
The Therapeutic Alliance: Clients' Categorization of Client-Identified Factors

L'alliance thérapeutique : catégorisation par les clients des facteurs identifiés par les clients

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ABSTRACT

Clients' perspectives on the therapeutic alliance were examined using written descriptions of factors that clients believed to be helpful in developing a strong alliance. Fifty participants sorted previously collected statements into thematically similar piles and then gave each set of statements a title. Multivariate concept mapping statistical methods were used to obtain the most representative sort across participants. The resulting 14 categories (Emotional Support, Ability to Relate, Sharing the Counsellor's Personal Experience, Good Boundaries, Interpersonal Demeanour, Body Language, Provided Resources and Homework, Availability, Planning and Approach, Directed Process Appropriately, Attentiveness, Approachable, Nonjudgemental, and Effective Listening) provide a conceptual foundation useful for counsellor training and clinician development.

RÉSUMÉ

On a examiné les points de vue des clients au sujet de l'alliance thérapeutique à partir de descriptions écrites des facteurs que les clients jugeaient les plus utiles à l'établissement d'une solide alliance. Cinquante participants ont classé des énoncés préalablement choisis dans des piles de thématiques similaires, puis ils ont attribué un titre à chacune de ces piles. On a utilisé des méthodes statistiques de schématisation conceptuelle multidimensionnelle pour obtenir l'échantillon le plus représentatif parmi les participants. Les 14 catégories obtenues (i.e., le soutien émotionnel, l'aptitude à entrer en relation, le partage de l'expérience du conseiller, les limites claires, l'attitude interpersonnelle, le langage corporel, les ressources offertes et les devoirs, la disponibilité, la planification et l'approche, l'orientation appropriée offerte, l'attention, l'accessibilité, l'absence de jugement, et l'écoute active efficace) fournissent un fondement conceptuel utile à la formation et au développement clinique des conseillers.

The therapeutic alliance refers to the working relationship that operates between the clinician and the client in counselling and psychotherapy (Bedi, Davis, & Arvay, 2005). The alliance arises from the ability of the counsellor and the client to form an effective relationship conducive to co-constructing the tasks and goals of counselling (Bordin, 1979; Horvath & Bedi, 2002) and is composed of contributions made by both the counsellor and the client. Understanding how to develop

a strong therapeutic alliance with clients may be one of the most important goals for researchers and counsellors in their quest to help clients (Norcross, 2001).

It is important to note that the therapeutic alliance does not exist apart from the subjective perceptions of both the counsellor and the client. Clients and clinicians may use different language as well as different theoretical or philosophical frameworks in their descriptions and evaluations of the alliance (Horvath & Bedi, 2002). Reviews of contributions to the alliance often do not clearly differentiate between variables that have been constructed using client vocabulary and perceptions, and those that are created by researchers and clinicians (Elliott & James, 1989; for example, see Ackerman & Hilsenroth, 2001, 2003). This potential disparity is rarely acknowledged in the literature. It can therefore be unclear if the clients' subjective perception is accurately represented in the creation of variables.

Although it is the client's experience of the therapeutic alliance, not the counsellor's, that is the best predictor of a successful counselling outcome (Horvath & Bedi, 2002), clients have rarely been asked to describe the alliance in their own vocabulary. The covert nature of clients' experience (Elliott & James, 1989), along with the tendency to censor their reactions in the counselling process (Rennie, 1994), makes it especially difficult to access accurate information. Research variables usually reflect researchers' theoretical (or pan-theoretical) bias (Bachelor, 1995; Elliott & James, 1989; Horvath & Bedi, 2002; Luborsky, 2000). Variables are constructed according to what researchers believe to be relevant and are worded in vocabulary that reflects researcher perspectives. Clients are typically invited to endorse, deny, or rate researcher- or counsellor-formulated variables. Using client vocabulary and client conceptualization in the development of variables would likely facilitate greater validity with respect to clients' subjective perspectives and ensure that client perception is accurately represented in the literature (Bedi, 2006; Bohart, 2000). Further, it could allow for identification of variables that are outside clinician and researcher awareness but critical to clients' experience of the alliance.

RELEVANT CURRENT RESEARCH INVESTIGATING CLIENTS' PERSPECTIVES

Several qualitative studies have investigated clients' perspectives on the alliance by asking clients to describe, in their own words, what they believed was helpful in establishing a therapeutic alliance (e.g., Bachelor, 1995; Bedi, Davis, & Arvay, 2005; Bedi, Davis, & Williams, 2005; Fitzpatrick, Janzen, Chamodraka, & Park, 2006). It is interesting to note that collaboration is frequently mentioned by researchers and in counselling theories and models (Bordin, 1979; Horvath & Bedi, 2002), while clients apparently understand, or at least report, a good alliance mostly as a function of counsellor characteristics and contributions (Bachelor, 1995). Past studies (e.g., Mohr & Woodhouse, 2001) also show that some of the factors clients report as important in alliance development are scarcely represented in existing alliance theory and research. Further, in qualitative studies investigating clients' perspectives of the alliance, researchers organized the factors, and their vocabulary was used to label categories without direct client input, possibly

constricting our understanding of clients' perspectives. Including clients in the organization and interpretation of the data would provide more confidence that results are congruent with clients' subjective perceptions of the alliance. Past studies leave several questions unanswered: "How would clients categorize and label the variables they identify as helpful in the formation of a positive therapeutic alliance?" and "What vocabulary would they use to describe the categories they develop?"

