

The Working Alliance: What Do We Know and How Should We Apply It?¹

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The working alliance broadly reflects affiliative collaboration in the patient-psychotherapist relationship. Decades of alliance research have substantiated its clinical importance both pan-theoretically and pan-diagnostically. In fact, a sound alliance occupies such an important place in the field's conceptualization of good psychotherapy that not paying attention to it clinically could be viewed as unethical. Here we discuss what we view as the core empirical alliance findings to date and highlight the most obvious applied implications of each.

First, alliance quality correlates consistently and positively with patient improvement (Castonguay & Beutler, 2005; Constantino, Castonguay, & Schut, 2002). Thus, irrespective of the clinical problem or the treatment modality, psychotherapists should strive to foster, monitor, and maintain a positive attachment to and strong collaboration with their patients.

Second, certain patient factors correlate positively (e.g., psychological mindedness, quality of object relations) or negatively (e.g., interpersonal problems, perfectionism) with alliance quality (see Constantino et al., 2002). Thus, psychotherapists should assess for such factors, as this could help in forecasting patients with whom they will have a more or less difficult time establishing a good alliance. This information may help psychotherapists respond expediently to markers of alliance threat.

Third, certain psychotherapist factors are positively (e.g., warmth, flexibility) or negatively (e.g., rigidity, self-directed hostility) associated with alliance quality (see Ackerman & Hilsenroth, 2001, 2003). Accordingly, it is important for psychotherapists to adhere to the wise adage of "know thyself." In session, this may be achieved through moment-to-moment self-reflection, self-observation, and process-observation. When their self-understanding is

challenged, psychotherapists may have to take additional remedial steps such as seeking supervision or engaging in their own psychotherapy. Furthermore, strict psychotherapist adherence to a treatment protocol in the face of alliance strain may interfere with psychotherapy process and outcome (Castonguay, Goldfried, Wiser, Raue, & Hayes, 1996; Piper et al., 1999). Thus, psychotherapists should responsively attend to any emergent relationship problems, perhaps by using metacommunication strategies and self-involving process comments. Although preliminary, there is evidence to suggest that working through alliance problems directly, openly, and nondefensively may allow the relationship to get back on track, as well promote a corrective relationship experience (e.g., Castonguay et al., 2004; Safran, Muran, Samstag, & Stevens, 2002).

Fourth, the early alliance is particularly predictive of outcome and poor early alliance predicts premature termination (see Constantino et al., 2002). Consequently, psychotherapists would be wise to pay attention to the alliance as soon as psychotherapy begins and to address alliance strains at their first sign of emergence. However, psychotherapists should not restrict alliance assessment to early treatment, as research suggests that alliance quality can vary over time and that ongoing relationship negotiation is important (see Safran et al., 2002; Stiles et al., 2004).

Fifth, we now have various psychometrically sound alliance measures (such as the Working Alliance Inventory; see Horvath & Greenberg 1994) that assess the alliance from patient, psychotherapist, and observer perspectives (see Constantino et al., 2002). Thus, the alliance can no longer be viewed as a “nonspecific” variable (Castonguay, 1993; Castonguay & Grosse Holtforth, 2005), and psychotherapists should use these measures to help inform

treatment plans and process. Psychotherapists should also not overemphasize their own perspective of the relationship, as the patient's perspective is most strongly related outcome.

Although questions remain regarding the exact role and nature of the alliance in psychotherapy, much evidence supports the applied recommendations outlined here. The most fundamental point is that the relationship matters!

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