

EMPIRICAL PAPER

Disentangling the change–alliance relationship: Observational assessment of the therapeutic alliance during change and stuck episodes

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Abstract

The therapeutic alliance is considered the most robust process variable associated with positive therapeutic outcome in a variety of psychotherapeutic models [Alexander, L. B., & Luborsky, L. (1986). The Penn Helping Alliance Scales. In L. S. Greenberg & W. M. Pinsoff (Eds.), *The psychotherapeutic process: A research handbook* (pp. 325–356). New York: Guilford Press; Horvath, A. O., Gaston, L., & Luborsky, L. (1993). The alliance as predictor of benefits of counseling and therapy. In N. Miller, L. Luborsky, J. Barber, & J. P. Docherty (Eds.), *Psychodynamic treatment research: A handbook for clinical practice* (pp. 247–274). New York, NY: Basic Books; Horvath, A. O., Del Re, A. C., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy*, 48, 9–16; Orlinsky, D., Grawe, K., & Parks, B. (1994). Process and outcome in psychotherapy: Noch einmal. In A. Bergin & J. S. Garfield (Eds.), *Handbook of psychotherapy and behaviour change* (4th ed., pp. 270–378). New York, NY: Wiley and Sons]. The relationship between alliance and outcome has traditionally been studied based on measures that assess these therapy factors at a global level. However, the specific variations of the alliance process and their association with therapy segments that are relevant for change have not yet been fully examined. The present study examines the variations in the therapeutic alliance in 73 significant in-session events: 35 change and 38 stuck episodes identified through the observation of 14 short-term therapies of different theoretical orientations. Variations in the alliance were assessed using the VTAS-SF [Shelef, K., & Diamond, G. (2008). Short form of the revised Vanderbilt Therapeutic Alliance Scale: Development, reliability, and validity. *Psychotherapy Research*, 18, 433–443]. Nested analyses (HLM) indicate a statistically significant better quality of the alliance during change episodes.

Keywords: alliance; change and stuck episodes; process and outcome

The therapeutic alliance has received a great deal of attention both in the field of psychotherapy research and of clinical practice and training for the last four decades (Alexander & Luborsky, 1986; Corbella & Botella, 2003; Horvath, Del Re, Flückiger, & Symonds, 2011; Horvath & Luborsky, 1993; Horvath & Symonds, 1991; Lambert & Ogles, 2004; Orlinsky, Grawe, & Parks, 1994). To a great extent the popularity of this concept is due to the cumulative findings that support its association with positive treatment outcome along a wide variety of therapeutic

models (Horvath & Luborsky, 1993; Horvath et al., 2011; Lambert & Ogles, 2004; Orlinsky et al., 1994). The effect size linking alliance to outcome has been consistently estimated between .25 and .30 which is a moderate correlation ($r = .275$), but a significant relationship (Horvath et al., 2011).

Nonetheless, a major question debated within this field of study is the specificity of this association between alliance and outcome. Originally, the most accepted definitions of the alliance considered it a global indicator of the quality of the collaborative