat different line of investigation is required involving the evaluation of the

Working Alliance's efficacy of predicting outcome at termination of therapy and at different post-therapy intervals.

Lastly, investigation of the cyclical building and rebuilding of the Working Alliance along the lines suggested by Bordin (1975, 1976, 1980) and Mann (1973) may be evaluated. This research will require a series of longtitudinally replicated single case studies measuring moment to moment variation in the level of Working Alliance. As the methodology of assessing Alliance variables is developed, it should be feasible to implement such studies using not only subject reported alliance data, but also alliance variables based on external raters. Such exploration would indubitably lead to research of greater sophistication and generalizability.

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Appendix A

Material used in construct validation: Phase I

Dear DR.

I would appreciate your help in developing an instrument that assesses the client's perception of the Working Alliance.

Would you rate the items on the following pages two ways:

1) Indicate the degree to which each statement taps any of the dimensions of the Working Alliance by circling a number below the sentence. (1 for an item not representing the Alliance to any degree, 5 fcr a statement highly relevent to the Working Alliance) (Feel free to make notes or suggestions underneath the items.)

2) Indicate which of the three components of the Working Alliance the sentence seems most relevant to by checking a code to the right of the item. (G=Goals; T=Tasks; B=Bonds. For the definition of the Working Alliance and its components see Section I.)

Plese read the definitions first, (section I) before proceding with your rating of the items. (A sample cf the instructions to the clients that will accompany the final insrtrument is included in Appendix A.)

I will appreciate all comments - specific or general - that you might have to offer.

Thank you for your co-operation.

Adam. O. Horvath

I. Definition Of The Perceived Working Alliance

The following definition is based on Dr. E. Bordin's papers on "The Generalizability of the Psychoanalytic Concept of Working Alliance " (1975) and "The Working Alliance: Basis For A General Theory Of Psychotherapy" (1976). The changes made are an attempt to reconceptualize the alliance in terms of the participant's perception of it.

Alliance refers to a set of agreements, understandings, and bonds that are arrived at during a sequence of purposive interactions between helper and helpee. In particular, the following components will earmark a viable alliance regardless of the specific theoretical or technical approach taken by the therapist.

1) The (helper/helpee) will have a sense of agreement about the goals of the helping process. The helpee will have an awareness that these goals are relevant to him/her and feel a degree of identification with the explicit and implicit aims of the particular helping process he/she is engaged in. The helper will have some direct or indirect evidence that his/her goals with the helpee are tacitly or implicitly shared and accepted.

2) The (helper/helpee) will have a sense of mutuality (agreement) that the tasks demanded of each of them in the helping process is a) reasonable and within their global capabilities (or expertise); b) Relevant in a direct or indirect way to the goals of the helping process that they mutually agreed to

3) The (helper/helpee) will experience a sense of a bond between them. Some of the bases on which such therapeutic partnership will be built are sense of mutual trusting, liking, understanding, and caring.

Different therapeutic orientations and strategies will make different demands on the participants in terms of each of these categories thereby having a unique quality to their successful alliances. It is expected, however, that all helping dyads will have to achieve a basic quantitative level in each of those three areas in order to provide the alliance component necessary for successful helping relationship.

1=not related to Alliance....5=Alliance item

---

1 We agree on the things I should get out of my therapy. G T B
1 2 3 4 5

2 We share the same ideas on what is needed to be changed in my life. G T B
1 2 3 4 5

3 ------- and I are working towards the same goals. G T B
1 2 3 4 5

4 ------- and I have different ideas cf how my life should change. G T B
1 2 3 4 5

5 We work towards mutually agreed upon goals. G T B
1 2 3 4 5

6 ------- and I have different ideas on what I should be aiming for. G T B
1 2 3 4 5

7 I think I am working with a therapist who is ideally suited to my needs right now. G T B
1 2 3 4 5

8 I respect ------- as a highly capable and skillful individual. G T B
1 2 3 4 5

9 I am confident in -------'s ability to help me through my present difficulties. G T B
1 2 3 4 5

10 I wonder how ------- wants me to change. G T B
1 2 3 4 5

1=not related to Alliance....5=Alliance item

---

11 ------- does not understand how I want my life changed. G T B
1 2 3 4 5

12 I find myself resenting the way my therapist would like me to change. G T B
1 2 3 4 5

13 I'm happy with myself but ------- wants me to change. G T B
1 2 3 4 5

14 I'm unhappy about myself but ------- does not realize this. G T B
1 2 3 4 5

15 We are in agreement as to where these sessions should be heading. G T B
1 2 3 4 5

16 ------- wants to explore things deeper than I think it is necessary. G T B
1 2 3 4 5

17 We are in good agreement on what is important and what is not. G T B
1 2 3 4 5

18 I believe we are beginning to understand what is to be accomplished in these sessions. G T B
1 2 3 4 5

19 ------- and I agree on the cause of my distress. G T B
1 2 3 4 5

20 I feel what we are doing together is useful to me. G T B
1 2 3 4 5

1=not related to Alliance....5=Alliance item

---

21 I don't know what ------- wants me to do. G T B
1 2 3 4 5

22 ------- and I agree about the steps to be taken to improve my situation. G T B
1 2 3 4 5

23 ------- wants me to do too much too fast. G T B
1 2 3 4 5

24 My time with ------- is important. G T B
1 2 3 4 5

25 I feel that ------- appreciates me. G T B
1 2 3 4 5

26 I find that the things that I discuss with ------- are usefull. G T B
1 2 3 4 5

27 I wish ------- would clarify the purpose of our sessions. G T B
1 2 3 4 5

28 My relationship with ------- is very important to me. G T B
1 2 3 4 5

29 I feel we are approaching my problems the right way. G T B
1 2 3 4 5

30 I feel that the way ------- approaches things will help me. G T B
1 2 3 4 5

31 It is unclear to me how what ------- and I are doing is supposed to help me. G T B
1 2 3 4 5

1=not related to Alliance....5=Alliance item

---

32 I find what ------- and I are doing far removed from my concerns. G T B
1 2 3 4 5

33 I believe that the time ------- and I are spending together is not spent efficiently. G T B
1 2 3 4 5

34 I like the way my therapist helps me to change. G T B
1 2 3 4 5

35 I am confused about what to do in my therapy sessions. G T B
1 2 3 4 5

36 I find therapy strange and confusing. G T B
1 2 3 4 5

37 ------- does not decide on things without my agreement. G T B
1 2 3 4 5

38 I am clear on what my responsibilities are in therapy. G T B
1 2 3 4 5

39 ------- gives me a better idea of the things that I need to change in my life. G T B
1 2 3 4 5

40 ------- often agrees with me on how I should change things. G T B
1 2 3 4 5

41 I often find that ------- has a good idea of what I'd like to do. G T B
1 2 3 4 5

42 I feel my therapist respects me. G T B
1 2 3 4 5

1=not related to Alliance....5=Alliance item

---

43 I trust -------'s judgement. G T B
1 2 3 4 5

44 I belive ------- is genuinely concerned for my welfare. G T B
1 2 3 4 5

45 I think some of my problems reach deeper than ------- realizes. G T B
1 2 3 4 5

46 I think that ------- understands and appreciates how I feel. G T B
1 2 3 4 5

47 I believe we work well together. G T B
1 2 3 4 5

48 My relationship to ------- is different from any other relationships. G T B
1 2 3 4 5

49 Sometimes it seems that ------- and I are fighting over what is really important. G T B
1 2 3 4 5

50 My relationship to my therapist is very important to me. G T B
1 2 3 4 5

51 I can discuss difficult topics with ------- relatively easily. G T B
1 2 3 4 5

52 I usually look forward to my therapy time. G T B
1 2 3 4 5

53 I have confidence in what ------- and I are doing together. G T B
1 2 3 4 5

1=not related to Alliance....5=Alliance item

---

54 I often feel uncomfortable with -------. G T B
1 2 3 4 5

55 The goals of these sessions are meaningful to me. G T B
1 2 3 4 5

56 I have the feeling that if I say or do the wrong things, ------- will stop working with me. G T B
1 2 3 4 5

57 I feel that ------- is not totally honest about his/her feelings toward me. G T B
1 2 3 4 5

58 My present therapist is the best person to help me with my problem. G T B
1 2 3 4 5

59 This is the right time for me to work on my problem. G T B
1 2 3 4 5

60 I could equally well work on my concerns with another therapist . G T B
1 2 3 4 5

61 I am not sure that ------- is the right person to help me through my present predicament. G T B
1 2 3 4 5

62 I feel comfortable with the direction we are moving. G T B
1 2 3 4 5

63 I am convinced that ------- and I will work together well. G T B
1 2 3 4 5

1=not related to Alliance....5=Alliance item

---

64 Sometimes I wonder whether I came to the right person for help. G T B
1 2 3 4 5

65 I believe that --------'s way of working with my concern is correct. G T B
1 2 3 4 5

66 I trust ------- . G T B
1 2 3 4 5

67 I sense that ------- and I are working together on my problems. G T B
1 2 3 4 5

68 I am wondering whether ------- can appreciate what I want out of these sessions. G T B
1 2 3 4 5

69 I am not sure whether I will continue therapy with my present therapist. G T B
1 2 3 4 5

70 I am clear as to what ------- wants me to do. G T B
1 2 3 4 5

71 I sometimes wonder whether ------- knows what he/she is doing. G T B
1 2 3 4 5

72 I have a feeling that ------- understands parts of my problem that are yet unclear to me. G T B
1 2 3 4 5

73 I feel I have a strong commitment to work through my problem with ------- to the end. G T B
1 2 3 4 5

1=not related to Alliance....5=Alliance item

---

74 I like ------- as a person. G T B
1 2 3 4 5

75 I beleive ------- appreciates me as a person. G T B
1 2 3 4 5

76 I feel ------- respects me even when I do things that he/she does not approve of. G T B
1 2 3 4 5

77 I feel that ------- has made a commitment to work my problem through with me. G T B
1 2 3 4 5

78 We agree on what needs to change to make my situation better. G T B
1 2 3 4 5

79 I feel that we are doing the right things during these sessions. G T B
1 2 3 4 5

80 Therapy tends to go slowly because I don't agree with what ------- is trying to do. G T B
1 2 3 4 5

81 ------- perceives accurately what my goals are. G T B
1 2 3 4 5

82 I worry about the outcome of these sessions. G T B
1 2 3 4 5

83 Sometimes I find myself wondering just where my therapist trying to get us? G T B
1 2 3 4 5

1=not related to Alliance....5=Alliance item

---

84 I would like to know if I am realistic about what I expect to get out of therapy. G T B
1 2 3 4 5

85 The things that I am doing here don't make much sense to me. G T B
1 2 3 4 5

86 ------- has unrealistic ideas about my capacity to change. G T B
1 2 3 4 5

87 ------- appreciates what my life is all about. G T B
1 2 3 4 5

88 I feel really understood. G T B
1 2 3 4 5

89 ------- really appreciates my priorities. G T B
1 2 3 4 5

90 I don't understand what therapy is all about. G T B
1 2 3 4 5

91 We have established a good understanding for the direction of changes that would be good for me. G T B
1 2 3 4 5

THANK YOU FOR YOUR HELP AND CO-OPERATION.

II. Instructions to CLIENTS

Below are some sentences that describe some of the different ways a client might think or feel about his or her therapist (counsellor).

As you read the sentences mentally insert the name of your therapist (counsellor) in the place of the ------- in the text.

Below each sentence there is a seven point scale:

1	2	3	4	5	6	7
Always			Sometimes			Never

If the sentence describes the way that you always feel (or think) circle number 1; if it never applies to you circle the number 7. Use the points in between to describe the variations between these extremes.

This questionnaire is confidential, NEITHER YOUR THERAPIST NOR THE AGENCY WILL SEE YOUR ANSWERS.

Please work fast, your first impressions are the ones we would like to get. (Please don't forget to respond to every item.)

Thank you for your co-operation!

