

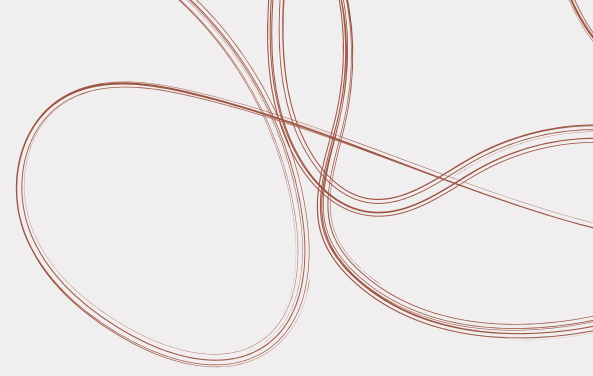
***Patients' Perspective on the Therapeutic Relationship
and Session Quality: The Central Role of Alliance***

***Stefana, A., Gozzoli, C., Trentini, C., Rebecchi, D., & Colli, A.
Psychotherapy Research (2024)***

***Quantitative correlational study
Review and implications for counselling practice***

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ECPS5013 — Counselling Theory and Approaches***

Background



- The alliance is a core predictor of outcomes (Stefana et al., 2020)
- A strong therapeutic alliance improves outcomes, regardless of therapeutic approach (Horvath et al., 2011; Norcross & Lambert, 2018)
- Therapy often focuses on goals and tasks, but can overlook the client's emotional experience
- Bordin's model conceptualises the therapeutic alliance as goals, tasks, and bond (Bordin, 1979)
- Emotional experience is unexplored – particularly the alliance

Aim and Research Question

Aim

- Examine the therapeutic alliance from the patients' perspective and its role in session effectiveness

