Psychotherapy Volume 38/Summer 2001/Number 2

EXAMINING COUNSELOR INTERVENTIONS AND CLIENT PROGRESS IN THE CONTEXT OF THE THERAPEUTIC ALLIANCE

MARILYN R. FITZPATRICK
ANASTASSIOS STALIKAS
SHIGERU IWAKABE
McGill University

Counselor and client statements from 21 sessions with eminent counselors were used to examine the relationship of counselor response modes to categories of client good moments at different alliance levels. Loglinear modeling procedures indicated that the alliance was present in all best-fitting models of the data. Exploratory examination of the models revealed that client good moments did not necessarily increase in frequency as the alliance increased. Further, different categories of interventions were associated with client good moments of provision of significant information at different alliance levels. The findings suggest that qualitatively different therapeutic processes are in operation at different alliance levels.

One of the more problematic findings in the psychotherapy research literature is how little effect specific therapist interventions seem to have on how well clients do in therapy. In spite of the fact that therapeutic interventions represent a major focus of training and one of the most important concerns of clinicians and theorists, research has failed to find consistent, significant relationships between what the therapist says and the final outcome of therapy (Elliott et al., 1987). Many studies have looked at the relationship between the frequency with which an intervention occurs and the final outcome of therapy, in the process, perhaps obscuring helpful instances of an intervention by averaging them with unhelpful ones. While research has not established strong links between interventions and outcome, there is a growing body of literature that links the therapeutic alliance between therapist and client to treatment outcome (Horvath & Symonds, 1991). It is possible that the alliance may act to moderate the relationship between therapist interventions and client progress. Investigating moment-to-moment process to indicate both helpful and unhelpful instances of interventions could illuminate this area further. The purpose of the present study was to investigate various types of therapist verbal interventions and to relate those interventions to the client's immediate response in the context of varying levels of the therapeutic alliance.

Studies of verbal response modes, the dominant mode of operationalizing therapist interventions, have indicated that these interventions account for only 1–2% of the variation in client outcome (Elliott, 1985; Elliott, Barker, Caskey, & Pistrang, 1982). A systematic review by Orlinsky, Grawe, and Parks (1994) of a large body of empirical studies relating different intervention types to outcome yielded few clear answers concerning the effectiveness of specific intervention types. For example, a high proportion of the studies of interpretation related that intervention to

This article is based on a portion of Marilyn Fitzpatrick's doctoral dissertation conducted under the supervision of Anastassios Stalikas. The dissertation research was supported by a J. W. McConnell McGill Major Fellowship. A portion of the results were presented in August 1997 at the 105th Annual Convention of the American Psychological Association in Chicago, IL.

Correspondence regarding this article should be addressed to Marilyn Fitzpatrick, Department of Educational and Counseling Psychology, McGill University, 3700 McTavish, Montreal, QC H3A 1Y2, Canada. E-mail: Fitzpatrick@education.mcgill.ca

positive outcome, yet some studies also related interpretations to negative outcomes. Other techniques such as therapist support and exploration had highly inconsistent relationships to effectiveness. Research to clarify these equivocal results seems warranted.

One of the reasons that research on verbal response modes has yielded inconsistent or contradictory results may be the type of research designs used in their study. Russell and Trull (1986) noted that the typical means for studying the effects of counselor verbal response modes has been to correlate the frequency of their occurrence with some measure of final outcome. While such correlational designs have the potential to show whether or not overall classes of behavior are related to one another, they cannot indicate whether certain response modes systematically lead to certain kinds of client behaviors. The frequency of an intervention does not take into account that some instances may be highly effective while others have minimal, or even negative, effects (Stiles & Shapiro, 1994). Correlating frequency to final outcome may actually obscure certain aspects of optimal process. In addition, the impact of an intervention may be mitigated by the way that the intervention calls upon the client to respond. Friedlander (1982a) developed a way of understanding verbal response modes along a degree of structure continuum. Low-structure interventions such as encouragement, reflection, and self-disclosure allow clients to follow their own direction in responding to the therapist. High-structure response modes, such as information seeking and advice giving, tend to place the greatest demand on clients in responding to the therapist; changing the topic or failing to respond in the expected way after a high-structure intervention violates basic rules of discourse behavior.

Optimal process may be better understood by measuring and specifying important changes that occur within sessions and how these relate most directly to specific interventions (Greenberg, 1986a), relating counselor verbal response modes to micro-outcome measures (Hill et al., 1988). Researchers have proposed that the greater the number of positive in-session outcomes that clients experience, the more likely they are to achieve beneficial final outcomes (Greenberg, 1986b; Hill et al., 1988; Orlinsky & Howard, 1986). Increasing the attention given to in-session or micro-outcomes may be a bridge to understanding the relationship between therapist interventions and how clients ultimately improve.

