

THE EFFECTS OF THERAPEUTIC ALLIANCE ON PSYCHOTHERAPY OUTCOMES

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Practice Setting

- ▣ Multidisciplinary private practice group
 - 4 MDs
 - 3 APNs
 - 5 LCSWs
- ▣ Urban Setting – Chicago
- ▣ Pt. Population – Mixed SEC & Dx

WHAT WORKS IN PSYCHOTHERAPY ?

In today's current environment of managed health care and evidenced based practice mental health professionals are regularly confronted with these questions:

- 1) How do we measure the effectiveness of psychotherapy?
- 2) How do we improve outcome?

Rationale for study

- ▣ Studies report 50% of psychotherapy patients dropout by the 3rd session.
- ▣ Research suggests a minimum of 11 to 13 sessions needed for 60% of patients to be considered recovered.
- ▣ Many patients entering mental health treatment do not receive an “adequate dose” nor achieve optimal symptom relief.

Outcome Rating Scale - ORS

Name _____ Age (Yrs): _____
ID# _____ Sex: M / F
Session # _____ Date: _____

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels.

Overall:

(General sense of well-being)

|-----|

Individually:

(Personal well-being)

|-----|

Interpersonally:

(Family, close relationships)

|-----|

Socially:

(Work, School, Friendships)

|-----|

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Session Rating Scale - SRS

Session Rating Scale (SRS V.3.0)

Name _____ Age (Yrs): _____
ID# _____ Sex: M / F _____
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.

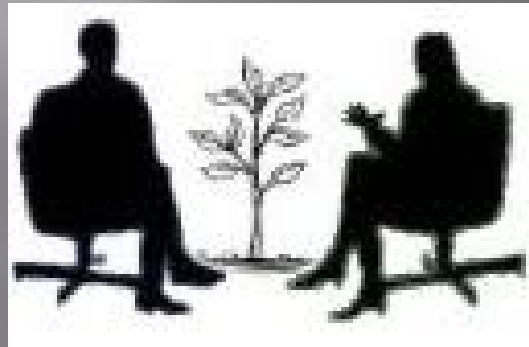
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RESEARCH DATA

- Patient's rating of the *alliance* is the best predictor of engagement and outcome.



- The patient's subjective experience of change early in the psychotherapy process is the best predictor of success for any particular setting.

DEFINITION OF THERAPEUTIC ALLIANCE

- The patient's affective relationship with the therapist.
- The patient's motivation and ability to accomplish work collaboratively with the therapist.
- The therapist's empathic responding to and involvement with the patient.
- The patient and therapist agreement about the goals and tasks of therapy.