In order to address these questions, Bedi (2006) employed a mixed methods design to investigate clients' perceptions of alliance formation (see also Bedi & Richards, 2011). Counselling clients were interviewed and asked to describe observable behaviours and verbalizations that contributed to the development of the alliance. Seventy-four common factors identified by clients were recorded on index cards and sorted by the same set of clients into what they viewed to be conceptually harmonious categories. Additionally, participants were asked to label each category they had created and to rate each factor for importance in establishing the alliance.

Concept mapping statistical procedures enabled Bedi (2006) to compute the most representative sort across participants, and a label was chosen from the set of participant-elicited labels for each of the 11 resulting categories: *Nonverbal Gestures*, *Emotional Support and Care*, *Presentation and Body Language*, *Setting*, *Session Administration*, *Client's Personal Responsibility*, *Referrals and Recommended Materials*, *Guidance and Challenging*, *Education*, *Honesty*, and *Validation*. Limitations that tempered the conclusions of the study included (a) a sample that was about 78% female, making it difficult to reliably compare the results across genders; and (b) a limitation on variables that restricted them to items that could be observed and expressed concretely in behavioural terms, resulting in the possible exclusion of important interactional or subjective variables (e.g., descriptions of a client feeling the clinician's permission to cry).

STUDY RATIONALE

The objective of the present study was to investigate clients' perceptions of the therapeutic alliance. The study builds on previous research studies that used clients' own words in descriptions of helpful factors by conducting a conceptual replication and expansion of Bedi (2006). The current study retained the basic design and analysis features of Bedi but used a different set of participants and slightly different procedures. First, the current study used written statements rather than interview-based data. Second, variables were permitted to be contextual, interactional, and/or perceptual (rather than behavioural and observable). Third, categorization was completed by a sample that included a greater proportion of men. Conceptual replication is useful in that it shows whether results hold true across different samples, contexts, and research decisions. Thus, it holds the potential for better establishing the reliability and generalizability of previous findings (Hunter, 2001; Schneider, 2004; Sohn, 1998).

METHOD

Participants

Fifty participants, who were either currently in counselling or who had received non-institutionalized counselling within the previous 30 days, were recruited from two west coast cities. Flyers were posted at universities and various public and private mental health clinics. Individuals who were at least 19 years of age, had a minimum of a Grade 10 education, and were able to travel to the research site were invited to participate. Participants were given a \$20 honorarium. The mean age of participants was 31.59 ($SD = 12.45$) with a range of 19 to 69 (median = 27). The sample was 52% female ($n = 26$), 46% male ($n = 23$), and 1 participant (2%) self-identified as both male and female. Ethnicity included Caucasian (84%), bi/multi-racial (10%), and Asian (6%). Occupations were student (56%), unemployed (10%), administrative (8%), construction (6%), child care (4%), sales (4%), disability pension (4%), retired (4%), teacher (2%), and unknown (2%). Seventy-six percent had completed some postsecondary education, 12% a bachelor's degree, 6% high school, 4% a master's degree, and 2% elementary school. Sixty-six percent were single, 18% married/common-law, and 16% were divorced or separated.

Statements

This study used statements that were collected (but not analyzed) as part of another research study. Participants in Bedi and Duff (2012) were asked to write their responses to the question, "What were the three most important things that helped form and strengthen the counselling or therapy working relationship?" Because the more generic term "therapeutic alliance" is usually associated with researcher vocabulary and can be confusing to clients, the term "working relationship" was used (following the tradition of previous research on clients' perspectives on the alliance; e.g., Bachelor, 1995). In Bedi and Duff, 42 participants¹ each submitted three statements (one repeated description by the same participant was excluded), making a total of 125 descriptions. All 125 descriptions were then condensed using guidelines that attempted to preserve the description in the participant's own words by correcting only the most elementary grammar and spelling and by summarizing a few longer descriptions into one or two sentences.

Procedure

These 125 statements were printed on index cards and arranged in random order. Participants were asked to sort the cards into piles so that cards in each pile referred to a similar theme and also to provide a title for each pile. They could make as many piles as they wanted, and a pile could consist of 1 to 42 cards (i.e., up to a maximum of one-third of all cards could be sorted into a single pile). These sorting instructions are generally used to discourage response sets and optimize variability for the statistical analyses (Bedi, 2006; Concept Systems, 2008). Participants were

also asked to rate statements for relative helpfulness on a Likert-type scale from 1 (*not helpful at all*) to 5 (*extremely helpful*).

Categories and category names created by participants were analyzed using multivariate concept-mapping (MVCM) statistical procedures. These procedures compute the most representative category sort across participants and provide a list of weighted client-generated category titles for each category (Concept Systems, 2008; Trochim, 1989). In sum, MVCM is a statistical analysis that incorporates non-metric multidimensional scaling (nMDS) sequentially with a cluster analysis approach. A more technical description of the type of MVCM used here can be found in Bedi and Alexander (2009). The importance of each category was compared for male and female participants. Reliability and validity analyses resembled those of Bedi (2006).

