



Research Update is published by the Butler Center for Research to share significant scientific findings from the field of addiction treatment research.

Therapeutic Alliance: Improving Treatment Outcome

The relationship between a therapist and a patient is a key component of treatment outcome. Carl Rogers, one of the grandfathers of psychotherapy, even went so far to say that a personality change could only take place in the context of a relationship.¹⁵ Building on Rogers' work, subsequent researchers have determined that this therapist-patient relationship needs to have three main components: 1) a spirit of collaboration,^{1,6,10,15,16,18,19,21} 2) an emotional bond, and 3) an agreement on goals and tasks.

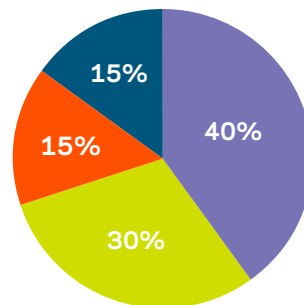
Formation of the Alliance

Therapists and patients each bring characteristics that affect the strength and success of the therapeutic relationship. For patients, one determinant is level of motivation. Patients who are ready for change are more likely to have a therapeutic alliance with their therapist, are more likely to stay in treatment, and have better outcomes.⁶

On the other hand, anxiety and cognitive impairment may negatively affect how patients perceive therapists, which in turn affects treatment outcome.²² Patients with perfectionism struggle in the therapeutic relationship.¹⁸ In early sessions, their alliance with their therapist is as strong as others'. However, the alliance does not strengthen and build over time, as it does for most patients. This may be because perfectionist patients have more difficulty dealing with the normal fluctuations that occur in the therapeutic relationship.

Factors Associated with Treatment Outcome¹²

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



In general, patients who are better adjusted at the beginning of treatment build stronger alliances.²⁰ However, therapeutic alliance may be more critical for patients with severe psychiatric problems or those with less confidence in their skills to remain abstinent.^{9,16,22} Demographic variables do not generally affect the development of the alliance, but some research suggests that males prefer a more utilitarian, practical style of therapy, while females respond better to a more empathic and caring approach.¹⁶

Although patient characteristics affect alliance formation, therapists play a critical role. In fact, as one team of researchers stated, "... our findings indicate that what clients 'bring' into treatment is frequently less important than what they find when they get there."⁸

Two main characteristics of therapy help build therapeutic alliance: expertise and empathy.^{18,8} The former is demonstrated by therapists who are confident, prepared, clear, and logical. "Empathy" is not simply being kind or pleasant; rather, it is a broader term connoting acceptance and understanding. Therapists can mitigate the effect of patient characteristics by making adjustments in therapeutic technique, by altering interpersonal styles, and by repairing ruptures that occur in the therapeutic bond.^{9,7,12,13,16,20} Moreover, these therapists, who are more effective clinicians, selectively utilize confrontation but they do not use it as a therapeutic "style" of interaction.¹³ As Miller and colleagues¹⁷ point out, "confrontation and empathy are not, we believe, inherently incompatible" and the etymological origin of the word "confrontation" is simply "to bring face to face."¹⁷ Confrontation can be done in many ways, including by actively listening, questioning, or restructuring patients' perceptions.

THE HAZELDEN BETTY FORD EXPERIENCE

The Hazelden Betty Ford Foundation recognizes the importance and necessity of building and maintaining supportive, therapeutic relationships between patients and therapists—a practice that began over 50 years ago with the inception of the Minnesota Model.

The Hazelden Betty Ford Graduate School of Addiction Studies upholds this tradition through its education and training relating to evidence-based methods and the therapeutic alliance. Students learn and apply evidence-based methods anchored in a positive, therapeutic alliance to provide the best hope for favorable outcomes.

CONTROVERSIES & QUESTIONS

How do evidenced-based practices or manualized treatment approaches affect the therapeutic alliance?

Best practice techniques are important but do not predict good outcome apart from the therapeutic alliance.^{5,21}

Does severity of substance use negatively impact the formation of the alliance and thus treatment outcome?

