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The Working Alliance: A Survey of an Outpatient Mental Health Center

Jennifer Bramstedt
Minnesota State University, Mankato

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Bramstedt, J. (2013). The Working Alliance: A Survey of an Outpatient Mental Health Center [Master's capstone project, Minnesota State University, Mankato]. Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato. <https://cornerstone.lib.mnsu.edu/etds/848/>

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THE WORKING ALLIANCE: A SURVEY OF AN OUTPATIENT MENTAL HEALTH CENTER

Jennifer Bramstedt

MSW Candidate, Minnesota State University
Practicum Site: RiverView Clinic, Mankato, MN



Field Site Supervisor: Scott Morgan, MSW, LICSW

Academic Advisor: Kimberly Zammitt, PhD, LICSW

Field Liaison: Michelle Alvarez, EdD, LICSW

Purpose/ Significance

This research investigated the working alliance between therapist and client at RiverView Clinic, an outpatient mental health center. Utilizing data captured by the Working Alliance Inventory-Short Revised (WAI-SR), the research posited the following:

- median total scores from therapist's would be higher than median scores of the working alliance from clients
- clients who presented with mild to moderate concerns would have higher working alliance scores than clients who reported moderate to severe concerns
- new clients would have higher task and goal sub-scores than clients in therapy for more than fifteen sessions
- if working alliance scores reflected ruptures or strains in the working alliance, scores would increase if worked through with the client to identify the inconsistencies between their self-defeating behavior and the goals they committed to in therapy. Hypothetically, subsequent scores would then increase, possibly higher than before the rupture.

Literature Review

- In 1979, Edward Bordin offered a formulation of the working alliance that "incorporated a mutual understanding and agreement about the change goals and the necessary tasks to move towards these goals, along with the establishment of bonds to maintain the partners' work" (Bordin, 1994, p. 13).
- The Working Alliance Inventory measures the alliance between therapist and client. Questions were created from "three reference points: the self--the clients own thoughts and feelings; the other--the client's belief about the quality of interaction and about the therapist's experiences, thoughts, and feelings; and the respondents thoughts and beliefs about the quality of relationship..." (Horvath, 1994, p.113).
- The literature suggests that in therapy, ruptures or strains occur naturally as a form of resistance and self-sabotage, and can be used to strengthen the alliance if worked through with the therapist (Bordin, 1994; Horvath, 1994)