A further enhanced understanding of optimal therapeutic process may be facilitated by examining the relationship of verbal response modes and client in-session progress to variables known to have a powerful impact on client change. One such variable, the therapeutic alliance, has shown a consistent and positive relationship to improved client outcomes (Horvath & Symonds, 1991). While the original concept of therapeutic or "working" alliance had its roots in psychodynamic theory, Edward Bordin (1975, cited in Bordin, 1994) attempted to develop a pan-theoretical concept emphasizing the positive, mutual collaboration between client and therapist against the client's pain. His articulation of the working alliance encompassed three components: collaborating on setting goals, establishing the tasks that meet those goals, and forging a bond based on trust, acceptance, and confidence. These aspects were operationalized in the *Working Alliance Inventory* (Horvath & Greenberg, 1986, 1989). The working alliance concept has stimulated a growing theoretical and research interest as the positive correlation of alliance measures with improved therapeutic outcomes has gained research support (Gaston, 1990). Research has broadened considerably beyond the psychodynamic tradition as researchers have examined the alliance in other therapeutic modalities (e.g., cognitive therapy, Rector, Zuroff, & Segal, 1999; emotionally focused therapy, Paivio & Patterson, 1999; eclectic therapy, Sexton, Hembre, & Kvarme, 1996; family therapy, Diamond, Liddle, Hogue, & Dakof, 1999) and compared different therapeutic modalities (e.g., gestalt and rational-emotive therapy, Horvath & Marx, 1990; psychodynamic-interpersonal and cognitive-behavioral therapy, Raue, Goldfried, & Barkham, 1997).

Although there is a considerable body of literature on the development of the alliance, relatively little research has investigated its interaction with various types of therapeutic interventions (Horvath, Gaston, & Luborsky, 1993). While it seems evident that the therapeutic relationship and therapeutic interventions are inherently related and interdependent (Mahoney & Norcross, 1993), to date these interactions have received little research attention. It is possible that the alliance may act to moderate the relationship between various types of therapist operations and optimal client process.

The purpose of the study was to explore the interactions among the quality of the alliance, various types of therapist interventions, and client in-session progress. In particular, we wanted to explore the possibility that different alliance levels would moderate the relationship between particular types of therapist interventions and moments of client progress. If some counselor interventions are regularly associated with client progress, while others are associated with client progress only in the context of a strong working alliance, the inconsistency of the findings in the response-mode literature might be better explained. Such a finding would support a model of therapeutic process in which the alliance moderates the relationship between therapist interventions and client change. The research question that guided the study was, "What are the interactions among the working alliance, therapist verbal response modes, and client good moments?" Because the findings to date on the effectiveness of specific verbal response modes have been equivocal, the study was exploratory. No specific hypotheses concerning the interactions of particular response modes with particular alliance levels and particular categories of good moments were advanced.

Method

Participants and Sessions

Due to the exploratory nature of the study, sessions were selected to allow the examination of a full range of verbal response modes. The sample consisted of archival tapes and printed transcripts from 21 sessions, 10 with female clients and 11 with male clients. One of the female and one of the male clients were seen by three different therapists. No information concerning the age or ethnic background of the clients was available with the archival material. Because verbal response-mode categories tend to be specific to the theoretical orientation of the therapy in which they are used (Hill, Thames, & Rardin, 1979; Stalikas & Fitzpatrick, 1995), sessions from different types of therapies were used to represent a full range of response modes. The therapeutic orientations covered within the sample were the following: rational-emotive therapy (7), client-centered therapy (6), cognitive-behavioral therapy (3), Gestalt therapy (2), and psychodynamic therapy (3). In order to increase the likelihood of capturing a sufficient number of moments of in-session progress, sessions conducted by expert therapists (e.g., Albert Ellis for rational-emotive therapy, Carl Rogers for client-centered therapy, Fritz Perls for Gestalt therapy, Hans Strupp for psychodynamic therapy) were chosen.

Measures

The study of therapies of different orientations indicated the choice of pan-theoretical research instruments to be able to capture the processes operating in the different orientations. The Working Alliance Inventory-Observer Form (Horvath & Greenberg, 1986, 1989; Tichenor & Hill, 1989) was used to measure the level of working alliance, the Hill Counselor Verbal Responses Category System-Revised (Friedlander, 1982a, 1982b) was used to categorize counselor interventions, and the Category System of Client Good Moments (Mahrer & Nadler, 1986) was used to categorize moments of in-session progress.

The *Working Alliance Inventory* (WAI) is 36-item, self-report instrument developed to assess both the total level of alliance and the strength of the three subscale dimensions: tasks, goals, and bond. Subscales contain 12 questions with responses reported by 7-point fully anchored Likert-type scales ranging from 1 (never) to 7 (always). For the counselor and client forms of the instrument, construct validity of the instrument has been established through multitrait-multimethod analyses (Mallinckrodt & Nelson, 1991), and reliability estimates for the whole instrument range from .84 to .93 (Horvath, 1994). Evidence of concurrent validity is provided by significant correlations of WAI scores with other alliance measures (Tichenor & Hill, 1989). Predictive validity for the instrument has been established through correlations with measures of positive therapeutic outcome (Shick Tryon & Kane, 1993). The instrument can measure from counselor, client, or observer perspectives. While client ratings have been significantly better predictors of outcome than counselor ratings, client and observer ratings yield comparable effect sizes, indicating a convergence between these perspectives (Horvath & Symonds, 1991). The observer form of the WAI, adapted from the client and therapist forms (Tichenor & Hill, 1989), was used for this study.