Appendix B

Material used in construct validation: Phase II

THE UNIVERSITY OF BRITISH COLUMBIA
2075 WESBROOK MALL
VANCOUVER, B.C., CANADA
V6T 1W5

FACULTY OF EDUCATION

Dear Colleague

I would appreciate your help in developing an instrument that assesses the client's perception of the Working Alliance. The Working Alliance Inventory will enable psychologists to assess the quality of the therapeutic relationship in its early stages and to make some prognosis regarding the outcome of therapy.

Your help is needed to evaluate the item pool that will be the base of this instrument. The definitions of the three dimensions of the Working Alliance--goals, tasks and bonds (based on the theory developed by Bordin 1975, 1976)--are attached (Appendix A). Would you rate the items on the following pages two ways:

1) Indicate the degree to which each statement taps any of the dimensions of the Working Alliance by circling a number below the sentence. Circle 1 for an item not representing the Alliance to any degree, 5 for a statement highly relevant to the Working Alliance. The fact that some items are "positively" worded (i.e. they represent attributes of a good relationship) and others are "negative" (i.e. undesirable from the point of view of the alliance) should not influence your rating. What is important is whether the statement taps the elements of the Working Alliance or is irrelevent to it. (Feel free to make notes or suggestions underneath the items.)

1=NOT RELEVENT TO ALLIANCE .. 2=SLIGHTIY RELEVENT .. 3=SCMEWHAT RELEVANT 4=RELEVENT ... 5=HIGHLY RELEVENT TO ALLIANCE

---

1 We agree on the things I should get out of my therapy . G T B
1 2 3 4 5

2 ------- and I are working towards the same goals. G T B
1 2 3 4 5

3 ------- and I have different ideas of how my life should change. G T B
1 2 3 4 5

4 We work towards mutually agreed upon goals. G T B
1 2 3 4 5

5 ------- and I have different ideas cn what I should be aiming for. G T B
1 2 3 4 5

6 I think I am working with a therapist who is ideally suited to my needs right now. G T B
1 2 3 4 5

7 I respect ------- as a highly capable and skillful individual. G T B
1 2 3 4 5

8 I am confident in -------'s ability to help me through my present difficulties. G T B
1 2 3 4 5

9 ------- does not seem to understand what are the changes that I need. G T B
1 2 3 4 5

10 Sometimes I resent the way my therapist would like me to change. G T B
1 2 3 4 5

1=NOT RELEVENT TO ALLIANCE .. 2=SLIGHTLY RELEVENT .. 3=SOMEWHAT RELEVANT 4=RELEVENT ... 5=HIGHLY RELEVENT TO ALLIANCE

---

11 I'm happy with myself but ------- wants me to change. G T B
1 2 3 4 5

12 ------- does not seem to be aware of the extent of my difficulties. G T B
1 2 3 4 5

13 We are in agreement as to where these sessions should be heading. G T B
1 2 3 4 5

14 ------- wants to explore things deeper than I think it is necessary. G T B
1 2 3 4 5

15 I feel what we are doing together is useful to me. G T B
1 2 3 4 5

16 I don't know what ------- wants me to do. G T B
1 2 3 4 5

17 ------- and I agree about the steps to be taken to improve my situation. G T B
1 2 3 4 5

18 ------- wants me to change too much too fast. G T B
1 2 3 4 5

19 My time with ------- is important. G T B
1 2 3 4 5

20 I feel that ------- appreciates me. G T B
1 2 3 4 5

21 I find that the things that I discuss with ------- are useful. G T B
1 2 3 4 5

1=NOT RELEVENT TO ALLIANCE .. 2=SLIGHTLY RELEVENT .. 3=SOMEWHAT RELEVANT 4=RELEVENT ... 5=HIGHLY RELEVENT TO ALLIANCE

---

22 I wish ------- would clarify the purpose of our sessions. G T B
1 2 3 4 5

23 My relationship with ------- is very important to me. G T B
1 2 3 4 5

24 I feel we are approaching my problems the right way. G T B
1 2 3 4 5

25 I feel that the way ------- approaches things will help me. G T B
1 2 3 4 5

26 It is unclear to me how what ------- and I are doing is supposed to help me. G T B
1 2 3 4 5

27 I find what ------- and I are doing far removed from my concerns. G T B
1 2 3 4 5

28 I believe that the time ------- and I are spending together is not spent efficiently. G T B
1 2 3 4 5

29 I am confused about what to do in my therapy sessions. G T B
1 2 3 4 5

30 I find what we do therapy strange and confusing. G T B
1 2 3 4 5

31 I am clear on what my responsibilities are in therapy. G T B
1 2 3 4 5

1=NOT RELEVENT TO ALLIANCE .. 2=SLIGHTLY RELEVENT .. 3=SOMEWHAT RELEVANT 4=RELEVENT ... 5=HIGHLY RELEVENT TO ALLIANCE

---

32 I feel my therapist respects me. G T B
1 2 3 4 5

33 I trust -------'s judgement. G T B
1 2 3 4 5

34 I believe ------- is genuinely concerned for my welfare. G T B
1 2 3 4 5

35 My relationship to my therapist is very important to me. G T B
1 2 3 4 5

36 I can discuss difficult topics with ------- relatively easily. G T B
1 2 3 4 5

37 I have confidence in what ------- and I are doing together. G T B
1 2 3 4 5

38 I often feel uncomfortable with -------. G T B
1 2 3 4 5

39 The goals of these sessions are meaningful to me. G T B
1 2 3 4 5

40 I have the feeling that if I say or do the wrong things, ------- will stop working with me. G T B
1 2 3 4 5

41 My present therapist is the best person to help me with my problem. G T B
1 2 3 4 5

42 I could equally well work on my concerns with another therapist . G T B
1 2 3 4 5

1=NOT RELEVENT TO ALLIANCE .. 2=SLIGHTLY RELEVENT .. 3=SOMEWHAT RELEVANT 4=RELEVENT ... 5=HIGHLY RELEVENT . TO ALLIANCE

---

43 Sometimes I wonder whether I came to the right person for help. G T B
1 2 3 4 5

44 I believe that the way we are working with my problem is correct. G T B
1 2 3 4 5

45 I trust ------- . G T B
1 2 3 4 5

46 I am not sure whether I will continue therapy with my present therapist. G T B
1 2 3 4 5

47 I sometimes wonder whether ------- knows what he/she is doing. G T B
1 2 3 4 5

48 I feel I have a strong commitment to work through my problem with ------- to the end. G T B
1 2 3 4 5

49 I like ------- as a person. G T B
1 2 3 4 5

50 I believe ------- appreciates me as a person. G T B
1 2 3 4 5

51 I feel ------- respects me even when I do things that he/she does not approve of. G T B
1 2 3 4 5

52 I feel that ------- has made a commitment to work my problem through with me. G T B
1 2 3 4 5

1=NOT RELEVENT TO ALLIANCE .. 2=SLIGHTLY RELEVENT .. 3=SOMEWHAT RELEVANT 4=RELEVENT ... 5=HIGHLY RELEVENT TO ALLIANCE

---

53 We agree on what needs to change to make my situation better. G T B
1 2 3 4 5

54 I feel that we are doing the right things during these sessions. G T B
1 2 3 4 5

55 ------- perceives accurately what my goals are. G T B
1 2 3 4 5

56 Sometimes I find myself wondering just where my therapist is trying to get us? G T B
1 2 3 4 5

57 I don't know what to expect as the result of my therapy. G T B
1 2 3 4 5

58 The things that I am doing here don't make much sense to me. G T B
1 2 3 4 5

59 ------- has unrealistic ideas about my capacity to change. G T B
1 2 3 4 5

60 ------- appreciates what my life is all about. G T B
1 2 3 4 5

61 I feel really understood. G T B
1 2 3 4 5

62 ------- really appreciates my priorities. G T B
1 2 3 4 5

63 I often disagree with ------- about my goals. G T B
1 2 3 4 5

1=NOT RELEVENT TO ALLIANCE .. 2=SLIGHTLY RELEVENT .. 3=SOMEWHAT RELEVANT 4=RELEVENT ... 5=HIGHLY RELEVENT TO ALLIANCE

---

64 We generally agree on what is important for me to work on. G T B
1 2 3 4 5

65 I don't know what we are trying to accomplish in therapy. G T B
1 2 3 4 5

66 I feel that ------- is not totally honest about his/her feelings toward me. G T B
1 2 3 4 5

67 I feel comfortable with the direction we are moving. G T B
1 2 3 4 5

68 I am clear as to what ------- wants me to do in these sessions. G T B
1 2 3 4 5

69 I worry about the outcome of these sessions. G T B
1 2 3 4 5

70 We have established a good understanding for the direction of changes that would be good for me. G T B
1 2 3 4 5

THANK YOU FOR YOUR HELP AND CO-OPERATION.

Appendix C

Material used in the pilot testing of the WAI

C

PSYCHOTHERAPY RELATIONSHIP RESEARCH PROJECT

TO THE PARTICIPANT:

PLEASE COMPLETE THE ATTACHED QUESTIONNAIRES IN THE ORDER GIVEN AND SEAL THE COMPLETED FORMS IN THE ENVELOPE PROVIDED. YOUR THERAPIST (COUNSELLOR) WILL RETURN THESE ALONG WITH HER/HIS QUESTIONNAIRE TO THE RESEARCHERS.

PLEASE MAKE SURE YOU RESPOND TO EVERY ITEM.

THANK YOU.

INSTRUCTIONS TO PARTICIPANTS IN THE PSYCHOTHERAPY RELATIONSHIP RESEARCH PROJECT

This project is designed to explore the different kinds of helping relationships that develop in counselling/psychotherapy. Your participation is vitally important to the project and your generosity with your time and energy is much appreciated. Please follow the steps outlined below exactly:

(1) Ask your client to volunteer to participate in the project. Read and explain, if necessary, the consent form. Have your client sign the form and sign it yourself as witness. Sign the therapist consent form. Place the completed form in the large self-addressed manilla envelope.

(2) After the 3rd session with this client please give him/her the packet and materials marked "C". Please encourage your client to complete it (it takes 30 minutes) and have him/her seal the filled-out forms in the envelope provided. Complete your questionnaires marked "T", and seal all the material (yours and your client's) in the large self-addressed manilla envelope.

(3) Send the manilla envelope back to the researcher.

(4) Please make a note on your calendar to remind yourself to administer the second part of the questionnaire 7 sessions after this session or at the last interview you will have with this client. Use the memo provided if you wish.

(5) After the 10th interview (approximately), or at the last session, give your client the packet marked "PC" to fill out and seal it in the envelope provided. Please fill out the material marked "PT" and seal it in the envelope. Place all the completed questionnaires in the large white envelope and return it to the researcher.

(6) Should you have more than one client participating in the research, please follow the complete procedure each time, using a complete new "kit".

C 00

Working Alliance Inventory

Instructions

Below are some sentences that describe some of the different ways a person might think or feel about his or her therapist (counsellor).

As you read the sentences mentally insert the name of your therapist (counsellor) in the place of the _____ in the text.

Below each sentence there is a five point scale:

1	2	3	4	5
Never		Sometimes		Always

If the sentence describes the way that you always feel (or think) circle no. 5; if it never applies to you circle the number 1. Use the points in between to describe the variations between these extremes.

This questionnaire is confidential; NEITHER YOUR THERAPIST OR THE AGENCY WILL SEE YOUR ANSWERS.

Please work fast, your first impressions are the ones we would like to get. (Please don't forget to respond to every item.)