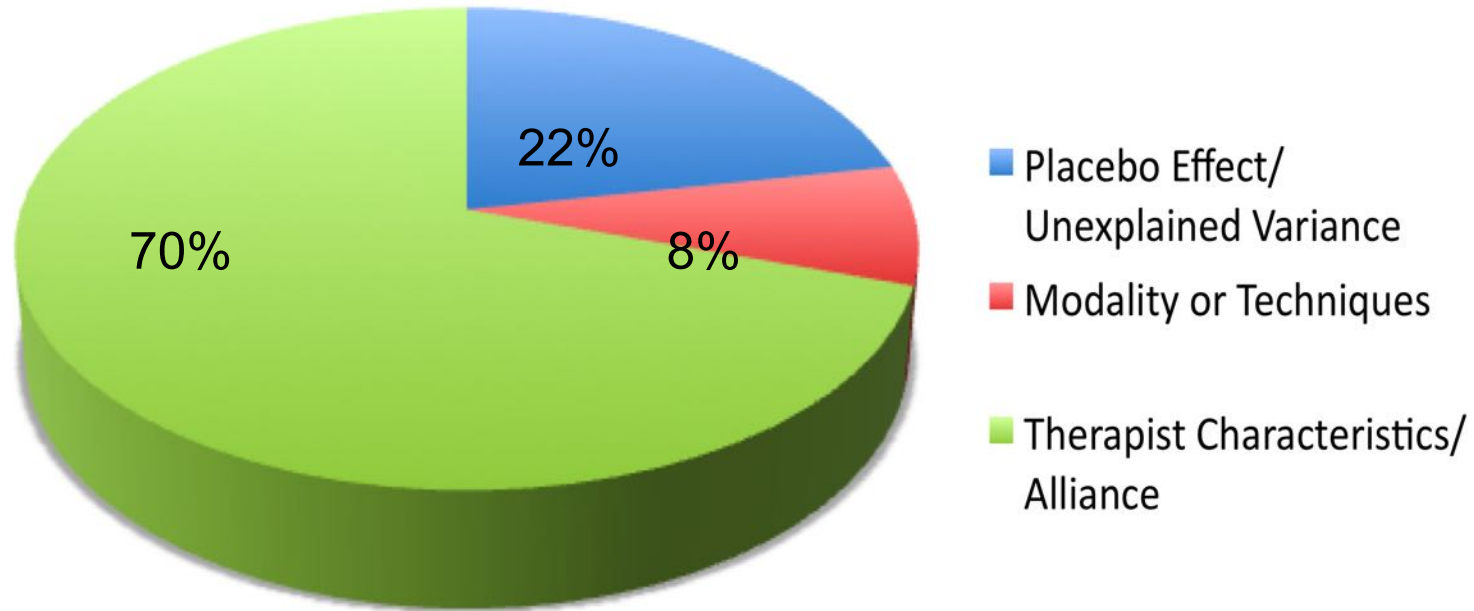
Wampold, 2001

Why Study Therapeutic Alliance

- ▣ Strong relationship between patient and therapist and the outcome of psychotherapy.
- ▣ Evidence exists that suggests merely paying attention to the therapeutic relationship may positively correlate with psychotherapy outcome.

Hubble, Duncan & Miller, 2007

Sources of Effect in Psychotherapy

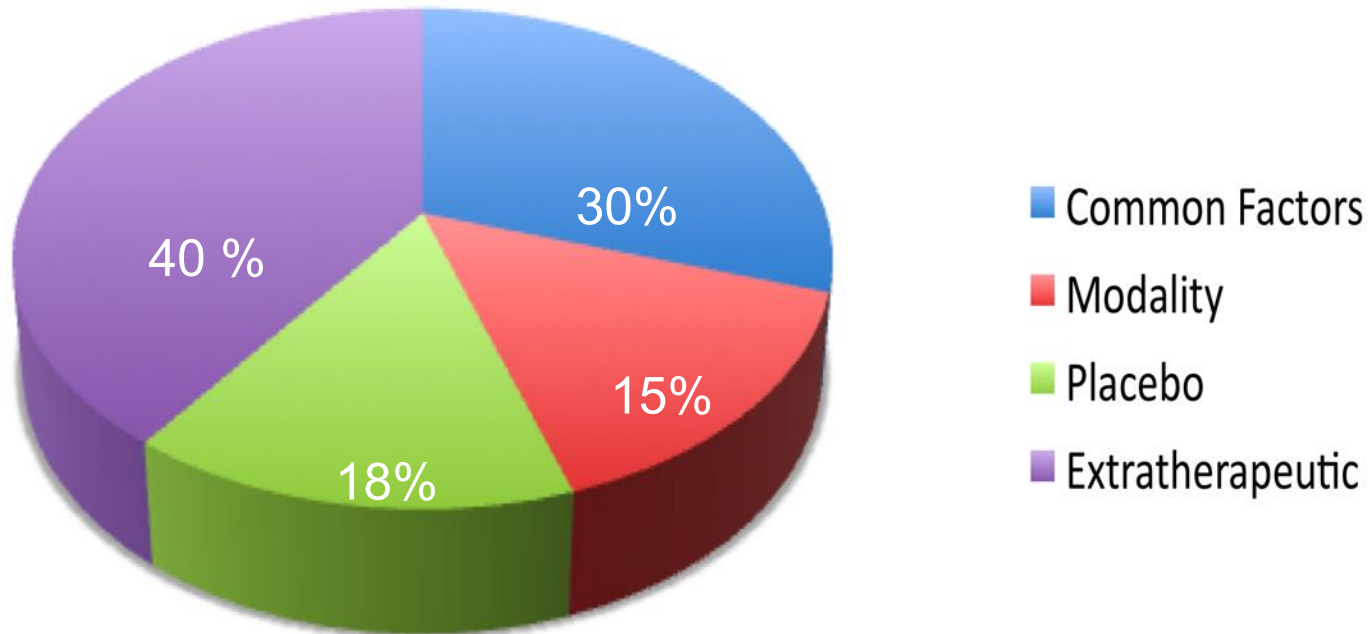


Wampold, 2001

SUMMARY OF RESEARCH

- The percentages presented in the next slide are based on a review done by Norcross (2002) of a subset of more than 100 studies that provided statistical analyses of the predictors of psychotherapy outcome.
- It is apparent from the next slide that the factors most closely associated with the therapeutic relationship is central to positive therapy outcome