The *Hill Counselor Verbal Response Category System-Revised* (VRM) was developed to classify and operationalize therapist techniques using nine mutually exclusive categories of counselor verbal

response modes: (a) encouragement/approval/reassurance, (b) reflection/restatement, (c) self-disclosure, (d) interpretation, (e) confrontation, (f) providing information, (g) seeking information, (h) direct guidance or advice, and (i) unclassifiable. For the purpose of this study, a counselor verbal response was defined as a speaking turn: everything the counselor said that was preceded by one client statement and followed by another. Where a counselor statement contained more than one category, raters were required to make a judgment concerning the predominant response mode for that speaking turn.

The original scale as developed by Hill (1978), was shown to have adequate interrater reliabilities. The revised scale (Friedlander, 1982a) has demonstrated better interrater reliabilities ranging from .83 to .87. Three psychologists matched samples to definitions with near-perfect agreement, indicating adequate face and content validity for the scale (Friedlander, 1982a). External validity is further demonstrated by the fact that the VRM categories reflect therapeutic interview techniques that are commonly taught to counselors in clinical training programs.

The *Category System of Client Good Moments* (GM) was developed to examine in-session client progress by identifying 12 types of client events that indicate good therapeutic process, movement, or change. The system was established through a comprehensive survey of the counseling and psychotherapy literature that was the basis for the development of the original 12 categories (Mahrer & Nadler, 1986). The categories represent optimal in-session moments that are important in different theoretical schools. The individual categories are not, by definition, theory-specific but some are more important in a given theory than others. The reliability of scale has been reported as satisfactory with interrater kappa coefficients (Cohen, 1960) ranging from .72 to .77 (Martin, Martin, & Slemon, 1987). The predictive validity of the scale in delineating good-moment categories associated with different therapeutic modalities has been established (Mahrer, Stalikas, Fairweather, & Scott, 1989). However, the predictive validity of the scale in relating good moments to final outcome has yet to be established.

Recently, the system has been revised by collapsing the categories into four conceptually distinct modalities (Stalikas, De Stefano, & Bernadelli, 1997). The modalities are (a) the provision of significant material modality (GM-I) that includes the provision of significant information about self or interpersonal relationships; (b) the exploratory modality (GM-E), involving the description-exploration of the personal nature and meaning of feelings, the exploration of previously unavailable (warded-off) material, and the acquisition of insight or understanding; (c) the affective-expressive modality (GM-A) that includes expressive communications in general and particularly the expression of strong feelings in personal-life situations, the expression of a good working relationship with the therapist, and the expression of strong feelings toward the therapist; and (d) the behavioral change modality (GM-B) involving undertaking new ways of being and behaving, changes in target behavior, or new personality or feeling states. Each client statement is rated for whether 1 of the 12 categories of good moments is present or absent. A client statement may contain more than one good-moment category. For the purposes of this study, data were analyzed by modality.

Procedures

Ratings on all instruments were made from the perspective of observers who used audiotapes and verbatim transcripts of the sessions. Raters for this study were counseling students in masters or doctoral programs. Raters were assigned to five-member teams and were trained in the use of a scale. Each rater worked independently, listening to the tape of a session and following along with the transcript in order to make their ratings. In order to avoid the potential biasing effects of multiple rating—for example, knowing the level of the alliance and "predicting" the occurrence of good moments—each rater used only one scale. There were two teams for each scale (WAI, GM, VRM).

Ratings were accepted as final on any statement that was classified identically by four out of five raters. Kappa coefficients (Cohen, 1960) for ratings on each of the scales ranged from .64 to .86. Any rating that did not meet the four-out-of-five criterion level was then subjected to the consensus procedure in which the rating group met to discuss statements and reach consensus on ratings.

Data Analysis

The research question for this study addressed the interactions between the working alliance, therapist verbal response modes and client good

moments. Hierarchical loglinear analyses were used to determine which combination of interactions among the variables were the best fit to the data. The loglinear model is currently accepted as a statistically sound way of handling multiway contingency tables (Stevens, 1992). Initially, the ordinal scores on the WAI were transformed into low, moderate, and high categories. The transformation was accomplished by examining the distribution of the data. The scores on the working alliance were clustered into three groups that had breaks of 11 points or greater among them. These breaks were used to divide the sessions into the three categories: a low category with seven of the 21 sessions with WAI scores between 90 and 166; a moderate category with 9 sessions ranging from 178 to 195; a high category with 5 sessions ranging from 206 to 218. Working-alliance scores for a session were considered to represent the alliance level for each therapist and client statement within that session.

Data were collected at the statement level for each counselor verbal response-mode category and client good-moment category. Because a client statement may contain more than one modality of good moment, separate analyses were conducted for each modality. In the analyses, client statements were always analyzed in relation to the preceding therapist verbal response mode to ensure that the client's immediate response to each individual therapist intervention was captured. Although a causal relationship between therapist response mode and client good moment cannot be established in these analyses, pairing the statements in this way ensured that the temporal sequence was always respected.