RESULTS

The mean of the average rating of helpfulness for each statement was 3.96 ($SD = .47$). This indicates that, on average, the participants rated the statements as very helpful. A two-dimensional nMDS solution is usually considered the most practical for providing a descriptive model that is ideal for interpretability and presentation of the data (Kruskal & Wish, 1978). Concept Systems (2008) computes the two-dimensional solution using a Group Similarity Matrix (GSM). The final stress statistical value for the two-dimensional solution was .29, .16 SD above the average stress value across 38 MVCM studies but less than the recommended cut-off of .30 (Trochim, 1993).

The average number of piles created by the 50 participants was 13.1 ($SD = 6.62$) with a median of 14. The 14-cluster solution was selected because it represented the median number of piles, it had the lowest bridging value, and the interpretability of cluster solutions was more difficult and less justifiable after the 14th cluster solution. The selected category titles (Appendix A) were chosen from the list of client-generated titles that were identified using mathematical measures (titles that fell closest to the centroid of the cluster), by examining the repetition of concepts and vocabulary in the titles and the semantic fit of the title with concepts described in the statements for each category.

Each statement is represented by a point on a concept map. Proximity of one point to another is an indicator of conceptual similarity. Statements that participants viewed as similar are plotted closer together than statements that participants viewed as dissimilar. The more dissimilar the statements were, as viewed by participants, the further apart they are plotted on the concept map. Similarly, each category is represented by a polygon that encapsulates five or more statements and is plotted in two-dimensional space (i.e., the cluster map).

Bridging values have a possible range of 0 to 1, where lower numbers indicate that participants viewed the statements as more conceptually similar (participants sorted them together more often) and higher numbers indicate less conceptually similar statements (participants sorted these together less often). Bridging values

for statements in each category are presented in Appendix A along with the mean bridging value for that category. *Sharing the Counsellor's Personal Experiences* and *Nonjudgemental* were understood most uniformly across participants, while *Ability to Relate* and *Provided Resources and Homework* were understood the least uniformly across participants. The average rating of helpfulness for each category (see Appendix A) was calculated by taking the average of all the ratings of importance for each statement in the category. *Emotional Support*, *Nonjudgemental*, and *Effective Listening* were rated as the most helpful categories, while *Sharing the Counsellor's Personal Experiences* and *Ability to Relate* received the lowest ratings.

The overall correlation for helpfulness ratings for statements between males ($n = 23$) and females ($n = 26$) in the sample was moderately high, $r = .67, p < .001$. Independent t -tests, performed to compare male and female ratings of helpfulness for each category, revealed no statistically significant differences between the mean ratings of males and females for individual categories. However, according to Cohen's (1992) recommendations, the sample for this study would likely be sufficient to detect a large effect, but not a medium or small effect. A much larger sample ($N = 363$) would likely be required to detect a small effect.

Trustworthiness of Findings

The correlation between the GSM of the male participants and the GSM of female participants was $r = .82, p < .001$, indicating a very high positive correlation between male and female participants: 67% of the variability was shared by both genders. Correlation between the GSM for all participants and the GSM for male participants was $r = .95, p < .001$, and correlation between GSM for all participants and the GSM for female participants was $r = .96, p < .001$. Both gender-specific GSMs demonstrate similar and very high correlations with the GSM for all participants, indicating that the final concept map represents the perspective of both genders well.

The correlation between the GSM for odd-numbered participants ($n = 25$) and even-numbered participants ($n = 25$) was high at $r = .84, p < .001$, demonstrating a high internal consistency of the sorting results. The correlation between the GSM for the total number of participants and the GSM for odd-numbered participants was $r = .96, p < .001$ and the correlation between the GSM for even-numbered participants and the total GSM was $r = .96, p < .001$. This demonstrates a very high positive correlation between the odd-numbered, even-numbered, and total group of participants, providing further consistency between results for subsets of the data and lending support to the reliability of the analysis.

Stress values for the odd and even split of participants were .33 ($n = 25$) and .31 ($n = 25$) respectively. These stress values are .66 and .28 standard deviations, respectively, above the mean of split half samples for MVCN concept mapping projects (Trochim, 1993), indicating higher than average values.

The average point biserial correlation of each BSM with the aggregated sort solution (GSM) was $r_{pb} = .46$ ($SD = .11$, minimum = .27, maximum = .67, median = .45), indicating a moderate correlation between the average sort and the aggre-

gated sort matrix on which subsequent analyses were based. This result compares favourably with Bedi's (2006) average point biserial correlation of $r_{pb} = .45$. Applying Trochim's (1993) Spearman-Brown correction formula to the average point biserial result of this study yields a reliability coefficient of .98, which is 2.14 *SD* above the mean for MVCM studies (Trochim, 1993). This result demonstrates very high reliability, again indicating that the GSM is a reasonably trustworthy indicator of individual sorting.

