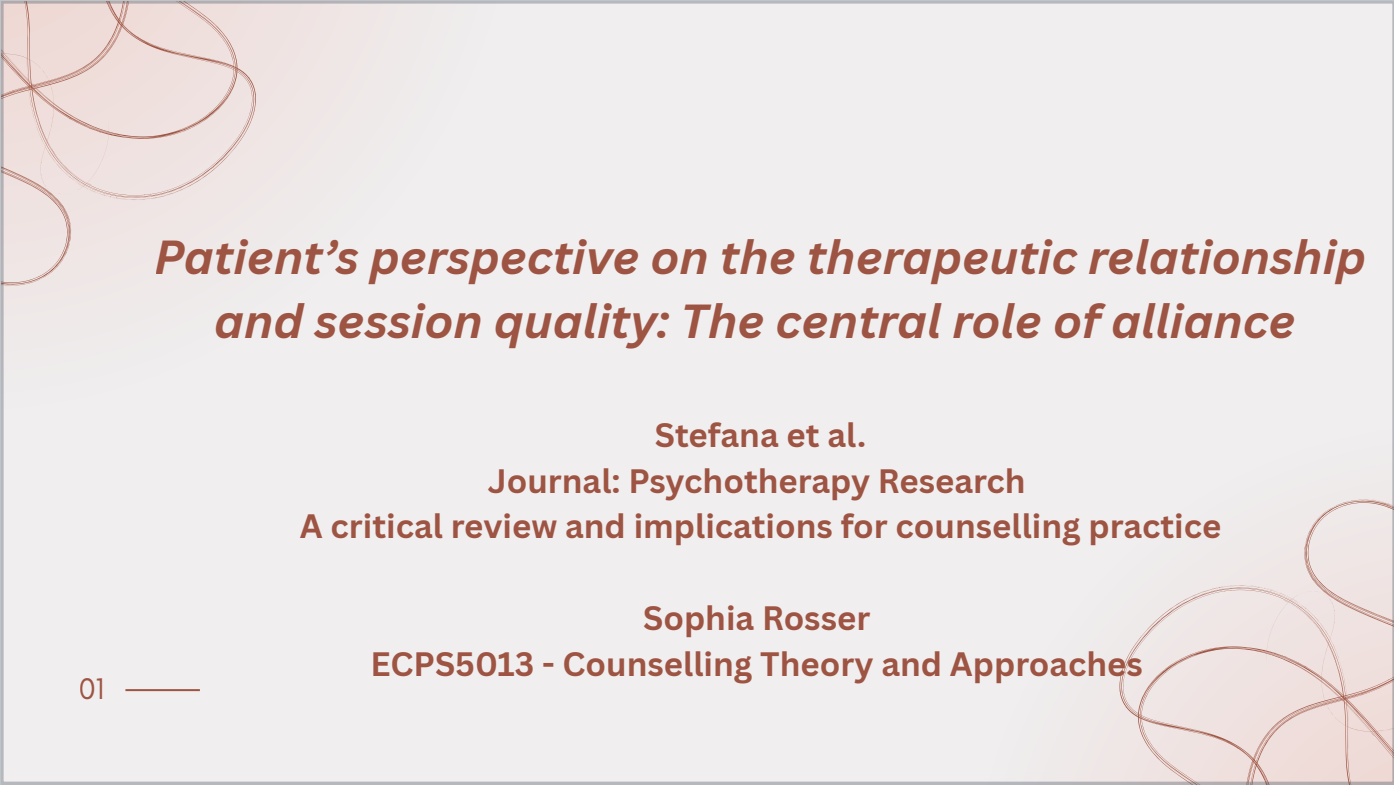




Patient's perspective on the therapeutic relationship and session quality: The central role of alliance

Stefana et al.