Loglinear analysis builds models that represent the best possible fit to the data with no a priori distinction between dependent and independent variables. A backward elimination procedure, an algorithmic search process that begins with the most complex model and sequentially removes terms until a model that provides the closest approximation to the data with the smallest number of parameters is found, was used. The test statistic for the analysis is G^2 or the likelihood ratio chi-square. Higher values of G^2 indicate more deviated models; lower values, and their correspondingly higher probabilities, indicate better-fitting models of the data. At each step the term eliminated from the model was the one that had the least effect on the fit of the model to the data. Elimination continued until the point at which removing another term led to a significantly poorer-fitting model. Statistically, this meant that the best-fitting model was chosen when the change in the likelihood ratio chi-square value was insufficient to be fully explained by the change in the degrees of freedom. Tables 1–3 indicate the likelihood ratio chi-square value (G^2) for each model, along with the degrees of freedom for that model analyzed by good-moment modality. They also indicate the change in the likelihood ratio chi-square (ΔG^2), and the change in the degrees of freedom (Δdf)from the previous model. One of the assumptions required in the use of loglinear modeling procedures is that not more than 20% of the estimated cell frequencies are less than five, in order to retain nominal Type I error rates. As only 19 of the 2,026 statements analyzed contained good moments in the behavioral-change modality, this modality was not analyzable.

As no specific hypotheses were advanced concerning which interactions might be expected to be significant, testing all of the parameters in the models to determine precisely which interactions accounted for the fit of the model would have resulted in unacceptable levels of experimentwise error. Accordingly, interpretation of the interaction terms in the best-fitting models was accomplished by decomposing the tables into a set of smaller tables with individual cell chi-square statistics, which summed to the total chi-square values (Delucchi, 1993). The cell chi-square is an adjusted residual. It adjusts the relative size of the cell so cells of different sizes can be compared in terms of relative deviation from the respective expected values. Examination of cell chi-squares is an exploratory rather than a confirmatory procedure. While it provides no significance levels, the method allows the relative contribution of each cell to the overall result to be examined for trends.

Results

The results of the analyses by good-moment modality (Tables 1–3) indicated that in the provision of significant information modality (GM-I) (Table 1), the best-fitting model of the data was the 3-way interaction between the WAI, counselor VRM, and GM-I. For the GM-E (Table 2) and GM-A (Table 3) good-moment modalities, the best-fitting models of the data contained combinations of 2-way interactions. The 2-way interactions that best explained the data in both of

TABLE 1. Goodness-of-Fit Table for Hierarchical Loglinear Analysis of Working Alliance, Counselor Verbal Response Modes and Good Moments-Significant Information

Highest-Order Interactions*	*df*	G^2	Δdf	ΔG^2	*p*
WAI × VRM × GM-I**	0	00.00	0	0.00	1.000
WAI × VRM, WAI × GM-I, VRM × GM-I	14	33.66	14	33.66	0.002
WAI × VRM, VRM × GM-I	16	34.30	2	00.76	0.005
WAI × VRM, WAI × GM-I	21	69.03	5	35.37	0.000
WAI × GM-I, VRM × GM-I	28	210.93	7	150.90	0.000
WAI, VRM, GM-I	37	245.90	9	34.97	0.000

Note. G^2 = likelihood ratio chi-square, Δdf = change in degrees of freedom, ΔG^2 = change in likelihood ratio chi-square, WAI = Working Alliance Inventory (L, M, H levels), VRM = Hill Counselor Verbal Response Mode Category System-Revised (8 categories), GM-I = Good Moments-Provision of Significant Information.

* These are the highest-order interactions contained within the model and subsume all lower-order interactions and main effects.

** The best-fitting model of the data.

these modalities were the interactions between the working alliance and good moments (WAI × GM-E; WAI × GM-A), and between the working alliance and counselor verbal response modes (WAI × VRM).

Good Moments of Provision of Significant Information

Examination of the cell chi-square values in the contingency table for the provision of significant information modality (Table 4) indicates that 43% (30.03) of the total chi-square value of 69.997 is represented in only 6 of the 48 cells, indicating the importance of those intervention categories relative to good moments. Counselors' providing information to clients (category 6) was associated with good moments less often than expected at all alliance levels. The interventions that were associated with good moments more often than expected were seeking information (category 7) at low alliance levels, providing direct guidance and advice (category 8) at moderate alliance levels, and reflecting and restating client material (category 2) at high alliance levels.