Thank you for your cooperation

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

---

1. I often feel uncomfortable with _____.
   1 2 3 4 5

2. _____ and I agree about the steps to be taken to improve my situation.
   1 2 3 4 5

3. I worry about the outcome of these sessions.
   1 2 3 4 5

4. I feel we are approaching my problems the right way.
   1 2 3 4 5

5. I feel really understood.
   1 2 3 4 5

6. I find what we do in therapy confusing.
   1 2 3 4 5

7. _____ perceives accurately what my goals are.
   1 2 3 4 5

8. My time with _____ is important to me.
   1 2 3 4 5

9. I wish _____ would clarify the purpose of our sessions.
   1 2 3 4 5

10. I often disagree with _____ about my goals.
    1 2 3 4 5

11. I believe that the time _____ and I are spending together is not spent efficiently.
    1 2 3 4 5

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

---

12. I don't know what we are trying to accomplish in therapy.
    1 2 3 4 5

13. I am clear on what my responsibilities are in therapy.
    1 2 3 4 5

14. The goals of these sessions are meaningful to me.
    1 2 3 4 5

15. I find what _____ and I are doing far removed from my concerns.
    1 2 3 4 5

16. I feel that what I do here will help me to accomplish the changes that I want.
    1 2 3 4 5

17. I believe _____ is genuinely concerned for my welfare.
    1 2 3 4 5

18. I am clear as to what _____ wants me to do in these sessions.
    1 2 3 4 5

19. I respect _____ as a highly capable and skillful individual.
    1 2 3 4 5

20. I feel that _____ is not totally honest about his/her feelings toward me.
    1 2 3 4 5

21. I am confident in _____'s ability to help me through my present difficulties.
    1 2 3 4 5

22. We work towards mutually agreed upon goals.
    1 2 3 4 5

1 Never 2 Seldom 3 Sometimes 4 Often 5 Always

---

23. I feel that _____ appreciates me.
1 2 3 4 5

24. I don't know what _____ wants me to do in these sessions.
1 2 3 4 5

25. As a result of these sessions I am clearer as to what I need to change.
1 2 3 4 5

26. I trust _____.
1 2 3 4 5

27. _____and I have different ideas on what I should be aiming for.
1 2 3 4 5

28. My relationship with _____ is very important to me.
1 2 3 4 5

29. I have the feeling that if I say or do the wrong things, _____ will stop working with me.
1 2 3 4 5

30. We agree on the things I should get out of my therapy.
1 2 3 4 5

31. _____ wants me to change too fast.
1 2 3 4 5

32. We have established a good understanding for the direction of changes that would be good for me.
1 2 3 4 5

33. The things that I am doing here don't make much sense to me.
1 2 3 4 5

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

---

34. I don't know what to expect as the result of my therapy.

1 2 3 4 5

35. I believe that the way we are working with my problem is correct.

1 2 3 4 5

36. I feel _____ respects me even when I do things that he/she does not approve of.

1 2 3 4 5

T 25

Working Alliance Inventory

Instructions

Below are some sentences that describe some of the different ways people in therapy (counselling) may feel or think about each other.

As you read the sentences mentally insert the name of your client in the place of the _____ in the text.

Below each sentence there is a five point scale:

1	2	3	4	5
Never		Sometimes		Always

If the sentence describes the way that you always feel (or think) circle No. 5; if it never applies to you circle the number 1. Use the points in between to describe the variations between these extremes.

This questionnaire is confidential; NEITHER YOUR CLIENT OR THE AGENCY WILL SEE YOUR ANSWERS.

Please work fast, your first impressions are the ones we would like to get. (Please don't forget to respond to every item.)

Thank you for your cooperation.

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

---

1. I often feel uncomfortable with _____.
   1 2 3 4 5

2. _____ and I agree about the steps to be taken to improve his/her situation.
   1 2 3 4 5

3. I worry about the outcome of these sessions.
   1 2 3 4 5

4. I feel we are approaching his/her problems the right way.
   1 2 3 4 5

5. I feel I really understand _____.
   1 2 3 4 5

6. I find what we do in therapy confusing.
   1 2 3 4 5

7. _____ I have an accurate perception of _____'s goals.
   1 2 3 4 5

8. The time _____ spends with me is important for him/her.
   1 2 3 4 5

9. I need to clarify for_____ the purpose of our sessions.
   1 2 3 4 5

10. I often disagree with _____ about our goals.
    1 2 3 4 5

11. I believe that the time _____ and I are spending together is not spent efficiently.
    1 2 3 4 5

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

---

12. I don't know what we are trying to accomplish in therapy.
    1 2 3 4 5

13. I am clear on what _____'s responsibilities are in therapy.
    1 2 3 4 5

14. The goals of these sessions are meaningful to _____.
    1 2 3 4 5

15. I find what _____ and I are doing far removed from _____'s concerns.
    1 2 3 4 5

16. I feel what we do here will help _____ to accomplish the changes that he/she wants.
    1 2 3 4 5

17. I am genuinely concerned for _____'s welfare.
    1 2 3 4 5

18. I am clear as to what _____ should do in these sessions.
    1 2 3 4 5

19. _____ respects me as a highly capable and skillful individual.
    1 2 3 4 5

20. I feel that I am not totally honest about my feelings toward _____.
    1 2 3 4 5

21. I believe _____ is confident in my ability to help him/her through his/her present difficulties.
    1 2 3 4 5

22. We work towards mutually agreed upon goals.
    1 2 3 4 5

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

---

23. I appreciate _____.

1 2 3 4 5

24. _____ doesn't know what he/she should do in these sessions.

1 2 3 4 5

25. As a result of these sessions _____ is clearer as to what he/she needs to change.

1 2 3 4 5

26. I feel that _____ trusts me.

1 2 3 4 5

27. _____ and I have different ideas on what he/she should be aiming for.

1 2 3 4 5

28. My relationship with _____ is very important to him/her.

1 2 3 4 5

29. _____ has the feeling that if he/she says or does the wrong things, I will stop working with him/her.

1 2 3 4 5

30. We agree on the things _____ should get out of therapy.

1 2 3 4 5

31. _____ feels that I want her/him to make changes too fast.

1 2 3 4 5

32. We have established a good understanding for the direction of changes that would be good for _____.

1 2 3 4 5

33. The things that we are doing here don't make much sense to _____.

1 2 3 4 5

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

---

34. _____ doesn't know what to expect as the result of therapy.

1 2 3 4 5

35. _____ believes that the way we are working with his/her problem is correct.

1 2 3 4 5

36. _____ feels that I respect him/her even when he/she does things that I do not approve of.

1 2 3 4 5

*Posttherapy Questionnaire

This survey is part of a research project to study how clients feel about their therapy experiences. Please try to answer all questions as completely and accurately as you can.

Return your completed questionnaire in the envelope provided. Your cooperation in this research is very much appreciated.

*Adopted from the questionnaire developed by Dr. H. Strupp et al.

1. Age:

2. Sex (circle one): M F

3. Marital status: Single Married Divorced Widowed

4. Education (check highest level and complete question):

__Elementary school (indicate number of years: ____)

__High school (indicate number of years: ____)

__High school graduate

__College (indicate number of years: ___)

__College graduate

__Graduate study or professional training (kind, degree, etc.)

5. How much in need of further therapy/counselling do you feel now?

__ No need at all

__ Slight need

__ Could use more

__ Considerable need

__ Very great need

6. If this is your last session, what led to the termination of your therapy/counselling?

__ My decision

__ My therapist's decision

__ Mutual agreement

__ External factors

7. How much have you benefitted from your therapy/counselling?

__ A great deal

__ A fair amount

__ To some extent

__ Very little

__ Not at all

8. Everything considered, how satisfied are you with the results of your therapy/counselling experience?

__ Extremely dissatisfied

__ Moderately dissatisfied

__ Fairly dissatisfied

__ Fairly satisfied

__ Moderately satisfied

__ Highly satisfied

__ Extremely satisfied

9. Was your therapist of the same sex? __ Yes __ No

10. What impression did you have of his/her level of experience as a therapist/counsellor?

__ Extremely inexperienced

__ Rather inexperienced

__ Somewhat experienced

__ Fairly experienced

__ Highly experienced

__ Exceptionally experienced

11. At the beginning of your therapy how well did you feel you were getting along?

__ Very well

__ Fairly well

__ Neither well nor poorly

__ Fairly poorly

__ Very poorly

__ Extremely poorly

12. How long before entering therapy did you feel in need of professional help?

__ less than 1 year

__ 1 - 2 years

__ 3 - 4 years

__ 5 - 10 years

__ 11 - 15 years

__ 16 - 20 years

__ _____ years
(specify)

13. How severely disturbed did you consider yourself at the beginning of your therapy/counselling?

Extremely disturbed	Very much disturbed	Moderately disturbed	Somewhat disturbed	Very slightly disturbed

14. How much anxiety did you feel at the time you started therapy/counselling?

A tremendous amount	A great deal	A fair amount	Very little	None at all

15. How great was the internal "pressure" to do something about these problems when you entered therapy/counselling?

__ Extremely great

__ Very great

__ Fairly great

___ Relatively small

__ Very small

__ Extremely small

16. How much do you feel you have changed as a result of therapy/counselling?

__ A great deal

__ A fair amount

__ Somewhat

___Very little

__ Not at all

17. How much of this change do you feel has been apparent to others?

(a) People closest to you (husband, wife, etc.)

A great deal	A fair amount	Somewhat	Very little	Not at all

(b) Close friends

A great deal	A fair amount	Somewhat	Very little	Not at all

(c) Co-workers, acquaintances, etc.

A great deal	A fair amount	Somewhat	Very little	Not at all

18. On the whole how well do you feel you are getting along now?

__ Extremely well

__ Very well

__ Fairly well

__ Neither well nor poorly

__ Fairly poorly

__ Very poorly

__ Extremely poorly

19. How adequately do you feel you are dealing with any present problems?

__ Very adequately

__ Fairly adequately

__ Neither adequately nor inadequately

__ Somewhat inadequately

__ Very inadequately

20. To what extent have your complaints or symptoms that brought you to therapy/counselling changed as a result of treatment?

__ Completely disappeared

__ Very greatly improved

__ Considerable improved

__ Somewhat improved

__ Not at all improved

__ Got worse

21. How soon after entering therapy did you feel any marked change?

_____ hours of therapy
(approximately)

22. How strongly would you recommend therapy/counselling to a close friend with emotional problems?

✓ Would strongly recommend it

__ Would mildly recommend it

__ Would recommend it but with some reservations

__ Would not recomment it

__ Would advise against it

23. Please indicate the adequacy of this questionnaire in describing your therapy experience. Give any additional data which you feel are relevant to an understanding of your experience.

THANK YOU FOR YOUR COOPERATION

Therapist Form PT

*Posttherapy Questionnaire

This survey is part of a research project to study how therapists assess therapy experiences. Please try to answer all questions as accurately as you can.

Return your completed questionnaire in the envelope provided. Your cooperation in this research is very much appreciated.

*Adopted form the questionnaire developed by Dr. H. Strupp et al.

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1. How much more therapy do you feel your client needs now?

__ No need at all

__ Slight need

__ Could use more

__ Considerable need

__ Very great need

2. If you are terminating with this client now, what determined this choice?

__ Client's decision

__ Therapist's decision

__ Mutual agreement

__ External factors

3. How much has your client benefitted from therapy?

__ A great deal

__ A fair amount

__ To some extent

__ Very little

__ Not at all

4. Everything considered, how satisfied are you with the results of his/her psychotherapy experience?

__ Extremely dissatisfied

__ Moderately dissatisfied

__ Fairly dissatisfied

__ Fairly satisfied

__ Moderately satisfied

__ Highly satisfied

__ Extremely satisfied

5. As a therapist (counsellor) how would you describe yourself?

__ Extremely inexperienced

__ Rather inexperienced

__ Somewhat experienced

__ Fairly experienced

__ Highly experienced

__ Exceptionally experienced

6. At the beginning of therapy how well did you feel your client was getting along?

__ Very well

__ Fairly well

__ Neither well nor poorly

__ Fairly poorly

__ Very poorly

__ Extremely poorly

7. How severely disturbed was your client at the beginning of therapy?

Extremely disturbed	Very much disturbed	Moderately disturbed	Somewhat disturbed	Very slightly disturbed

8. How much anxiety did your client experience at the beginning of therapy?

A tremendous amount	A great deal	A fair amount	Very little	None at all

9. How much internal "pressure" did your client experience about these problems when he/she entered psychotherapy?

__ Extremely great

__ Very great

__ Fairly great

__ Relatively small

__ Very small

__ Extremely small

10. How much do you feel he/she has changed as a result of therapy?

__ A great deal

__ A fair amount

__ Somewhat

__ Very little

__ Not at all

11. How much of this change do you feel has been apparent to others?

(a) People closest to him/her (husband, wife, etc.)

