

CTA Presentation Assessment

Title:

Present a review of one of the provided journal articles and discuss its application to counselling practice.

Chosen journal article:

Patients' perspective on the therapeutic relationship and session quality: the central role of alliance.

Time:

15mins

Date, Time and Place:

Monday 12th 2:50pm - 3:05pm Room IQ 106 (**Extended Date, Time and Place:** Thursday 22nd 10:15am - 10:30am Room IQ 101.)

Assessment FYI Notes From Lectures:

- Make sure to read the paper and understand it completely before beginning.
- Can use power point slides (but won't be marked on them - can be used just to support your presentation - NEED notes but DONT read them - will have to submit notes AND power point to turnitin - notes will be marked but NOT slides - notes to be cited and referenced as per APA style/standard.)

Script / Notes

Title

Slide 1:

- Good morning, my name is Anwen and today I'll be reviewing a recent article from 2024 of the title: 'Patients' perspective on the therapeutic relationship and session quality: the central role of alliance', from the Journal 'Frontiers in Psychology' (Stefana et al., 2024)

Introduction

Slide 2:

- As is maybe clear from the article title, the topic discussed is the role of the patient in the therapeutic relationship (TR) and their importance in its success.
- Although the importance of the patient perspective may seem implicit; historically their importance has been underestimated, with much of the focus being the perspective of the therapist.
- This article describes two models, one called Bruce Wampold's contextual model of psychotherapy (Wampold and Budge, 2012; Wampold and Imel, 2015) and another called Charles Gelso's tripartite model of the TR (Gelso, 2014; Gelso 2018). Although

it is acknowledged that the models are nuanced in their understanding of the TR, it is claimed that an important element has been left completely unnoticed.

- The relationship between therapist and patient have been studied and thought to account for around 15% of therapy outcomes - highlighting the significance of the TR - however, of said 15%, 30% is thought to be patient contribution and a mere 7% the therapists' contribution. Therefore, why are the perspectives of therapists relied on so heavily while patient perspectives have been dismissed?
- Feedback from patients on session outcomes have the power to potentially build a blueprint for future therapeutic models, giving insights that a therapist perspective is unable to provide.
- This article explores the relationship between 1. The relationship that could take place by morphing the long standing tripartite model into a four factor model; incorporating patient-rated working alliance and session outcomes. 2. How each relates to the other, and 3. How each of the items measured of the 4 components would be grouped and the factors that emerged from this combined item pool through exploratory factor analysis (Stefana et al., 2024).

Methods:

Slide 3: Participants

- To give a brief description of the sample used in this study:
- Participants in this study consisted of 700 adults from the United States.
- All of whom attended individual psychotherapy of different types - however, the majority were from private practice.
- The vast majority of participants (81%) were female.
- The most common age brackets were 30-39 and 23-29 years old.
- The vast majority of participants (81%) were caucasian.
- The Vast majority of participants (84%) were diagnosed with at least one mental ailment e.g. anxiety.
- And all information collected - that I have just mentioned - were self-reported.

Slide 4: Procedure

- To qualify to take part, participants had to be over the age of 18 and attend individual therapy.
- Participants were required to be fluent in the English language with the ability to give informed consent.
- Having provided their consent, participants underwent a baseline evaluation of their most recent therapy session: a qualtrics survey was used for this.
- Over 3 months data was collected using two online patient registers 1. Research for me. And 2. ResearchMatch.

Slide 5: Measures

- Table 1 of the article shows information collected from a sociodemographic and clinical data form (designed for this study) which included questions regarding patient demographics, contextual information, and information regarding the characteristics of their treatment (apologise for Table 1 being too large to put in the slides).
- The *Working Alliance Inventory-Short Revised (WAI-SR)* which is a 12-item self-report measure based on the theory of working alliance; this encompasses three

subscales: **1.** Agreement on therapy **tasks** **2.** Agreement on therapy **goals** **3.**

Establishing an affective **bond** between therapist and patient. All three subscales include four items each (Hatcher and Gillaspy, 2006).

- The *Real Relationship Inventory-Client-Short Form (RRI-C-SF)* which is an 8-item self-report measure (Stefana et al., 2024a).
- The *in-Session Patient Affective Reactions Questionnaire (SPARQ)* is also an 8-item self-report measure; which contains two subscales: 1. Positive Affect (**PA**) and 2. Negative Affect (**NA**) both of which contain four items each - intuitively measuring positive or negative feelings toward the therapist (Stefana et al., 2023, 2024b).
- The *Session Evaluation Scale (SES)* a five item self-report scale measuring the perception of therapy session quality (Hill and Kellems, 2002; Lent et al., 2006).

