

Necessary But Insufficient: Evidence Supporting the Important Role of Therapeutic Relationship

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Importance of Evidenced-based Treatment

- ◆ Increased emphasis since mid 90s
- ◆ What? Who? When?
- ◆ Complex challenge? (e.g., mediators-moderators-interactions, cost, client needs, measurement tools)
- ◆ body of evidence versus individual study

Why does Treatment Work?: Deconstructing Treatment

◆ Specific factors

- ◆ technique; modality
- ◆ e.g., CBT, psychoanalysis, behaviour modification

◆ Common factors

- ◆ process; nonspecific
- ◆ client characteristics, therapist qualities, change processes, treatment structure, therapeutic relationship

◆ Other?

Learning Objectives:

- ◆ Better understand the role of 2 common factors in CYMH treatment
- ◆ Describe the empirical support for pre-treatment client expectations and therapeutic relationship
- ◆ Discuss implications for practice and future research

Evidence: Adult vs Child & Youth Treatment

- ◆ 1996 APA Task Force lists ESTs for particular adult MH disorders
- ◆ Later (1999, 2001, 2002) lists of ESTs included youth treatment
- ◆ 2001 APA Task Force lists ESTRs for adults
- ◆ Meta analyses or reviews on ESTRs in youth research:
 - ◆ 1992: Therapeutic relationship (Shirk and Saiz)
 - ◆ 2003: Relationships variables (Shirk & Karver)
 - ◆ 2005: Client expectancies (Dew & Bickman)
 - ◆ 2006: Relationship variables (Karver, Handelsman, Fields, Bickman)
 - ◆ 2008: Therapeutic Alliance (Elvins & Green)

Perspective

- ◆ Specific and common factors play role in producing therapeutic change
- ◆ Empirical support, while increased rigor needed, exists for both
- ◆ Child and youth research and evidence on ESTs and ESTRs has lagged behind adult research
- ◆ Focus on ESTRs may be more salient and likely to be more complex for youth than adults

Why might Relationship variables be equally if not more critical in child and adolescent work? Why more complicated?

What is a Therapeutic Relationship (TR)?

- ◆ A common factor (i.e., transcends treatment technique or modality)
- ◆ Appears to have the strongest association with outcomes relative to other common factors studied
- ◆ Also referred to as therapeutic alliance (TA) or working alliance (WA)

Conceptualization of TR between therapist and client:

- ◆ Personal alliance: a bond; client views therapist as caring, understanding, knowledgeable
- ◆ Task alliance: agreement on the intervention goal (e.g., reduction of symptoms) and agreement on plan for achieving goal (e.g., CBT)

Association of therapeutic relationship (TR) to outcomes in child and youth treatment:

- ◆ TR plays a role in producing change in clients
- ◆ Meta-analysis show TR is related to outcome across diverse types treatment across developmental levels
- ◆ Small to medium effect size ($r=.22$)
- ◆ Predictive ability similar to that of chronicity or comorbidity
- ◆ Similar effect size in adult studies, where TR is found to be the most consistent predictor of outcome

Association of therapeutic relationship (TR) to outcomes in child and youth treatment:

- ◆ Overall, early alliance is better predictor of outcome
- ◆ Stronger associations for youth with externalizing problems (why?)
- ◆ Variable results as to whether youth or parent alliance plays stronger role in producing change

Measurement & Methodology

- ◆ Over 12 different tools to measure alliance in child/youth populations cited in Elvins & Green 2008 review
- ◆ Only two developed for child/youth
- ◆ Modified adult scales, VTAS, AWAI and Penn, are used most often in published research
- ◆ Rater and method confounds, third variable confounds, validity weaknesses

Pretreatment Expectancies about Treatment

- ◆ A common factor
- ◆ Something clients bring to treatment
- ◆ Two primary types:
 - ◆ role expectancies (client, therapist, caregiver)
 - ◆ outcome expectancies (client and caregiver)

Dew & Bickman's (2005) review of child and adult focused studies found:

- ◆ Methodological problems...
- ◆ Positive expectancies positively impact TR
- ◆ Positive outcome expectancies are significantly related to client improvement
- ◆ Pretreatment expectancy interventions benefit clients
- ◆ Some evidence TR mediates relationship between role expectancies and outcome
- ◆ Link between expectancies and attrition weak

Interventions to Modify Pretreatment Expectancies: A Missed Opportunity?

- ◆ Malleable (manipulable), especially in youth
- ◆ Ideal focus for providing relatively simple, cost-effective interventions that would be feasible in “real world” settings (e.g., video tape to socialize about roles)
- ◆ Potential to positively impact critical first session of intervention, TR, and client improvement
- ◆ However, expectancies are not emphasized in research, practice or training in CYMH (Dew & Bickman, 2005)

Expectancies and TR

- ◆ Influenced by past experience with adults
- ◆ Therapist assumes more responsibility for TR
- ◆ Prepare clients: why, what, who, how, when
- ◆ Potential role for peers

Promising Directions...

- ◆ Include measurement of common factors (TR, expectancies) in rigorous trials of complex mental health interventions
 - ◆ Ensure consideration and development of evidence base on both the role and relationship of process variables and specific techniques
 - ◆ Address methodological weaknesses compromising existing evidence
 - ◆ Necessitates refinement of constructs and measurement tools

Promising directions...

- ◆ Promote positive and appropriate expectations in youth and caregivers
- ◆ Monitor compatibility of expectations and experience and determine if “alignment” needed
- ◆ Revisit client feedback (timing, focus, function)
- ◆ Include for staff training (frontline and supervisors)

Promising Directions...

- ◆ Concurrent use of empirically promising/supported relationship variables (e.g., role expectancies, bond) and treatments (e.g., CBT) tailored to the client's characteristics and disorder is likely to generate the best outcomes for clients
- ◆ CYMH providers and organizations promote empirically supported “relationships” along with evidence-based methods in research, education (preservice and postservice) and practice.

Promising directions...

- ◆ Castonguay and Beutler (2006) assembled a task force to delineate empirically based principles of change: focus is on how therapy relationships, treatment procedures, and participants contribute to the change process for different types of clinical problems
- ◆ Will help us answer: “**What** treatment, by **whom**, is most effective for **this** individual with **that** specific problem, and under **which** set of circumstances?”
(Paul, 1967)

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