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
- Anancitic/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

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**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.

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*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](http://www.divisionofpsychotherapy.org)


([http://smhp.psych.ucla.edu/pdfdocs/aboutmh/therapyrelationships.pdf](http://smhp.psych.ucla.edu/pdfdocs/aboutmh/therapyrelationships.pdf))