The Role of Alliance and Symptomatic Change Within Cognitive Behaviour Therapy for Depression

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ABSTRACT

This thesis explores the role of alliance processes and symptomatic change within Cognitive Behaviour Therapy for depression (A. T., Beck, Rush, Shaw, & Emery, 1979). Archived session data from The Depression Outcome Study conducted at Massey University, Albany (2006-2009) and a single-case research design with multiple assessments was used to determine temporal relations between alliance and depression severity. An observer version of the Working Alliance Inventory-Short Revised (WAI-SR-O) was utilized to rate the alliance of ten client-therapist dyads every session over the first ten sessions of therapy. Symptomatic change was assessed every session with the Beck Depression Inventory–II.

Increasing inter-rater reliability of the current research involved seeking guidelines for rating the WAI from researchers overseas. These guidelines were modified and expanded to rate the WAI-SR-O within CBT. A rater reliability study was conducted in two stages to provide a forum to train the raters for the current research and establish inter-rater reliability.

Similar to previous research, results of the current research demonstrated that an early strong alliance may predict a positive outcome and poor early alliance may lead to premature termination of therapy. It was difficult to draw definite conclusions as to whether alliance precedes symptomatic change. However, findings suggested that a reciprocal relationship between alliance and symptomatic change may start in the assessment stages of therapy.

The current research demonstrated a clear reciprocal relationship between Total Alliance scores and depression severity in some sessions in some cases. A strong alliance contributed to a decrease in depression severity which subsequently increased the alliance. However, in other sessions the reciprocal relationship was not as clear. Furthermore, definite conclusions could not be drawn about the reciprocal effects between the components of the alliance (i.e., Goal, Task and Bond subscales) and depression severity. However, symptomatic change was found to be greater in the context of a strong bond between the client and therapist. There was also some evidence of subscale scores increasing following a decrease in depression severity and decreasing following an increase in depression severity in the same session that the depression severity was rated. Furthermore, there was evidence that findings were related to variability of data, nature of the alliance and time and environmental factors.
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# TABLE OF CONTENTS

Abstract........................................................................................................... iii

Acknowledgements.......................................................................................... iv

Table of Contents.............................................................................................. vi

List of Tables..................................................................................................... xiii

List of Figures.................................................................................................... xv

Chapter 1: Orientating Framework and Overview of Thesis...... 1

Overview........................................................................................................... 1

Depression......................................................................................................... 1

Prevalence of Depression.................................................................................. 2

Impact of Depression......................................................................................... 2

Cognitive-Behaviour Therapy .......................................................................... 3

Psychotherapy Process...................................................................................... 4

Alliance Process................................................................................................. 5

Alliance Measurement....................................................................................... 5

Temporal Relations between Alliance and Outcome................................. 5

Temporal Design................................................................................................. 6

Thesis Outline.................................................................................................... 6

Chapter 2: The Alliance.................................................................................... 10

Overview........................................................................................................... 10

Origins of the Alliance Construct................................................................... 11

Pantheoretical Conception of the Alliance.................................................... 12

The Role of the Alliance Across Different Treatment Orientations............... 12

*The Psychoanalytic Perspective................................................................. 13

*The Humanistic Perspective ........................................................................ 13

Client-Centred therapy..................................................................................... 13

Existential Therapy.......................................................................................... 14

Experiential Therapy......................................................................................... 14
Learning Perspectives ......................................................... 15

Behavioural Therapy .......................................................... 15

Cognitive Therapies .............................................................. 16

Rational Emotive Behaviour Therapy (REBT) ....................... 16

Cognitive Therapy ............................................................... 16

Cognitive-Behaviour Therapy .............................................. 18

Summary ............................................................................. 19

Chapter 3: Measurement of the Alliance .................................. 22

Overview ............................................................................ 22

Empirical Evidence ............................................................. 22

Instruments Developed to Measure the Alliance .................... 23

Penn Helping Alliance Scale .................................................. 24

Vanderbilt Therapeutic Alliance Scale ................................... 24

California Psychotherapy Alliance Scales ......................... 25

Working Alliance Inventory ................................................... 25

Meta-Analyses of the Alliance Scales ..................................... 25

Utilization of the Working Alliance Inventory in the Current Research .............................................................. 27

