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## The Client's Perspective on Forming a Counselling Alliance and Implications for Research on Counsellor Training

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### ABSTRACT

The present study examined the client's perspective on what helps form and strengthen the counselling alliance and aims to provide a preliminary catalogue of concrete client-identified alliance-building factors. Nine participants (four males, five females) currently or previously in counselling were interviewed using the Critical Incident Technique and asked to identify specific events and behaviours deemed most helpful to alliance formation. The nine participants provided 107 critical incidents, which were placed into eight mutually exclusive categories. These findings serve to inform the direction of future research and training aimed at developing counsellors' alliance-formation competence.

### RÉSUMÉ

La présente étude examine le point de vue du client sur les éléments qui aident à former et à renforcer une alliance de counseling et vise à fournir un catalogue préliminaire de facteurs concrets définis par le client pour la construction de cette alliance. Neuf participants (quatre hommes, cinq femmes) qui sont ou ont été en counseling ont été interviewés en utilisant la technique de l'incident critique. On leur a demandé d'estimer avec précision quels sont les événements et comportements les plus utiles dans la formation d'une alliance. Les neuf participants ont fourni 107 incidents critiques, qui ont été placés dans huit catégories mutuellement exclusives. Ces résultats peuvent renseigner sur l'orientation à donner à la recherche et à la formation futures pour développer la compétence des conseillers en formation d'alliance.

Considering the apparent centrality of the counselling alliance to successful counselling (see Asay & Lambert, 1999, 2002; Horvath & Bedi, 2002; Martin, Garske, & Davis, 2000), it is incumbent upon counsellor educators to provide trainees with a comprehensive understanding of the construct of the alliance and the necessary skills to build and maintain effective alliances with their clients (i.e., alliance-formation competence). The counselling alliance is also referred to as the "therapeutic alliance," the "working alliance," the "ego alliance," and the "helping alliance." It refers to the quality and strength of the reciprocal relationship between a client and a counsellor and includes both the affective elements and the collaborative working elements of this reciprocal relationship.

Whereas the notion of the alliance evolved from the study of the therapeutic relationship, the alliance has come to represent the specific working elements of the relationship between clients and counsellors (Horvath & Bedi, 2002). According to Gelso and Carter (1985), the counselling relationship comprises three key parts: (a) the transference complex (transference and countertransference—processes referring to the reaction to the other person based upon other significant relationships and unresolved psychodynamic conflicts), (b) the alliance, and (c) the real relationship (an affective liking bond between the counsellor and client independent of their work together). This latter component is most associated with genuineness and congruence (Gelso & Carter), so therefore the alliance is different from the Rogerian (Rogers, 1957) facilitative conditions (Horvath & Bedi).

Training literature specifically targeted toward forming effective alliances is largely absent. One notable exception, a large-scale study in which practitioners were trained to enhance their alliance-formation competence, had no appreciable effect on the ability of the practitioners to form alliances (see Henry & Strupp, 1994). If anything, the training seemingly impaired the practitioners' ability to develop alliances, although the alliance still remained a significant predictor of outcome in this study. Although these investigators suggested that destructive practitioner interpersonal styles, resulting from introjection of negative early experiences, could account for the inability of some practitioners to build strong alliances, it is also possible that the training program was based on an ineffectual skill set because the investigators primarily derived their training content non-empirically through psychodynamic theorizing.

A recent review of counsellor training texts uncovered a paucity of content specifically targeted toward the development of relationship-specific skills (i.e., skills designed to build and maintain counselling relationships) in trainees (Brubacher, 2004). Of the six popular texts reviewed, only two maintained a noteworthy focus on relational material, while the others tended to put more emphasis on technique and skills geared toward outcome as somewhat removed from relational processes. In fact, Brubacher noted the great "challenge to find [training] textbooks that are firmly grounded in relationship and emotion." Brubacher joins a growing call (e.g., Horvath, 2001; Horvath & Symonds, 1991) for more research into effective counsellor training that addresses the counselling relationship, particularly the alliance component of the counselling relationship.

Given the apparent incongruence between client and counsellor perspectives on the alliance (e.g., Bachelor, 1991; Bachelor & Salamé, 2000; Cecero, Fenton, Frankforter, Nich, & Carroll, 2001; Hatcher, Barends, Hansell, & Gutfreund, 1995; Horvath, 1994; Tichenor & Hill, 1989) and the finding that the client's perspective is more strongly related to success in counselling than is the counsellor's perspective (Horvath & Bedi, 2002; Horvath & Symonds, 1991), counsellor trainees should be especially well informed about client-identified means of building the alliance. To date, the literature examining the alliance from the client's phenomenological perspective is scarce. Nevertheless, the very limited research

that does exist indicates that there may be key differences between counsellor and client understandings of the alliance. For example, Bachelor (1995) and Mohr and Woodhouse (2001) found that (a) the clients in their studies identified counselling relationship variables that are seldom explored by counselling researchers, (b) some of the client-identified variables lie outside the bounds of what predominant alliance theories (see Bordin, 1979; Luborsky, 1976) consider to be part of the content domain, and (c) factors deemed central by the majority of contemporary alliance researchers, such as collaboration and mutuality (Hatcher, 1999; Horvath & Bedi), were mentioned much less frequently by the participants in these studies.

