

**THE WORKING ALLIANCE: LITERATURE REVIEW AND PERSONAL
INTEGRATION**

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Introduction

Research has consistently shown that a strong working alliance indicates positive therapy outcomes. The working alliance concept has been extensively examined in the literature, dating back to Freud's conceptualization of transference in psychoanalysis (Meara & Patton, 1994). More recently, research indicates the working alliance is fundamental for the change process to occur (Bordin, 1979) and a moderate predictor of therapeutic outcomes regardless of theoretical approach or client issues (Horvath & Symonds, 1991); Hiebert's (2005) taxonomy of skills provides practitioners with a comprehensive summary of technical skills used to develop and maintain a strong working alliance. This paper will focus on how the working alliance is conceptualized in the literature, how it is built, broken, repaired, maintained and integrated in therapy, and how specific communication skills are related to the working alliance.

Definition

The therapeutic relationship has three components: a) the real relationship, b) the transference relationship, both of which are influenced by c) the working alliance (WA) (Greenson, 1967, as cited in Meara & Patton, 1994). The WA can be defined as the collaborative, cooperative, and reciprocal relationship (Meara & Patton, 1994; Hiebert & Jerry, 2002) between the reasonable self of the client and the analyzing self of the therapist (Gelso & Carter, 1994) for the purpose of work Bedi David & Arvay (2005). The WA is essential because it furthers the work of therapy (Gelso & Carter, 1994), is associated with positive therapy outcome (Bordin, 1979; Horvath & Symonds, 1991; Kivlighan & Schmitz, 1992), mediates role conflict and ambiguity (Ladany & Friedlander, 1995), motivates the client to collaborate and take responsibility, promotes

improvement in client self esteem and confidence, and serves as the main vehicle for change (Meara & Patton, 1994).

Bordin's (1979) tripartite model proposes a definition for the WA that organizes it into three components: an agreement on goals, an assignment of tasks, and the development of bonds. The extent to which these three components are successfully established and maintained will influence other important processes in therapy such as building client awareness, healing and forgiveness, and personality change.

Developing a Working Alliance

Client and counsellor contributions to the WA can be categorized into pre-therapy contributions and during-therapy contributions. It is widely accepted that both the client and the counsellor contribute to the WA (Gelso & Carter, 1994), however there is debate around how much influence each party has on the development of the WA and whether or not client and counsellor predispositions influence the formation of the WA.

Pre-therapy Contributions.

Although demographic factors, such as age, gender, race, sexual orientation, and cultural background have been shown to have little influence on the outcomes of therapy (Coleman (2008), interpersonal characteristics of both the client and the counsellor are strong predictors of alliance formation (Bucci, Seymour-Hyde, Harris, & Berry, 2015). Counsellors who are genuine, empathic, and willing to accept feedback from clients are more likely to build a strong WA versus counsellors who are rigid, intimidating, and cold (Meara & Patton, 1994). From the perspective of attachment theory, "early relationships are internalized ...[and] influence how the individual will experience subsequent relationships" (Goldman & Anderson, 2007, p. 111) supporting the conclusion that a

therapist's attachment style will influence his or her ability to form a strong WA. However, research on attachment style and WA is inconsistent. Bedi, Davis, and Arvay (2005) found counsellors with a destructive interpersonal style were unable to form WAs, yet Bucci, Seymour-Hyde, Harris, and Berry (2015) found counsellor attachment style was only a significant indicator of WA formation when considering the severity of client symptoms.

The client also contributes significantly to the WA. The WA significantly influenced by client personality (Coleman, 2008) and "clients who are excessively dependent, narcissistic, or who are otherwise devoid of at least a few positive relationships in their past will have difficulty accepting an invitation from the counselor to form a working alliance" (Meara and Patton, 1994, para. 5). In order for therapy to be effective, clients must be aware of their own unhappiness, have the capacity to reflect, recognize a need for assistance, and be willing to receive assistance (Meara & Patton, 1994). They must also freely enter into therapy and engage in the client-counsellor relationship for meaningful therapeutic work to ensue (Meissner, 2007). Furthermore, Meissner (2007) suggests that a client's ability to trust the counsellor influences the WA. Clients who excessively trust the counsellor tend to avoid responsibility for change in therapy and clients who are habitually untrusting of people will require help to "unearth and resolve at least some of the sources of their mistrust in order to establish a context of trusting security" (Meissner, 2007, p. 234).

During-therapy Contributions.

