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# **Understanding Improving and Deteriorating Therapeutic Alliance in Youth and Family Therapy**

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September 29, 2016 | 3:00-4:00 PM

# Learning Objectives:

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- Describe the association between therapeutic alliance and school-based program outcomes
- Compare the characteristics of youth and families with different trajectories of therapeutic alliance over time (improving, declining, steady)
- Demonstrate strategies, including an outcomes feedback process to build or repair the therapeutic alliance over time



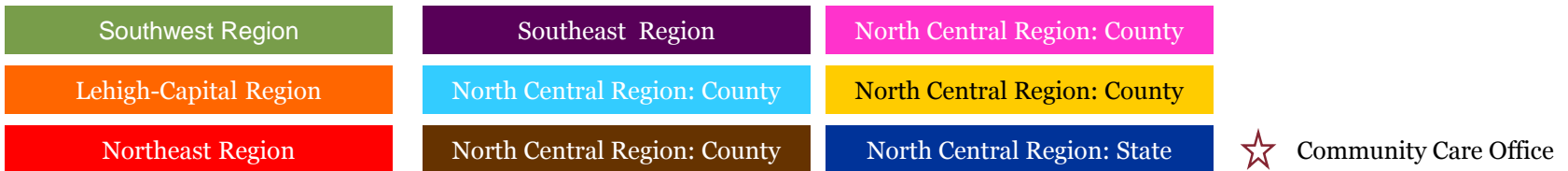
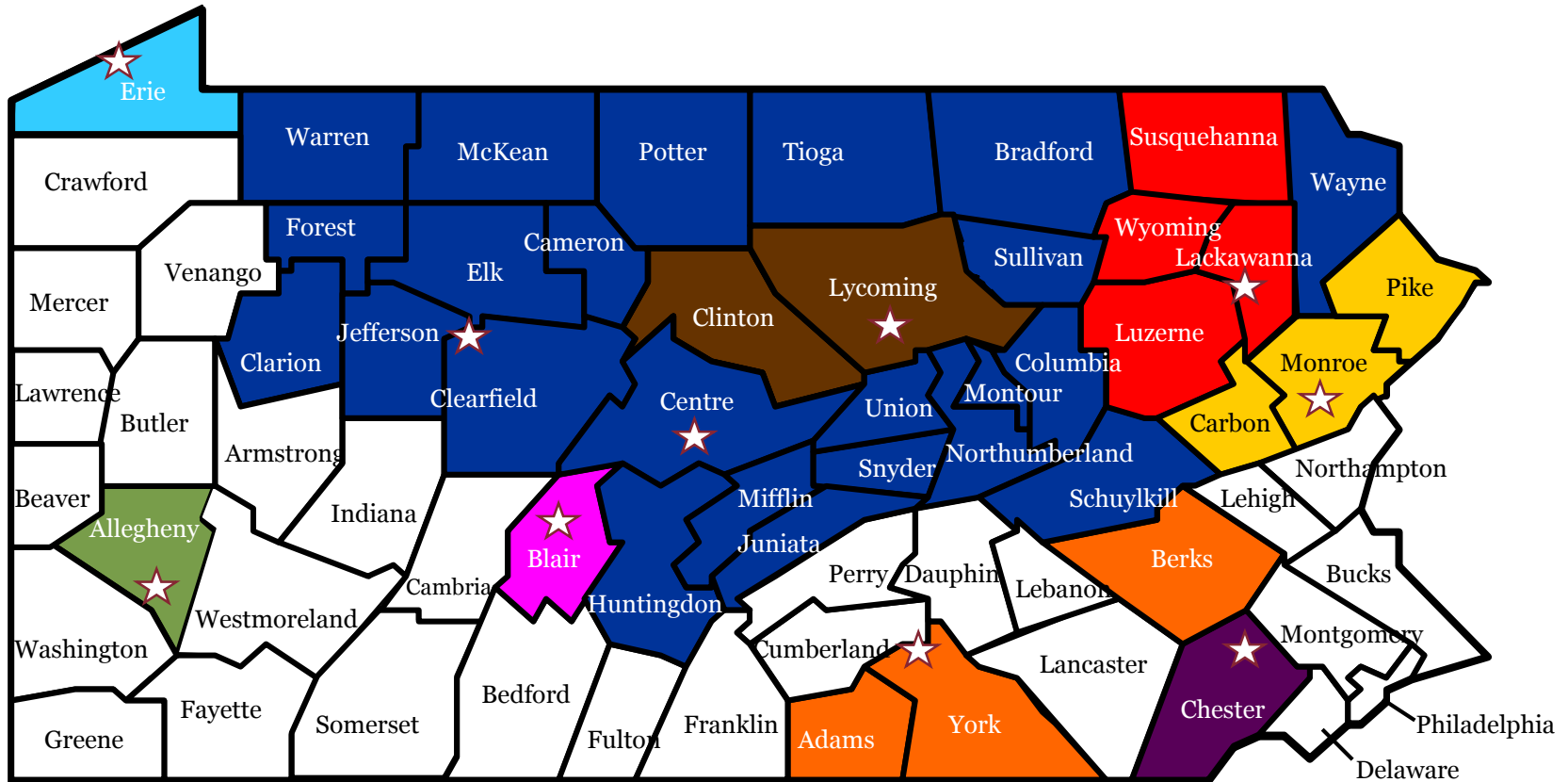
# About Community Care