Summary ............................................................................ 29

Factor Analysis Exploration of the Working Alliance Inventory .............................................................. 30

Development of the Working Alliance Inventory – Short Revised (WAI-SR) .............................................................. 32

Alliance Measurement Conclusions ......................................... 34

Chapter 4: Temporal Relationship between Alliance and Outcome .............................................................. 36

Overview ............................................................................ 36

Alliance-Outcome research ................................................... 36

Determining an Appropriate Temporal Design ..................... 40

Early versus Late Alliance Measurement ................................ 41

‘Third Variable’ Confound in Alliance–Outcome Research .......... 43

Summary ............................................................................ 44
Chapter 5: The Current Research ................................................. 47
Overview .................................................................................. 47
Aims ....................................................................................... 47
Research Questions .................................................................. 49
Does a strong early alliance predict a positive outcome? .......... 50
Does alliance precede symptomatic change? ......................... 50
What is the intertwined and sequential relationship between alliance and symptomatic change? ......................... 51
What is the intertwined and sequential relationship between Goal, Task and Bond components of the alliance and symptomatic change? ......................................................... 51

Chapter 6: Methodology of Current Research ............................... 52
Overview .................................................................................. 52
Participant Characteristics ....................................................... 52
Procedure ................................................................................ 54
Initial Assessment .................................................................... 54
Pretreatment Assessment ......................................................... 54
Therapists ............................................................................... 55
Therapist Training ................................................................... 55
Therapist Supervision .............................................................. 55
Treatment ................................................................................ 56
Measures .................................................................................. 56
Pretreatment Assessment Measure .......................................... 56
Composite International Diagnostic Interview (CIDI) .......... 56
Outcome Measure ..................................................................... 57
Beck Depression Inventory –II (BDI-II) ..................................... 57
Therapist Adherence and Competency Measures .................. 58
Cognitive Therapy Rating Scale ............................................... 58
Homework Adherence and Competence Scale (HAACS) ...... 59
Client Suitability Measure ....................................................... 59
Suitability for Short Term Cognitive Therapy ......................... 59
Process Measure .......................................................... 60

Working Alliance Inventory – Shortened Revised (WAI-SR).... 60

Development of the WAI-SR-O Scale............................... 60

Rating the Working Alliance Inventory.......................... 60

Training for Independent Rating of the WAI-O ............... 62

Development of the Guidelines for Rating the WAI-SR-O .... 63

Expert Feedback.......................................................... 64

Final Draft of the Rating Guidelines.............................. 66

Rating the WAI-SR-O in the Current Research .................. 70

Ethical Considerations .................................................. 71

Research Design ......................................................... 71

Single-Case Research design........................................ 72

Replication ................................................................. 72

Repeated Measurement .................................................. 73

Visual Analysis ........................................................... 73

Data Preparation .......................................................... 73

Missing Data ............................................................... 74

Statistical Analysis ....................................................... 74

Inter-rater Reliability ..................................................... 74

Rate Association .......................................................... 76

Rater Bias ................................................................. 76

Rater Distribution ........................................................ 77

Chapter 7: Training Raters and Evaluation of WAI-SR-O
Guidelines: Rater Reliability Study................................ 78

Overview ........................................................................ 78

Methodological Issues Surrounding Rater Training ............ 80

Rater Errors and Biases ................................................. 80

Training and Retraining Raters ...................................... 81

Characteristics of Raters .................................................. 82

Rater Reliability Study ................................................... 86

Research Objectives – Stage One – Aims and Hypotheses .... 86
Method.................................................................................................86
  Participants......................................................................................86
  Measure...........................................................................................87
  WAI-SR-O and Guidelines ..............................................................87
  Procedure........................................................................................88
  Rater Training..................................................................................88
    Initial Training ..............................................................................88
    Guideline Training .......................................................................88
  Sessions Utilized During Experimental Study .............................89
Experimental Design........................................................................89
Statistical Analysis........................................................................90
  Inter-rater Reliability ....................................................................90
Results.................................................................................................90
  Inter-rater Reliability of Group A and Group B during Sessions
    One, Two and Three ....................................................................90
  Inter-rater reliability for Goal, Task and Bond Subscales .........92
  Demographic Differences ..............................................................93
  Feedback from Participants about the Guidelines ....................94
Research Objectives –Stage Two – Aims and Hypotheses .......96
Method.................................................................................................96
  Participants......................................................................................96
  Measure...........................................................................................97
  WAI-SR-O and Guidelines ..............................................................97
Experimental Design........................................................................97
Statistical Analysis........................................................................97
  Inter-rater Reliability ....................................................................97
Results.................................................................................................98
Discussion............................................................................................99
Chapter 8: Results of the Current Research