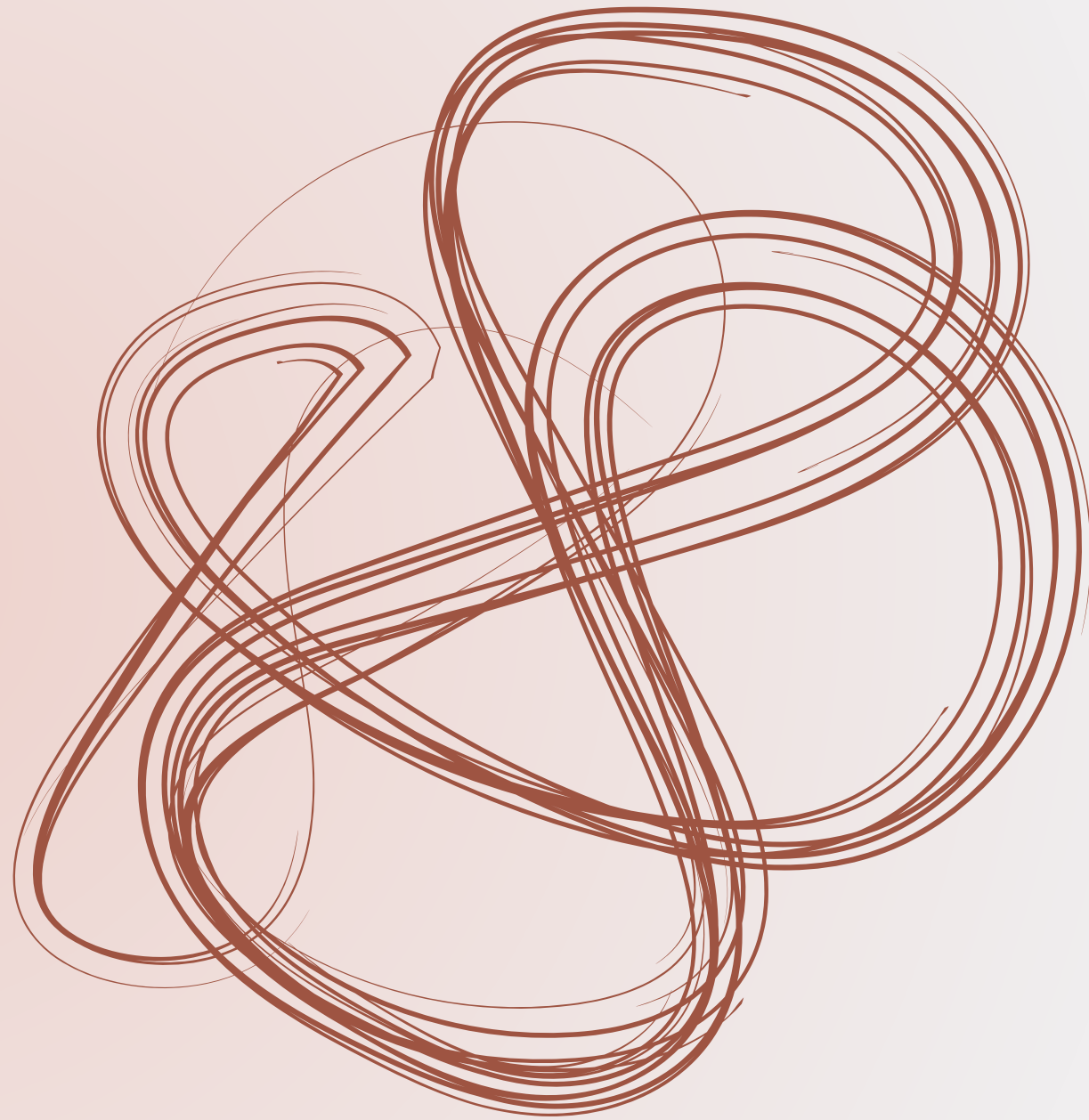
Research Question

- How do patients' perceptions of the therapeutic alliance shape their assessment of session effectiveness?



(Stefana et al., 2024)

Objectives



- Critically evaluate supporting research on the therapeutic alliance and session effectiveness.
- Explain Bordin's (1979) model of goals, tasks, and the client bond in relation to the journal.
- Analyse the significance of the clients' emotional experience in therapeutic outcomes.
- To critically evaluate the study's methodology
- Explore the study's implications

Study Design

- Quantitative study
- Self-reported rating scales – social desirability
- Cross-sectional correlational design – no cause and effect