A great deal	A fair amount	Somewhat	Very little	Not at all

(b) Close friends.

A great deal	A fair amount	Somewhat	Very little	Not at all

(c) Co-workers, acquaintances, etc.

A great deal	A fair amount	Somewhat	Very little	Not at all

12. On the whole how well do you feel he/she is getting along now?

__ Extremely well

__ Very well

__ Fairly well

__ Neither well nor poorly

__ Fairly poorly

__ Very poorly

__ Extremely poorly

13. How adequately do you feel he/she is dealing with any present problems?

__ Very adequately

__ Fairly adequately

__ Neither adequately nor inadequately

__ Somewhat inadequately

__ Very inadequately

14. To what extent has his/her complaints or symptoms that brought him/her to therapy changed as a result of treatment?

__ Completely disappeared

__ Very greatly improved

__ Considerably improved

__ Somewhat improved

__ Not at all improved

__ Got worse

15. How soon after entering therapy did you feel that marked changes had taken place in him/her?

_____ hours of therapy (approximately)

THANK YOU FOR YOUR PARTICIPATION IN THIS PROJECT

Scoring the CRF

1. Number the items from 1 to 36.

2. Score the answer to each item from 1 to 7. The left-most space is either 1 or 7 as follows:

1. - 7	13. - 1	25. - 7
2. - 1	14. - 1	26. - 1
3. - 7	15. - 1	27. - 1
4. - 1	16. - 1	28. - 1
5. - 7	17. - 1	29. - 7
6. - 7	18. - 7	30. - 7
7. - 7	19. - 7	31. - 7
8. - 1	20. - 7	32. - 7
9. - 1	21. - 1	33. - 1
10. - 7	22. - 1	34. - 7
11. - 1	23. - 7	35. - 7
12. - 1	24. - 7	36. - 7

3. Determine factor scores E, T, A, by adding the scores of the 12 items in each factor as follows:

Expertness	Trustworthiness	Attractiveness
2	12	1
3	13	4
8	18	5
11	24	6
15	26	7
16	27	9
19	28	10
20	29	14
21	30	17
23	33	22
25	34	32
31	35	36

Appendix D

Item level analysis of the pilot data

This Appendix contains a partial output of the computer program LERTAP (Nelson, 1974). The inerpretation of the symbols are as follows:

Option= the altenative on the Likert scale below each item.
WGT = item polarity (i.e. adjustment for negatively or positively worded items).
N = the number of subjects selecting each response altenative.
P = percent.
Mean = mean score for the item.
S.D. = standard deviation of the item.
S.T. = item-subtest correlation.
T.T. = item-total test correlation.

LERTAP numbers the items sequentally within each subtest. The item equvivalences are:

Domain	LERTAP #	WAI #
Bond	1	1
	2	5
	3	8
	4	17
	5	19
	6	20
	7	21
	8	23

Domain	LERTAP #	WAI #
Bond	9	26
	10	28
	11	29
	12	36
Task	1	2
	2	4
	3	6
	4	11
	5	13
	6	15
	7	16
	8	18
	9	24
	10	31
	11	33
	12	35
Goal	1	3
	2	7
	3	9
	4	10
	5	12
	6	14
	7	21
	8	25

Domain	LERTAP #	WAI #
Goal	9	27
	10	30
	11	32
	12	34

LERTAP 2.0 SUMMARY ITEM STATISTICS

TEST NO 1 W.A.I. FORM C SUBTEST 1 WAI TASK C

ITEM NUMBER 1

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	1.0	0	0.0	3.429	0.646	0.341	0.532
2	2.0	0	0.0				
3	3.0	9	64.3				
4	4.0	4	28.6				
5	5.0	1	7.1				
TOTAL		14					

ITEM NUMBER 2

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	1.0	0	0.0	3.714	0.469	0.703	0.566
2	2.0	0	0.0				
3	3.0	4	28.6				
4	4.0	10	71.4				
5	5.0	0	0.0				
TOTAL		14					

ITEM NUMBER 3

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	5.0	3	21.4	3.929	0.829	-0.099	0.014
2	4.0	8	57.1				
3	3.0	2	14.3				
4	2.0	1	7.1				
5	1.0	0	0.0				
TOTAL		14					

ITEM NUMBER 4

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	5.0	5	35.7	4.286	0.611	0.613	0.516
2	4.0	8	57.1				
3	3.0	1	7.1				
4	2.0	0	0.0				
5	1.0	0	0.0				
TOTAL		14					

LERTAP 2.0 SUMMARY ITEM STATISTICS

TEST NO 1 W.A.I. FORM C SUBTEST 1 WAI TASK C

ITEM NUMBER 5

OPTION	WGT	N	P
1	1.0	0	0.0
2	2.0	0	0.0
3	3.0	3	21.4
4	4.0	7	50.0
5	5.0	4	28.6
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
4.071	0.730	-0.145	-0.192

ITEM NUMBER 6

OPTION	WGT	N	P
1	5.0	5	35.7
2	4.0	6	42.9
3	3.0	2	14.3
4	2.0	1	7.1
5	1.0	0	0.0
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
4.071	0.917	0.754	0.747

ITEM NUMBER 7

OPTION	WGT	N	P
1	1.0	0	0.0
2	2.0	2	14.3
3	3.0	6	42.9
4	4.0	4	28.6
5	5.0	2	14.3
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
3.429	0.938	0.036	0.339

ITEM NUMBER 8

OPTION	WGT	N	P
1	1.0	0	0.0
2	2.0	1	7.1
3	3.0	2	14.3
4	4.0	10	71.4
5	5.0	1	7.1
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
3.786	0.699	0.438	0.262

LERTAP 2.0

SUMMARY ITEM STATISTICS

TEST NO 1 W.A.I. FORM C

SUBTEST 1 WAI TASK C

ITEM NUMBER 9

OPTION	WGT	N	P
1	5.0	3	21.4
2	4.0	8	57.1
3	3.0	3	21.4
4	2.0	0	0.0
5	1.0	0	0.0
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
4.000	0.679	0.208	0.000

ITEM NUMBER 10

OPTION	WGT	N	P
1	5.0	8	57.1
2	4.0	5	35.7
3	3.0	0	0.0
4	2.0	1	7.1
5	1.0	0	0.0
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
4.429	0.852	0.111	0.358

ITEM NUMBER 11

OPTION	WGT	N	P
1	5.0	6	42.9
2	4.0	4	28.6
3	3.0	3	21.4
4	2.0	0	0.0
5	1.0	0	0.0
OTHER	0.0	1	7.1
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
3.929	1.385	-0.246	0.274

ITEM NUMBER 12

OPTION	WGT	N	P
1	1.0	1	7.1
2	2.0	1	7.1
3	3.0	2	14.3
4	4.0	9	64.3
5	5.0	1	7.1
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
3.571	1.016	0.550	0.741

LERTAP 2.0 SUMMARY ITEM STATISTICS

TEST NO 1 W.A.I. FORM C SUBTEST 2 WAI BOND C

ITEM NUMBER 1

OPTION	WGT	N	P
1	5.0	4	28.6
2	4.0	8	57.1
3	3.0	1	7.1
4	2.0	1	7.1
5	1.0	0	0.0
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
4.071	0.829	0.035	-0.022

ITEM NUMBER 2

OPTION	WGT	N	P
1	1.0	0	0.0
2	2.0	1	7.1
3	3.0	3	21.4
4	4.0	10	71.4
5	5.0	0	0.0
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
3.643	0.633	0.579	0.600

ITEM NUMBER 3

OPTION	WGT	N	P
1	1.0	0	0.0
2	2.0	1	7.1
3	3.0	3	21.4
4	4.0	9	64.3
5	5.0	1	7.1
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
3.714	0.726	0.695	0.765

ITEM NUMBER 4

OPTION	WGT	N	P
1	1.0	0	0.0
2	2.0	0	0.0
3	3.0	1	7.1
4	4.0	7	50.0
5	5.0	6	42.9
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
4.357	0.633	0.704	0.632

LERTAP 2.0

SUMMARY ITEM STATISTICS

TEST NO 1 W.A.I. FORM C

SUBTEST 2 WAI BOND C

ITEM NUMBER 5

OPTION	WGT	N	P
1	1.0	0	0.0
2	2.0	0	0.0
3	3.0	3	21.4
4	4.0	8	57.1
5	5.0	3	21.4
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
4.000	0.679	0.647	0.731

ITEM NUMBER 6

OPTION	WGT	N	P
1	5.0	2	14.3
2	4.0	9	64.3
3	3.0	2	14.3
4	2.0	1	7.1
5	1.0	0	0.0
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
3.857	0.770	0.191	-0.045

ITEM NUMBER 7

OPTION	WGT	N	P
1	1.0	0	0.0
2	2.0	1	7.1
3	3.0	4	28.6
4	4.0	8	57.1
5	5.0	1	7.1
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
3.643	0.745	0.650	0.562

ITEM NUMBER 8

OPTION	WGT	N	P
1	1.0	0	0.0
2	2.0	0	0.0
3	3.0	0	0.0
4	4.0	8	57.1
5	5.0	6	42.9
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
4.429	0.514	0.251	0.406

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LERTAP 2.0 SUMMARY ITEM STATISTICS

TEST NO 1 W.A.I. FORM C SUBTEST 2 WAI BOND C

ITEM NUMBER 9

OPTION	WGT	N	P
1	1.0	0	0.0
2	2.0	0	0.0
3	3.0	0	0.0
4	4.0	6	42.9
5	5.0	8	57.1
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
4.571	0.514	0.433	0.298

ITEM NUMBER 10

OPTION	WGT	N	P
1	1.0	1	7.1
2	2.0	1	7.1
3	3.0	4	28.6
4	4.0	6	42.9
5	5.0	1	7.1
OTHER	0.0	1	7.1
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
3.143	1.351	0.246	0.566

ITEM NUMBER 11

OPTION	WGT	N	P
1	5.0	11	78.6
2	4.0	3	21.4
3	3.0	0	0.0
4	2.0	0	0.0
5	1.0	0	0.0
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
4.786	0.426	0.249	0.248

ITEM NUMBER 12

OPTION	WGT	N	P
1	1.0	0	0.0
2	2.0	1	7.1
3	3.0	2	14.3
4	4.0	6	42.9
5	5.0	5	35.7
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
4.071	0.917	0.589	0.698

LERTAP 2.0

SUMMARY ITEM STATISTICS

TEST NO 1 W.A.I. FORM C

SUBTEST 3 WAI GOAL C

ITEM NUMBER 1

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	5.0	7	50.0	3.929	1.269	-0.224	-0.072
2	4.0	2	14.3				
3	3.0	2	14.3				
4	2.0	3	21.4				
5	1.0	0	0.0				
TOTAL		14					

ITEM NUMBER 2

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	1.0	0	0.0	3.571	0.514	0.374	0.511
2	2.0	0	0.0				
3	3.0	6	42.9				
4	4.0	8	57.1				
5	5.0	0	0.0				
TOTAL		14					

ITEM NUMBER 3

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	5.0	4	28.6	4.000	1.240	0.269	0.192
2	4.0	9	64.3				
3	3.0	0	0.0				
4	2.0	0	0.0				
5	1.0	0	0.0				
OTHER	0.0	1	7.1				
TOTAL		14					

ITEM NUMBER 4

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	5.0	4	28.6	4.000	0.784	0.293	0.395
2	4.0	6	42.9				
3	3.0	4	28.6				
4	2.0	0	0.0				
5	1.0	0	0.0				
TOTAL		14					

