PREDICTING EARLY ALLIANCE FROM ATTACHMENT, PERSONALITY ORGANIZATION, AND COUNTERTRANSFERENCE MANAGEMENT

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INTRODUCTION

Therapeutic alliance has been widely recognized as an important predictor of psychotherapy outcome across therapeutic orientations (Horvath et al., 2011). In particular, evidence suggests that client rated alliance and assessment at early stages of the therapeutic process may be especially relevant (Constantino et al., 2002; Horvath & Bedi, 2002). Although several determinants of alliance have been investigated in the last decades, few studies have analyzed the interaction between therapists' and clients' attachment orientations for predicting alliance development (see Daniel, 2006). On the other hand, the kind and severity of the clients' problems pose different challenges on the therapeutic alliance. Presumably, therapists' capacity to manage countertransference (CT) demands coming from these dimensions will influence the extent to which the alliance is affected.

OBJECTIVE

We examine predictive factors of client-rated early alliance. More specifically, we intend to test whether (a) therapists' and clients' attachment orientations interact for predicting therapeutic alliance; (b) clients' level of personality organization (PO) affects therapeutic alliance; (c) the severity of clinical problems impacts alliance; (d) the previous predictors interact in influencing client-rated early alliance; and (e) therapists' CT management mediates/moderates the previous associations.

METHOD

Participants

- 11 independent therapeutic dyads in adult psychotherapy working in different community contexts.
- 11 clients: 8 women, ages from 19 to 54 years-old (*M*=26.1, *SD*=11.5).
- 11 therapists: 9 women, ages from 21 to 55 (*M*=37.1, *SD*=9.6), 4 to 23 years of experience (*M*=12.6, *SD*=6.3); predominant theoretical orientation: 4 psychoanalytic/dynamic, 2 humanistic/experiential, 2 cognitive-behavioral, 1 systemic, 1 eclectic/integrative, 1 cognitive-behavioral and eclectic/integrative *ex aequo*.
- For therapist variables, 14 therapists (previous 11 plus 3 that didn't meet criteria for dyadic study): 9 women, ages from 21 to 55 (*M*=37.6, *SD*=8.7), 4 to 23 years of experience (*M*=13.0, *SD*=5.6); predominant theoretical orientation: 4 psychoanalytic/dynamic, 2 humanistic/experiential, 4 cognitive-behavioral, 1 systemic, 1 eclectic/integrative, 1 cognitive-behavioral and eclectic/integrative *ex aequo*, 1 psychoanalytic/dynamic and systemic *ex aequo*.

Instruments

- *Experiences in Close Relationships – Relationship Structures* (ECR-RS; Fraley, Heffernan, Vicary, & Brumbaugh, 2011; Portuguese version by Moreira, Martins, Gouveia, & Canavarro, 2015): Self-report designed to assess attachment patterns in different relationships though the same set of 9 items, scoring for attachment-related Avoidance (α=.83) and Anxiety (α=.82). In this study, 3 targets were included (mother [α=.59/.65], father [α=.86/.86], and romantic partner or best friend [α=.78/.88]).
- *Inventory of Personality Organization* (IPO; Kernberg & Clarkin, 1995; Portuguese short version by Barreto, Matias, Carvalho, & Matos, 2015): Self-report assessing PO according to Kernberg's model. Portuguese short version composed of 26 items with four 1st order factors (Instability of Self, Dependency, Mistrust, Psychosis) and a 2nd order dimension representing general personality disturbance (Global PO) (α=.87).
- *Clinical Outcomes in Routine Evaluation – Outcome Measure* (CORE-OM; Evans et al., 2000; Portuguese version by Sales, Moleiro, Evans, & Alves, 2012): 34 item self-report questionnaire designed to measure change in mental health of adults in psychological therapies. Well-being, Problems/symptoms, Functioning, and Risk are assessed. In this study, we used the total score (α=.92) and the Risk score (α=.60).
- *Working Alliance Inventory – Short Revised* (WAI-SR; Hatcher & Gillaspy, 2006; Portuguese version by Ramos, 2008): 12-items self-report scale comprising 3 dimensions (Bond, Tasks, and Goals) with 4 items each. Following results from the Portuguese adaptation, Tasks and Goals were merged in a single dimension (α=.92), and item 5 was dropped for the Bond score (α=.85). Total scale's Cronbach's alpha was .93.
- *Countertransference Factors Inventory – Direct* (CFI; Gelso, Fassinger, Gomez, & Latts, 1995; Portuguese version by Barreto, Carvalho, & Matos, 2014). 21 items scale assessing 5 dimensions underlying effective management of CT: Self-insight (α=.41), Self-integration (α=-1.32 – excluded from analysis), Empathy (α=.75), Anxiety Management (α=.50), and Conceptualizing Skills (α=.41). A self-rated session-specific form was used (α=.67).

Procedure

As part of an ongoing longitudinal study (*BINOCULAR* – www.fpce.up.pt/binocular/), therapists of different orientations were invited to participate in a longitudinal study on therapeutic process. All data were collected on-line (*LimeSurvey 1.87*[®]). Regarding the variables reported in this study, therapist and client attachment (ECR-RS), client personality organization (IPO) and distress (CORE-OM), and socio-demographic data were assessed before 2nd session. Client-rated therapeutic alliance (WAI-SR) and therapist-rated CT management (CFI) were measured after the 2nd session.