Research demonstrates that therapeutic alliance and outcome are minimally affected by the severity of substance use, and that the alliance might even be more important to clients in greater clinical distress.^{13,16}

HOW TO USE THIS INFORMATION

Treatment Providers: A number of therapist interpersonal attributes have been associated with positive alliance formation and treatment outcome: being alert, confident, empathic, engaging, experienced, flexible, friendly, genuine, helpful, honest, intelligent, open, prepared, respectful, skilled, and warm. Therapeutic techniques also correlated with favorable outcome: accurate interpretation, being active and affirming in session, attending to the patient's experience, and facilitating affect expression, among others.^{1,12,13,20}

Educators: Based on research findings in support of the therapeutic alliance, develop curricula that emphasize the patient-therapist relationship as well as empirically supported methods of treatment.

Therapeutic Alliance: Improving Treatment Outcome

When the Alliance Forms

Some evidence indicates that the therapeutic alliance forms by the third session and that it does not change,¹⁰ while other research finds that it fluctuates between the second and fifth session, possibly dependent on the method of treatment.³ Whether formed or stabilized by the third or fifth session, the literature implies that therapeutic alliance forms early in treatment.^{1,2,5}

Therapeutic Alliance and Treatment Outcome

Researchers have studied the efficacy of the therapeutic alliance in a variety of clinical samples—patients with bereavement, eating disorders, mood disorders, personality disorders, and substance-related disorders, among others,^{11,15,16,20} and across a range of treatment methods (e.g., Twelve Step facilitation, combination of medication and psychotherapy, cognitive-behavioral therapy) and programs (e.g., residential, outpatient, and aftercare).^{1,4,10,11,13,14,16,20,22}

In these wide-ranging studies of diverse problems and therapies, researchers have found that therapeutic alliance is a moderate but consistent predictor of outcome.¹⁵ In one critical review of research on treatment for alcohol, drug abuse, smoking, and eating related problems, researchers found that therapeutic alliance leads to better retention in treatment and better eventual outcome.¹³ Another review focused only on alcohol and drug patients¹⁶ and found that while early therapeutic alliance predicted engagement and retention in treatment, it was not consistent in predicting treatment outcome. It may be that as time goes on, factors outside the therapeutic relationship play a more important role in maintenance of recovery. Lambert and Barley¹² reviewed the research and concluded that the patient-therapist relationship is second in explaining treatment outcome, surpassed only by that of extra-therapy variables (e.g., social support and unexpected events in a patient's life). An illustration of their conceptualization is shown in the Figure.

Although therapists, patients, and independent observers have rated the therapeutic alliance, ratings completed by patients tend to be most reliable and most predictive of outcome. If patients perceive the alliance as positive in the initial stages of treatment, it tends to account for multiple dimensions of outcome.^{1,12,15}

Summary

Several factors highlight the need to use therapeutic alliance as a tool in substance abuse treatment, specifically, including: (1) resistant, challenging, and/or mandated patients; (2) the historical use of confrontation; (3) the increasing emphasis on evidence-based treatment techniques; and (4) increased pressure to demonstrate more favorable treatment outcomes. When patients and therapists form positive alliances, good outcomes are more likely to occur.

