

## About Empirically Supported Therapeutic Relationships

With increasing interest in science/evidence-based interventions, there is renewed awareness of the importance of therapeutic relationships. A Task Force of the Division of Psychotherapy of the American Psychological Association has focused specifically on this matter. Provided below are adapted excerpts from a synopsis of that work by John Norcross and Clara Hill (2004) in “Empirically supported therapy relationships.” (See *The Clinical Psychologist*, 57 – a publication of the Society of Clinical Psychology, Division 12, American Psychological Association.)\*

In essence, the Task Force addressed two matters:

- What works in general in therapeutic relationships?
- How to customize interventions to match specific client needs and characteristics so that it works best for the client?

With respect to *What works ...*, they report the following:

### Demonstrably Effective Elements:

- Therapeutic alliance
- Cohesion in group therapy
- Empathy
- Goal consensus and collaboration

### Promising and Probably Effective Elements:

- Positive regard
- Congruence/genuineness
- Feedback
- Repair of alliance ruptures
- Self-disclosure
- Management of countertransference
- Quality of relational interpretations

With respect to *How to customize interventions ...*, they report:

### Demonstrably Effective

- Matching therapeutic directiveness to level of resistance
- Lengthier, more intensive intervention to address higher functional impairment

### Promising and Probably Effective

- Matching intervention to coping style
- Stages of change
- Anaclitic/sociotropic and introjective/autonomous styles
- Expectations
- Assimilation of problematic experiences

**Current research was insufficient to support that customizing therapy for the following client characteristics improves outcomes:**

- Attachment style
- Gender
- Ethnicity
- Religion and spirituality
- Preferences
- Personality disorders

### Recommendations for Practitioners

*Use what has been found demonstrably and probably effective to*

- >Create and cultivate a therapeutic relationship
- >Adapt the relationship to specific clients
- >Routinely monitor client responses to the therapeutic relationship and ongoing interventions and make appropriate modifications
- >Concurrently implement empirically supported interventions tailored to client needs

### Recommendations for Researchers

- >Examine the specific mediators and moderators of the links between demonstrably effective relationship elements and intervention outcomes.
- >Use methodologies capable of examining the complex associations among client qualities, intervener behaviors, and outcomes.
- >Avoid “intervener-centric” view of therapeutic relationships and study both client and intervener contributions to the relationship and the ways in which these combine to impact outcomes.
- >Address agreement among observational perspective (intervener, client, external rater).
- >Use standard paradigms, including rigorous qualitative methods and statistically controlled correlational designs.

\*A glossary of terms is provided on the next page, along with references for further information.

## Glossary of Terms

Adapted from the definitions in the Norcross & Hill (2004) article; presented in order of appearance on the info sheet.

- >*Therapeutic alliance*: the quality and strength of the collaborative relationship between the client and intervener, measured as agreement on therapeutic goals, consensus on intervention tasks, and a relationship bond.
- >*Cohesion in group therapy*: forces that cause members to remain in the group
- >*Empathy*: the therapist's sensitive ability and willingness to understand clients' thoughts, feelings, and struggles from their point of view
- >*Goal consensus and collaboration*: intervener-client agreement on goals and expectations; mutual involvement of the participants in the helping relationship
- >*Positive regard*: warm acceptance of the client's experience without conditions
- >*Congruence/genuineness*: intervener's personal integration in the relationship and capacity to communicate personhood to client
- >*Feedback*: descriptive and evaluative information from intervener about client's behavior or effects of behavior
- >*Repair of alliance ruptures*: intervener responding nondefensively, attending directly to the alliance, adjusting his/her behavior
- >*Self-disclosure*: intervener statement that reveal something personal about her or himself that validates reality, normalizes experience, strengthens the alliance, offers alternative ways to think or act.
- >*Management of countertransference*: dealing with unresolved conflicts of the intervener through self-insight, self-integration, anxiety management, empathy and conceptualizing ability
- >*Quality of relational interpretations*: intervener addresses central aspects of client interpersonal dynamics to bring material to consciousness that was previously out of awareness
- >*Resistance*: being easily provoked by external demands
- >*Functional impairment*: severity of client's subjective distress and reduced behavioral functioning
- >*Coping style*: Habitual and enduring patterns of behavior that characterize the individual when confronting new or problematic situations
- >*Stages of change*: Precontemplation, contemplation, preparation, action and maintenance
- >*Anaclitic/sociotropic; introjective/autonomous styles*: a relatedness that involves the capacity for satisfying interpersonal relationships; self-definitional style
- >*Expectations*: clients' expectancy of therapeutic gain as well as of intervention procedures, intervener role, length of treatment
- >*Assimilation of problematic experience*: developmental sequence of working through eight stages (warded off/dissociated from problem to integration/mastery of problem)

For in-depth discussion of these matters, see

American Psychological Association Division of Psychotherapy Homepage and link to the Task Force on Empirically Supported Psychotherapy Relationships – <http://www.divisionofpsychotherapy.org>

Norcross, J.C. (Ed.). (2001). Empirically supported therapy relationships: Summary report of the Division 29 Task Force. *Psychotherapy*, 38 (4).

Norcross, J.C. (Ed.). (2002). *Psychotherapy relationships that work*. New York: Oxford University Press.

Shirk, S.R., & Karver, M. (2003). Prediction of treatment outcome from relationship variables in child and adolescent therapy: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 71, 452-464.