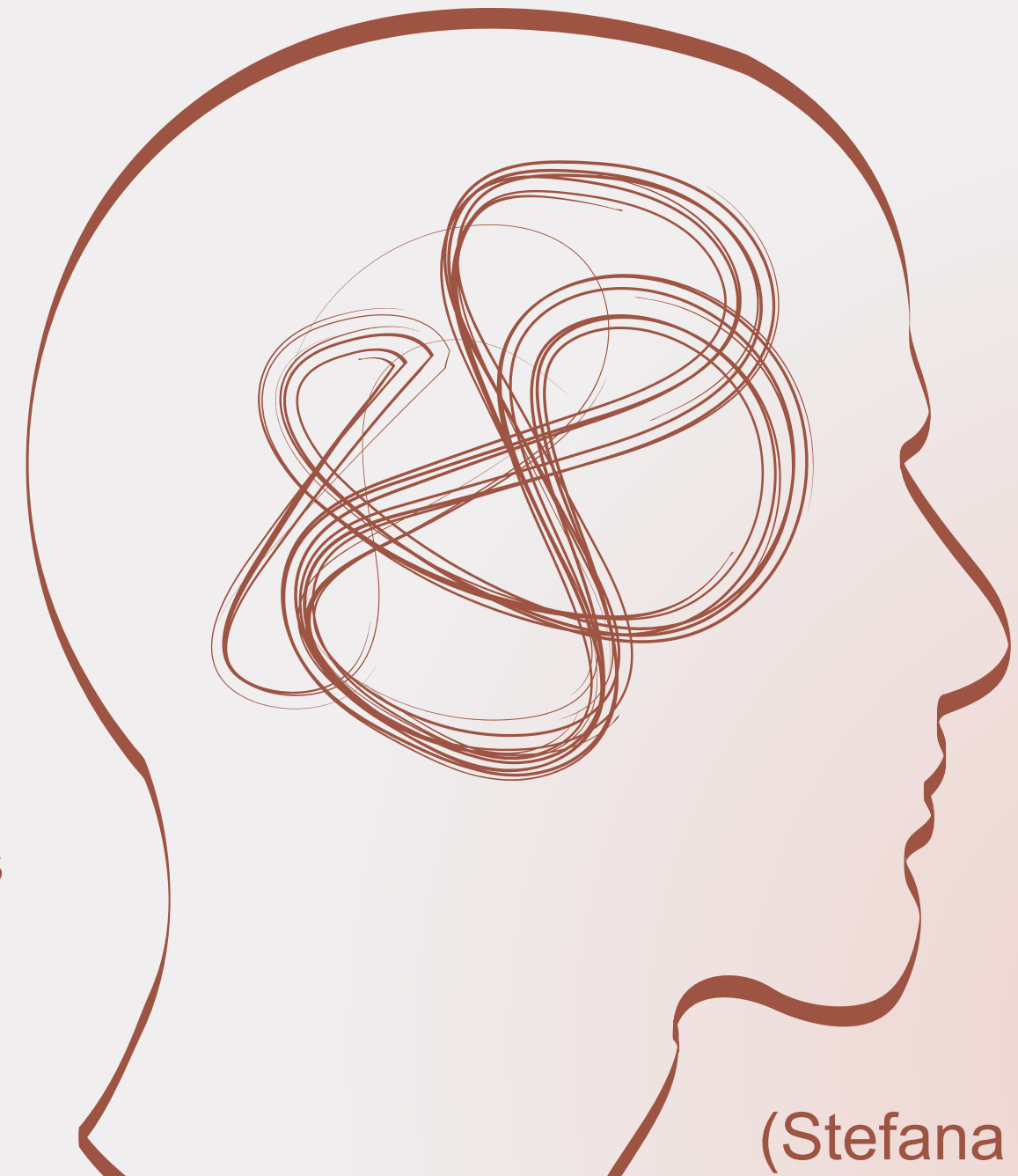
Participants

- 700 adult outpatients in therapy – ecological validity
- Diverse backgrounds and presenting issues