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- Behavioral health managed care company founded in 1996; part of UPMC and headquartered in Pittsburgh
- Federally tax exempt non-profit 501(c)(3)
- Major focus is publicly-funded behavioral health care services; currently doing business in PA and NY
- Licensed as a Risk-Assuming PPO in PA; NCQA-Accredited Quality Program
- Serving approximately 950,000 individuals receiving Medical Assistance in 39 counties through a statewide network of over 1,800 providers



# HealthChoices Regions Served



# Therapeutic Alliance

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- Use of evidence based practices in behavioral health services
  - Specific clinical models
  - Common factors crucial to positive outcomes
    - Therapeutic alliance!



# Therapeutic Alliance: Special Status

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- “As a general trend across studies, the largest chunk of outcome variance not attributable to preexisting patient characteristics involves individual therapist differences and the emergent therapeutic relationship between patient and therapist, regardless of technique or school of therapy.
- This is the main thrust of three decades of empirical research.”



# Therapeutic Alliance

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- Family engagement
- Clinical formulation
- Treatment planning and implementation
- Self-reflection and skill building



# Therapeutic Alliance: Bordin

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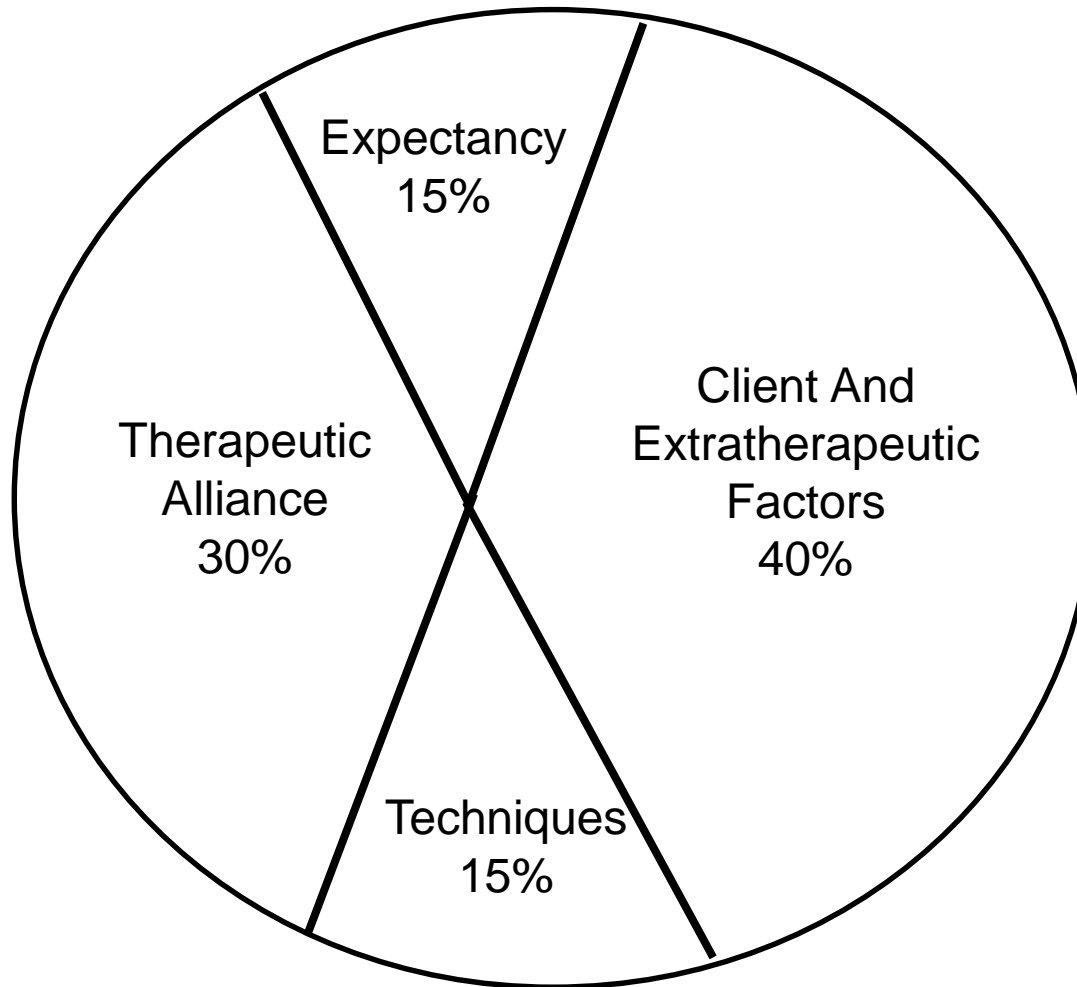
- Bond (emotional component)
- Cognitive framing (view: Dryden)
- Consensus on goals
- Consensus on tasks