Exploratory Good Moments

In the exploratory good-moment modality, the best-fitting model of the data (Table 2) contained a 2-way interaction between the working alliance and good moments, and between the working alli-

TABLE 2. Goodness-of-Fit Table for Hierarchical Loglinear Analysis of Working Alliance, Counselor Verbal Response Modes and Good Moments-Exploratory

Highest-Order Interactions*	*df*	G^2	Δdf	ΔG^2	*p*
WAI × VRM × GM-E	0	0	0	00.00	1.000
WAI × VRM, WAI × GM-E, VRM × GM-E	14	14.83	14	14.83	0.390
WAI × VRM, WAI × GM-E**	21	27.63	7	12.80	0.151
WAI × VRM, VRM × GM-E	16	37.94	5	10.31	0.002
WAI × GM-E, VRM × GM-E	28	195.31	7	167.68	0.000
WAI, VRM, GM-E	37	224.88	9	29.57	0.000

Note. G^2 = likelihood ratio chi-square, Δdf = change in degrees of freedom, ΔG^2 = change in likelihood ratio chi-square, WAI = Working Alliance Inventory (L, M, H levels), VRM = Hill Counselor Verbal Response Mode Category System-Revised (8 categories), GM-E = Good Moments-Exploratory.

* These are the highest-order interactions contained within the model and subsume all lower-order interactions and main effects.

** The best-fitting model of the data.

TABLE 3. Goodness-of-Fit Table for Hierarchical Loglinear Analysis of Working Alliance, Counselor Verbal Response Modes and Good Moments-Affective-Expressive

Highest-Order Interactions*	*df*	G^2	Δdf	ΔG^2	*p*
WAI × VRM × GM-A	0	0	0	00.00	00.00
WAI × VRM, WAI × GM-A, VRM × GM-A	14	17.99	14	17.99	0.207
WAI × VRM, WAI × GM-A**	21	29.03	7	11.04	0.113
WAI × VRM, VRM × GM-A	16	47.46	5	18.43	00.00
WAI × GM-A, VRM × GM-A	28	190.55	7	161.52	00.00
WAI, VRM, GM-A	37	224.88	9	34.33	00.00

Note. G^2 = likelihood ratio chi-square, Δdf = change in degrees of freedom, ΔG^2 = change in likelihood ratio chi-square, WAI = Working Alliance Inventory (L, M, H levels), VRM = Hill Counselor Verbal Response Mode Category System-Revised (8 categories), GM-A = Good Moments-Affective-Expressive.

* These are the highest-order interactions contained within the model and subsume all lower-order interactions and main effects.

** The best-fitting model of the data.

ance and counselor verbal response modes. To examine the interaction, the chi-square value was partitioned into six cells representing the presence or absence of exploratory good moments at low, moderate, and high alliance levels. The partitioning placed 61% (23.76) of the total chi-square value of 38.97 ($df = 2, p = 0.001$) in only one of the six cells indicating that at high alliance levels, client exploratory good moments are more likely to be observed than expected.

Affective-Expressive Good Moments

In the affective-expressive modality, the best-fitting model of the data also contained a 2-way interaction between the working alliance and good moments (Table 3). The chi-square value was partitioned into six cells representing the presence or absence of good moments at low, moderate, and high alliance levels. Within those six cells, 86% (29.29) of the total chi-square value of 34.104 ($df = 2, p = 0.001$) is represented in only two of the cells. Client affective-expressive good moments present at low alliance levels represented 51% (chi-square = 14.99) of the value. Client affective-expressive good moments present at moderate alliance levels represented 42% (chi-square = 14.30) of the value.

Working Alliance and Verbal Response Modes

Best-fitting models in both the exploratory and affective-expressive modalities contained the identical 2-way interaction between the working alliance and counselor verbal response modes (Table 5). Of the total chi-square value of 173.84 ($df = 14, p = 0.000$), 70.3% (122.17) was contributed by only 5 of the 24 cells. The cells that contributed the most to the significance of the chi-square were direct guidance and advice at high and moderate alliance levels, and reflection-restatement at all levels. The direction of the relationships tended to change by alliance level. At high alliance levels, the counselor verbal response mode of direct guidance-advice occurred more often then expected, while at moderate alliance levels these interventions occurred less often then expected. Counselor reflection-restatement interventions occurred less often than expected at low and high alliance levels and more than expected at moderate alliance levels.

Discussion

The purpose of the study was to explore the interactions among the level of the working alliance, various types of therapist verbal response modes, and client in-session progress. In particular, we wanted to know if different alliance levels would moderate the relationship between particular types of therapist interventions and moments of client progress. While this 3-way interaction was not present across good-moment modalities, one of the most important findings of this study is that the working alliance *was* present in every interaction that contributes to best-fitting models across all good-moment modalities. High alliances are not, however, uniformly facilitative. Rather, different alliance levels seem to be differentially related to various types of interventions and

TABLE 4. Contingency Table for Interaction Among Working Alliance, Therapist Verbal Response Modes, and Good Moments-Information