Findings:

Slide 6:

- Table two from the article shows the item range, mean and standard deviation (SD) for each measure (questionnaire) of the therapeutic relationship.

Slide 7:

- The key points the data collected tell us are:
- The environment the therapy session takes place has little impact on the outcome of the sessions, whether it be face to face, by video call or otherwise.
- It also tells us that session frequency e.g. once a month or less to multiple sessions a week, also had little impact on the therapeutic relationship and session outcome.
- However, there were significant differences in both the TR and session outcome that were reliant on the length of treatment, noting that the greater number of months spent in treatment revealed significant differences in the means of both, signifying improvement over time.

Slide 8:

- Table 3 of the article shows how the 4 factors (of the theorised four factor model): the working alliance, the real relationship, negative affective reactions toward the therapist and patients' ratings of session outcome, relate to each other. Each of the four factors were found to have a considerable effect on session outcomes. However, Together, all four factors amounted to a substantial 30% of the variance of the session outcome.

Discussion:

Slide 9:

- My interpretation of this article has been the importance of the often missing piece of the puzzle; the clients' perspective, especially regarding the therapeutic relationship and quality of the sessions, both of which directly correlated.
- However, there does seem to be a lot of questions such as the recruitment of the participants, how were they recruited? What are the ethical ramifications of a recruitment in this context?
- Does the fact that the entire sample of 700 participants originate from America limit the findings in terms of culture etc?

- It is peculiar in the context of therapy session quality, that questionnaires be used, especially self-report questionnaires. It seems implausible that measures that contain likert scales be used in the research of therapy, when the nuance of experience intuitively deserves more dignity.
- It seems far more deserving to conduct short interviews in which the same questions may be asked, however, with room for possible complex and rich answers.
- Not to mention the strong possibility of participant bias when completing the questionnaires; the participants may be capable of informed consent, however, that does not exclude them from possible vulnerabilities due to mental ill health. Which may increase likelihood of answering 'kindly' as opposed to truthfully out of fear of rejection from their personal therapists.

Conclusion:

Recap the key points

Future directions: Suggest areas for future research or unanswered questions

Slide 10:

- Although the article highlights the often forgotten perspectives of the integral heart of therapy; the client. I fear that in practice, and outside of research purposes, this method may undermine the TR, not aid it.
- The contract between therapist and client is expected to be executed as expected and upheld, in a collaborative manner with the client. The working alliance and trust is reliant on the congruent dynamic of therapist and client. The introduction of feedback forms actively cuts communication between therapist and client, possibly creating a distance when feedback is required in future.
- One of the core principles of counselling: unconditional positive regard, often means the assumption of benevolence, therefore feedback from the client regarding sessions should be welcomed and encouraged, during sessions, to be a truly collaborative experience.

Thank You Page

Reference List:

Hatcher, R. L., and Gillaspy, J. A. (2006). Development and validation of a revised short version of the working alliance inventory. *Psychother. Res.* 16, 12-25. Doi: 10.1080/10503300500352500

Hill, C. E., and Kellems, I. S. (2002). Development and use of the helping skills measure to assess client perceptions of the effects of training and of helping skills in sessions. *J. Couns. Psychol.* 49, 264-272. Doi: 10.1037/0022-0167.49.2.264

Lent, R. W., Hoffman, M. A., Hill, C. E., Treistman, D., Mount, M., and Singley, D. (2006). Client-specific counselor self-efficacy in novice counselors: relation to perceptions of session quality. *J. Couns. Psychol.* 53, 453-463. Doi: 10.1037/0022-0167.53.4.453

Stefana, A., Fusar-Poli, P., Vieta, E., & Youngstorm, E.A. (2024). Patients' perspective on the therapeutic relationship and session quality: the central role of alliance. *Frontiers in Psychology*, 15, 1367516. <https://doi.org/10.3389/fpsyg.2024.1367516>

Stefana, A., Fusar-Poli, P., Vieta, E., Gelso, C. J., and Youngstorm, E. A. (2024a). Development and validation of an 8-item version of the real relationship inventory-client form. *Psychother. Res.* doi: 10.1080/10503307.2024.2320331

Stefana, A., Fusar-Poli, P., Vieta, E., and Youngstorm, E.A. (2024b). Assessing the patient's affective perception of their psychotherapist: validation of the in-session patient affective reactions questionnaire. *Front. Psych.* 15:1346760. Doi: 10.3389/fpsyg.2024.1346760