Overview

Preliminary Analyses: Inter-rater reliability

Intraclass Correlations Coefficients for the WAI-SR-O

Consistencies Across Cases

Depression Severity Symptom Change

Total Alliance

Total Alliance and Depression Severity

Overall Summary

Goal Subscale

Task Subscale

Bond Subscale

Development of Goal, Task and Bond Components

Goal Items

Task Items

Bond Items

Overall Summary

Goal, Task, and Bond Subscales and Depression Severity

Overall Summary

Chapter 9: Discussion - Current Research

Overview

Review of Aims, Research Questions and Findings

Does a strong early alliance predict a positive outcome?

Does alliance precede symptomatic change?

What is the intertwined and sequential relationship between alliance and symptomatic change?

What is the intertwined and sequential relationship between Goal, Task and Bond components of the alliance and symptomatic change?

Strengths of the Current Research

Limitations of the Current Research and Future

Recommendations

Implications for Clinical Practice

Conclusions
LIST OF TABLES

Table 2.1: Summary Defining Alliance Across Different Theoretical Orientations

Table 3.1: Summary of Alliance Measure Comparisons

Table 3.2: Summary of the Different Versions of the Working Alliance Inventory

Table 6.1: Demographic Characteristics of the Participants

Table 7.1: Demographic Characteristics of Participants in Group A and Group B

Table 7.2: Summary of Experimental Design

Table 7.3: Intraclass Correlation Coefficients for Group A and B, Sessions One, Two and Three

Table 7.4: Intraclass Correlation Coefficients for Goal, Task and Bond subscales at, Sessions One, Two and Three

Table 7.5: Participants in Work Experience and No Work Experience and CBT and No CBT Groups

Table 7.6: Intraclass Correlation Coefficients for Work Experience and No Work Experience and CBT and No CBT Groups for Sessions One, Two, and Three

Table 7.7: Demographic Characteristics of the Participants in Group C and Group D

Table 7.8: Intraclass Correlation Coefficients for Group C and D for Session Four

Table 7.9: Intraclass Correlation Coefficients for Clinical Experience and No Clinical Experience participants within each group for Session Four

Table 7.10: Intraclass Correlation Coefficients for Goal, Task and Bond subscales for Clinical Experience and Non Clinical Experience participants within each group for Session Four

Table 8.1: Intraclass Correlation Coefficients for the Recalibration of 10, 20 and 30 Consecutive Ratings
Table: 8.2 Intraclass Correlation Coefficients for the recalibration of items for 10, 20 and 30 consecutive ratings………………………………………..105

Table 8.3 Summary of Intraclass Correlations Coefficients for the WAI-SR-O for the current research………………………………………………..106

Table 8.4: Summary of depression severity at assessment, Session 10 and completion of therapy……………………………………………………….109
LIST OF FIGURES

Figure 1.1 Thesis outline.................................................................9

Figure 6.1 Guidelines for rating Item 9 of the WAI-SR-O.................69

Figure 7.1 Thesis outline demonstrating how Chapter 7 fits into the
current research.................................................................79

Figure 7.2 Distribution of average rating level of Group A at Session
Two .......................................................................................91

Figure 8.1: Individual depression severity patterns..........................108

Figure: 8.2 Individual Total Alliance patterns.................................110

Figure: 8.3 Individual Patterns of the Goal Component of the Alliance..114

Figure: 8.4 Individual Patterns of the Task Component of the Alliance..115

Figure 8.5: Individual Patterns of the Bond Component of the Alliance..116

Figure: 8.6 Graphical Display of the Goal, Task and Bond Subscale
Scores for Each Case ............................................................118