

**A multi method approach to understanding and predicting
therapeutic alliance in a dual diagnosis population**

Elizabeth Knock
BA (Psychology) Hons, University of Newcastle

This thesis is submitted in partial fulfilment of the requirements
of the degree of Doctor of Clinical and Health Psychology,
School of Psychology, University of Newcastle

December 2011

Statement of Originality

This dissertation contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to this copy of my dissertation, when deposited in the University Library, being made available for loan and photocopying subject to the provisions of the Copyright Act 1968.

Signed: _____ Date _____

Acknowledgments

I would like to acknowledge a number of people without whom this thesis could not have been completed.

Firstly Dr Frances Kay Lambkin for her never ending support, assistance and encouragement. It is hard to imagine a supervisor more willing to go out of their way for their students.

Rev. Dr. Martin Johnson, for his encouragement and interest and for being so available for support and advice.

Prof. Amanda Baker for her support and guidance over the years and for giving me the opportunity to follow an area of research I am passionate about.

The team at the Center for Brain and Mental Health Research who kept me going, assisted when they didn't have to, and generally shared their many skills;

Terry Lewin, Vanessa Williams, Sarah Hiles, Louise Thornton and Joanne Allen.

Thank you to Brendan Carey for putting up with my extreme chaos and for doing countless loads of washing up, and Gabe Carey for her fabulous editing skills.

I would like to thank those particular friends who have understood my stress and been an invaluable support at the hardest moments. A special thank you to my good friend Tash, who has been with me every step of the way. I'm not sure I could have made it without someone who really knew and understood and was able to share the ups and the downs.

Lastly I would like to thank my amazing parents who believed in me, encouraged me and give me the most amazing support and love one could ask for while putting up with my insanity.

Abstract

Scope

This thesis reviews the significant body of research demonstrating the importance of the therapeutic alliance within psychotherapy, and examines this relationship within the lesser studied area of comorbid substance use and depression treatment. The role of pre-existing client characteristics and within treatment therapist components on alliance development is unclear, both with comorbidity treatment and broader psychotherapy. The role of these factors, as well as their influence on the therapy outcome alongside the alliance, is examined and discussed in light of existing literature.

Purpose

The purpose of the current study is to examine factors influencing the therapeutic alliance in treatment for substance abuse and depression from the client perspective. It aims to examine potential pre-treatment client characteristics associated with alliance, and the relationship between alliance and outcome in the presence of these factors in this population. Furthermore, the study aims to gain a deep understanding of the client experience of the therapeutic relationship, and through this an understanding of the impact of 'in therapy' factors on alliance, within comorbidity treatment.

Methodology

The study employed a mixed methods design within the Depression and Alcohol Integrated and Single focus Intervention (DAISI) study. Quantitative data was collected from participants who completed a 10 week integrated CBT/MI individual treatment addressing their alcohol use and depression (N=75). Baseline predictors of client and therapist rated therapeutic alliance were examined, as well as

the influence of alliance on substance use and depression outcome at six month follow-up. Participants were recontacted post follow-up and seven semi-structured interviews were completed and analysed using the qualitative methodology of Interpretative Phenomenological Analysis (IPA). This approach was utilised to reveal a deep understanding of participant's experiences of the therapeutic relationship within treatment.

Results

Of the hypothesised baseline predictors of alliance, severity of alcohol use and depression at baseline were significantly associated with therapist ratings of alliance, while cluster B personality traits and mother's style of parenting were associated with client ratings of alliance. A significant relationship between alliance and 6-months alcohol use outcome was found, with higher client rated confidence and therapist rated bond associated with significantly lower alcohol use at six months. No such relationship was found for severity of depression at follow-up, with baseline depression the only variable associated with severity of depression at six months. IPA identified four major themes elicited from clients involved in DAISI integrated treatment. 'Nature of the relationship' describes the importance to clients of the relationship experienced during treatment; 'Confidence in therapy' and 'Acknowledgment of experience' address components clients perceived assisted the development of a positive alliance with their therapist, and 'Meeting unmet needs' illustrates the importance of a positive therapeutic relationship for this population.

Conclusions and implications

Together, all components of this study indicate that both client and therapist factors are relevant to the development of alliance in comorbid alcohol use and depression treatment, especially in terms of predicting 6-month alcohol use

outcomes. It is proposed that the therapeutic alliance is particularly important for this comorbid population, stemming in part from client characteristics, which not only have the potential to make the development of alliance more difficult, but also add to the value and significance of the strong alliance relationships for these clients.

Quantitative and qualitative results identified these characteristics as being related to interpersonal and social relationship experiences and styles. Of significance is that despite people reporting current, active and hazardous alcohol use problems and current moderate depressive symptomology, engagement in a meaningful therapeutic encounter is possible, as is the formation of a strong and important therapeutic relationship with their treating clinician. Together, this has the potential to meet a number of interpersonal needs for the client with comorbidity and has a positive influence on alcohol use outcomes. This is despite the well documented challenges that working with a comorbid treatment group often presents.

Table of Contents

Statement of Originality	i
Acknowledgments	ii
Abstract.....	iii
Table of Contents	vi
Extended Literature Review.....	1
Definition and history of therapeutic alliance	1
Therapeutic alliance and outcome in broad psychotherapy research.....	2
Therapeutic alliance in substance abuse treatment	6
Engagement and retention.	6
Relationships.	8
History of treatment failures/expectancies.	9
Severity of dependence.	9
Predictors of therapeutic alliance in substance abuse treatment.....	10
Substance abuse, therapeutic alliance and outcome	15
Substance use, alliance and psychiatric comorbidity.....	18
What contributes to the development of alliance?	19
Therapist related factors, the client experience and the impact on alliance...22	
The Current Study	26
The Depression and Alcohol Integrated and Single-focused Interventions (DAISI) Project.	26
Comorbid substance abuse and depression and best practice treatment....26	
Broad Aims.....	27
Research Questions.....	29
Manuscript: A phenomenological understanding of the therapeutic alliance in dual diagnosis treatment.....	32
Abstract.....	33

Introduction.....	34
Method	39
Participants	39
The current study.....	39
Researcher Characteristics.....	41
Procedure	41
Analysis.....	42
Results	44
Overview.....	44
Nature of Relationship	44
Confidence in therapy	47
Acknowledgment of Experience	50
Meeting unmet needs.....	53
Discussion.....	56
Limitations and future research.....	63
Conclusion	64
Acknowledgments	66
Reference.....	67
Discussion.....	71
Initial restating of hypothesis and findings	71
Quantitative question one	72
Client rating's of alliance.	72
Therapist rating's of alliance.	74
Readiness to change.	76
Quantitative question two	77
Predictors of alcohol use (OTI)	77

Association between alliance and outcome in the presence of covariates....	79
Retention versus outcome.	82
Predictors of severity of depression (BDI)	82
Qualitative results.....	84
Broad implications, limitations and future directions	92
Conclusions	97
Reference.....	99
Appendix A: Extended methodology -Quantitative component.....	109
Appendix B: Extended results -Quantitative component.....	120
Appendix C: Ethics approval and information sheets.....	134
Appendix D: Measures	142
Appendix E: Qualitative Data Analysis	160
Appendix F: Detailed procedure undertaken for Interpretative.....	179
Phenomenological Analysis	179
Appendix G. Journal submission details.....	182
Appendix H: Evidence of Submission	191