Journal: Psychotherapy Research

A critical review and implications for counselling practice

Sophia Rosser

ECPS5013 - Counselling Theory and Approaches

01 —

Good morning. Today I will be discussing a review of a peer-reviewed journal by Stefana and colleagues. The article explores the patient's perspective on the therapeutic relationship, particularly the question surrounding the importance of the therapeutic alliance in shaping session quality and its relevance/implications. I'll then cover the background and aims of the study, the method and key findings, and finish with implications for counselling practice and future research, alongside a critique of the article.

Background



- Counselling practice is underpinned by the therapeutic alliance (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)

The therapeutic alliance is an essential aspect of a strong and effective therapeutic relationship. The bond ensures that there is a mutual understanding, with the ability to set goals and boundaries within the professional relationship, and helps clients feel safe. Research has previously concluded that establishing a therapeutic alliance contributes to higher success rate outcomes in therapy, regardless of the therapeutic approach used. Therefore, it can be suggested that the most important aspect of therapy is the therapeutic alliance between the client and practitioner.

Researchers Horvath et al. (2011) and Norcross and Lambert (2018) found that the therapeutic alliance is one of the strongest predictors of successful therapy outcomes, regardless of the therapeutic approach.

Bordin's model conceptualises the following: goal setting, agreement on tasks, and emotional experience. This study supports this article because it provides information on the patient's lived experience, rather than just therapy scales. Although his model remains influential, critics argue that he simplified the clients emotional experience, contradicting the study's research question.

Aim and Research Question

Aim

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

Research Question

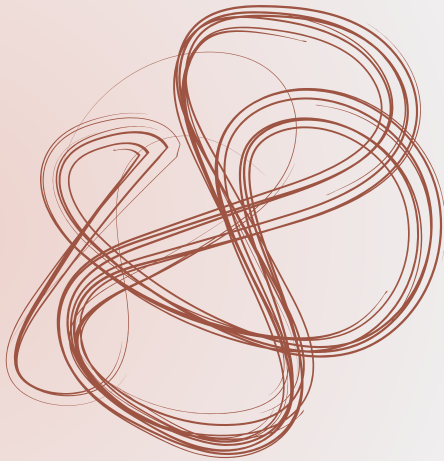
- How do patients' perceptions of the therapeutic alliance shape their assessment of session effectiveness?



The article aims to examine the therapeutic alliance from the patients' perspective and its association with session effectiveness. The authors highlight the patients' perspective on therapy as mainly person-centred, rather than focusing solely on the completion of goals or tasks.

Although the research question is not explicitly defined in the article, it can be inferred that clients' evaluations of session success are influenced by the therapeutic alliance that is developed. This is significant, as it illustrates the central role of the client in therapy and allows the therapeutic process to be viewed from a different perspective.

Objectives



- Critically evaluate supporting research on the therapeutic alliance and session effectiveness.
- Explain Bordin's model of goals, tasks, and the client bond in relation to the journal.
- Analyse the significance of the client's emotional experience in therapeutic outcomes.

The objectives listed demonstrate the structure of the presentation. I will first evaluate supporting research on the therapeutic alliance and session effectiveness. Next, I will explain Bordin's model of goals, tasks, and the client bond. Finally, I will analyse the significance of the client's emotional experience in therapeutic outcomes.

Research Methodology

Study Design

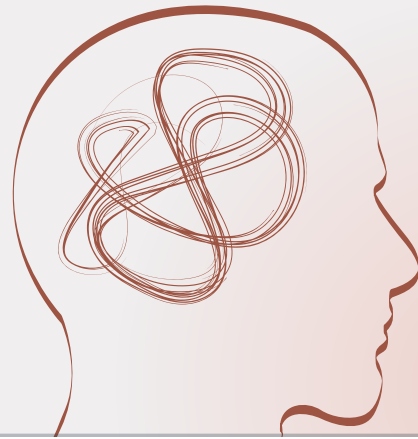
- Quantitative study
- Self-reported rating scales

Participants

- 700 adult outpatients in therapy
- Diverse backgrounds and presenting issues

Procedure

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



This study uses a quantitative design, meaning it focuses on numerical data. The data was collected using self-report measures, which allowed participants to rate both the session and their relationship with the therapist straight after the session.