# Common Factors

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# Common Factors

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- Therapeutic alliance established between the patient and the therapist
- Exposure of the patient to prior difficulties, either in imagination or in reality
- A new corrective emotional experience that allows the patient to experience past problems in new and more benign ways
- Expectations by both the therapist and the patient that positive change will result from the treatment
- Therapist qualities, such as attention, empathy, and positive regard, that are facilitative of change in treatment
- The provision by the therapist to the patient of a reason for the problems that are being experienced



# Therapeutic Alliance Concept

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- An ability to draw on knowledge that the therapeutic alliance is usually seen as having three components:
  1. The relationship or bond between therapist and client
  2. Consensus between therapist and client regarding the techniques/methods employed in the therapy
  3. Consensus between therapist and client regarding the goals of therapy
- An ability to draw on knowledge that all three components contribute to the maintenance of the alliance



# CSBBH

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- Community & School Based Behavioral Health (CSBBH) is:
  - An innovative service
  - Created by Community Care
  - A single team behavioral health home/service
  - For children, youth & their families
  - Accessible, comprehensive & coordinated
  - Clinical intervention without fragmentation



# CSBBH Team Commitments

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- Support wellness of entire family
- Include parents/caregivers in all decision making about treatment planning & service delivery
- Appreciate family's reality & experience, & any reservations about making change
- Respect family's culture & traditions & how that influences life priorities & choices
- Engage families across all generations
- Respect family, youth & child's choice
- Support collaborative learning process between family & CSBBH team
- Help families develop resilience & mastery over trauma for future challenges
- Build bridge between family & school, other child-serving entities, community & natural supports
- Believe in family's hope, independence, self-sufficiency & ability to help themselves



# CSBBH – Design

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- Stakeholder concerns:
  - Increasing student behavioral health needs
  - Existing behavioral health services ineffective
  - Classrooms with multiple mental health personnel (TSS)
  - Poor communication among partners/caregivers
  - Inadequate supports for placement changes



# CSBBH Teams

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- Located within schools, home & community
- Staffed by Behavioral Health Workers (BHW) – bachelor's – & Mental Health Professional (MHP) – master's
- Are a single point of accountability (behavioral health home)
- Serve children ages 5 to 20 years who:
  - Demonstrate a serious emotional or behavioral disturbance
  - Have problems with school, home & community settings
  - Meet criteria for medical necessity as defined by the state Medicaid program
- Work with multiple partners for referral & treatment



# CSBBH 2016

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46 Teams

Serving over  
1,500 Youth  
& Families

30 School  
Districts/  
81 buildings

16 Counties in  
5 Contracts

14 Provider  
Organizations





# The CSBBH Model – Distinctions

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- A Behavioral Health Rehabilitation Service Exception Program (BHRS inc. BSC/MT/TSS & RTF)
- Collaborative origins – Community Care, providers, educational system, families, county & state partners, advocates
- Developed to address problems with other services
- A team-based, 24/7 *comprehensive* service delivered by MHPs & BHWs with clinical supervision & ongoing evaluation
- Delivered in partnership with families, youth, and schools



