



# Strategies and Practices to Expand and Strengthen the Therapeutic Alliance

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Foundation

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Clinical  
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**Allen Berger, PhD**





# Our Understanding of the Therapeutic Alliance

# Sigmund Freud, MD

Sigmund Freud (1912) encouraged the analyst of have a **serious interest** in and a **sympathetic understanding** of the patient to permit the healthy part of the patient to form a positive bond with the analyst.



# Sigmund Freud, MD

In 1913, Freud revised his understanding and included the possibility that a positive transference (i.e., the analyst would be unconsciously associated with “images of people whom he was accustomed to be treated by affection”) could exist in the therapeutic relationship which would facilitate a beneficial attachment to the therapist.



# Sigmund Freud, MD

Later, Freud revised his understanding and included the possibility that the positive or beneficial attachment to the therapist could be grounded in reality—the conscious, reality based self, could develop a pact with the “real” analyst which makes healing possible.



# Sandor Ferenczi, MD

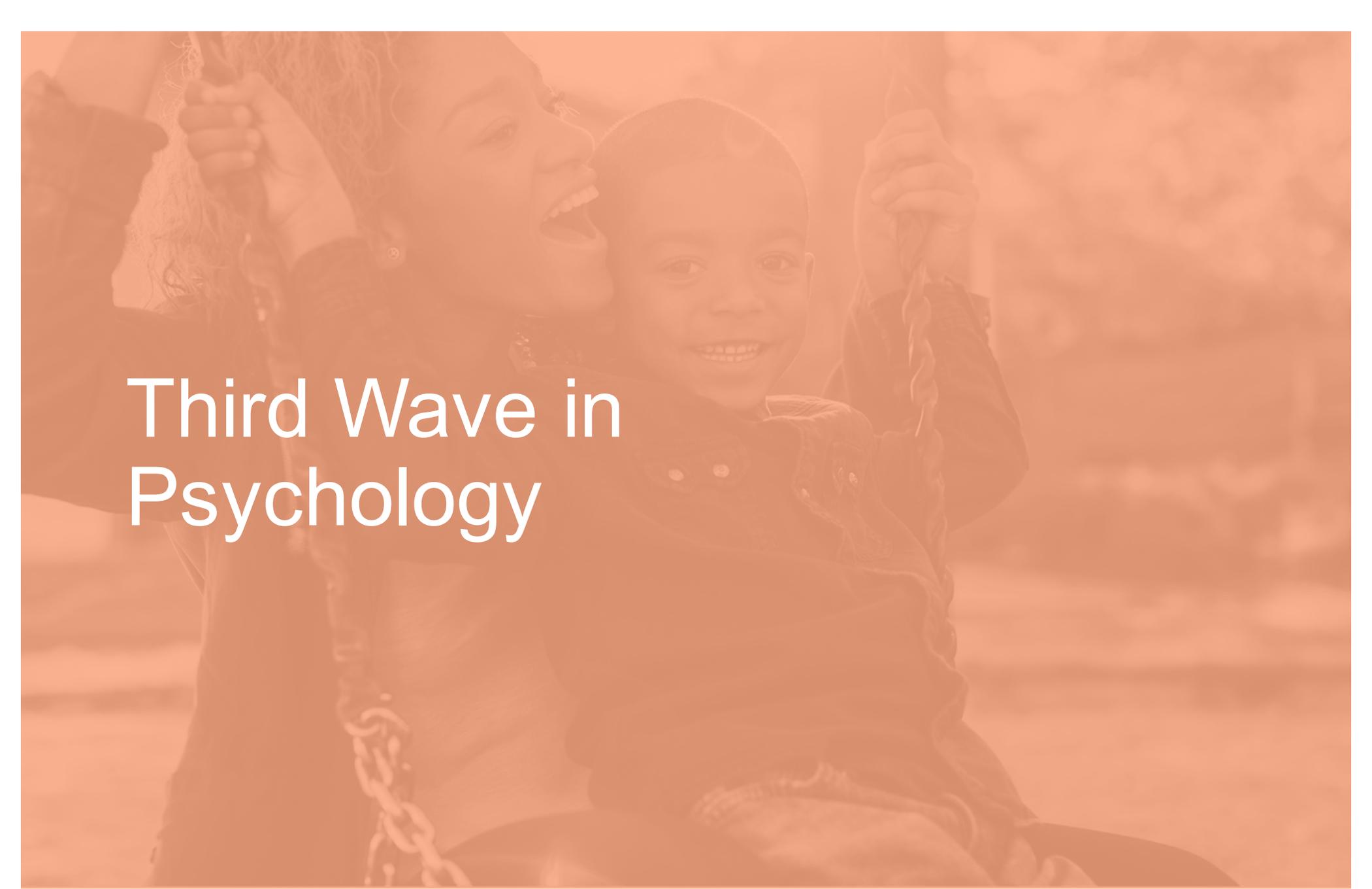
Unlike Sigmund Freud, Sandor Ferenczi (1929) advocated a more active role for the analyst.

