



The Working Alliance in Treatment of Adolescents
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The Working Alliance in Treatment of Military Adolescents
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The Working Alliance in Treatment of Adolescents

B.L.U.F. (Bottom Line Up Front):
This study strongly suggests that growth in the working alliance in the initial sessions of treatment with adolescents is a positive indicator of therapy outcomes. Accordingly, therapists could benefit from monitoring the working alliance and work to improve their ability to foster high quality working alliances across treatment.

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- 2002
- 2004
- 2005
- 2008
- 2013
- 2016
- Today



Back To The Future...

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Objective:

- The working alliance can be an important therapeutic process to engage clients in treatment. (Alliance defined...)
- The working alliance-outcome association is well-established for adults (5-15% of the variance in outcomes).
- The working alliance in youth studies to date accounts for 1% of the variance in adolescent outcomes.
- The purpose of this study was to examine the alliance-outcome association in a large sample of military youth, addressing some of the limitation of previous studies, and accounting for therapist effects.

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Method:

- Sample Included 2990 military youth (average age = 14.91)
- Treated by 98 therapists (licensed mental health providers)
- Attended at least 8 therapy sessions (25,312 sessions)
- ORS measuring psychological well-being/distress
- SRS measuring the working alliance
- Three models examining the working alliance-outcome association in therapy
 - a) Mono-assessment model
 - b) Aggregate-assessment model
 - c) Change-based assessment model

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Results:

- Mean ORS-pre score was 24.96
- Mean ORS-post score was 33.97
- 64% of 2990 (n = 1926) reported reliable change
- 88% of 1889 reached "clinically significant change"
 - Started below 28 on ORS
 - 5-point Increase on the ORS
 - Ended treatment over 28 on the ORS
- Mono-Assessment Model
- Aggregate-Assessment Model
- Change-Based Assessment Model

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Discussion:

- Of the three models we tested, the change-based model explained the highest proportion of variance in youth outcomes (9.8%).
- While 9.8% is modest in absolute terms, it's larger than the association between outcome and measures of therapist competence or adherence to specific treatments.
- Study suggests a key mechanism of change in adolescent psychotherapy is the continual development of the alliance over the course of treatment, or that alliance growth and outcomes affect each other in a self-reinforcing manner.

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Discussion (continued):

- It appears that changes (i.e., growth) in the alliance may be a stronger change mechanism (or at least a stronger predictor) than a strong and steady alliance.

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Severity Adjusted Effect Size

First/last alliance	Severity Adjusted Effect Size
Good/Good	~1.1
Fair/Good	~1.2
Poor/Good	~1.4
Good/Fair	~0.8
Fair/Fair	~0.9
Poor/Fair	~1.0
Good/Poor	~0.2
Fair/Poor	~0.5
Poor/Poor	~0.4

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Discussion (continued):

- It appears that changes (i.e., growth) in the alliance may be a stronger change mechanism (or at least a stronger predictor) than a strong and steady alliance.
- Some therapist were, on average, better able to create growth in the alliance with their clients as compared with other therapists. (Demonstrating expertise?)

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Conclusion:

- From this study, it appears that change in the alliance best predicts positive outcomes. Similarly, therapists would be advised to attend more to the alliance with youth, allowing them to challenge the therapist in a manner consistent with their developmental stage in life.
- A key mechanism of client-perceived change for adolescents in therapy may be the continual development of the working alliance over the course of treatment.
- The monitoring of, and continual promotion of, the working alliance among youth in the early phases of therapy may help therapists improve treatment outcomes.

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Therapists could benefit from monitoring the working alliance and work to improve their ability to foster high quality working alliances across treatment.



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