		Therapist Verbal Response Modes							
		1	2	3	4	5	6	7	8
Low alliance									
GM-NO	Observed	36	45	3	17	8	108	100	40
	Expected	39	52	2	15	6	94	114	34
	Cell chi-square	0.17	1.10	0.38	0.35	0.45	2.09	1.79	0.92
GM-YES									
	Observed	19	30	0	4	1	26	63	9
	Expected	16	22	1	6	3	40	49	15
	Cell chi-square	0.40	2.58	0.89	0.82	1.06	**4.91**	**4.22**	2.17
Moderate alliance									
GM-NO	Observed	140	209	11	16	7	181	160	9
	Expected	139	217	10	17	5	165	165	16
	Cell chi-square	0.01	0.31	0.12	0.05	0.84	1.58	0.10	3.25
GM-YES	Observed	56	98	3	8	0	52	72	14
	Expected	57	90	4	7	2	68	68	7
	Cell chi-square	0.03	0.75	0.29	0.14	2.05	**3.82**	0.25	**7.86**
High alliance									
GM-NO	Observed	40	34	2	15	1	74	97	44
	Expected	47	43	2	12	1	63	94	45
	Cell chi-square	1.00	2.02	0.00	0.81	0.11	1.94	0.11	0.01
GM-YES	Observed	27	28	1	2	1	16	37	20
	Expected	20	19	1	5	1	27	40	19
	Cell chi-square	2.33	**4.70**	0.01	1.89	0.26	**4.52**	0.27	0.02

Note. Counselor verbal response mode: 1 = encouragement-approval-reassurance, 2 = reflection-restatement, 3 = self-disclosure; 4 = interpretation, 5 = confrontation, 6 = providing information, 7 = seeking information, 8 = direct guidance-advice. GM-NO = statements in which no good moments were present; GM-YES = statements in which good moments were present. Total chi-square = 69.997.

client progress. The discussion that follows considers the nature of the various interactions along with the limitations of this study and some suggestions for further research. In general, however, it is important to bear in mind that these findings are suggestive due to the exploratory nature of the analysis and need further confirmatory research.

Clients Providing Significant Information In Sessions

Beginning with the provision of significant information good-moment modality, finding a relatively strong relationship between counselors seeking information and clients following up by providing significant information may seem obvious ("You ask for information and you get information.") Except that this pattern occurs primarily when the alliance is at low levels. Because low alliances are those in which liking and collaboration are not well developed, clients in these sessions may feel that they are struggling to be heard. The therapists' questions, their active seeking of information, may be seen as an indication of the interest or willingness to hear, a willingness that is particularly important at these times. The relief of being listened to may prompt the client to begin to bring forward personally significant material.

Despite the fact that therapist interventions that *provided* information to the client represented 22.5% of the 2,026 interventions in this study, these interventions did not tend to be followed by the client's revealing of personally significant material at any alliance level. Conceptually this is similar to Hill's (1989) study in which clients seldom identified the provision of information as helpful. It is possible that therapist information to clients may take more time than this to be

TABLE 5. Contingency Table for Interaction Between Working Alliance and Counselor Verbal Response Modes

	Counselor Verbal Response Modes							
	1	2	3	4	5	6	7	8
Low alliance								
Observed	55	75	3	21	9	134	163	49
Expected	82	114	5	16	5	117	136	35
Cell chi-square	8.64	**13.40**	0.88	1.64	4.16	2.41	5.52	5.72
Moderate alliance								
Observed	196	308	14	24	7	233	232	23
Expected	166	233	10	32	9	239	276	71
Cell chi-square	5.37	**24.54**	1.21	2.17	0.61	0.14	7.12	**32.49**
High alliance								
Observed	67	62	3	17	2	90	134	64
Expected	70	98	4	14	4	101	117	30
Cell chi-square	0.16	**13.47**	0.46	0.79	0.99	1.21	2.47	**38.26**

Note. Counselor verbal response mode: 1 = encouragement-approval-reassurance, 2 = reflection-restatement, 3 = self-disclosure, 4 = interpretation, 5 = confrontation, 6 = providing information, 7 = seeking information, 8 = direct guidance-advice. Total chi-square = 173.84 (df = 14, p = 0.000).

processed by the client so that its value occurs later in the session or later in therapy. This study measured client progress in the statements directly following the therapist's statement so that the "effectiveness" of an intervention was judged by its immediate impact. Research that examines longer process sequences could be used to further explore the utility of therapist information-giving at different alliance levels.

With respect to advice giving, research in general has not tended to support the relationship of advice to final outcome (Orlinsky, Grawe, & Parks, 1994). This study suggests that, at moderate alliance levels, advice-giving may have therapeutic utility in helping clients to reveal personally significant information. More qualitative studies in which the reactions of clients are fully explored might begin to provide explanations of the precise conditions under which guidance and advice are fruitful.

At high alliance levels, the clients who establish strong levels of collaboration and trust may be those who are attentive to evidence of their therapist's understanding. The experience of having their communications accurately reflected may be an optimal situation for them. Enjoying the experience of being understood and reflected, these clients respond by producing significant personal information. The speculative nature of this explanation, however, needs to be considered in light the fact that the data examined was archival, so that no opportunity to examine the perceptions of the clients was possible.

Exploratory and Affective-Expressive Good Moments

Both exploratory and affective-expressive good-moments types interacted with the alliance, although the interactions were quite different. The fact that clients were most likely to experience exploratory good moments in high-alliance sessions seems understandable; if micro-outcomes are the building blocks of positive therapeutic change, then high proportions of good moments at high-alliance levels are to be expected. Affective-expressive good moments, however, tended to occur at low or moderate alliance levels. Because the affect that clients express may be positive or negative, it is possible that negative affective expressions are damaging to the alliance or that low alliances tend to elicit negative affect. Future studies might focus more particularly on the nature of the affect expressed and its relationship to the alliance.