LERTAP 2.0 SUMMARY ITEM STATISTICS

TEST NO 1 W.A.I. FORM C SUBTEST 3 WAI GOAL C

ITEM NUMBER 5

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	5.0	4	28.6	3.571	1.453	0.527	0.572
2	4.0	5	35.7				
3	3.0	2	14.3				
4	2.0	2	14.3				
5	1.0	0	0.0				
OTHER	0.0	1	7.1				
TOTAL		14					

ITEM NUMBER 6

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	1.0	0	0.0	4.071	0.829	-0.031	0.103
2	2.0	0	0.0				
3	3.0	4	28.6				
4	4.0	5	35.7				
5	5.0	5	35.7				
TOTAL		14					

ITEM NUMBER 7

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	1.0	1	7.1	3.500	1.019	0.417	0.719
2	2.0	1	7.1				
3	3.0	3	21.4				
4	4.0	8	57.1				
5	5.0	1	7.1				
TOTAL		14					

ITEM NUMBER 8

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	1.0	0	0.0	3.643	0.633	0.465	0.560
2	2.0	0	0.0				
3	3.0	6	42.9				
4	4.0	7	50.0				
5	5.0	1	7.1				
TOTAL		14					

LERTAP 2.0 SUMMARY ITEM STATISTICS

TEST NO 1 W.A.I. FORM C SUBTEST 3 WAI GOAL C

ITEM NUMBER 9

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	5.0	2	14.3	3.929	0.730	0.121	0.537
2	4.0	10	71.4				
3	3.0	1	7.1				
4	2.0	1	7.1				
5	1.0	0	0.0				
TOTAL		14					

ITEM NUMBER 10

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	1.0	1	7.1	3.071	0.917	0.819	0.775
2	2.0	2	14.3				
3	3.0	6	42.9				
4	4.0	5	35.7				
5	5.0	0	0.0				
TOTAL		14					

ITEM NUMBER 11

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	1.0	1	7.1	2.857	1.167	0.614	0.523
2	2.0	1	7.1				
3	3.0	7	50.0				
4	4.0	4	28.6				
5	5.0	0	0.0				
OTHER	0.0	1	7.1				
TOTAL		14					

ITEM NUMBER 12

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	5.0	3	21.4	3.714	0.914	0.058	0.001
2	4.0	5	35.7				
3	3.0	5	35.7				
4	2.0	1	7.1				
5	1.0	0	0.0				
TOTAL		14					

LERTAP 2.0

SUMMARY ITEM STATISTICS

TEST NO 1 W.A.I. FORM T

SUBTEST 1 WAI TASK T

ITEM NUMBER 1

OPTION	WGT	N	P
1	1.0	0	0.0
2	2.0	1	7.1
3	3.0	3	21.4
4	4.0	8	57.1
5	5.0	1	7.1
OTHER	0.0	1	7.1
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
3.429	1.223	0.257	0.392

ITEM NUMBER 2

OPTION	WGT	N	P
1	5.0	0	0.0
2	4.0	0	0.0
3	3.0	8	57.1
4	2.0	6	42.9
5	1.0	0	0.0
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
2.571	0.514	0.316	0.114

ITEM NUMBER 3

OPTION	WGT	N	P
1	5.0	2	14.3
2	4.0	7	50.0
3	3.0	5	35.7
4	2.0	0	0.0
5	1.0	0	0.0
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
3.786	0.699	0.651	0.598

ITEM NUMBER 4

OPTION	WGT	N	P
1	5.0	2	14.3
2	4.0	7	50.0
3	3.0	3	21.4
4	2.0	2	14.3
5	1.0	0	0.0
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
3.643	0.929	0.110	0.404

LERTAP 2.0 SUMMARY ITEM STATISTICS

TEST NO 1 W.A.I. FORM T SUBTEST 1 WAI TASK T

ITEM NUMBER 5

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	1.0	0	0.0	4.286	0.611	0.223	0.286
2	2.0	0	0.0				
3	3.0	1	7.1				
4	4.0	8	57.1				
5	5.0	5	35.7				
TOTAL		14					

ITEM NUMBER 6

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	5.0	5	35.7	4.214	0.699	0.431	0.621
2	4.0	7	50.0				
3	3.0	2	14.3				
4	2.0	0	0.0				
5	1.0	0	0.0				
TOTAL		14					

ITEM NUMBER 7

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	1.0	0	0.0	3.643	0.842	0.074	0.490
2	2.0	2	14.3				
3	3.0	2	14.3				
4	4.0	9	64.3				
5	5.0	1	7.1				
TOTAL		14					

ITEM NUMBER 8

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	1.0	0	0.0	3.286	0.825	0.217	0.339
2	2.0	3	21.4				
3	3.0	4	28.6				
4	4.0	7	50.0				
5	5.0	0	0.0				
TOTAL		14					

LERTAP 2.0

SUMMARY ITEM STATISTICS

TEST NO 1 W.A.I. FORM T

SUBTEST 1 WAI TASK T

ITEM NUMBER 9

OPTION	WGT	N	P
1	5.0	2	14.3
2	4.0	7	50.0
3	3.0	4	28.6
4	2.0	0	0.0
5	1.0	0	0.0
OTHER	0.0	1	7.1
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
3.571	1.223	-0.011	-0.062

ITEM NUMBER 10

OPTION	WGT	N	P
1	5.0	7	50.0
2	4.0	4	28.6
3	3.0	3	21.4
4	2.0	0	0.0
5	1.0	0	0.0
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
4.286	0.825	0.217	0.221

ITEM NUMBER 11

OPTION	WGT	N	P
1	5.0	1	7.1
2	4.0	11	78.6
3	3.0	2	14.3
4	2.0	0	0.0
5	1.0	0	0.0
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
3.929	0.475	0.475	0.561

ITEM NUMBER 12

OPTION	WGT	N	P
1	1.0	0	0.0
2	2.0	0	0.0
3	3.0	6	42.9
4	4.0	7	50.0
5	5.0	1	7.1
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
3.643	0.633	0.353	0.569

TEST NO 1 W.A.I. FORM T SUBTEST 2 WAI BOND T

ITEM NUMBER 1

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	5.0	2	14.3	3.429	1.223	-0.022	0.221
2	4.0	6	42.9				
3	3.0	4	28.6				
4	2.0	0	0.0				
5	1.0	2	14.3				
TOTAL		14					

ITEM NUMBER 2

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	1.0	0	0.0	3.643	0.497	0.122	0.184
2	2.0	0	0.0				
3	3.0	5	35.7				
4	4.0	9	64.3				
5	5.0	0	0.0				
TOTAL		14					

ITEM NUMBER 3

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	1.0	1	7.1	3.286	0.994	0.407	0.394
2	2.0	1	7.1				
3	3.0	6	42.9				
4	4.0	5	35.7				
5	5.0	1	7.1				
TOTAL		14					

ITEM NUMBER 4

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	1.0	0	0.0	4.571	0.646	0.291	0.241
2	2.0	0	0.0				
3	3.0	1	7.1				
4	4.0	4	28.6				
5	5.0	9	64.3				
TOTAL		14					

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SUMMARY ITEM STATISTICS

TEST NO 1 W.A.I. FORM T

SUBTEST 2 WAI BOND T

ITEM NUMBER 5

OPTION	WGT	N	P
1	1.0	0	0.0
2	2.0	0	0.0
3	3.0	9	64.3
4	4.0	4	28.6
5	5.0	1	7.1
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
3.429	0.646	0.546	0.719

ITEM NUMBER 6

OPTION	WGT	N	P
1	5.0	5	35.7
2	4.0	6	42.9
3	3.0	2	14.3
4	2.0	1	7.1
5	1.0	0	0.0
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
4.071	0.917	0.396	0.199

ITEM NUMBER 7

OPTION	WGT	N	P
1	1.0	0	0.0
2	2.0	0	0.0
3	3.0	7	50.0
4	4.0	6	42.9
5	5.0	1	7.1
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
3.571	0.646	0.495	0.565

ITEM NUMBER 8

OPTION	WGT	N	P
1	1.0	0	0.0
2	2.0	0	0.0
3	3.0	1	7.1
4	4.0	5	35.7
5	5.0	8	57.1
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
4.500	0.650	0.441	0.327

LERTAP 2.0

SUMMARY ITEM STATISTICS

TEST NO 1 W.A.I. FORM T

SUBTEST 2 WAI BOND T

ITEM NUMBER 9

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	1.0	0	0.0	4.071	0.730	0.718	0.475
2	2.0	0	0.0				
3	3.0	3	21.4				
4	4.0	7	50.0				
5	5.0	4	28.6				
TOTAL		14					

ITEM NUMBER 10

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	1.0	0	0.0	3.286	0.726	0.550	0.509
2	2.0	2	14.3				
3	3.0	6	42.9				
4	4.0	6	42.9				
5	5.0	0	0.0				
TOTAL		14					

ITEM NUMBER 11

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	1.0	9	64.3	1.500	0.855	0.407	0.170
2	2.0	4	28.6				
3	3.0	0	0.0				
4	4.0	1	7.1				
5	5.0	0	0.0				
TOTAL		14					

ITEM NUMBER 12

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	1.0	0	0.0	4.000	0.555	0.186	-0.040
2	2.0	0	0.0				
3	3.0	2	14.3				
4	4.0	10	71.4				
5	5.0	2	14.3				
TOTAL		14					

LERTAP 2.0

SUMMARY ITEM STATISTICS

TEST NO 1 W.A.I. FORM T

SUBTEST 3 WAI GOAL T

ITEM NUMBER 1

OPTION	WGT	N	P
1	5.0	1	7.1
2	4.0	1	7.1
3	3.0	6	42.9
4	2.0	6	42.9
5	1.0	0	0.0
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
2.786	0.893	-0.245	-0.084

ITEM NUMBER 2

OPTION	WGT	N	P
1	1.0	0	0.0
2	2.0	3	21.4
3	3.0	6	42.9
4	4.0	5	35.7
5	5.0	0	0.0
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
3.143	0.770	0.572	0.599

ITEM NUMBER 3

OPTION	WGT	N	P
1	5.0	5	35.7
2	4.0	6	42.9
3	3.0	1	7.1
4	2.0	1	7.1
5	1.0	1	7.1
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
3.929	1.207	0.669	0.648

ITEM NUMBER 4

OPTION	WGT	N	P
1	1.0	7	50.0
2	2.0	7	50.0
3	3.0	0	0.0
4	4.0	0	0.0
5	5.0	0	0.0
TOTAL		14	

ITEM STATS		CORRELATIONS	
MEAN	S.D.	ST	TT
1.500	0.519	0.266	0.554

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SUMMARY ITEM STATISTICS

TEST NO 1 W.A.I. FORM T

SUBTEST 3 WAI GOAL T

ITEM NUMBER 5

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	5.0	4	28.6	3.929	0.917	0.001	0.152
2	4.0	6	42.9				
3	3.0	3	21.4				
4	2.0	1	7.1				
5	1.0	0	0.0				
TOTAL		14					

ITEM NUMBER 6

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	1.0	0	0.0	3.571	0.756	0.615	0.473
2	2.0	1	7.1				
3	3.0	5	35.7				
4	4.0	7	50.0				
5	5.0	1	7.1				
TOTAL		14					

ITEM NUMBER 7

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	1.0	0	0.0	3.714	0.994	0.585	0.590
2	2.0	2	14.3				
3	3.0	3	21.4				
4	4.0	6	42.9				
5	5.0	3	21.4				
TOTAL		14					

ITEM NUMBER 8

OPTION	WGT	N	P	ITEM STATS MEAN	S.D.	CORRELATIONS ST	TT
1	1.0	0	0.0	3.286	0.726	0.137	0.303
2	2.0	2	14.3				
3	3.0	6	42.9				
4	4.0	6	42.9				
5	5.0	0	0.0				
TOTAL		14					