Procedure

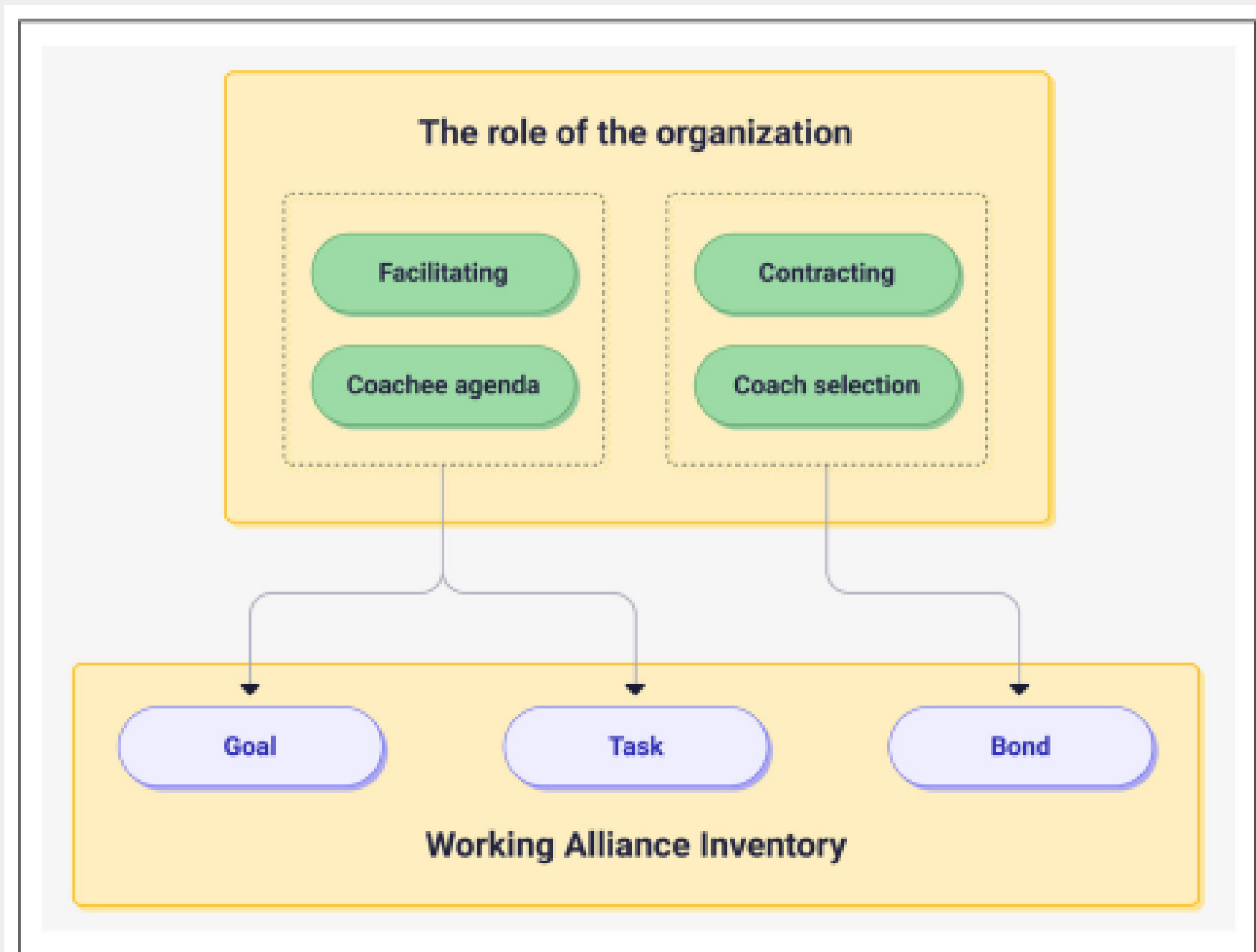
- The measure was implemented after the therapy sessions
- Data was sourced from multiple sessions anonymously

Research Methodology



(Stefana et al., 2024)

Materials/Measure



1. Working Alliance Inventory (WAI)

- Measures: Goals, Tasks, Bond

2. Session Rating Scale (SRS)

- Measures: Therapy quality

3. In-Session Patient Affective Reactions Questionnaire (SPARQ)

- Measures: Negative emotions (anxiety, discomfort) and positive emotions (safety, comfort)

Figure adapted from Kruger and Terblanche (2022)

(Stefana et al., 2024)