Clients and counsellors bring a variety of predispositions to the counselling session, which implies that therapy outcomes are dependent on personal characteristics

rather than the WA itself (Coleman, 2008); however, Horvath, Del Re, Fluckiger, and Symonds (2011) suggest that counsellors can learn skills and build capacity to develop the WA just as they develop other aspects of their practice. Robbins (1992, as cited in Meara & Patton, 1994) states counsellors contribute to the WA through their technical procedures *and* personal qualities.

Technical procedures that encourage a strong WA include invitations to collaborate, a therapeutic approach that is “regular and orderly, consistent and humane” (Meara & Patton, 1994, para. 6) and balancing the power differential between client and counsellor by acknowledging the client’s expertise and independence (Barstow, 2008; Creed & Kendall, 2005; Zur, 2014). Furthermore, it is essential to convey positive qualities during the first session because the moment the interview ends the client has already made a judgment call on whether or not the counsellor will be helpful (Alcazar Olán, Deffenbacher, Hernández Guzmán, Sharma, & De la Chaussée Acuña, 2010). Taking an active, explorative, and collaborative stance and using clear, experience-near language to clarify the client’s distress are key strategies during the initial interview (Hilsenroth & Croner, 2007).

As Bordin (1979) suggests the WA is developed by agreeing on goals, tasks, and forming a bond. The goals of therapy are established, in part, from the counsellor’s ability to “double-listen” (Pare, 2013, p.89), hearing the client’s concerns and problems as well as his or her hopes and possibilities. Clients and counsellors may have differing expectations of what therapy involves and should openly discuss specific tasks required for counselling to be effective. It can also be helpful to discuss the client’s previous therapeutic experiences; the counsellor can learn a great deal about what worked for the

client and make note of any hesitations the client has. Aligning counselling philosophies also provides insight into factors that contribute to client resistance, which is conceptualized in relation to the WA as a “lapse in collaboration” (Pare, 2013, 22) and a sign of task confusion; typically, if there is task confusion, there is also goal confusion (Meara & Patton, 1994).

The emotional bond between client and counsellor is crucial for therapy to be effective because it allows the counsellor to address the client’s resistance, transference, harmful behaviours and thoughts, ineffective strategies, and painful experiences (Gelso & Carter, 1994). Rogers (1965, 2007) suggests empathy, genuineness, and unconditional positive regard as the necessary and sufficient conditions for client change. Although the WA begins developing the first time a counsellor and client interact, building rapport with a client is not a journey to a destination; it is an ongoing endeavor that only concludes when therapy ends (Pare, 2013).

Counsellors should also consider the various dilemmas that surface when co-creating an intimate relationship in a professional context. The counsellor is ethically required to be helpful to the client on his or her terms, yet “counselors should not unconditionally provide clients with whatever type of alliance they desire” (Bedi, 2006, p. 33). The co-construction of a WA based on trust, honesty, confidentiality, and respect (Bedi, 2006; Meissner, 2007) requires thoughtful navigation of ethical principles and best practices. Dilemmas arise, for example as counsellors work to promote client autonomy and set appropriate boundaries, remain objective yet be emotionally sensitive to the client’s suffering, and keep the focus on the client yet balance the power differential of the healthy helping the sick through appropriate self-disclosures.

Rupture, Repair, and Maintenance

Unless directly spoken about, the WA is typically unnoticed, functioning as a foundation for therapeutic treatment (Meara & Patton, 1994). However, unethical practice will lead to the breakdown of the WA, specifically if the client feels deceived, threatened, manipulated, misunderstood, or disregarded. Occasionally external factors may threaten the WA, such as extreme distress from traumatic events or crises in the client's life or disapproval from family or friends for being in counselling (Meara & Patton, 1994). Addressing any perceived ruptures and asking for feedback is essential to repairing and maintaining a strong WA as "clients are the best supervisors" (Pare, 2013, p. 24) and their evaluation of the WA is the best predictor of therapy outcomes (Bachelor, 1991; Horvath & Bedi, 2002; Horvath & Symonds, 1991). When receiving feedback, the therapist must validate the client's honesty, respond "in an open or non-defensive fashion and accept responsibility for their contribution to the interaction as opposed to blaming the patient for misunderstanding or distorting" (Safran, Muran, & Eubanks-Carter, 2011).

