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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. In particular, evidence suggests that clients' perceptions of alliance and assessment at early stages of the therapeutic process may be specially relevant. 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. 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 demands coming from these dimensions will influence the extent to which the alliance is affected.

Objectives: In this study, 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 previous predictors interact in influencing client-rated early alliance; and (c) therapists' countertransference management mediates/moderates the previous associations.

Method: The sample is composed of 20 Portuguese psychotherapy dyads working in different community contexts and participating in on-line format and on a voluntary basis. Client-rated therapeutic alliance was measured after the 2nd session with the WAI-SR. Predictors were assessed before the 2nd session, namely therapist and client attachment anxiety and avoidance (ECR-RS) and client personality organization (IPO). Countertransference management was assessed after the 2nd session in its self-reported session-specific form.

Results and discussion: Results will be discussed in the context of recent psychotherapy research, namely regarding common factors, the therapist-client attachment match, countertransference management, and alliance building.