Alliance and Interventions

The inverse relationship between the guidance-advice and the reflection-restatement response-mode categories is interesting in light of the fact that the two interventions are at opposite ends of

the degree-of-structure continuum (Friedlander, 1982a). All the low-structure response modes follow the same pattern as reflection-restatement, occurring less frequently than expected at low and high alliance levels and more frequently than expected at moderate levels. High-structure response modes were the opposite. Simply stated, when the alliance was either low or high, therapists tended to structure client responses, while in moderate alliance sessions, they did not. Perhaps in the relative absence of liking and collaboration, therapists were operating from their own clinical sense that without structuring, their clients would not respond in a way that would be therapeutically beneficial. Alternatively, in high-alliance sessions, therapists may have felt confident that their advice or guidance would be helpful in expanding the framework in which their clients operate. The moderate-alliance condition would seem to exert neither of those influences. This is, however, a highly speculative explanation. Future studies might be designed to collect therapist perceptions of how they structure interventions and client perceptions of that structure in different alliance conditions.

A further limitation of this study is the inability of the data to capture differences that are theory specific. By pooling the data from different therapeutic modalities in order to capture a range of intervention types, it is possible that between-therapy differences were obscured. The process of alliance development may be different in different treatment modalities. Future studies investigating the interaction of these variables might be designed to include samples of sufficient size within contrasting therapeutic modalities to allow those differences to be highlighted.

Finally, further research is needed to establish the link between process measures of optimal micro-outcomes and final outcome. The relationship of the good things that happen to a client in the session to overall client improvement is key to our understanding of psychotherapy. Clinicians who want to improve therapeutic process need a research-based understanding of the relationship of these good moments to client change. While the statement-by-statement data in this study permit the examination of each interaction microscopically, future studies combining this fine-grained analysis with a consideration of longer segments could capture other aspects of optimal process. It is possible that interventions that were unrelated to client good moments at particular alliance levels might still play a delayed role in their occurrence. Research studies that investigate client good moments together with longer sequences of therapist interventions could greatly enhance our understanding of these important relationships.

References

Bordin, E. S. (1994). Theory and research on the therapeutic working alliance: New directions. In A. O. Horvath & L. S. Greenberg (Eds.), *The working alliance: Theory, research, and practice* (pp. 13–38). New York: John Wiley.

Cohen, J. (1960). A coefficient of agreement for nominal scales. *Educational and Psychological Measurement, 20*, 37–46.

Delucchi, K. L. (1993). On the use and misuse of chi-square. In G. Keren & C. Lewis (Eds.), *A handbook for data analysis in the behavioral sciences* (pp. 295–320). Hillsdale, NJ: Lawrence Erlbaum.

Diamond, G. M., Liddle, H. A., Hogue, A., & Dakof, G. A. (1999). Alliance-building interventions with adolescents in family therapy: A process study. *Psychotherapy: Theory, Research, Practice, Training, 36*, 355–368.

Elliott, R. (1985). Helpful and nonhelpful events in brief counseling interviews: An empirical taxonomy. *Journal of Counseling Psychology, 32*, 307–322.

Elliott, R., Barker, C. B., Caskey, N., & Pistrang, N. (1982). Differential helpfulness of counselor verbal response modes. *Journal of Counseling Psychology, 29*, 354–361.

Elliott, R., Hill, C. E., Stiles, W. B., Friedlander, M. L., Mahrer, A. R., & Margison, F. R. (1987). *Journal of Consulting and Clinical Psychology, 55*, 218–223.

Friedlander, M. L. (1982a). Counseling discourse as a speech event: Revision and extension of the Hill counselor verbal response category system. *Journal of Counseling Psychology, 29*, 425–429.

Friedlander, M. L. (1982b). *Manual for the Hill counselor verbal response category system-revised*. Albany, NY: State University of New york.

Gaston, L. (1990). The concept of the alliance and its role in psychotherapy: Theoretical and empirical considerations. *Psychotherapy, 27*, 143–153.

Greenberg, L. S. (1986a). Research strategies. In L. S. Greenberg & W. M. Pinsof (Eds.), *The psychotherapeutic process: A research handbook* (pp. 707–734). New York: Guilford.

Greenberg, L. S. (1986b). Change process research. *Journal of Consulting and Clinical Psychology, 54*, 4–9.

Hill, C. E. (1978). Development of a counselor verbal response category system. *Journal of Counseling Psychology, 25*, 461–468.

Hill, C. E. (1989). *Therapist techniques and client outcomes: Eight cases of brief psychotherapy*. Newbury Park, CA: Sage.

Hill, C. E., Helms, J. E., Tichenor, V., Spiegel, S. B., O'Grady, K. E., & Perry, E. S. (1988). Effects of therapist response modes in brief psychotherapy. *Journal of Counseling Psychology, 35*, 222–233.