# The CSBBH Model – Distinctions

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- CSBBH is a therapeutic model:
  - Based where the child or youth is – at school, home & community
  - Allied with the family & school in the design & delivery of therapy
  - Delivered *flexibly* in all settings
  - Focused on *whole child* & *entire family wellness*
  - Provides *individualized services, responsive to the intensity & varying needs* of child/youth & families



# CSBBH Model Foundations

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- CASSP & System of Care principles
- Family systems theory & interventions
- Resiliency/recovery principles & supports
- Evidence-based practices
  - Trauma-informed care
  - SWPBIS – School Wide Positive Behavioral Interventions & Supports/school climate
  - Clinical models including CBT & DBT
- Identification of co-occurring mental health & substance use disorders & needed interventions for entire family
- Coordination with physical health providers



# Therapeutic Alliance (TA) in Practice

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For the following questions, please think about your child’s last session. On a scale from 1 to 10, please mark ONE response for each item using the description that best fits your experience during **YOUR LAST SESSION**.

	Not at all		Somewhat				Very Much			
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
11. I felt understood and respected during the session.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. We worked on goals that I thought were important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. The way that treatment was delivered was a good match for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I am confident that the work we are doing together will help my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

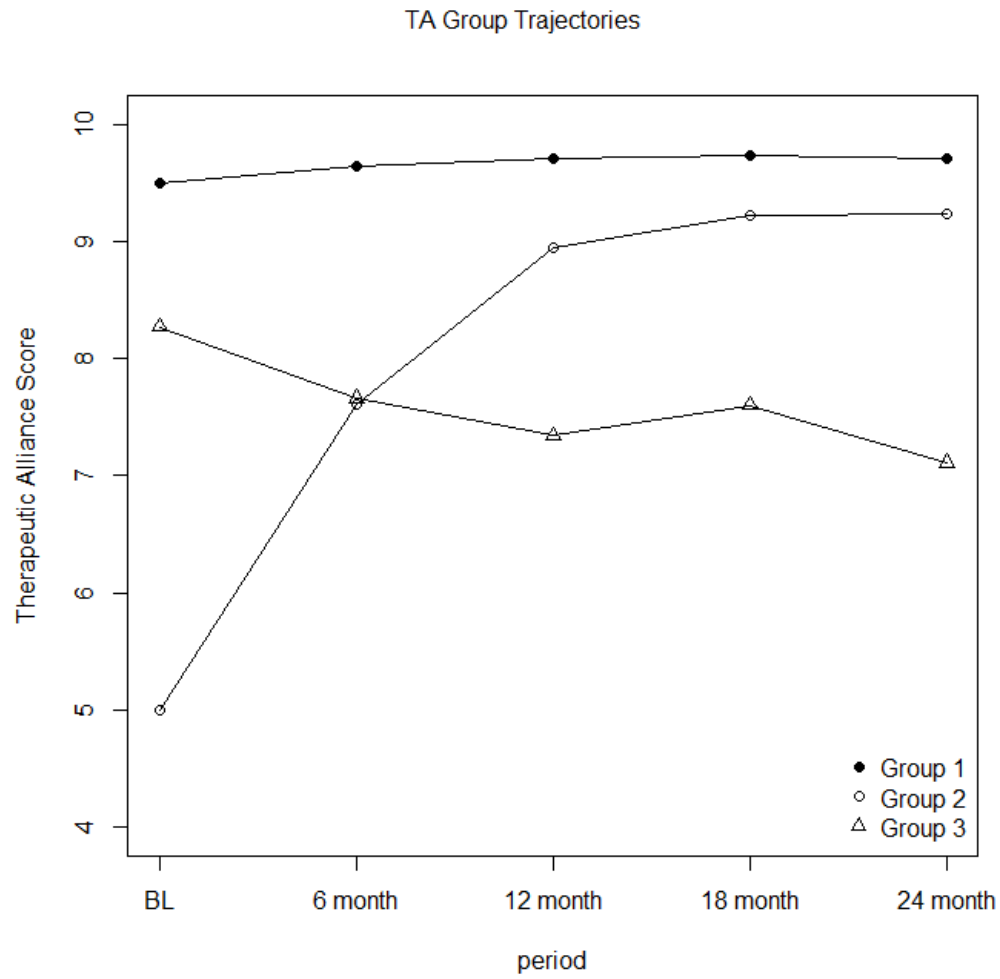
# TA in Practice

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- 1714 youth and families identified
- Caregiver feedback on service collected and discussed quarterly
- Caregiver report of child and family functioning collected and discussed quarterly
- Monitored over 24 months