Data Analysis

Given the small sample size, only manifest variables were used, examining data with linear regressions and path analyses. Indirect effects significance was examined with *Bootstrap* resampling (Maroco, 2014). Non-significant paths at the .05 level were dropped. Analyses were run with *IBM SPSS Statistics 22* and *IBM SPSS Amos 23*.

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RESULTS

For initial data exploration, we performed a series of correlations between our second moment variables (CT management and alliance) and the remaining dimensions assessed. **Table 1** reports the most relevant results. Given the small sample size, we decided to include, in a separate column, non-significant correlations with *p*<.10, signaling possible tendencies.

Table 1
***2-Tailed Pearson Positive (+) and Negative (-) Correlations** (N=11; n italics, N=14)*

	p<.05		*p*<.10	
CFI	CORE-OM Risk CI Att Anx Moth	+ +	CI Age	-
Self-Insight	CFI CI Age	+ -		
Empathy	CFI	+	CORE-OM Risk	+
Anxiety Management	CFI CI Habilitations	+ +	CORE-OM Risk	+
Conceptualizing Skills	CFI CORE-OM CI Att Anx	+ + +	IPO CI Att Anx Fath CI Att Anx Moth	+ + +
WAI			CI Att Avoi Fath Th Att Anx Fath	+ +
Bond			Th Att Anx Fath	+
Tasks/Goals	CI Att Avoi Fath CFI Empath	+ +	Th Att Anx Fath	+

We further explored the data guided by our hypotheses and these results. Concerning prediction of alliance from attachment, therapist dimensions, isolated or in conjunction, showed no significant effects. A particular combination of client dimensions was able to explain 67% of the alliance (**Figure 1**). Additionally, client attachment avoidance towards father by itself explained 36% of the alliance (δ=.60, *p*=.018) and 40% of its tasks/goals dimension (δ=.64, *p*=.009). Combining the dyads attachment dimensions, the only significant result concerned client avoidance towards father and therapist anxiety towards father, which jointly explained 73% of the total alliance and 74% of its tasks/goals dimension. No significant interaction effects were found.

Personality organization had no significant effect on alliance unless combined with client avoidance towards father (**Figure 2**). Once more, no interaction effects were found.

CT management was able to predict alliance exclusively through an effect of CFI empathy on WAI tasks/goals dimension, with explained variance of 40% (δ=.64, *p*=.009). However, we found a suppressor effect (MacKinnon et al., 2000) using different combinations of CORE-OM risk as independent variable, WAI or WAI tasks/goals dimension as dependent variable, and CFI or CFI empathy as mediator. In all cases, the effect was non-significant in the absence the mediator. **Figure 3** shows one of these models, in which the standardized direct effect was -.83 (*p*=.005) and the standardized indirect effect was .50 (*p*=.023). Using CFI empathy and WAI tasks/goals in the same model could raise explained variance up to 82%.

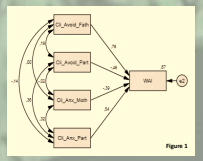

Figure 1

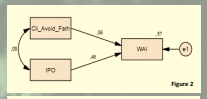

Figure 2

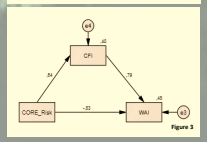

Figure 3

DISCUSSION /CONCLUSIONS

- Results do not confirm the expected straightforward negative associations between client attachment insecurity and alliance (Diener & Monroe, 2011).
- On the therapists' side, results are in line with previous findings where no associations with alliance were found (Ligiéro & Gelso, 2002). **Possible tendency for positive associations between therapists' attachment anxiety and early alliance** resonates with findings from Sauer et al. (2003), which indicated a positive effect of therapist attachment anxiety on client rated alliance after 1st session (and a negative effect over time). This may be interpreted as consequence of an effort to make clients feel good about the relationship (Daniel, 2006).
- Impact of client attachment avoidance towards father on alliance may indicate **dismissive positive evaluation while suppressing unpleasant feelings** (Daniel, 2009).
- Concerning CT management, positive associations of clients' difficulties (in attachment, personality, and distress) with conceptual skills may indicate **reactive mobilization of therapists' analytic efforts.**
- The same for **clients' clinical risk**, apparently **positively associated with CT management** and possibly with some of its components (empathy and anxiety management). These results are consistent with the use of a session-specific form of CFI.
- Personality difficulties do not affect alliance. Early stage of the process and reduced sample are possible explanations.
- **CFI empathy** and **WAI tasks/goals** appear to play a pivotal role in the early stages of psychotherapy examined.
- Suppression effect may reveal a **dynamic interplay between difficulties of clients at risk in forming an alliance and a compensatory response from therapists that buffers the previous effect and protects the therapeutic process, stressing the importance of CT management.**
- From another angle, **clinical condition may work as a negative confounder** (MacKinnon et al., 2000) **of the effect of CT management on alliance, obscuring it** (CFI effect on WAI was non-significant in the absence of CORE-OM risk).
- **Limitations**: small sample, possible common method biases (Podsakoff et al., 2003), internal consistency in CFI subscales, measurement error may distort results (structural equation modeling with latent variables desirable), lack of qualitative data – ongoing longitudinal study may help illuminate some of the results.