He believed the **empathic response** was the basis of clinical work and focused his attention on the **subjective experience** of the patient. He viewed the analyst as a **co-participant** in the therapeutic encounter.



Rank, Forenzi, Adler, Horney and many other Neo-Freudians **moved away** from the classical psychoanalytic doctrine to a more present centered and reality based focus of the therapeutic relationships.

This was a harbinger of what was to come in what has been referred to as the Third Wave in psychology.



# Third Wave in Psychology

# Carl Rogers, PhD

“In my early professional years I was asking the question: *How can I treat, or cure, or change this person?*”

Now I would phrase the question in this way: *How can I provide a relationship which this person may use for his own personal growth?*”



# Carl Rogers, PhD

For Rogers, the therapeutic relationship needed to be grounded in three components: empathy, congruence and unconditional positive regard.



**“Provide your clients with as much support as necessary, and as little as possible.”**

Laura Perls, PhD



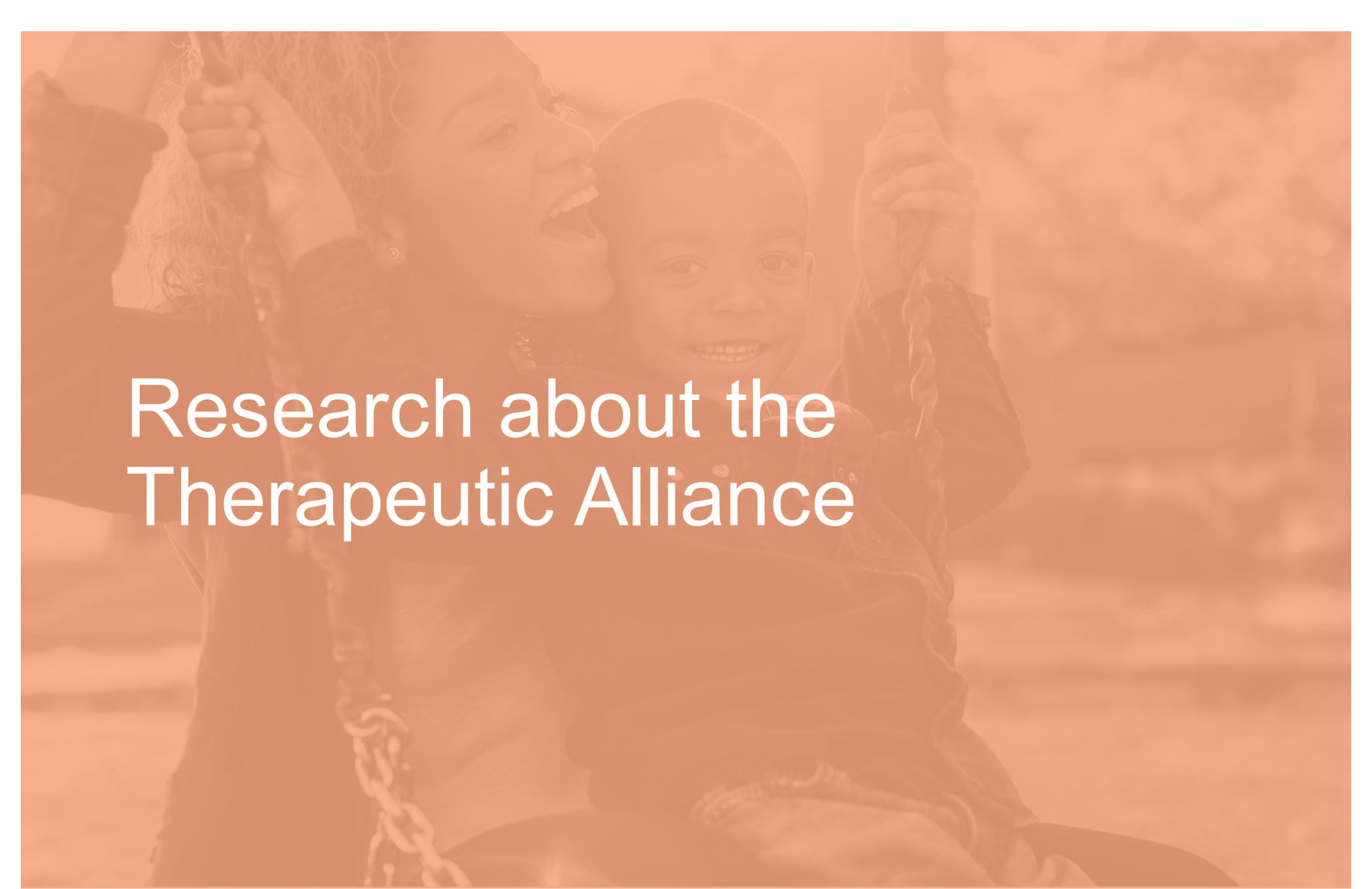


**CREATE AN ATMOSPHERE WHERE A PATIENT  
CAN EXPERIENCE A SAFE EMERGENCY.**

# Therapeutic Effects

Therapist Effects are not due to the orientation of the therapist but rather who the therapist is.

- Research has found:
  - Unsuccessful therapists focused on problems while neglecting client strengths.
  - Therapists who formed better alliances also have better outcomes.



# Research about the Therapeutic Alliance

# Research Has Found

Unsuccessful therapists focused **on problems** while neglecting client strengths.