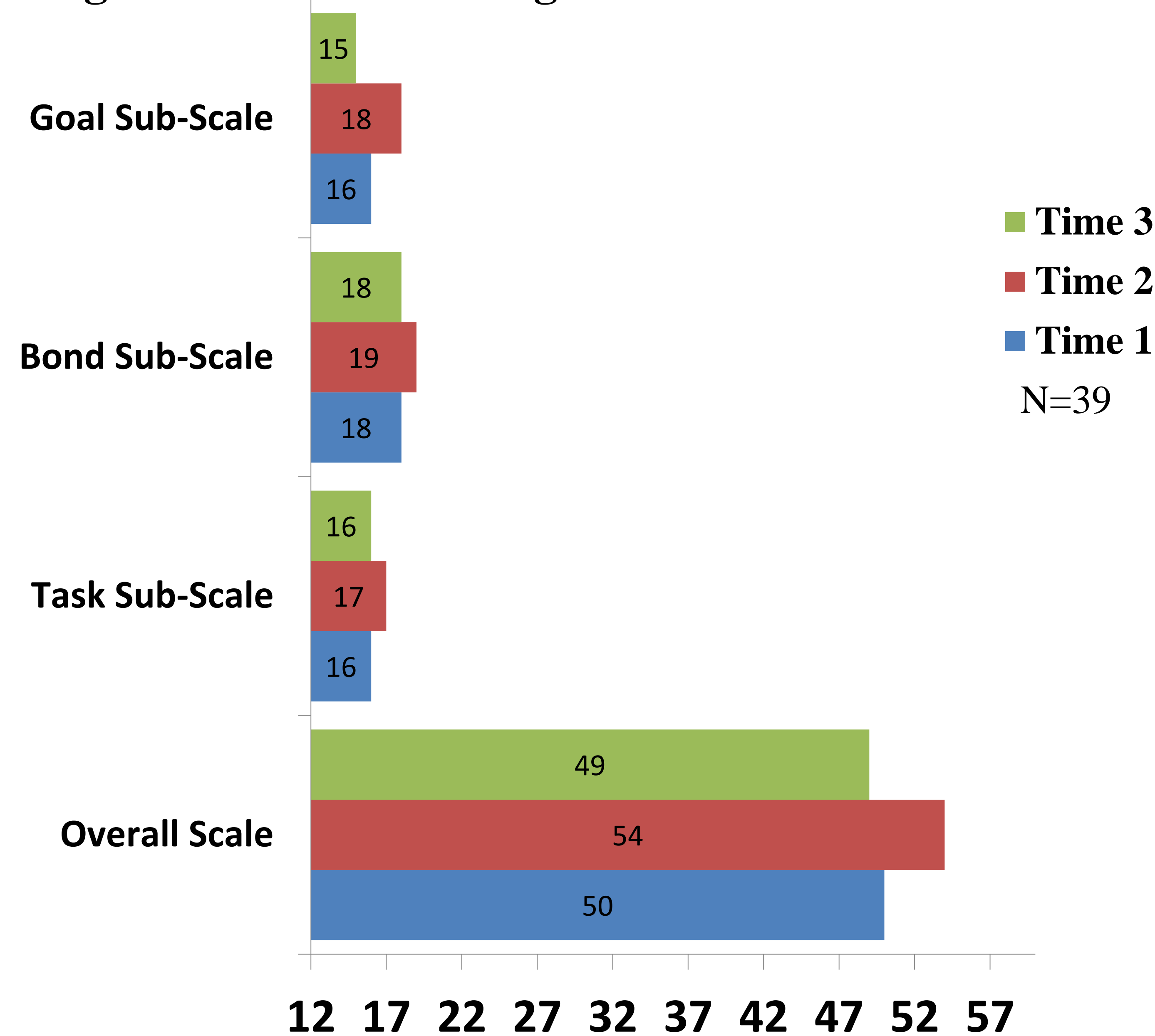
Methods

This research project utilized a survey design to measure the working alliance between clients and therapists at RiverView Clinic. Clients who were at least 18 years old, able to make legal decisions for themselves, and had completed at least three therapy sessions prior to the study were invited to participate. All mental health professionals employed at RiverView Clinic were offered the opportunity to participate.

Data were collected from participants during three, two-week periods, using the Working Alliance Inventory. The inventory measured the tasks, goals, and bond between client and therapist and provided both overall and subscale scores of the working alliance.