The average phi correlation between individual sort matrices (BSMs), $\Phi = .20$ ($SD = .08$, minimum = .04, maximum = .52, median = .18), indicated significant ($p < 0.05$) but very low correlation, but higher than Bedi's (2006) average phi correlation of $\Phi = .17$. These results suggest that there is a fairly high degree of variability in participants' understanding of alliance factors. However, application of Trochim's (1993) Spearman-Brown correction yields a reliability coefficient of .93, which is .11 *SD* above Trochim's (1993) average corrected solution. As the mean BSM/BSM correlation in MVCM studies is only .82 (Trochim, 1993), it can be stated that the results of the current study yielded higher correlation coefficients in comparison to most MVCM studies, indicating acceptable reliability across sorters.

Underlying Dimensions

Based on the nMDS analysis, it is assumed that continuous dimensions underlie the clusters of alliance formation factors described by participants. One possible axis (see Figure 1) could be drawn from the bottom left to the top right of the concept map. This axis shows factors most often associated with a Professional Relationship (e.g., Planning & Approach) progressing to those more likely to be associated with a Personal Relationship (e.g., Interpersonal Demeanour).

The second axis could be drawn from the top left through the middle to the bottom right, showing a possible progression from the Administrative Relationship (e.g., Availability) to the Interpersonal Relationship (e.g., Effective Listening). Categories found on the Administrative Relationship end of the axis include statements referring to extra legwork, scheduling session times, communication outside the sessions, office décor, confidentiality, reassurance, going beyond duties, age, gender, location, contacting professionals, help with homework, information regarding other resources, names of authors and books, and other ways of healing. In contrast, categories on the Interpersonal end of the axis include statements that refer to factors such as good listener, did not interrupt, expressed interest, empathic, validated feelings, and helped me find my voice.

DISCUSSION

The therapeutic alliance has frequently been identified as one of the most powerful factors common to effective therapeutic approaches (Krupnick et al., 1996; Lambert & Barley, 2001; Norcross, 2001). Further, the client's evaluation of the therapeutic alliance has been shown to be the most robust predictor of a

positive outcome in counselling (Horvath & Symonds, 1991). Accordingly, the current study provided the opportunity for clients to freely express, in their own words, descriptions of variables that they believed affected the alliance positively. Participants were able to provide interactional, contextual, or perceptual variables that are not easily stated in behavioural terms or operational vocabulary. This design allowed novel alliance factors to emerge. For example, variables describing the perception of being treated as a unique individual, feeling validated, or being heard would be difficult to concretize or represent purely in behavioural terms.

According to participants in this study, the most important individual factors in the alliance formation were related to the counsellor's ability to encourage the client to open up, as well as the counsellor's ability to listen attentively, to pose critical questions that help the client identify the problem, and to treat the client as a normal, intelligent person rather than as a "condition" or "problem." Participants also identified confidentiality, sincerity, and an approachable, nonjudgemental attitude as helpful factors.

Figure 1. *Concept Map Showing Categories of Helpful Client-Identified Factors with Suggested Underlying Dimensions*



Categories including statements that participants view as conceptually dissimilar are positioned further apart on the map, while those viewed as more similar are shown closer together. Smaller polygons indicate a higher level of conceptual homogeneity among the statements that comprise the category. Categories are shown to lie on a continuum that runs from those that are associated with counsellors who are perceived to be more personal and friendly to counsellors who interact on a professional basis (see the axis labelled Professional/Personal). Similarly, categories are also shown to lie on the axis that includes factors related to the administrative relationship to those that are most often part of the counselling session.

Although the most highly rated factors are generally congruent with Rogers' (1957) conceptualization of unconditional positive regard, congruence, and empathy for the client, participants in this study identified alliance formation factors not specifically mentioned by Rogers' necessary and sufficient conditions. These include the client's ability to open up, trust and talk to the counsellor, the gender and age of the counsellor, office décor and location, contact outside of counselling sessions, familiarity of the counsellor with their specific concern, homework, and provision of other resources. Statements in the most highly rated category, Emotional Support, referred to the counsellor giving the client permission to cry, being empathetic, nonjudgemental, supportive, confidential, sincere, able to express sympathy, and open about the monetary factor in the relationship, and getting to know the client before offering advice. While some categories of alliance formation variables receive higher helpfulness ratings than others, mean helpfulness ratings for all of them fell in the range "very helpful" or "moderately helpful," indicating that participants see all the categories as notably helpful in establishing a strong therapeutic alliance.

Compared to Bedi (2006), where factors were almost exclusively verbalizations or observable behaviours, factors in the present study included a broader range of contributions. The factors valued by participants in both studies are remarkably similar and often refer to the same or similar concepts (see Appendix B). Participants in both studies also specifically referred to the client's responsibility and contribution to the alliance.

In the present study, participants identified the client's ability to open up, talk, and trust the counsellor. Participants in Bedi (2006) spoke about choosing the counsellor, coming to sessions on time, and informing the counsellor when he or she would be late. While different procedures may elicit different responses, both studies show that clients perceive some self-agency as being helpful in building the alliance, with the lion's share of variables associated with the behaviour and demeanour of the counsellor. In other words, client statements in both studies emphasized counsellor behaviours, which apparently contrasts with the theoretical and clinical emphasis on collaborative and client-related factors: the participants in these two studies generally did not directly identify factors in such terms.