Contextual Measure

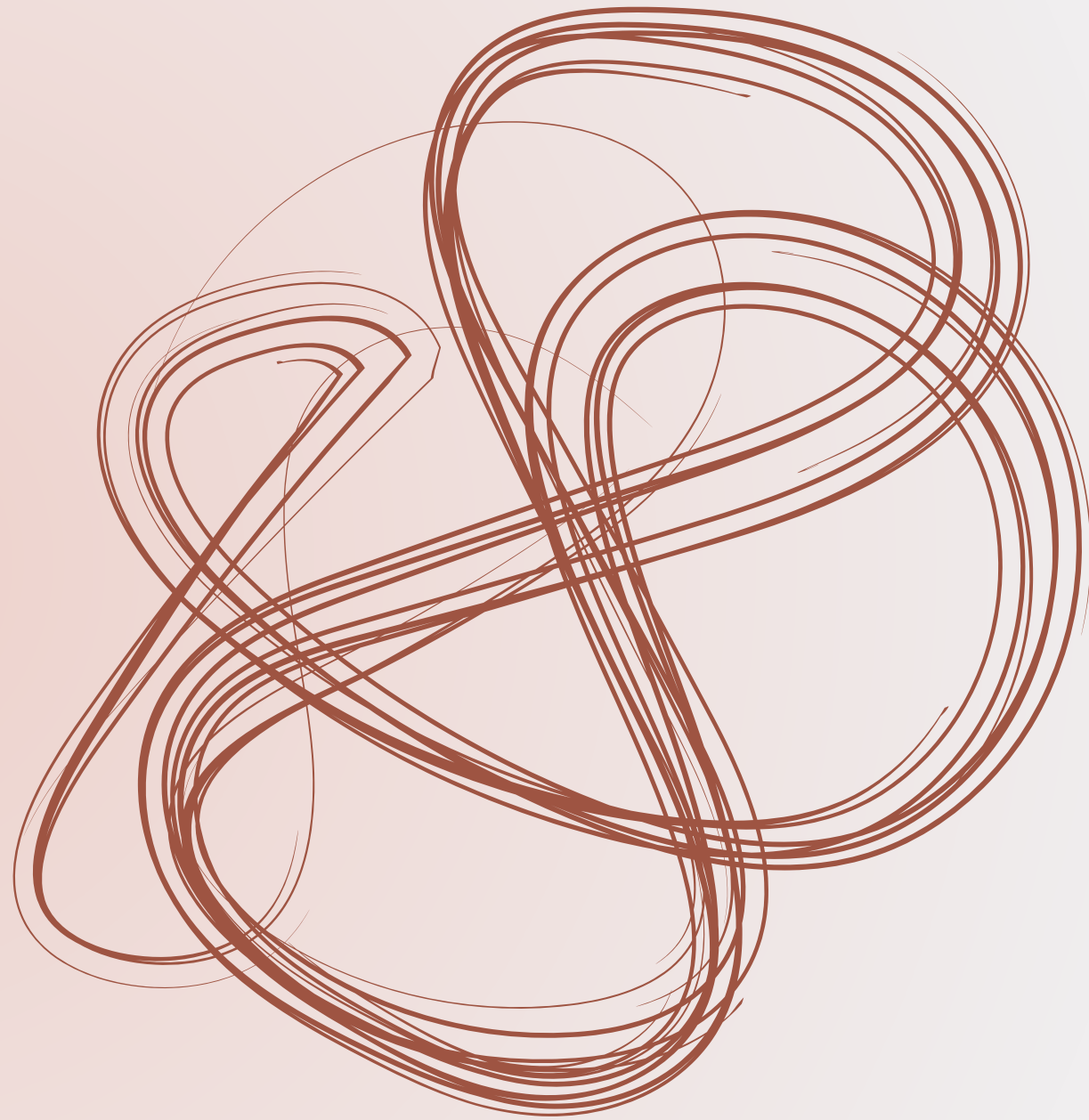
4. Contextual Measure: Real Relationship Inventory (RRI-C-SF)

- Measures how congruent and authentic the relationship feels
- Focuses on the person, not just the therapist role
- Looks beyond goals and tasks
- Linked to more effective therapy sessions

(Stefana et al., 2024)



Key Findings



- Therapeutic alliance strongly linked to session quality
- Clients with positive feelings toward their therapist reported higher session quality
- Clients with negative feelings reported lower session quality
- Components of the therapeutic relationship explained **30%** of session outcome variance

(Stefana et al., 2024)

Key Factors of a Strong Therapeutic Alliance



1. Successful Outcomes Over Therapy Type

- The therapeutic alliance is one of the strongest predictors of positive therapy outcomes.

(Horvath et al., 2011)



2. More Important Than Therapy Type

- The quality of the therapeutic alliance has more influence on outcomes than the specific therapy model used.

(Norcross & Lambert, 2018)



3. Higher Session Quality

- Clients report better session quality when they feel understood, supported, and comfortable with their therapist.

(Stefana et al., 2024)



4. Client Engagement & Motivation

- A strong alliance is linked to greater engagement, increased trust, and stronger commitment to therapy.