# TA in Practice: Results



# TA in Practice: Results

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- 84% high and steady ratings of alliance
- 5% low and improving rates of alliance
- 11% declining ratings over time



# TA in Practice: Results

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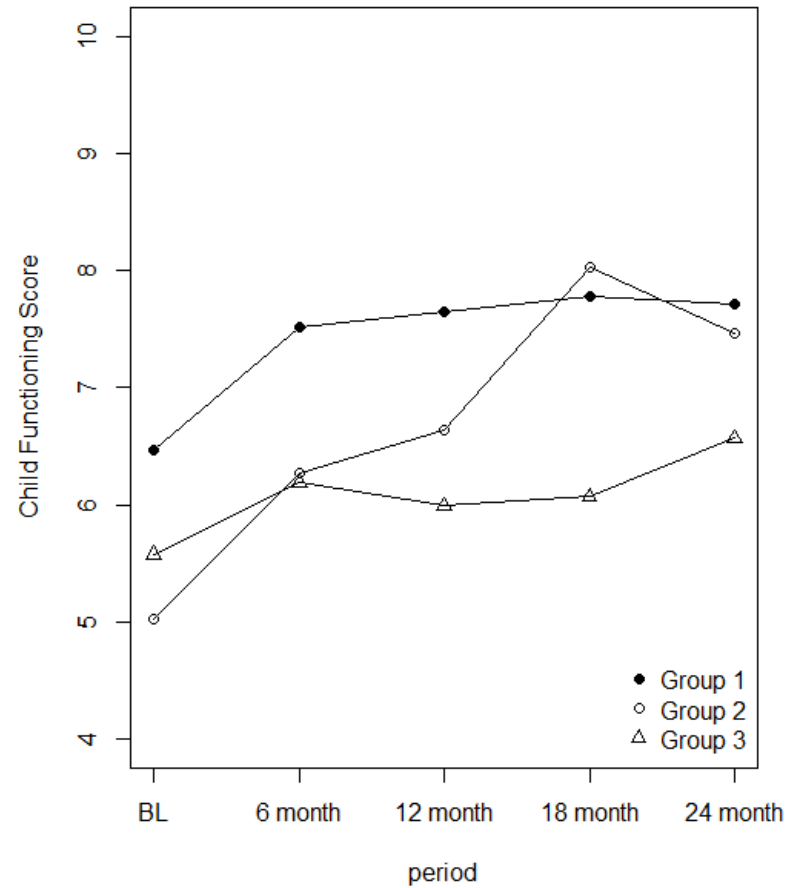
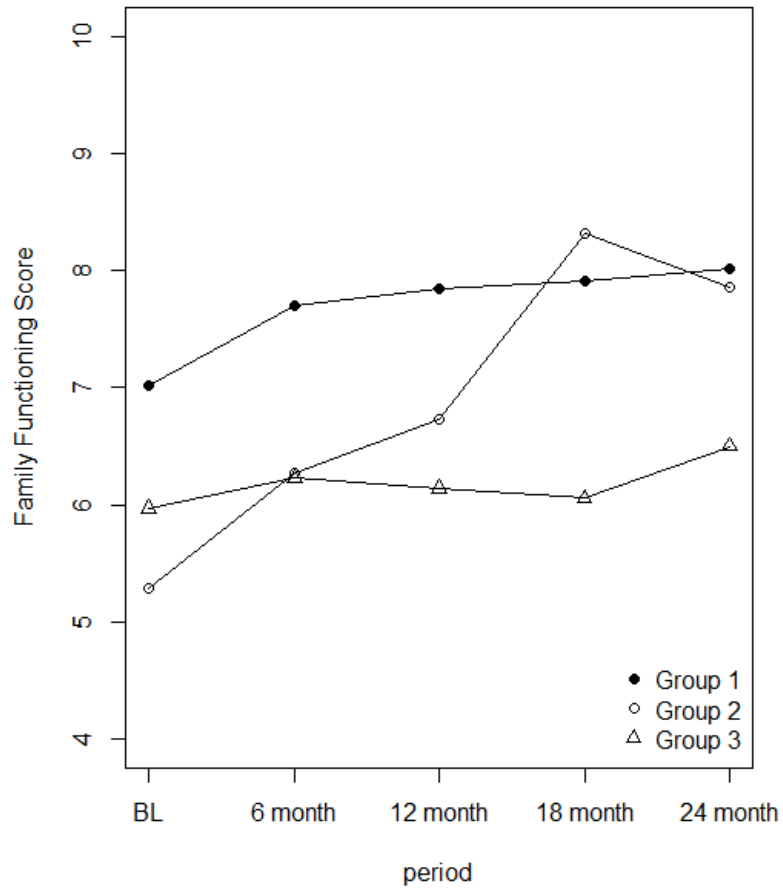
- Families with improving alliance and declining alliance generally more complex
  - Higher rates of medications before starting service
  - Higher rates of current use of medications
  - Higher rates of prior BH services
- More likely to be female (71% v. 63%)