There are also remarkable similarities in the categories that resulted from the two studies. Participants in both studies identified body language, emotional support, resources and homework, setting, validation, session administration, and the personal responsibility of the client as categories of factors that were helpful in alliance building. While the categories that clients created in Bedi (2006) are different in number, statement composition, and titles, the overlap suggests that clients in both studies value similar factors, including some that are not often explicitly discussed in alliance theory or included in many research studies. Specifically, these factors include administrative details that may occur outside the counsellor's counselling space, referrals, and resources, as well as counsellor attitudes that communicate respect and support for the client as a human being rather than being seen as a "diagnosis" or "a problem."

Implications for Counselling Theory and Practice

The results of this research are significant in that they not only provide client validation for existing theoretical models and clinical practice, but they also offer client insight into how both theory and practice can be expanded and refined. Congruent with Bordin's (1979) emphasis on empathic bond and shared goals, this study articulates clients' belief in the fundamental importance of the counsellor supporting the client through emotional states and also being willing to explore what the client believes is important to focus on. Examples include "My counsellor provided me with emotional support and was able to express sympathy" and "My counsellor was willing to look at what I thought was important."

One notable finding pertains to the differential endorsement of *Sharing the Counsellor's Personal Experiences* and supports previous research showing that clients have varying levels of comfort with openness, friendliness, and professionalism (Horvath & Bedi, 2002; Mohr & Woodhouse, 2001). Behaviour that is interpreted as caring, sensitive, and personal by one client may seem intrusive to another.

Further, although participants mention the importance of techniques—articulating their belief that techniques are helpful for alliance formation (not just for outcome)—they clearly endorse "emotional support" as more important in the alliance building process. As techniques are often the focus of manuals and counsellor training, this client perception suggests the need to place more emphasis on alliance-building skills in counsellor training manuals and programs. Although it is beyond the scope of this study to make specific recommendations pending further replication of the results, useful suggestions for alliance building can be found in the list of variables and categories identified in this study.

Notably, concepts rarely included in theory or training programs, but endorsed by participants, include gender and age of the clinician, the location of clinician's office, clinician attire, office décor, small talk, note-taking, calling the client between sessions, working on homework with the client, explaining the counselling approach to the client, and accommodating the client's needs regarding session times and session frequency. Training programs and clinicians would likely benefit from addressing these client-identified concepts explicitly and more thoroughly. In other words, based on the results of this study, the categories identified in this study can be tentatively incorporated into counsellor education and supervision practices.

Limitations and Future Research

Although the results of this study support the findings of Bedi (2006), demonstrating the benefit of research investigating clients' perceptions of the alliance and the usefulness of study replication, it is important to note methodological limitations. Unlike Bedi, statements in this study were not limited to observable and behavioural factors and therefore required significant participant interpretation as to the meaning of each statement prior to sorting. There was no mecha-

nism for verifying the congruence of the sorter's interpretation with the precise meaning intended by the composer of the statement. In addition, statements that were apparently or partially duplicative in meaning were not eliminated prior to sorting analyses (a common research strategy). Therefore, some categories may have been partially created as a result of highly similar or overlapping statements being sorted together. Moreover, all possible alliance formation variables may not have been thoroughly identified. Consequently, future research may reveal new variables and different categories.

Although recruiting was aimed at a cross-section of general participants, the sample was composed of more than 50% university students, and over 90% had completed at least some postsecondary education. These proportions are not reflective of the general counselling population, thereby limiting generalizability. A larger sample that is more reflective of the general population could yield somewhat different results. Additionally, the statements were generated by a sample that included a greater proportion of women than the sample that was used to categorize the statements. Greater validity, reliability, and generalizability of findings could have been obtained by using the exact same set of participants to generate and sort alliance formation statements, suggest titles for the categories they developed, and finally validate the final results. Finally, while the results of this study reveal no significant differences between the male and female participants, it would be helpful for future research to obtain the larger sample required to potentially detect finely nuanced differences.

Conclusion

This study builds upon and supports decades of thoughtful investigation into the therapeutic process. Research supports the conclusion that the therapeutic alliance is one of the most powerful factors in counselling and the strongest predictor of a successful outcome. It is important to remember, however, that the therapeutic alliance, while a useful and descriptive construct, exists only as the subjective perception of the individuals involved in the therapeutic relationship. It is the client's perception of the alliance, not the counsellor's, that is most relevant in predicting counselling outcomes. As such, it is important to clearly identify and articulate the perspective of clients as it may vary significantly from that of counsellors or observers. The client participants in this study provided significant support for the importance of the following factors in alliance formation: emotional support, conveying a nonjudgemental attitude, effective listening, supportive body language, directing the counselling process appropriately, counsellor approachability, counsellor attentiveness, counsellor availability, and good boundaries. They articulated the importance of the client's ability to trust the counsellor, as well as the client's willingness and ability to talk about his or her concerns. More novel factors include the effect of counsellor gender and age, the location and décor of the office, the counsellor's availability outside of scheduled sessions, and the provision of resources and homework.