Percent of Improvement as a Function of Therapeutic Factors



Norcross (2001)

THERAPEUTIC INTERPERSONAL RELATIONSHIP: RESEARCH FINDINGS

- Quality of the relationship - more potent predictor of outcome than theoretical orientation, experience level, or the professional discipline.
- Patient perception of the relationship - better predictor of outcome than the therapist's perception.
- No correlation between the length of time spent in therapy and the strength of the alliance.
- Patients rarely report negative reactions before deciding to terminate.

MEASURING THERAPEUTIC ALLIANCE: THE SESSION RATING SCALE-SRS

- Assess the four components of therapeutic alliance.

Relationship - "I felt understood and respected."

Goals - "Worked on what I wanted to work on."

Approach - "Therapist 's approach is a good fit for me."

Overall - "Today's session was right for me."

- Reliability of .88 Validity of .5
- Less than a minute to take and score.

Duncan, et al. (2003)

MEASURING OUTCOME: THE OUTCOME RATING SCALE- ORS

- Assess the four components of patient functioning.
 - General sense of well being
 - Personal well-being
 - Family, close relationships
 - Work, School, Friendships
- Reliability of .93 Validity of .55
- Less than a minute to take and score.

Miller, et al. (2003)

AIM Statement

- ▣ This project was designed to determine whether routine therapist monitoring of the process and outcome of psychotherapy has an effect on patients' early attrition from psychotherapy in a multidisciplinary private group practice.
- ▣ After the 3 - month study period, the attrition rate will decrease by 50% for all patients beginning treatment.

METHODOLOGY - DESIGN

- Therapists - 3 MDs, 2 APNs, 4 LCSWs
- Study Group – 56 new psychotherapy patients
- Control Group – 136 patients obtained from chart review.
- Intervention – ORS/SRS at each session for 3mos
- Compared the attrition rate of Study Grp (19%) (n=56), with the attrition rate (37.6%) of Control

METHODOLOGY

- All patients beginning therapy during the study period were given information about the practice change and invited to participate.
- Study participants took the BDI-II before the first session and again at 3-months.
- The ORS was given to patients at the beginning of each session and the SRS at the end.
- Study therapists were instructed to discuss the ratings as needed during sessions.

Results

	Early Termination		Total
	No	Yes	
Control Group (n=136)	85	51	136
Study Group (n=56)	45	11	56

Early Attrition Rates:

Control Group: 37.5%

Study Group: 19%

DATA ANALYSIS

- Data were analyzed using a Fisher's exact test to compare baseline to follow-up attrition rates.
- The difference between the attrition rate in 2008 (control group) and the current study group was significant, $p=.040$.
- The practice improvement of obtaining session-by-session patient feedback on therapeutic alliance and outcomes was successful in reducing early attrition from psychotherapy at this practice, Odds Ratio = 3.3

Effects of patient characteristics on outcome

Hierarchical Linear Modeling (HLM) – secondary analysis done to determine the relationships between outcomes (ORS) and,

- Treatment Alliance (SRS scores), $r = .16, p = .08$)
- Demographics: age, sex, marital status, employment
- Therapist discipline
- Treatment modality
- BDI-II scores ($r = .81, p = <.001$)

Amount of variability attributable to individual differences between patients

	% of Variance within pts. (variability over time)	% of Variance between pts. (individual differences)
Alliance (SRS)	33.8%	66.2%
Outcome (ORS)	31.9%	68.1%

Limitations and Implications

- ▣ Time Frames
- ▣ Therapist adherence to protocol
- ▣ Data Collection
- ▣ Use of tools on practice

QUESTIONS FOR FURTHER RESEARCH

- Application of Therapeutic Alliance to Nursing – Nurse theorists studying aspects of the interpersonal relationship: Peplau, Travelbee, Watson
- Smith & Liehr (2008) - Human Connection in Nursing
- The nurse-patient relationship is what sets nursing apart from the other helping professions.
- Need for further research using SRS and ORS to measure therapeutic alliance in other nursing situations, eg. ER, pre and post op teaching, disease management, to name a few.

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