References

- Ackerman, S. J., & Hilsenroth, M. J. (2003). A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychology Review, 23*, 1–33.
- Barber, J. P., Connolly, M. B., Crits-Christoph, P., Gladis, L., & Siqueland, L. (2000). Alliance predicts patients' outcome beyond in-treatment change symptoms. *Journal of Consulting and Clinical Psychology, 68*, 1027–1032.
- Barber, J. P., Luborsky, L., Crits-Christoph, P., Thase, M. E., Weiss, R., Frank, A., et al. (1999). Therapeutic alliance as a predictor of outcome in treatment of cocaine dependence. *Psychotherapy Research, 9*, 54–73.
- Barber, J. P., Luborsky, L., Gallop, R., Frank, A., Crits-Christoph, P., Weiss, R. D., et al. (2001). Therapeutic alliance as a predictor of outcome and retention in the National Institute on Drug Abuse Collaborative Cocaine Treatment Study. *Journal of Consulting and Clinical Psychology, 69*, 119–124.
- Connors, G. J., Carroll, K. M., DiClemente, C. C., Longabaugh, R., & Donovan, D. M. (1997). The therapeutic alliance and its relationship to alcoholism treatment participation and outcome. *Journal of Consulting and Clinical Psychology, 65*, 588–598.
- Connors, G. J., DiClemente, C. C., Dermen, K. H., Kadden, R., Carroll, K. M., & Frone, M. R. (2000). Predicting the therapeutic alliance in alcoholism treatment. *Journal of Studies on Alcohol, 61*, 139–14.
- De Weert-Van Oene, G. H., Schippers, G. M., De Jong, C. A. J., & Schrijvers, G. J. P. (2001). Retention in substance dependence treatment: The relevance of in-treatment factors. *Journal of Substance Abuse Treatment, 20*, 253–261.
- Fiorentine, R., Nakashima, J., & Anglin, M. D. (1999). Client engagement in drug treatment. *Journal of Substance Abuse Treatment, 17*, 199–206.
- Ilgem, M., Tiet, Q., Finney, J., & Moos, R. H. (2006). Self-efficacy, therapeutic alliance, and alcohol-use disorder treatment outcomes. *Journal of Studies on Alcohol, 67*, 465–472.
- Jordan, K. (2003). Relating therapeutic working alliance to therapy outcome. *Family Therapy, 30*, 95–108.
- Klein, D. N., Schwartz, J. E., Santiago, N. J., Vivian, d., Vocisano, C., Castonguay, L. G., et al. (2003). Therapeutic alliance in depression treatment: controlling for prior change and patient characteristics. *Journal of Consulting and Clinical Psychology, 71*, 997–1006.
- Lambert, M. J. & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy Theory Research Practice and Training, 38*, 357–361.
- Lebow, J., Kelly, J. F., Knobloch-Fedders, L. M., & Moos, R. (2005). Relationship factors in treating substance use disorders. In Castonguay, L. G. & Butler, L. E. (Eds.), *Principles of therapeutic change that work* (pp. 293–317). New York, N.Y.: Oxford University.
- Loeb, K. L., Wilson, G. T., Labouvie, E., et al. (2005). Therapeutic alliance and treatment adherence in two interventions for bulimia nervosa; A study of process and outcome. *Journal of Consulting and Clinical Psychology, 73*, 1097–1107.
- Martin, D. J., Garske, J. P., & David, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 68*, 438–450.
- Meier, P. S., Barrowclough, C., & Donmall, M. C. (2005). The role of the therapeutic alliance in the treatment of substance misuse: A critical review of the literature. *Addiction, 100*, 304–316.
- Miller, W. R., Benefield, G., & Tonigan, J. S. (1993). Enhancing motivation for change in problem drinking: A controlled comparison of two therapist styles. *Journal of Consulting and Clinical Psychology, 61*, 455–461.
- Ritter, A., Bowden, S., Murray, T., Ross, P., Greely, J., & Pead, J. (2002). Influence of the therapeutic relationship in treatment for alcohol dependency. *Drug and Alcohol Review, 21*, 261–268.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting and Clinical Psychology, 21*, 95–103.
- Smith, S. A., Thomas, S. A., & Jackson, A. C. (2004). An exploration of the therapeutic relationship and counseling outcomes in a problem gambling counseling service. *Journal of Social Work Practice, 18*, 99–112.
- Zuroff, D. C. & Blatt, S. J. (2006). The therapeutic relationship in the brief treatment of depression: Contributions to clinical improvement and enhanced adaptive capacities. *Journal of Consulting and Clinical Psychology, 74*, 130–140.
- Zuroff, D. C., Blatt, S. J., Sotsky, M., Krupnick, J., Martin, D. J., Sanislow, C. A., & Simmons, S. (2000). Relation of therapeutic alliance and perfectionism to outcome in brief outpatient treatment of depression. *Journal of Consulting and Clinical Psychology, 68*, 114–124.

The Butler Center for Research informs and improves recovery services and produces research that benefits the field of addiction treatment. We are dedicated to conducting clinical research, collaborating with external researchers, and communicating scientific findings.

Dan Frigo, PhD, Issue Author
Valerie Slaymaker, PhD, Director

If you have questions, or would like to request copies of Research Update, please call 800-257-7800, ext. 4405, email ButlerResearch@HazeldenBettyFord.org, or write BC 4, P.O. Box 11, Center City, MN 55012-0011.