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Note

1. 85.7% of the participants were women and participants' age ranged from 19 to 65 years ($M = 29.4$, $SD = 10.9$). Ethnic background was described as European (80.9%), Asian (9.5%), or biracial/multiracial (7.1%), and 69.0% of the sample identified as single. Participants had completed a median of 11 sessions with their most recent mental health practitioner ($M = 25.5$, $SD = 44.6$).

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Appendix A

Categories of Helpful Factors, Helpfulness Ratings, and Bridging Values

Category Title	Statements	Helpfulness Rating	Bridging Value
Emotional Support	My counsellor had a nonjudgemental and supportive manner and was familiar with the subject.	4.65	.13
	My counsellor maintained a sense of confidentiality and sincerity.	4.64	.18
	My counsellor provided me with emotional support and was able to express sympathy.	4.25	.31
	My counsellor gave me permission to cry. He/she showed empathy without becoming involved in my emotion.	4.16	.11
	My counsellor tried to get to know me before he/she offered advice.	4.08	.19
	My counsellor was open about the fact that there was a monetary factor in our relationship. When I said that I wouldn't be able to afford to come in for a while, my counsellor did not become uncomfortable.	3.68	.32
	Category Mean	4.24	.21
Nonjudgmental	My counsellor asked questions gently but fearlessly, rather than "judge" the individual aspects of my story.	4.48	.10
	My counsellor didn't judge me. He/she stepped into my world and my meanings and worked from that place.	4.46	.08
	My counsellor did not judge me and made me feel like everything I was dealing with was normal.	4.44	.03
	When I told my counsellor that I was uncomfortable with a certain subject, he/she never mentioned it again without asking first whether he/she could or not, unless I brought it up first.	4.12	.17
	My counsellor stressed that I was not crazy even when I believed I was. He/she would not make fun or make light of any thought/feeling I shared.	4.12	.08
	My counsellor was open to being challenged on any comments or observations, etc., and did not take offence.	3.96	.17
	Nothing was able to faze the working relationship. The counsellor remained solid.	3.88	.11
		Category Mean	4.21

Category Title	Statements	Helpfulness Rating	Bridging Value
Body Language <i>(cont.)</i>	My counsellor was friendly and made an effort to begin appointments with small talk, and my counsellor made a point of remembering details about my life not related to the problems I saw him/her for.	4.28	.18
	My counsellor was warm and friendly when greeting me; he/she made eye contact, remembered my name, and offered me a coffee.	4.28	.20
	My counsellor was very present to me, to my energy, and to the truths in my body.	4.20	.34
	My counsellor remembered small things and treated me like he/she actually knew me.	4.20	.41
	My counsellor maintained a light tone and not a harsh, confrontational tone.	4.16	.19
	My counsellor was friendly (but not overly so), quiet, and didn't rush me at all.	3.76	.23
	My counsellor was consistent and calm and gave me tea.	3.76	.25
Category Mean		4.20	.25
Directed Process Appropriately	My counsellor was able to ask critical questions so that I could start thinking about and finding/identifying the problems.	4.71	.38
	My counsellor was willing to look at what I felt was important.	4.48	.32
	My counsellor facilitated my thought process and allowed me to find my own answers, rather than directing. He/she made me feel like I had the answers, and it was just a matter of uncovering them.	4.21	.35
	My counsellor asked me to return to the underlying issues when I had digressed.	4.16	.31
	My counsellor was able to understand the root/source of the problem before I even understood.	4.16	.53
	My counsellor understood where I was going with a train of thought when I got stuck trying to explain something.	4.08	.35
	My counsellor reaffirmed many things I already knew.	3.24	.46
Category Mean		4.15	.39

Category Title	Statements	Helpfulness Rating	Bridging Value
Approach-able	My counsellor made him/herself very approachable as someone who listened to me and how I felt.	4.60	.22
	My counsellor never showed shock, disgust, or any abnormality when I showed how I felt or what I thought.	4.48	.10
	My counsellor facilitated the creation of an environment where I could express myself without him/her panicking. He/she did not show fear or impinge on my right to experience the feeling I needed to get better.	4.21	.11
	My counsellor did not invade my personal space, and had a non-aggressive, nonjudgemental, and respectful attitude towards me.	4.13	.16
	My counsellor was nonjudgemental. He/she didn't criticize anything I had done.	4.00	.28
	My counsellor made lots of eye contact, didn't make notes, and tilted his/her head in sympathy.	3.42	.43
	Category Mean		4.14
Attentiveness	My counsellor listened very well. He/she would speak when I stopped talking or when I asked a direct question and would ask excellent thought-provoking questions and give his/her own opinion.	4.56	.15
	My counsellor asked specific questions that made me sure he/she was thinking carefully about what I was saying.	4.40	.18
	My counsellor openly invited me to share my concerns and didn't make any assumptions about what was happening or what I was feeling.	4.32	.26
	My counsellor sat patiently and helped me find my voice to figure out what I needed to say by giving me time and encouraging me.	4.28	.16
	My counsellor let me guide the subject matter of our meetings; anything was acceptable to talk about.	4.16	.23
	My counsellor encouraged me to talk or cry, would listen to me talk in a negative way about myself, and would accept my thoughts before gently asking questions that shed new light on the origins or fallibility of these thoughts.	4.12	.26
	My counsellor asked, "What is bothering you the most?" and his/her quiet, warm and non-rushing manner gave me time to think about it seriously.	4.08	.41