(Horvath et al., 2011)

Horvath et al. (2011) | Norcross & Lambert (2018) | Stefana et al. (2024)

Discussion: Interpretation

- Therapeutic alliance plays a bigger role in session effectiveness
- Trust, safety, and congruence matter more than therapy models
- Reflects Rogers model (1957) – argued that the therapeutic relationship and core conditions (empathy, congruence, positive regard) are central to change
- Clients remember how they felt in sessions
- Small misunderstandings can affect session quality
- Therapy is relational, not just procedural





Implications for Practice

- Practitioners should be more mindful of the client's emotional experience during sessions
- Building strong emotional connections is essential
- Let the client guide the direction of the session — be client-focused
- Sessions should be relational, not just procedural, using skills like empathy and congruence
- Maintain consistency with each client, in every session

(Stefana et al., 2024)

Strengths

- Large outpatient sample (N = 700) increases statistical power
- Uses 4 validated measures (WAI, SRS, SPARQ, RRI-C-SF) which increases reliability of findings
- Repeated measures design over each session
- Emphasises the patients' perspective — understudied in alliance research
- Highlights the emotional experience of the patient — making it person-centred
- High ecological validity — real-life therapy sessions
- Findings have strong clinical relevance to counselling practice



(Stefana et al., 2024)

Limitations

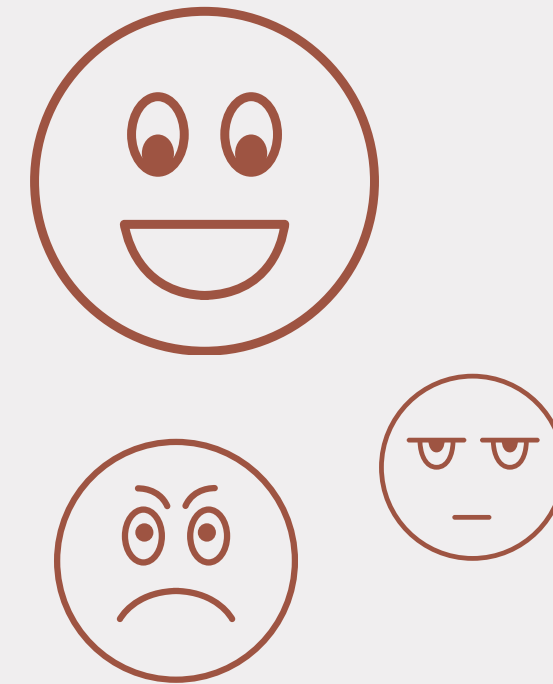


- Self-report measures may increase social desirability bias
- Data is based mainly on the patients' perspective
- Cross-sectional design cannot show cause and effect
- Self-selected sample may introduce response bias
- Larger proportion of female participants
- Post-session responses were taken immediately after the session, which may lead to more positive ratings
- Findings were only based on outpatient participants
- Research suggests a need for

(Stefana et al., 2024)

Conclusion

- Therapeutic alliance is linked to overall session quality
- The alliance may be more important than the technical elements used
- The relationship is the key driver behind success
- Emphasise on the patients' emotional experience and how they feel



(Stefana et al., 2024)

Future Research

Recommendation for next research

- Include both therapist and patient viewpoints
- Explore different settings (private, inpatient, hospital)
- Compare different therapy models with each other
- Conduct a longitudinal study



(Stefana et al., 2024)



Thank you

By Sophia Rosser

Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research & Practice*, 16(3), 252–260. <https://doi.org/10.1037/h0085885>

Horvath, A. O., Del Re, A. C., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy: A meta-analytic review. *Psychotherapy*, 48(1), 9–16.
<https://doi.org/10.1037/a0022186>

Kruger, F., & Terblanche, N. H. D. (2022). Working alliance theory in workplace coaching: A pilot study exploring the missing role of the organization. *The Journal of Applied Behavioral Science*, 60(2), 310–332. <https://doi.org/10.1177/00218863221136125>

Norcross, J. C., & Lambert, M. J. (2018). Psychotherapy relationships that work III. *Psychotherapy*, 55(4), 303–315. <https://doi.org/10.1037/pst0000193>

Stefana, A., Fusar-Poli, P., Vieta, E., & Youngstrom, E. A. (2024). Patients' perspective on the therapeutic relationship and session quality: the central role of alliance. *Frontiers in Psychology*, 15.
<https://doi.org/10.3389/fpsyg.2024.1367516>