# What We Currently Know

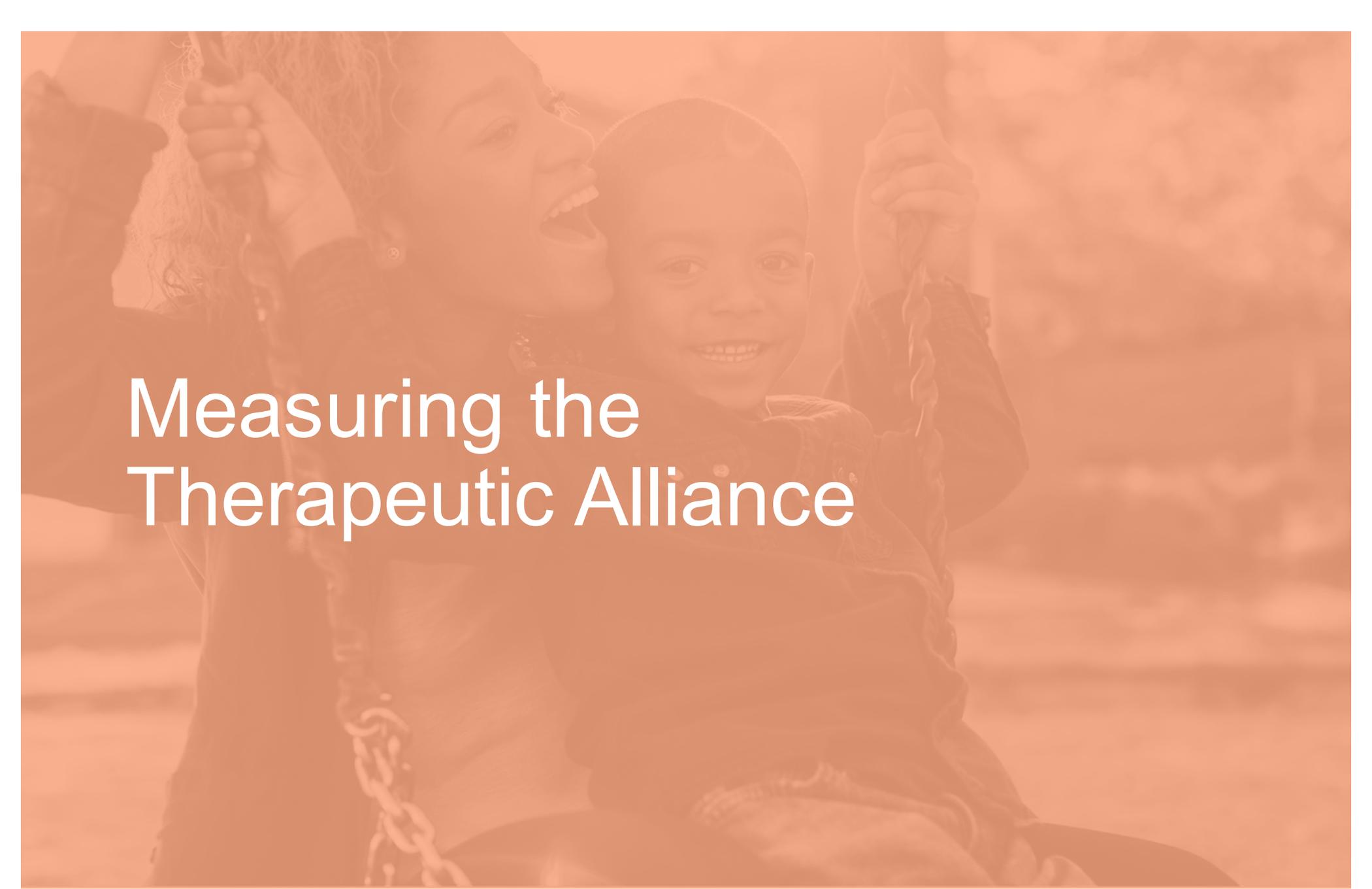
- Becoming a better therapist depends on rallying clients and their resources to the cause.
- Therapist differences loom large and are related to the ability to mobilize client resources and participation, as well as form strong alliances

Duncan, B. L. (2010) On Becoming a Better Therapist. Washington: APA.

# What We Currently Know

- The alliance makes significant contributions to psychotherapy outcomes.
- The specifics of any approach are not as important as the cogency of the treatment rationale and ritual to both the client and the therapist, and, most importantly, as the client's response to the delivered treatment.

Duncan, B. L. (2010) On Becoming a Better Therapist. Washington: APA.



# Measuring the Therapeutic Alliance

## The Brief Revised Working Alliance Inventory (BR-WAI)

In the next set of items are sentences that describe different ways a person might think or feel about his or her counselor or therapist. We realize that your thoughts or feelings may undergo changes over a period of time, but we would like to know your views or feelings as of right now.

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	My therapist and I understand each other.	1	2	3	4	5
2.	We have established a good understanding of the kind of changes that would be good for me.	1	2	3	4	5
3.	I feel that my therapist appreciates me.	1	2	3	4	5
4.	I believe the time my therapist and I are spending together is not spent efficiently.	1	2	3	4	5
5.	I believe my therapist likes me.	1	2	3	4	5
6.	What I am doing in therapy gives me new ways of looking at my problem.	1	2	3	4	5
7.	I feel my therapist cares about me even when I do things that he/she does not approve of.	1	2	3	4	5
8.	My therapist does not understand what I am trying to accomplish in therapy.	1	2	3	4	5
9.	I am confident in my therapist's ability to help me.	1	2	3	4	5
10.	I feel that the things I do in therapy will help me to accomplish the changes that I want.	1	2	3	4	5
11.	My therapist and I trust one another.	1	2	3	4	5
12.	I disagree with my therapist about what I ought to get out of therapy.	1	2	3	4	5
13.	I believe my therapist is genuinely concerned for my welfare.	1	2	3	4	5
14.	We agree on what is important for me to work on.	1	2	3	4	5
15.	My therapist and I respect each other.	1	2	3	4	5
16.	The things that my therapist is asking me to do don't make sense.	1	2	3	4	5