Category Title	Statements	Helpfulness Rating	Bridging Value
Attentiveness <i>(cont.)</i>	My counsellor listened, validated my feelings, and told me what I was experiencing was normal.	4.08	.19
	My counsellor gained knowledge by what I told him/her and did not assume other aspects that may have seemed possible.	3.96	.21
	My counsellor took my perceptions and beliefs at face value without putting his/her meaning on my experience. My counsellor worked with me, not the counsellor's story of me.	3.96	.12
	My counsellor was sympathetic and able to see my perspective, could "take my side" when I needed support, could be a bit biased in my favour, and could "paraphrase" or summarize my most recent issue.	3.68	.23
	My counsellor paraphrased what I said.	3.64	.26
	Category Mean	4.10	.22
Interpersonal De-meanour	My ability to open up, trust, and talk to my counsellor.	4.80	.16
	My counsellor genuinely smiled.	4.46	.28
	I didn't feel as though my counsellor was "studying" me or that I was just another chore or patient on his/her schedule of people or things to do and see that day.	4.32	.14
	My counsellor treated me as an individual and not as a type, and my objections to completing classification questionnaires were acceptable to my counsellor.	4.20	.13
	My counsellor treated me more like a person in need than a "client."	4.20	.18
	My counsellor always seemed happy to see me, greeting me with warmth and a solid hug. He/she commented on my strengths as an individual and expressed heartfelt happiness when things in my life were going well.	4.08	.31
	My counsellor treated me as an individual with unique problems/issues, called me by name or nickname, and made me feel like I was the only person they had seen that day.	4.04	.18
	I was offered tea and welcomed not as a patient, but as an equal human being, and there was a sense that I was in control of the session.	4.00	.20
	My counsellor's voice was calm, nurturing, and somewhat monotone. Although my counsellor disclosed a couple of things, I never felt like the focus was on him/her.	3.96	.18

Category Title	Statements	Helpfulness Rating	Bridging Value
Interpersonal De-meanour (<i>cont.</i>)	My counsellor carved out a space for humour when appropriate.	3.80	.20
	My counsellor was not “mother” like, which helped me feel comfortable addressing more than surface issues.	3.68	.11
	My counsellor was positive, cheerful, didn’t say “Oh how bad,” looked at the good side of things, and smiled.	3.44	.31
	Category Mean	4.08	.20
Planning & Approach	My counsellor met me where I was, but knew when to challenge me and was very honest.	4.46	.44
	My counsellor encouraged me to come back and was interested to know how/if things had progressed.	4.40	.43
	My counsellor didn’t talk down to me and was honest and straightforward in her/his reactions to my problems and thoughts. He/she didn’t try to convince me that everything was fine when it wasn’t.	4.32	.28
	My counsellor helped me see positives in myself, through analogies and mental exercises.	4.20	.63
	My counsellor picked a method that seemed right for me.	4.13	.40
	My counsellor would sometimes ask specifically what I wanted to accomplish or what would need to happen to make me feel better.	4.08	.52
	My counsellor was upfront and told me to not tell him/her what he/she wanted to hear.	4.08	.33
	At the first session we discussed the direction the counselling would take—what I wanted from it, what the counsellor could offer me, and what approach we would use.	4.04	.47
	My counsellor was positive and encouraging. He/she always pointed out the good things I was doing and the progress I had made.	4.00	.62
	My counsellor monitored shifts in perception throughout the counselling process and was able to chart perceptual movement and major changes.	3.96	.55
My counsellor was direct and straightforward regarding possible outcomes to my situation.	3.84	.52	

Category Title	Statements	Helpfulness Rating	Bridging Value
Planning & Approach <i>(cont.)</i>	My counsellor asked lots of questions and wasn't afraid to take more talk time than me.	3.32	.48
	My counsellor explained his/her approach to counselling to me on the phone before we had our first appointment and the reasons why he/she used the counselling techniques.	3.29	.43
	Category Mean	4.01	.47
Avail-ability	When my counsellor's schedule was full he/she moved things around so I could have an appointment the following week.	4.12	.48
	I knew that if I was in a distressed state, I could get in contact with my counsellor.	4.12	.51
	My counsellor would do extra legwork and would accommodate my needs regarding session times, session frequency, personal goals, etc.	3.96	.41
	My counsellor always made time for me. He/she would always fit me in somehow.	3.88	.52
	My counsellor provided assistance outside of our sessions by allowing me to e-mail to ask questions.	3.80	.45
	My counsellor was willing to call me and have further phone conversations about additional thoughts after a session if he/she felt he/she had misinterpreted/misread anything we discussed and was open for me to do the same.	3.36	.44
	Category Mean	3.87	.47
Good Boundaries	My counsellor assured me that what we discussed would never leave the room without my permission. I was not being judged (my issues were things he/she dealt with all the time), and my counsellor also gave me some personal history of his/her past issues.	4.32	.30
	My counsellor was polite and respectful and showed this through smiling, handshaking, greeting, and taking time to answer questions outside of regular sessions.	4.12	.27
	My counsellor struck a good balance between the professional and personal aspects of our relationship. He/she was kind and friendly to me and would talk about her/his experiences when they were relevant, but he/she had clear and firm boundaries with me.	4.04	.26