# TA in Practice: Results

Family and Child Functioning Scores by TA Groups Over Time



# TA in Practice: Results

**\*\*Alliance associated with family and child functioning**

	Family Functioning		Child Functioning	
	Estimate	p-value	Estimate	p-value
<b>Time</b>		<.0001		<.0001
<b>TA Group</b>		<.0001		<.0001
<b>2 vs 1</b>	-1.43	<.0001	-1.24	<.0001
<b>3 vs 1</b>	-1.39	<.0001	-1.25	<.0001
<b>Gender (Male)</b>	0.23	.002	0.18	.009
<b>ODD (Yes)</b>	-0.23	.004	-0.29	<.0001
<b>Prior Medication</b>	-0.21	.007	-0.28	<.0001
<b>Post Medication</b>	-0.23	.004	-0.54	<.0001



# Capacity to Maintain the Alliance

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- First, have a system and process in place to measure alliance
  - Outcomes feedback process
  - Challenge to maintain multiple alliances
- Second, include training in the alliance process to staff



# Capacity to Maintain the Alliance

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- Recognize and address threats to the therapeutic alliance (“alliance ruptures”)
- An ability to:
  - Recognize when strains in alliance threaten progress of therapy
  - Use appropriate interventions in response to disagreements about tasks and goals
  - Check that client is clear about rationale for treatment and to review this with them and/or clarify any misunderstandings
  - Help clients understand rationale for treatment through using/drawing attention to concrete examples in session
  - Judge when it is best to refocus on tasks and goals which are seen as relevant or manageable by the client
  - Use appropriate interventions in response to strains in the bond between therapist and client



# Capacity to Grasp the Client's View

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- An ability to apprehend the ways in which the client characteristically understands themselves and the world around them
- An ability to hold the client's world view in mind throughout the course of therapy and to convey this understanding through interactions with the client, in a manner that allows the client to correct any misapprehensions
- An ability to hold the client's world view in mind, while retaining an independent perspective and guarding against identification with the client



# Cognitive Reframing

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- Being able to understand and represent another's point of view
- Being able to reframe their narrative into one that is accurate and hopeful and strength-based
- Role play monologue from the client's point of view



# Reframing the Narrative

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- Multiple Intelligences, Howard Gardner
  - Verbal/linguistic
  - Logical/mathematical
  - Visual/spatial
  - Musical/rhythmic
  - Bodily/kinesthetic
  - Naturalist
  - Intrapersonal
  - Interpersonal
  - Existential

# How we do it

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- The Levels of Validation , Marsha Linehan, Ph.D.
- The **First Level** is listening, and being present.
- The **Second Level** is accurate reflection.
- The **Third Level** is reading a person's behavior and guessing what they might be feeling or thinking.





# How we do it

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- The **Fourth Level** is understanding the person's behavior in terms of their history and biology.
- The **Fifth Level** is normalizing or recognizing emotional reactions that anyone would have.
- The **Sixth Level** is radical genuineness.



# Repairing Alliance Ruptures

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- Most patients experience a breakdown in alliance but most do not tell us about ruptures unless asked
- Repairs facilitated by therapist responding non-defensively, attending directly to relationship, adjusting behavior, and collecting feedback



# Impasses

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- Impasses as windows into core organizing principles
- Formulation is always broader, more speculative, hypothetical
- Impasses provide opportunities for more subtle understandings, revisions



# Thank you!

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