HILL, C. E., THAMES, T. B., & RARDIN, D. K. (1979). Comparison of Rogers, Perls, and Ellis on the Hill counselor verbal response category system. *Journal of Counseling Psychology, 26*, 198–203.

HORVATH, A. O. (1994). Empirical validation of Bordin's pantheoretical model of the alliance: The Working Alliance Inventory perspective. In A. O. Horvath & L. S. Greenberg (Eds.), *The working alliance: Theory, research, and practice* (pp. 109–130). New York: John Wiley.

HORVATH, A. O., GASTON, L., & LUBORSKY, L. (1993). The therapeutic alliance and its measures. In N. E. Miller, L. Luborsky, J. P. Barber, & J. P. Docherty (Eds.), *Psychodynamic treatment research* (pp. 247–273). New York: Basic.

HORVATH, A. O., & GREENBERG, L. S. (1986). The development of the Working Alliance Inventory. In L. S. Greenberg & W. M. Pinsof (Eds.), *The psychotherapeutic process: A research handbook* (pp. 529–556). New York: Guilford.

HORVATH, A. O., & GREENBERG, L. S. (1989). Development and validation of the Working Alliance Inventory. *Journal of Counseling Psychology, 36*, 223–233.

HORVATH, A. O., & MARX, R. W. (1990). The development and decay of the working alliance during time-limited counseling. *Canadian Journal of Counseling, 24*, 240–259.

HORVATH, A. O., & SYMONDS, D. (1991). Relationship between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology, 38*, 139–149.

MAHONEY, M. J., & NORCROSS, J. C. (1993). Relationship styles and therapeutic choices: A commentary on the preceding four articles. *Psychotherapy, 30*, 423–426.

MAHRER, A. R., & NADLER, W. P. (1986). Good moments in psychotherapy: A preliminary review, a list, and some promising research avenues. *Journal of Consulting and Clinical Psychology, 54*, 10–15

MAHRER, A. R., STALIKAS, A., FAIRWEATHER, D. R., & SCOTT, J. M. (1989). Is there a relationship between client feeling level and categories of "good moments" in counseling sessions? *Canadian Journal of Counseling, 23*, 219–227.

MALLINCKRODT, B., & NELSON, M. L. (1991). Counselor training level and the formation of the psychotherapeutic working alliance. *Journal of Counseling Psychology, 38*, 133–138.

MARTIN, J., MARTIN, W., & SLEMON, A. G. (1987). Cognitive mediation in person-centered and rational-emotive therapy. *Journal of Counseling Psychology, 34*, 251–260.

ORLINSKY, D. E., GRAWE, K., & PARKS, B. K. (1994). Process and outcome in psychotherapy: Noch Einmal. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (4th ed., pp. 270–376). New York: John Wiley.

ORLINSKY, D. E., & HOWARD, K. I. (1986). Process and outcome in psychotherapy. In S. L. Garfield & A. E. Bergin (Eds.), *Handbook of psychotherapy and behavior change* (pp. 233–381). New York: John Wiley.

PAIVIO, S. C., & PATTERSON, L. A. (1999). Alliance development in therapy for resolving child abuse issues. *Psychotherapy: Theory, Research, Practice, Training, 36*, 330–343.

RAUE, P. J., GOLDFRIED, M. R., & BARKHAM, M. (1997). The therapeutic alliance in psychodynamic-interpersonal and cognitive-behavioral therapy. *Journal of Consulting and Clinical Psychology, 65*, 582–587.

RECTOR, N. A., ZUROFF, D. C., & SEGAL, Z. V. (1999). Cognitive change and the therapeutic alliance: The role of technical and nontechnical factors. *Psychotherapy: Theory, Research, Practice, Training, 36*, 320–328.

RUSSELL, R. L., & TRULL, T. J. (1986). Sequential analyses of language variables in psychotherapy process research. *Journal of Consulting and Clinical Psychology, 54*, 16–21.

SEXTON, H. C., HEMBRE, K., & KVARME, G. (1996). The interaction of the alliance and therapy microprocess: A sequential analysis. *Journal of Consulting and Clinical Psychology, 64*, 471–480.

SHICK TRYON, G., & KANE, A. S. (1993). Relationship of working alliance to mutual and unilateral termination. *Journal of Counseling Psychology, 40*, 33–36.

STALIKAS, A., DE STEFANO, J., & BERNADELLI, A. (1997). Client processes in short term dynamic psychotherapy. *Counseling Psychology Quarterly, 10*, 29–38.

STALIKAS, A., & FITZPATRICK, M. (1995). Client good moments: An intensive analysis of a single session. *Canadian Journal of Counseling, 29*, 160–175.

STEVENS, J. (1992). *Applied multivariate statistics for the social sciences*. Hillsdale, NJ: Lawrence Erlbaum.

STILES, W. B., & SHAPIRO, D. A. (1994). Disabuse of the drug metaphor: Psychotherapy process-outcome correlations. *Journal of Consulting and Clinical Psychology, 62*, 942–948.

TICHENOR, V., & HILL, C. E. (1989). Alliance. *Psychotherapy, 26*, 195–199.