Category Title	Statements	Helpfulness Rating	Bridging Value
Good Boundaries (<i>cont.</i>)	My counsellor was a real and honest person who was open to connecting on an emotional and spiritual level through self-disclosing appropriately and allowing me to know when I had impacted her/him.	3.84	.29
	My counsellor shared idiosyncrasies that made him/her seem human. This openness was also seen in my counsellor's ability to laugh and joke, and recognize that I was sometimes joking too!	3.80	.15
	My counsellor had a sense of humour; cracking jokes, sarcastic remarks, and laughing.	3.63	.27
	My counsellor was able to small talk about things like office decorations, music, and various things but still remain professional and not too personal.	3.16	.21
	My counsellor dressed professionally; the office was clean, warmly decorated, and organized.	3.16	.25
	Category Mean	3.76	.25
Provided Resources & Homework	When my counsellor gave me a task/homework, he/she gave me ideas on how to complete it, and we talked about what I would do to try to complete it.	3.92	.51
	My counsellor was very interested in other ways of healing (e.g., my spiritual guide).	3.79	.89
	My counsellor was always willing to help me with forms or provide me with information about a particular program.	3.64	.53
	My counsellor helped me with tangible things related to my problems, contacting doctors and other professionals, as well as informing me of the variety of resources available.	3.56	.50
	My counsellor and I devised homework together, tailoring the information and exercises, and we always went over the homework at the next session.	3.38	.54
	My counsellor gave me names of authors and names of books, and we discussed new age theories that I hadn't heard of before.	3.08	.71
	Category Mean	3.56	.61

Category Title	Statements	Helpfulness Rating	Bridging Value
Sharing the Counsellor's Personal Experiences	My counsellor would add things about him/herself in relation to what I was saying and did not act like an authority/medical figure to me.	4.00	.07
	My counsellor revealed to me within the first few sessions that he/she had battled the same issue as me in the past.	3.60	.15
	My counsellor shared his/her personal experience with me when we were in sessions.	3.56	.02
	My counsellor told stories from his/her own life and professional career.	3.52	.06
	My counsellor used his/her real life experiences and examples from others he/she knew.	3.48	.01
	My counsellor shared stories about his/her own family and relationships, and issues that were troubling for him/her in those relationships.	3.33	.00
	My counsellor shared a personal anecdote with me.	3.32	.08
	In the first session, I was allowed to spend the whole hour telling my life story, and the counsellor briefly shared the same circumstance that happened to him/her.	3.21	.27
	My counsellor told me information about his/her life and relationships with his/her children.	3.16	.02
	My counsellor shared his/her previous issues.	3.08	.01
Category Mean		3.35	.07
Ability to Relate	My counsellor told me that my mother had approached the counsellor after one of my sessions and assured me that the counsellor had allowed none of my privacy to be invaded.	4.36	.48
	My counsellor went beyond his/her duties and showed he/she sincerely cared.	4.20	.54
	My counsellor was very reassuring, i.e., saying "you're on the right path" or "I think this is the right thing for you to do."	3.72	.49
	My counsellor's office space was professional but cozy and intimate, and had warm colours and a pleasant view.	3.56	.46
	My counsellor was genuinely concerned for my well-being and sometimes gave me a call or asked me to leave a message to see how things were going.	3.40	.56

Category Title	Statements	Helpfulness Rating	Bridging Value
Ability to Relate <i>(cont.)</i>	My counsellor assured me that he/she was realistic about the life the average person carried out.	3.12	.67
	My counsellor worked close to where I lived and worked.	3.00	1.00
	My counsellor was the same gender as me.	2.64	.63
	My counsellor appeared to be in my age group.	2.17	.57
	Category Mean		3.35

Appendix B

Helpful Factors Identified by Participants in Present Study and Bedi (2006)

Calm body language
 Eye contact
 Smiles
 Warm and friendly greetings
 Sense of humour
 Ability to laugh and joke with clients
 Permission to cry
 Confidentiality
 Office décor
 Inclusion of counselling books on office shelves
 Well-groomed and appropriately dressed counsellor
 Counsellor age and gender
 Offering food and/or drinks
 Contact outside counselling session in the form of phone calls or e-mails
 Explanation regarding the process and expectations of counselling
 Discussion of clients' goals
 Referrals to other community services
 Remembering and referring to details from previous sessions
 Reference to counsellor's personal experiences
 Relating to client as a person capable of self-understanding
 Allowing client to choose topic of session
 Assigning and reviewing homework together
 Validating and normalizing client's experiences and feelings
 Paraphrasing client's story
 Summarizing client's story
 Keeping client on topic
 Offering positive comments about client