Micro-skills and the Working Alliance

Hiebert (2005) outlines generic skills for creating a WA in a comprehensive taxonomy proposing that the professional is primarily responsible for creating a WA and thus should be approached systematically. He begins with structuring skills such as reviewing the last sessions, setting goals for the present interaction, and summarizing to identify patterns or themes. These skills create meaning for the client in that it organizes and directs a potentially chaotic process, "keeps the professional and client on the same wave length", and increases client receptiveness by preparing the client for what is to come (Heibert, 2005). Although structuring skills are important, the counsellor must be

flexible and adaptive along the way and promote client autonomy by meeting the client where he or she is at and accompany him or her in the direction he or she chooses to go (Pare, 2013).

Skills for engaging the client such as open-ended questions, declarative probes, and calling for a demonstration (Hiebert, 2005) epitomize the collaborative nature of counselling and encourage client involvement and commitment. Paraphrasing with experience-near language that captures the depth of the client's "purposes, intentions, values, and feelings" (Pare, 2013, p. 138) and urges counsellors to avoid railroading the meaning making process for the client by imposing their perceptions. Using implicit and explicit checks to confirm understanding demonstrates openness to correction and upholds the client as the expert. Additionally, the ability to accurately and sensitively reflect affect instantly deepens the client-counsellor relationship; "a beginning helper who can accurately reflect feelings can provide supportive counselling and understanding without any other tools" (Young, 2013, p. 121).

Equally as important as verbal skills are non-verbal skills. Hiebert (2005) emphasizes sitting squarely and not slouching, an open stance and not crossing limbs, leaning forward slightly, making eye contact, and presenting as relaxed. Similarly, Bedi, Davis, and Williams (2005) suggest the most important factors for building a WA are "deceptively simple" (p. 317) – smiling, making eye contact, providing warm and personalized greetings and farewells, and encouraging the client.

Personal Integration of the Working Alliance

In my role as a family support counsellor, I use the micro-skills outlined above to work towards a strong WA with each client. I currently work with a parent, Kim (alias),

who requested support because her daughter was engaging in self-harming behaviour and frequently skipping school. Before our first meeting, I set an intention to focus on the goals, tasks, and bonds of counselling (Bordin, 1979), be present with her by being genuine, empathic, and accepting (Rogers, 2007) and encourage her to evaluate our relationship and openly share her perspectives (Meara & Patton, 1994).

I began the first session by creating a common mental set (Hiebert, 2005) to help Kim understand what to expect. I said, “Today I am hoping we can focus on getting to know each other by talking about our ideas of counselling and what we can expect from one another. I hope I can begin to understand you as a person including your values and beliefs, and your concerns.” I communicated a collaborative approach by using words such as “our” and “we” and asking Kim to share her thoughts and feelings about counselling.

Through a shared dialogue, we began mutually constructing “our house” (Pare, 2013, p. 140) and I got glimpses of her world. I frequently paraphrased and confirmed understanding (Hiebert, 2005; Pare, 2013). For example I said, “You have a lot going on right now and have tried everything you can think of. You feel hopeless and not sure where to turn. Is that about right? Did I miss anything?” I interpreted Jane’s thoughts and feelings with confidence and purpose (Kivlighan & Schmitz, 1992), yet I was open to hearing her feedback as to whether or not I accurately understood her. I also reflected feelings of bravery, love, and hope (Young, 2013) by saying, “I can tell you love and care about your daughter and are willing to do whatever it takes, because although it was hard for you to seek help, here you are.” I contributed to a strong WA by relating as an ally, providing encouragement and validation and communicating my faith in her “good

intentions” and ability to “surmount challenges” (Pare, 2013, p. 84). To close, I gave an overview (Heibert, 2005), highlighting the most important points and asking Kim to add anything she felt really stood out for her, again honouring the goal of working *with* her. I felt a WA began to develop because Kim stated on her way out she felt relieved and trusted that our work together will be beneficial for her.

Overall, I feel my ability to match my tone and affect to the client’s is my best asset, however I often provide wordy paraphrases and ask unclear questions. Another area for improvement is my tendency to give the client advice rather than asking an open-ended question to encourage him or her to reflect. I need to learn to trust the power of the WA support clients when I challenge them and have faith in me own skills for repairing a broken alliance.

Conclusion

The working alliance functions as the vehicle for change and is characterized by the collaborative alignment of client and counsellor for the purpose of accomplishing work. The ability to develop a strong working alliance through the use of technical skills and ethical practice is essential for effective therapy. I am responsible for engaging in frequent self-reflection and self-evaluation regarding my skills and seeking supervision if I notice problems in my ability. Welcoming client feedback and addressing ruptures in the alliance are crucial for repairing and maintain a strong relationship.

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