Tasks and Goals

Bonds

### Copyright Information

Mallinckrodt, B. & Tekie, Y.T. Department of Psychology, University of Tennessee. *Revision of the Working Alliance Inventory and Development of a Brief Revised Version Guided by Item Response Theory.*

Horvath, A. O., & Greenberg, L. S. (1989). Development and validation of the Working Alliance Inventory. *Journal of Counseling Psychology*, 36, 223-233. doi: 10.1037/0022-0167.36.2.223

## Session Rating Scale (SRS V.3.0)

Name \_\_\_\_\_ Age (Yrs): \_\_\_\_  
ID# \_\_\_\_\_ Gender: \_\_\_\_  
Session # \_\_\_\_ Date: \_\_\_\_\_

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

### Relationship

I did not feel heard,  
understood, and  
respected.

I-----I

I felt heard,  
understood, and  
respected.

### Goals and Topics

We did *not* work on or  
talk about what I  
wanted to work on and  
talk about.

I-----I

We worked on and  
talked about what I  
wanted to work on and  
talk about.

### Approach or Method

The therapist's  
approach is not a good  
fit for me.

I-----I

The therapist's  
approach is a good fit  
for me.

### Overall

There was something  
missing in the session  
today.

I-----I

Overall, today's  
session was right for  
me.

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# Repairing Ruptures to the Therapeutic Alliance

# Therapeutic Missteps

Rigid adherence to a clinical perspective

# Case Examples

## THE FIREMAN AND ADDICTION

# Case Examples

## SUICIDAL PATIENT DISCHARGED FOR BEING SUICIDAL

# Case Examples

## ADDICT BEING DISCHARGED FOR RELAPSE



# Therapeutic Missteps: Implicit Biases

# The Recovering Couple

Making a therapeutic mistake is not the problem.  
We are human. The issue is how we address the  
mistake.

Our behavior needs to be congruent with our advice to our patients.



# The Art of Giving Useful Feedback

“To have impact the therapist must deliver his well timed wisdom **so it can be heard** (p. 117).”

Walter Kempler, Principles of Gestalt Family Therapy.  
The Kempler Institute Press (1974).



# Clinical Tip

Lead from behind: Closely follow the patient's immediate experience.

# Clinical Tip

Ask permission before providing feedback that you sense will be difficult for the patient to assimilate.

# Clinical Tip

Introduce your feedback by saying something like, “There’s something I want to discuss with you, that I think will be helpful, but I think it’s going to be hard for you to hear. Is it OK if I share my observation with you, right now?”

# Clinical Tip

Listen with your eyes, your heart and your ears.

# Clinical Tip

Remember, only the best in us can see the worst in us.

# Clinical Tip

Direct your feedback to the best in your patient.

# Clinical Tip

Search for the positive intention in their rotten behavior.

# Clinical Tip

Help your patient conceptualize their problem in a way that creates new possibilities to discover a solution.

# References

Horvath, A. O. & Luborsky, L. (1993). Journal of Consulting and Clinical Psychology. Vol. 16 No. 4, 561-573.

Duncan, B. L. (2010). On Becoming a Better Therapist. Washington, D.C.: APA.



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A photograph of three young people outdoors in winter clothing. On the left, a young woman with long brown hair wears a grey knit beanie and a grey and white speckled sweater, looking down. In the center, a young woman with long brown hair wears a light blue denim jacket and a thick green and white patterned scarf, looking towards the right. On the right, a young man with a large afro hairstyle, glasses, and a black t-shirt is smiling broadly at the camera. The background is a blurred outdoor setting with trees and a fence.

# Q&A

THANK YOU