LERTAP 2.0

SUMMARY ITEM STATISTICS

TEST NO 1 W.A.I. FORM T

SUBTEST 3 WAI GOAL T

ITEM NUMBER 9

OPTION	WGT	N	P	ITEM STATS MEAN	ITEM STATS S.D.	CORRELATIONS ST	CORRELATIONS TT
1	5.0	5	35.7	4.214	0.699	-0.206	0.140
2	4.0	7	50.0				
3	3.0	2	14.3				
4	2.0	0	0.0				
5	1.0	0	0.0				
TOTAL		14					

ITEM NUMBER 10

OPTION	WGT	N	P	ITEM STATS MEAN	ITEM STATS S.D.	CORRELATIONS ST	CORRELATIONS TT
1	1.0	1	7.1	3.571	0.938	0.672	0.541
2	2.0	0	0.0				
3	3.0	4	28.6				
4	4.0	8	57.1				
5	5.0	1	7.1				
TOTAL		14					

ITEM NUMBER 11

OPTION	WGT	N	P	ITEM STATS MEAN	ITEM STATS S.D.	CORRELATIONS ST	CORRELATIONS TT
1	1.0	1	7.1	3.071	0.917	0.698	0.598
2	2.0	2	14.3				
3	3.0	6	42.9				
4	4.0	5	35.7				
5	5.0	0	0.0				
TOTAL		14					

ITEM NUMBER 12

OPTION	WGT	N	P	ITEM STATS MEAN	ITEM STATS S.D.	CORRELATIONS ST	CORRELATIONS TT
1	5.0	1	7.1	3.286	0.914	0.128	0.044
2	4.0	5	35.7				
3	3.0	5	35.7				
4	2.0	3	21.4				
5	1.0	0	0.0				
TOTAL		14					

Appendix E

Material used in the clinical part of the study

INSTRUCTIONS TO PARTICIPANTS IN THE
PSYCHOTHERAPY RELATIONSHIP RESEARCH PROJECT

This project is designed to explore the different kinds of helping relationships that develop in counselling/psychotherapy. Your participation is vitally important to the project and your generosity with your time and energy is much appreciated. The procedure we are using is designed to ensure complete confidentiality. Please follow the steps outlined below:

(1) Ask your client to volunteer to participate in the project. Read and explain, if necessary, the consent form. Have your client sign the form and sign it yourself as witness. Sign the therapist consent form. Place both consent forms in the small white envelope marked "consent" and mail it to the researcher.

(2) After the 3rd session with this client please give him/her the packet and materials marked "C". Please encourage your client to complete it (it takes 30 minutes) and have him/her seal the filled-out forms in the envelope provided. Complete your questionnaires marked "T", and seal all the material (yours and your client's) in one of the large self-addressed manilla envelopes.

(3) Mail the manilla envelope back to the researcher.

(4) Please make a note on your calendar to remind yourself to administer the second part of the questionnaire 7 sessions after this session or at the last interview you will have with this client. Use the memo provided if you wish.

(5) After the 10th interview (approximately), or at the last session, give your client the packet marked "PC" to fill out and seal it in the envelope provided. Please fill out the material marked "PT" and seal it in the envelope. Place all the completed questionnaires in the large manilla envelope and return it to the researcher.

(6) Should you have more than one client participating in the research, please follow the complete procedure each time, using a complete new "kit".

Thank you

Information about the Therapeutic Relationship Research Project

This study is designed to generate information about the kinds of relationships that help people solve problems, change, or learn about themselves. The information that is being gathered will enable therapists to develop more effective ways to facilitate change.

There are many different kinds of effective helping relationships. We would like to know some of your ideas, opinions, and feelings about your relationship with your helper. Your cooperation with the research project is important and we would like to have the benefit of your experience.

Your responses to the questionnaires are completely confidential. The researchers will not know who you are, neither will your therapist see your questionnaire.

Your part in the research involves the filling out of some questionnaires. The first questionnaire will take about ½ hour to complete. A few weeks from now you will be asked to respond to an even shorter instrument (5 minutes).

Thank you for your cooperation.

Consent Form

I hereby voluntarily consent to participate in the helping relationship research study. The nature of this research has been explained to me and I understand that I will be required to complete some questionnaires.

I have been informed that the responses on the questionnaires will be treated anonymously and confidentially and the researchers will not know my name nor will they have any identifying information about me.

If I do not wish to participate in this study, I understand thay my decision will in no way affect the standard or the availability of the service I will receive. I understand that I am free to withdraw from this study at any time, and that my withdrawal will in no way affect the standard of service I will receive.

Signed .....

Date .....

.....

Witness (Therapist)

C

PSYCHOTHERAPY RELATIONSHIP RESEARCH PROJECT

TO THE PARTICIPANT:

PLEASE COMPLETE THE ATTACHED QUESTIONNAIRES IN THE ORDER GIVEN AND SEAL THE COMPLETED FORMS IN THE ENVELOPE PROVIDED. YOUR THERAPIST (COUNSELLOR) WILL RETURN THESE ALONG WITH HER/HIS QUESTIONNAIRE TO THE RESEARCHERS.

PLEASE MAKE SURE YOU RESPOND TO EVERY ITEM.

THANK YOU.

C

Working Alliance Inventory

Instructions

Below are some sentences that describe some of the different ways a person might think or feel about his or her therapist (counsellor).

As you read the sentences mentally insert the name of your therapist (counsellor) in the place of the _____ in the text.

Below each sentence there is a five point scale:

1	2	3	4	5
Never		Sometimes		Always

If the sentence describes the way that you always feel (or think) circle no. 5; if it never applies to you circle the number 1. Use the points in between to describe the variations between these extremes.

This questionnaire is confidential; NEITHER YOUR THERAPIST OR THE AGENCY WILL SEE YOUR ANSWERS.

Please work fast, your first impressions are the ones we would like to get. (Please don't forget to respond to every item.)

Thank you for your cooperation.

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

---

1. I feel uncomfortable with _____.

   1 2 3 4 5

2. _____ and I agree about the steps to be taken to improve my situation.

   1 2 3 4 5

3. I worry about the changes that might result as the outcome of these sessions.

   1 2 3 4 5

4. I feel we are approaching my problems the right way.

   1 2 3 4 5

5. I feel really understood.

   1 2 3 4 5

6. _____ perceives accurately what my goals are.

   1 2 3 4 5

7. I find what we do in therapy confusing.

   1 2 3 4 5

8. My time with _____ is important for me.

   1 2 3 4 5

9. I wish _____ would clarify the purpose of our sessions.

   1 2 3 4 5

10. I disagree with _____ about my goals.

    1 2 3 4 5

11. I believe that the time we are spending together is not spent efficiently.

    1 2 3 4 5

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

---

12. I don't know what we are trying to accomplish in therapy.

1 2 3 4 5

13. I am clear on what my responsibilities are in therapy.

1 2 3 4 5

14. The goals of these sessions are meaningful to me.

1 2 3 4 5

15. I find what _____ and I are doing far removed from my concerns.

1 2 3 4 5

16. I feel that what I do here will help me to accomplish the changes that I want.

1 2 3 4 5

17. I believe _____ is genuinely concerned for my welfare.

1 2 3 4 5

18. I am clear as to what _____ wants me to do in these sessions.

1 2 3 4 5

19. I respect _____ as a highly capable and skillful individual.

1 2 3 4 5

20. I feel that _____ is not totally honest about his/her feelings toward me.

1 2 3 4 5

21. I am confident in _____'s ability to help me through my present difficulties.

1 2 3 4 5

22. We work towards mutually agreed upon goals.

1 2 3 4 5

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

---

23. I feel that _____ appreciates me.

1 2 3 4 5

24. We agree on what is important for me to work on.

1 2 3 4 5

25. As a result of these sessions I am clearer as to what I need to change.

1 2 3 4 5

26. I trust _____.

1 2 3 4 5

27. _____and I have different ideas on what I should be aiming for.

1 2 3 4 5

28. My relationship with _____ is very important to me.

1 2 3 4 5

29. I have the feeling that if I say or do the wrong things, _____ will stop working with me.

1 2 3 4 5

30. We agree on the things I should get out of my therapy.

1 2 3 4 5

31. _____ wants me to change too fast.

1 2 3 4 5

32. We have established a good understanding for the direction of changes that would be good for me.

1 2 3 4 5

33. The things that I am doing here don't make much sense to me.

1 2 3 4 5

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

---

34. I don't know what to expect as the result of my therapy.

1 2 3 4 5

35. I believe that the way we are working with my problem is correct.

1 2 3 4 5

36. I feel _____ respects me even when I do things that he/she does not approve of.

1 2 3 4 5

(Revised Form)

COUNSELOR RATING FORM

Listed below are several scales which contain word pairs at either end of the scale and seven spaces between the pairs. Please rate the counselor you just saw on each of the scales.

If you feel that the counselor very closely resembles the word at one end of the scale, place a check mark as follows:

fair ___:___:___:___:___:___:_X_ unfair

OR

fair _X_:___:___:___:___:___:___ unfair

If you think that one end of the scale quite closely describes the counselor then make your check mark as follows:

rough ___:_X_:___:___:___:___:___ smooth

OR

rough ___:___:___:___:___:_X_:___ smooth

If you feel that one end of the scale only slightly describes the counselor, then check the scale as follows:

active ___:___:_X_:___:___:___:___ passive

OR

active ___:___:___:___:_X_:___:___ passive

If both sides of the scale seem equally associated with your impression of the counselor or if the scale is irrelevant, then place a check mark in the middle space:

hard ___:___:___:_X_:___:___:___ soft

Your first impression is the best answer.

PLEASE NOTE: PLACE CHECK MARKS IN THE MIDDLE OF THE SPACES

agreeable ___:___:___:___:___:___:___ disageeable

unalert ___:___:___:___:___:___:___ alert

analytic ___:___:___:___:___:___:___ diffuse

unappreciative ___:___:___:___:___:___:___ appreiative

attractive ___:___:___:___:___:___:___ unattractive

casual ___:___:___:___:___:___:___ formal

cheerful ___:___:___:___:___:___:___ depressed

unclear ___:___:___:___:___:___:___ clear

distant ___:___:___:___:___:___:___ close

compatible ___:___:___:___:___:___:___ incompatible

unsure ___:___:___:___:___:___:___ confident

suspicious ___:___:___:___:___:___:___ believable

undependable ___:___:___:___:___:___:___ dependable

indifferent ___:___:___:___:___:___:___ enthusiastic

inexperienced ___:___:___:___:___:___:___ experienced

inexpert ___:___:___:___:___:___:___ expert

unfriendly ___:___:___:___:___:___:___ friendly

honest ___:___:___:___:___:___:___ dishonest

informed ___:___:___:___:___:___:___ ignorant

insightful ___:___:___:___:___:___:___ insightless

stupid ___:___:___:___:___:___:___ intelligent

unlikeable ___:___:___:___:___:___:___ likeable

logical ___:___:___:___:___:___:___ illogical

open ___:___:___:___:___:___:___ closed

prepared ___:___:___:___:___:___:___ unprepared

unreliable ___:___:___:___:___:___:___ reliable

disrespectful ___:___:___:___:___:___:___ respectful

irresponsible ___:___:___:___:___:___:___ responsible

selfless ___:___:___:___:___:___:___ selfish

sincere ___:___:___:___:___:___:___ insincere

skillful ___:___:___:___:___:___:___ unskillful

sociable ___:___:___:___:___:___:___ unsociable

deceitful ___:___:___:___:___:___:___ straightforward

trustworthy ___:___:___:___:___:___:___ untrustworthy

genuine ___:___:___:___:___:___:___ phony

warm ___:___:___:___:___:___:___ cold

Code: Date:

*(BARRETT-LENNARD) RELATIONSHIP INVENTORY--FORM OS--64**

Below are listed a variety of ways that one person may feel or behave in relation to another person.

Please consider each numbered statement with reference to your present relationship with your counsellor, mentally adding his or her name in the space provided. For example, if the other person's name was John, you would read statement #1, as 'John respects me as a person'.