The sample included 700 adult outpatients receiving therapy. The participants came from a range of different backgrounds and presented with various issues, which makes the findings more generalisable and relevant to real-life counselling settings increasing overall reliability.

In terms of the procedure, participants completed standardised measures after multiple therapy sessions. This improves the reliability of the findings, as it reflects the clients' views over time rather than based on just one session.

Limitations of Methodology

- Self-report measures may increase social desirability bias
- Data is based mainly on the patient's perspective
- Cross-sectional design cannot show cause and effect
- Self-selected sample may introduce response bias

The study does have some limitations which is important to note when interpreting the findings.

Self report does increase the risk of factors including social desirability which means that participants might have answered questions in a way which was thought were expected of them, rather than how they really feel - lack of insight?

Secondly, data is collected primarily from the participants perspective which is good, but this leaves out valuable viewpoints from observers and the therapist.

This was also a cross-sectional study meaning that the data was taken at one time, lacking the ability to make cause and effect relationships between variables.

Self-selection sampling was chosen, which may introduce response bias, as if someone has positive experiences and are more confident they are more likely to take part leaving another demographic out of the sample all together.

Materials/Measure

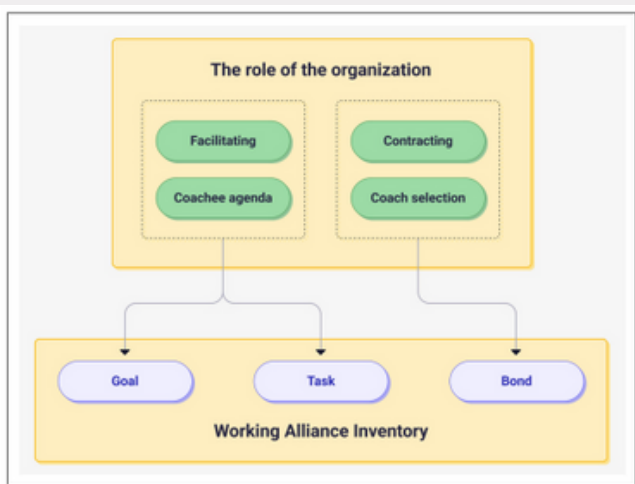


Figure adapted from Kruger and Terblanche (2022)

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)

The two materials used in the study were the Working Alliance Inventory, which focused on the quality of the therapeutic alliance through three components: goals, tasks, and the bond between the client and practitioner.

The Session Rating Scale was completed after each session and evaluated session effectiveness, including how helpful participants found the overall session.

The In-Session Patient Affective Reactions Questionnaire was used to assess clients' reactions toward their therapist during sessions. It allows researchers to capture both positive emotions (e.g., safety, comfort) and negative emotions (e.g., anxiety, discomfort, shame). This tool enables a visual representation of how clients' immediate feelings in session correspond with overall therapy effectiveness and the strength of the therapeutic alliance. The SPARQ measure suggests that emotional safety is not secondary to goal agreement, but a critical factor in effective sessions.

Together, these measures allowed the researchers to explore how the therapeutic alliance influenced how successful participants felt their therapy sessions were.

This figure, adapted from Kruger and Terblanche (2022), shows how the working alliance is demonstrated through goals, tasks, and the emotional bond.

Contextual Measure



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

- Measures how congruent 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)

The Real Relationship Inventory looks at how congruent the relationship is, meaning how genuine and real the therapist feels to the client, rather than just focusing on completing goals and tasks.

This is important because it shows the therapist as sincere and real, not just someone who has the skills or techniques.

From a counselling perspective, being sincere and congruent are core ethical values in practice. If a therapist does not seem engaged or real in the session, this can affect how effective the session feels, regardless of how skilled the therapist is.

This measure goes beyond the working alliance by focusing on authenticity and congruence, which are key aspects of counselling.