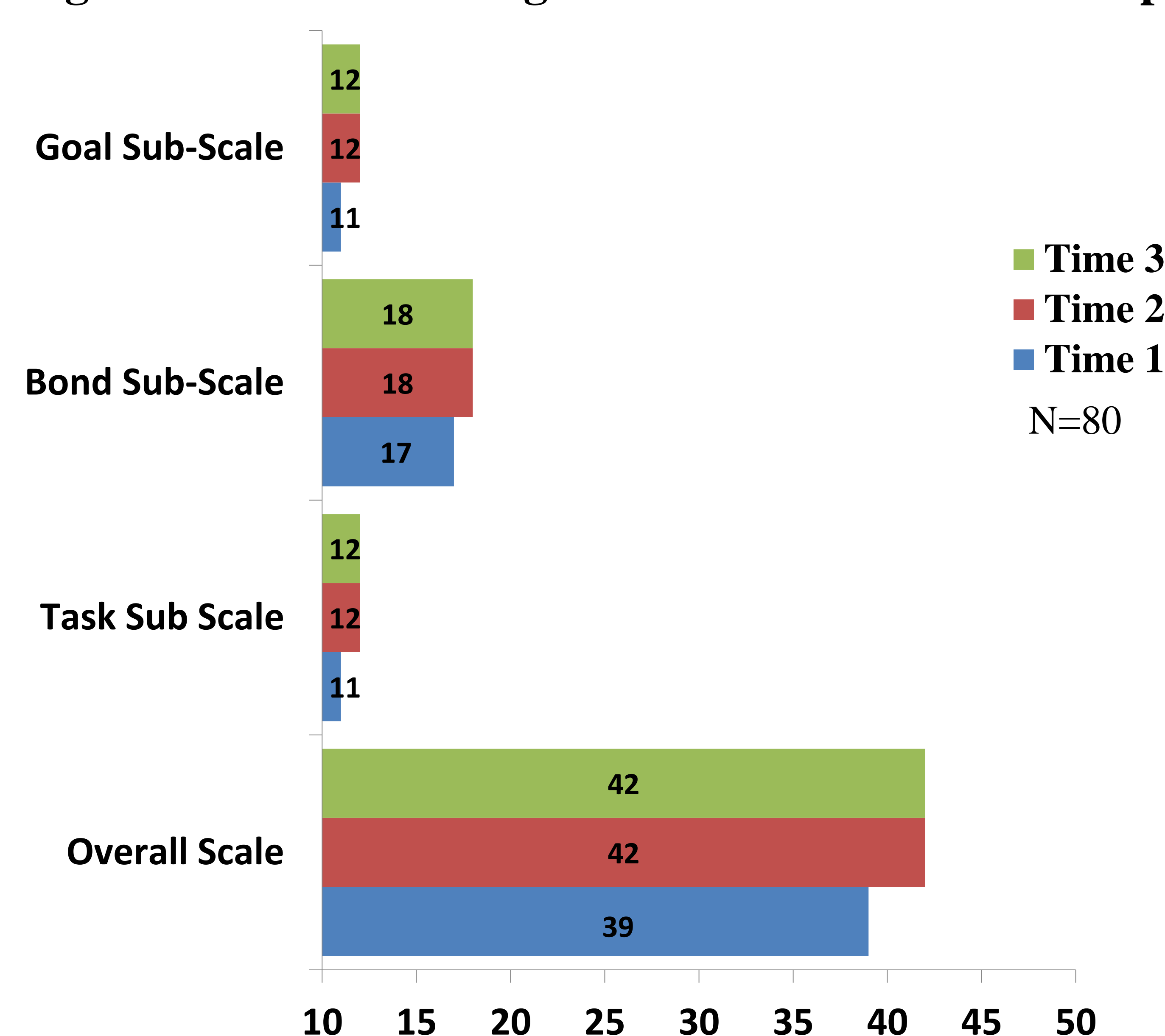
The survey was administered to participating clients by office personnel for completion prior to their appointment. Therapists were also responsible to score clients who met criteria prior to their appointment.

Figure 1: Mean Working Alliance Scores from Clients



Note: Overall scores range from 12-60; sub-scales range from 4-20 with higher scores indicating a stronger alliance

Figure 2: Mean Working Alliance Scores from Therapists



Note: Overall scores range from 12-60; sub-scales range from 4-20 with higher scores indicating a stronger alliance

Results

Data were collected from a sample of 39 clients (N=39). Of the 39 clients who participated in the initial survey:

- Nine clients (n=9) completed the survey on all three occasions for a completion rate of 23%.
- 18 clients (n=18) completed the survey on two occasions for a completion rate of 46%

24 clients reported their gender

- 17 females (n=17)
- 7 males (n=7)

22 clients reported age

- Mean age = 43

21 clients report their race

- 18 "Caucasians" (n=18)
- 3 "Others" (n=3)

Four therapists (N=4) employed by RiverView Clinic agreed to participate. Therapists rated the working alliance for 80 clients during the first sampling period.

- 20 clients (n=20) were rated by their therapist on all three occasions for a completion rate of 25%
- 31 clients (n=31) were rated by their therapist on two occasions for a completion rate of 39%
- 29 clients (n=29) were rated by their therapist on only one occasion for a completion rate of 36%

The low completion rate and missing data prohibited any statistical analysis. However, the descriptive data collected indicated that therapists and clients rated the working alliance relatively the same (See Figure 1 & 2). Clients scores were rated slightly higher, however the scale for clients was ten points larger than that of therapists.

Implications

- Future research should attempt to control for high rates of attrition by utilizing a longer sampling period and longer breaks between sampling periods.
- A revised version of the Working Alliance Inventory could be developed that scores the therapists' and clients' perception of the working alliance with the same scale in order to yield data that can be statistically analyzed.

Limitations

- High rate of attrition in client participation, resulting in insufficient data for statistical analysis
- Small sample size
- Unable to generalize to other cultures
- Limited time to complete a thorough assessment of the working alliance

References available upon request