Mark each statement in the answer column on the right, according to how strongly you feel that it is true, or not true, in this relationship. Please be sure to mark every one. Write in *+3, +2, +1,* or *-1, -2, -3,* to stand for the following answers:

+3: Yes, I strongly feel that it is true.

+2: Yes, I feel it is true.

+1: Yes, I feel that it is probably true, or more true than untrue.

-1: No, I feel that it is probably untrue, or more untrue than true.

-2: No, I feel it is not true.

-3: No, I strongly feel that it is not true.

		ANSWER
1.	_____ respects me as a person	_____
2.	_____ wants to understand how I see things	_____
3.	_____ 's interest in me depends on the things I say or do . .	_____
4.	_____ is comfortable and at ease in our relationship . . .	_____
5.	_____ feels a true liking for me	_____
6.	_____ may understand my words but he/she does not see the way I feel	_____
7.	Whether I am feeling happy or unhappy with myself makes no real difference to the way _____ feels about me	_____
8.	I feel that _____ puts on a role or front with me	_____
9.	_____ is impatient with me	_____
10.	_____ nearly always knows exactly what I mean	_____
11.	Depending on my behaviour, _____ has a better opinion of me sometimes than he/she has at other times	_____

---

* Combines Forms OS-M-64 and OS-F-64

		ANSWER
12.	I feel that _____ is real and genuine with me	_____
13.	I feel appreciated by _____	_____
14.	_____ looks at what I do from his/her own point of view . . .	_____
15.	_____'s feeling toward me doesn't depend on how I feel toward him/her	_____
16.	It makes _____ uneasy when I ask or talk about certain things	_____
17.	_____ is indifferent to me	_____
18.	_____ usually senses or realises what I am feeling	_____
19.	_____ wants me to be a particular kind of person	_____
20.	I feel that what _____ says usually expresses exactly what he/she is feeling and thinking at that moment	_____
21.	_____ finds me rather dull and uninteresting	_____
22.	_____'s own attitudes toward some of the things I do or say prevent him/her from understanding me	_____
23.	I can (or could) be openly critical or appreciative of _____ without really making him/her feel any differently about me .	_____
24.	_____ wants me to think that he/she likes me or understands me more than he/she really does	_____
25.	_____ cares for me	_____
26.	Sometimes _____ thinks that I feel a certain way, because that's the way he/she feels	_____
27.	_____ likes certain things about me, and there are other things he/she does not like	_____
28.	_____ does not avoid anything that is important for our relationship	_____
29.	I feel that _____ disapproves of me	_____
30.	_____ realises what I mean even when I have difficulty in saying it	_____
31.	_____'s attitude toward me stays the same: he/she is not pleased with me sometimes and critical or disappointed at other times	_____
32.	Sometimes _____ is not at all comfortable but we go on, outwardly ignoring it	_____
33.	_____ just tolerates me	_____
34.	_____ usually understands the whole of what I mean	_____

ANSWER

35. If I show that I am angry with _____ he/she becomes hurt or angry with me, too . . . . . _____

36. _____ expresses his/her true impressions and feelings with me . . . . . _____

37. _____ is friendly and warm with me . . . . . _____

38. _____ just takes no notice of some things that I think or feel . . . . . _____

39. How much _____ likes or dislikes me is not altered by anything that I tell him/her about myself . . . . . _____

40. At times I sense that _____ is not aware of what he/she is really feeling with me . . . . . _____

41. I feel that _____ really values me . . . . . _____

42. _____ appreciates exactly how the things I experience feel to me . . . . . _____

43. _____ approves of some things I do, and plainly disapproves of others . . . . . _____

44. _____ is willing to express whatever is actually in his/her mind with me, including personal feelings about either of us . . . . . _____

45. _____ doesn't like me for myself . . . . . _____

46. At times _____ thinks that I feel a lot more strongly about a particular thing than I really do . . . . . _____

47. Whether I happen to be in good spirits or feeling upset does not make _____ feel any more or less appreciative of me . . _____

48. _____ is openly himself/herself in our relationship . . . _____

49. I seem to irritate and bother _____ . . . . . _____

50. _____ does not realise how sensitive I am about some of the things we discuss . . . . . _____

51. Whether the ideas and feelings I express are "good" or "bad" seems to make no difference to _____ 's feeling toward me . _____

52. There are times when I feel that _____ 's outward response to me is quite different from the way he/she feels underneath . . . . . _____

53. _____ feels contempt for me . . . . . _____

54. _____ understands me . . . . . _____

55. Sometimes I am more worthwhile in _____ 's eyes than I am at other times . . . . . _____

ANSWER

56. _____ doesn't hide anything from himself/herself that he/she feels with me . . . . . _____

57. _____ is truly interested in me . . . . . _____

58. _____ 's response to me is usually so fixed and automatic that I don't really get through to him/her . . . . . _____

59. I don't think that anything I say or do really changes the way _____ feels toward me . . . . . _____

60. What _____ says to me often gives a wrong impression of his/her total thought or feeling at the time . . . . . _____

61. _____ feels deep affection for me . . . . . _____

62. When I am hurt or upset _____ can recognise my feelings exactly, without becoming upset too . . . . . _____

63. What other people think of me does (or would, if he/she knew) affect the way _____ feels toward me . . . . . _____

64. I believe that _____ has feelings he/she does not tell me about that are causing difficulty in our relationship . . . _____

Client Form PC

*Posttherapy Questionnaire

This survey is part of a research project to study how clients feel about their therapy experiences. Please try to answer all questions as completely and accurately as you can.

Return your completed questionnaire in the envelope provided. Your cooperation in this research is very much appreciated.

*Adopted from the questionnaire developed by Dr. H. Strupp et al.

1. Age:

2. Sex (circle one): M F

3. Marital status: Single Married Divorced Widowed

4. Education (check highest level and complete question):

__Elementary school (indicate number of years: ____)

__High school (indicate number of years: ____)

__High school graduate

__College (indicate number of years: ___)

__College graduate

__Graduate study or professional training (kind, degree, etc.)

5. How much in need of further therapy/counselling do you feel now?

__ No need at all

__ Slight need

__ Could use more

__ Considerable need

__ Very great need

6. If this is your last session, what led to the termination of your therapy/counselling?

__ My decision

__ My therapist's decision

__ Mutual agreement

__ External factors

7. How much have you benefitted from your therapy/counselling?

__ A great deal

__ A fair amount

__ To some extent

__ Very little

__ Not at all

8. Everything considered, how satisfied are you with the results of your therapy/counselling experience?

__ Extremely dissatisfied

__ Moderately dissatisfied

__ Fairly dissatisfied

__ Fairly satisfied

__ Moderately satisfied

__ Highly satisfied

__ Extremely satisfied

9. Was your therapist of the same sex? __ Yes __ No

10. What impression did you have of his/her level of experience as a therapist/counsellor?

__ Extremely inexperienced

__ Rather inexperienced

__ Somewhat experienced

__ Fairly experienced

__ Highly experienced

__ Exceptionally experienced

11. At the beginning of your therapy how well did you feel you were getting along?

__ Very well

__ Fairly well

__ Neither well nor poorly

__ Fairly poorly

__ Very poorly

__ Extremely poorly

12. How long before entering therapy did you feel in need of professional help?

__ less than 1 year

__ 1 - 2 years

__ 3 - 4 years

__ 5 - 10 years

__ 11 - 15 years

__ 16 - 20 years

__ _____ years
(specify)

13. How severely disturbed did you consider yourself at the beginning of your therapy/counselling?

Extremely disturbed	Very much disturbed	Moderately disturbed	Somewhat disturbed	Very slightly disturbed

14. How much anxiety did you feel at the time you started therapy/counselling?

A tremendous amount	A great deal	A fair amount	Very little	None at all

15. How great was the internal "pressure" to do something about these problems when you entered therapy/counselling?

__ Extremely great

__ Very great

__ Fairly great

___ Relatively small

__ Very small

__ Extremely small

16. How much do you feel you have changed as a result of therapy/counselling?

__ A great deal

__ A fair amount

__ Somewhat

___Very little

__ Not at all

17. How much of this change do you feel has been apparent to others?

(a) People closest to you (husband, wife, etc.)

A great deal	A fair amount	Somewhat	Very little	Not at all

(b) Close friends

A great deal	A fair amount	Somewhat	Very little	Not at all

(c) Co-workers, acquaintances, etc.

A great deal	A fair amount	Somewhat	Very little	Not at all

18. On the whole how well do you feel you are getting along now?

__ Extremely well

__ Very well

__ Fairly well

__ Neither well nor poorly

__ Fairly poorly

__ Very poorly

__ Extremely poorly

19. How adequately do you feel you are dealing with any present problems?

__ Very adequately

__ Fairly adequately

__ Neither adequately nor inadequately

__ Somewhat inadequately

__ Very inadequately

20. To what extent have your complaints or symptoms that brought you to therapy/counselling changed as a result of treatment?

___ Completely disappeared

___ Very greatly improved

___ Considerable improved

___ Somewhat improved

___ Not at all improved

___ Got worse

21. How soon after entering therapy did you feel any marked change?

_____ hours of therapy
(approximately)

22. How strongly would you recommend therapy/counselling to a close friend with emotional problems?

___ Would strongly recommend it

___ Would mildly recommend it

___ Would recommend it but with some reservations

___ Would not recomment it

___ Would advise against it

23. Please indicate the adequacy of this questionnaire in describing your therapy experience. Give any additional data which you feel are relevant to an understanding of your experience.

THANK YOU FOR YOUR COOPERATION

Therapist Consent Form

I hereby voluntarily consent to particiapte in the helping relationship research study. The nature of this research has been explained to me and I understand that I will be required to complete some questionnaires.

I have been informed that the responses on the questionnaires will be treated anonymously and confidentially and the researchers will not know my name nor will they have any identifying information about me.

I have explained the nature of the research to my client(s) and I am aware that I am free to withdraw from this study at any time.

Signed .....

Date .....

T.....

DEMOGRAPHIC DATA SHEET

1. Professional affiliation:

   Psychologist __ Social Worker __ Counsellor __

   Psychiatrist __ Other (please specify) _____

2. Highest degree completed:

   B.A. __ M.D. __ M.A. __ Ph.D. __

   Ed.D. __ M.Ed. __ B.S.W. __ M.S.W. __

   Other (please specify) _____

3. Number of years of experience as a therapist/counsellor:

   None __

   1 - 5 __

   6 - 10 __

   11 - 15 __

   More __

4. Theoretical orientation you have employed while working with this particular client: (check only one)

   analytic __

   behavior modification __

   gestalt __

   client centered __

   Adlerian __

   existential __

   other (please specify) _____

Working Alliance Inventory

Instructions

Below are some sentences that describe some of the different ways people in therapy (counselling) may feel or think about each other.

As you read the sentences mentally insert the name of your client in the place of the _____ in the text.

Below each sentence there is a five point scale:

1	2	3	4	5
Never		Sometimes		Always

If the sentence describes the way that you always feel (or think) circle No. 5; if it never applies to you circle the number 1. Use the points in between to describe the variations between these extremes.

This questionnaire is confidential; NEITHER YOUR CLIENT OR THE AGENCY WILL SEE YOUR ANSWERS.

Please work fast, your first impressions are the ones we would like to get. (Please don't forget to respond to every item.)

Thank you for your cooperation.

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

---

1. I often feel uncomfortable with _____.
   1 2 3 4 5

2. _____ and I agree about the steps to be taken to improve his/her situation.
   1 2 3 4 5

3. I worry about the outcome of these sessions.
   1 2 3 4 5

4. I feel we are approaching his/her problems the right way.
   1 2 3 4 5

5. I feel I really understand _____.
   1 2 3 4 5

6. I find what we do in therapy confusing.
   1 2 3 4 5

7. _____ I have an accurate perception of _____'s goals.
   1 2 3 4 5

8. The time _____ spends with me is important for him/her.
   1 2 3 4 5

9. I need to clarify for_____ the purpose of our sessions.
   1 2 3 4 5

10. I often disagree with _____ about our goals.
    1 2 3 4 5

11. I believe that the time _____ and I are spending together is not spent efficiently.
    1 2 3 4 5

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

---

12. I don't know what we are trying to accomplish in therapy.
    1 2 3 4 5

13. I am clear on what _____'s responsibilities are in therapy.
    1 2 3 4 5

14. The goals of these sessions are meaningful to _____.
    1 2 3 4 5

15. I find what _____ and I are doing far removed from _____'s concerns.
    1 2 3 4 5

16. I feel that what we do here will help _____ to accomplish the changes that he/she wants.
    1 2 3 4 5

17. I am genuinely concerned for _____'s welfare.
    1 2 3 4 5

18. I am clear as to what _____ should do in these sessions.
    1 2 3 4 5

19. _____ respects me as a highly capable individual.
    1 2 3 4 5

20. I feel that I am not totally honest about my feelings toward _____.
    1 2 3 4 5

21. I am confident in my ability to help _____ through his/her present difficulties.
    1 2 3 4 5

22. We work towards mutually agreed upon goals.
    1 2 3 4 5

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

---

23. I appreciate _____.

1 2 3 4 5

24. We agree on what is important for _____ to work on.

1 2 3 4 5

25. As a result of these sessions _____ is clearer as to what he/she needs to change.

1 2 3 4 5

26. I feel that _____ trusts me.

1 2 3 4 5

27. _____ and I have different ideas on what he/she should be aiming for.

1 2 3 4 5

28. My relationship with _____ is very important to him/her.

1 2 3 4 5

29. _____ has the feeling that if he/she says or does the wrong things, I will stop working with him/her.

1 2 3 4 5

30. We agree on the things _____ should get out of therapy.

1 2 3 4 5

31. _____ feels that I want her/him to make changes too fast.

1 2 3 4 5

32. We have established a good understanding for the direction of changes that would be good for _____.

1 2 3 4 5

33. The things that we are doing here don't make much sense to _____.

1 2 3 4 5

1 Never 2 Seldom 3 Sometimes 4 Often 5 Always

---

34. _____ doesn't know what to expect as the result of therapy.
1 2 3 4 5

35. _____ believes that the way we are working with his/her problem is correct.
1 2 3 4 5

36. I respect _____ even when she/he does things that I do not approve of.
1 2 3 4 5

Leaves 251-254 not filmed.

Permission not filmed.

Relationship Inventory in G.T. Barrett-Lennard Relationship Inventory Form D-O 64. Personal communication, 1979.

Leaves 255-259 not filmed.

Permission not obtained.

Client's Posttherapy Questionnaire in H.H. Strupp, Patients view their psychotherapy. (Baltimore, Md., John Hopkins Press, 1969)

RELATIONSHIP INVENTORY --FORM MO--64*

Below are listed a variety of ways that one person may feel or behave in relation to another person.

Please consider each statement with reference to your present relationship with _____, mentally adding his or her name in the space provided. If, for example, the other person's name was John, you would read statement #1 as 'I respect John as a person'.

Mark each statement in the left margin, according to how strongly you feel that it is true, or not true, in this relationship. Please mark every one. Write in +3, +2, +1, or -1, -2, -3, to stand for the following answers:

+3: Yes, I strongly feel that it is true.

+2: Yes, I feel it is true.

+1: Yes, I feel that it is probably true, or more true than untrue.

-1: No, I feel that it is probably untrue, or more untrue than true

-2: No, I feel it is not true.

-3: No, I strongly feel that it is not true.

___ 1. I respect _____ as a person.

___ 2. I want to understand how _____ sees things.

___ 3. The interest I feel in _____ depends on the things he/she says or does.

___ 4. I feel at ease with _____.

___ 5. I really like _____.

___ 6. I understand _____'s words but do not know how he/she actually feels.

___ 7. Whether _____ is feeling pleased or unhappy with himself/herself does not change my feeling toward him/her.

___ 8. I am inclined to put on a role or front with _____.

___ 9. I do feel impatient with _____.

___ 10. I nearly always know exactly what _____ means.

___ 11. Depending on _____'s actions, I have a better opinion of him/her sometimes than I do at other times.

---

*Combines Forms MO-M-64 and MO-F-64

___ 12. I feel that I am genuinely myself with _____.

___ 13. I appreciate _____, as a person.

___ 14. I look at what _____ does from my own point of view.

___ 15. The way I feel about _____ doesn't depend on his/her feelings toward me.

___ 16. It bothers me when _____ tries to ask or talk about certain things.

___ 17. I feel indifferent to _____.

___ 18. I do usually sense or realise how _____ is feeling.

___ 19. I would like _____ to be a particular kind of person.

___ 20. When I speak to _____ I nearly always can say freely just what I'm thinking or feeling at that moment.

___ 21. I find _____ rather dull and uninteresting.

___ 22. What _____ says or does arouses feelings in me that prevent me from understanding him/her.

___ 23. Whether _____ criticises me or shows appreciation of me does not (or would not) change my inner feeling toward him/her.

___ 24. I would really prefer _____ to think that I like or understand him/her even when I don't.

___ 25. I care for _____.

___ 26. Sometimes I think that _____ feels a certain way, because that's the way I feel myself.

___ 27. I like _____ in some ways, while there are other things about him/her that I do not like.

___ 28. I don't feel that I have been ignoring or putting off anything that is important for our relationship.

___ 29. I do feel disapproval of _____.

___ 30. I can tell what _____ means, even when he/she has difficulty in saying it.

___ 31. My feeling toward _____ stays about the same; I am not in sympathy with him/her one time and out of patience another time.

___ 32. Sometimes I am not at all comfortable with _____ but we go on, outwardly ignoring it.

___ 33. I put up with _____.

___ 34. I usually catch and understand the whole of _____'s meaning.

___ 35. If _____ gets impatient or mad at me I become angry or upset too.

___ 36. I am able to be sincere and direct in whatever I express with _____.

___ 37. I feel friendly and warm toward _____.

___ 38. I ignore some of _____'s feelings.

___ 39. My liking or disliking of _____ is not altered by anything that he/she says about himself/herself.

___ 40. At times I just don't know, or don't realise until later, what my feelings are with _____.

___ 41. I value our relationship.

___ 42. I appreciate just how _____'s experiences feel to him/her.

___ 43. I feel quite pleased with _____ sometimes, and then he/she disappoints me at other times.

___ 44. I feel comfortable to express whatever is in my mind with _____, including any feelings about myself or about him/her.

___ 45. I really don't like _____ as a person.

___ 46. At times I think that _____ feels strongly about something and then it turns out that he/she doesn't.

___ 47. Whether _____ appears in good spirits, or is bothered and upset, does not make me feel any more or any less appreciation of him/her.

___ 48. I can be quite openly myself in our relationship.

___ 49. Somehow _____ really irritates me (gets 'under my skin').

___ 50. At the time, I don't realise how touchy or sensitive _____ is about some of the things we discuss.

___ 51. Whether _____'s expressing "good" thoughts and feelings, or "bad" ones, does not affect the way I feel toward him/her.

___ 52. There are times when my outward response to _____ is quite different from the way I feel underneath.

___ 53. In fact, I feel contempt toward _____.

___ 54. I understand _____.

___ 55. Sometimes _____ seems to me a more worthwhile person than he/she does at other times.

___ 56. I don't sense any feelings in relation to _____ that are hard for me to face and admit to myself.

___ 57. I truly am interested in _____.

___ 58. I often respond to _____ rather automatically, without taking in what he/she is experiencing.

___ 59. I don't think that anything _____ says or does really alters the way I feel toward him/her.

___ 60. What I say to _____ often would give a wrong impression of my full thought or feeling at the time.

___ 61. I feel deep affection for _____.

___ 62. When _____ is hurt or upset I can recognise just how he/she feels, <u>without</u> getting upset myself.

___ 63. What other people think and feel about _____ does help to make <u>me</u> feel as I do toward him/her.

___ 64. I feel there are things we don't talk about that are causing difficulty in our relationship.

Therapist Form PT

*Posttherapy Questionnaire

This survey is part of a research project to study how therapists assess therapy experiences. Please try to answer all questions as accurately as you can.

Return your completed questionnaire in the envelope provided. Your cooperation in this research is very much appreciated.

*Adopted form the questionnaire developed by Dr. H. Strupp et al.

1. How much more therapy do you feel your client needs now?

__ No need at all

__ Slight need

__ Could use more

__ Considerable need

__ Very great need

2. If you are terminating with this client now, what determined this choice?

__ Client's decision

__ Therapist's decision

__ Mutual agreement

__ External factors

3. How much has your client benefitted from therapy?

__ A great deal

__ A fair amount

__ To some extent

__ Very little

__ Not at all

4. Everything considered, how satisfied are you with the results of his/her psychotherapy experience?

__ Extremely dissatisfied

__ Moderately dissatisfied

__ Fairly dissatisfied

__ Fairly satisfied

__ Moderately satisfied

__ Highly satisfied

__ Extremely satisfied

5. As a therapist (counsellor) how would you describe yourself?

__ Extremely inexperienced

__ Rather inexperienced

__ Somewhat experienced

__ Fairly experienced

__ Highly experienced

__ Exceptionally experienced

6. At the beginning of therapy how well did you feel your client was getting along?

__ Very well

__ Fairly well

__ Neither well nor poorly

__ Fairly poorly

__ Very poorly

__ Extremely poorly

7. How severely disturbed was your client at the beginning of therapy?

Extremely disturbed	Very much disturbed	Moderately disturbed	Somewhat disturbed	Very slightly disturbed

8. How much anxiety did your client experience at the beginning of therapy?

A tremendous amount	A great deal	A fair amount	Very little	None at all

9. How much internal "pressure" did your client experience about these problems when he/she entered psychotherapy?

__ Extremely great

__ Very great

__ Fairly great

__ Relatively small

__ Very small

__ Extremely small

10. How much do you feel he/she has changed as a result of therapy?

__ A great deal

__ A fair amount

__ Somewhat

__ Very little

__ Not at all

11. How much of this change do you feel has been apparent to others?

(a) People closest to him/her (husband, wife, etc.)

A great deal	A fair amount	Somewhat	Very little	Not at all

(b) Close friends.

A great deal	A fair amount	Somewhat	Very little	Not at all

(c) Co-workers, acquaintances, etc.

A great deal	A fair amount	Somewhat	Very little	Not at all

12. On the whole how well do you feel he/she is getting along now?

__ Extremely well

__ Very well

__ Fairly well

__ Neither well nor poorly

__ Fairly poorly

__ Very poorly

__ Extremely poorly

13. How adequately do you feel he/she is dealing with any present problems?

__ Very adequately

__ Fairly adequately

__ Neither adequately nor inadequately

__ Somewhat inadequately

__ Very inadequately

14. To what extent has his/her complaints or symptoms that brought him/her to therapy changed as a result of treatment?

__ Completely disappeared

__ Very greatly improved

__ Considerably improved

__ Somewhat improved

__ Not at all improved

__ Got worse

15. How soon after entering therapy did you feel that marked changes had taken place in him/her?

_____ hours of therapy (approximately)

THANK YOU FOR YOUR PARTICIPATION IN THIS PROJECT

Scoring key for the WAIt

(final version)

TASK scale: 2, 4, 6, 11, 13, 15, 16, 18, 24, 31, 33, 35.

BOND scale: 1, 5, 8, 17, 19, 20, 21, 23, 26, 28, 29, 36.

GOAL scale: 3, 7, 9, 10, 12, 14, 21, 25, 27, 30, 32, 34.

Scoring key for the WAIc

(final version)

TASK scale: 2, 4, 7, 11, 13, 15, 16, 18, 24, 31, 33, 35.

BOND scale: 1, 5, 8, 17, 19, 20, 21, 23, 26, 28, 29, 36.

GOAL scale: 3, 6, 9, 10, 12, 14, 21, 25, 27, 30, 32, 34.