The lack of training and competence in alliance formation seems to be most evident when beginner counsellors face clients with severe impairments (Horvath & Bedi, 2002). Seen in light of the significance of the alliance in successful counselling, the aforementioned deficiencies in the training literature are a conspicuous shortcoming requiring the earnest attention of educators and researchers alike.

The primary purpose of this study was to outline the clients' perspective on factors important in alliance formation and strengthening. By having clients (rather than counsellors or observers) inform the present investigation, and by attempting to derive observations independent of any particular counselling orientation, it was our intention to more effectively inform future research on training programs as to what clients themselves believe are important common factors in building alliances across counselling orientations. This exploratory study represents the first step in a program of research intended to increase our understanding of clients' perception of alliance formation as well as to fortify the present training literature. This is important because the extant literature has so far been limited to broad and overly general principles informing the development of alliance-formation competence (e.g., Safran & Muran, 2000). This study advances this set of literature by providing a preliminary catalogue of client-identified alliance-building factors from which trainees may be able to draw in order to increase their competence in creating strong counselling alliances.

#### METHOD

In order to optimize the practical utility of this research, we felt it was important to concretize the client-identified factors. Accordingly, the current study focussed on client reports of verbalizations and observable behaviours that were thought to facilitate alliance formation and strengthening. To this end, the Critical Incident Technique (Flanagan, 1954; Woolsey, 1986) was selected. By *critical*, it is meant, "extreme behavior, either outstandingly effective or ineffective with respect to attaining the general aims of the activity" (Flanagan, p. 339). In this method, participants provide descriptive accounts of observed instances or events that they believe significantly contributed to (or subtracted from) a specific outcome. These critical incidents (CIs) are then extracted from participant accounts and rationally organized into categories based on conceptual similarity. The

primary contribution of this method is the rigorous and systematic procedures for data collection and the explicit conditions required for the inclusion of CIs, especially when employing interview-based methods (see Flanagan; Woolsey). The Critical Incident Technique is especially fitting for the task at hand as it was particularly designed for the exploratory identification of behaviours (as opposed to thoughts and emotions) deemed significantly helpful or hindering to a specific task (Woolsey). Empirical investigations of the performance of this research method in comparison to similar methods, and in supplying reliable and valid information, have provided favourable results (for example, see Andersson & Nilsson, 1964; Levine, Ash, & Bennett, 1980).

### *Participants*

Nine participants were recruited by means of “word-of-mouth.” The inclusion criteria stipulated that each participant must: (a) be at least 18 years of age; (b) be in individual counselling at the current time or within the last two years; (c) believe that he/she has at present, or has had, a positive counselling alliance with his/her counsellor (evidenced by an affirmative answer and a rating of the strength of the alliance of at least 5 on a scale of 1 to 10, where 10 indicates an extremely strong alliance and 1 indicates an extremely weak alliance); and (d) have participated in at least three counselling sessions at the time of the interview.

The sample comprised four white males and five white females. The participants ranged in age from 24 to 48 ( $M = 32.0$ ,  $SD = 7.5$ ). Eight of these nine participants were first-time clients, and four of them were currently in counselling. The participants attended between 6 and 20 sessions ( $M = 11.1$ ,  $SD = 5.4$ ) and spent between 2 and 24 months in counselling ( $M = 7.0$ ,  $SD = 7.14$ ). Six participants received counselling in a private office setting (as opposed to in a community agency or university counselling centre). Three participants presented with relationship issues, two with anxiety or stress issues, and two with depression-related issues (two participants elected not to share their reasons for seeking counselling). Of the nine participants, five were currently university students, but only three of these individuals were full-time students. With regard to marital status, five participants were unmarried, two were married or living in a common-law relationship, and two were divorced or separated. In terms of education, eight participants had at least a bachelor’s degree. Of the practitioners indirectly represented in this study, seven were female, two had Ph.D.s, and three had master’s degrees (four participants were unsure of their practitioner’s educational credentials). Participants rated the strength of their alliance on a scale of 1 (extremely weak) to 10 (extremely strong) as between 7 and 10 ( $M = 8.2$ ,  $SD = 1.0$ ).

### *Conditions for the Current Research*

This study focused on understanding clients’ accounts of actual experiences that they believed helped to form or strengthen the counselling alliance they have, or have had, with their counsellors. So that clients would not be confused by the jargon “counselling alliance,” we chose to instead use the terms “working

relationship,” “counselling relationship,” and “therapy relationship” (cf. Bachelor, 1995; Mohr & Woodhouse, 2001).

*Interview procedures.* The first author conducted five interviews, and four research assistants conducted one interview each. Interviews were audiotaped and conducted in interview rooms located at the University of British Columbia. Participants were asked to recall observable occurrences that they believed had significantly contributed to their experience of forming and/or strengthening the counselling alliance. The following text was read to each participant:

Please think back over the meetings you had with your mental health professional, paying particular attention to the working relationship that was developing between you and the mental health professional. What were the things that helped form and strengthen the counselling or therapy relationship? We are most interested in specific behaviours and other observable things. These can be things that either you or the professional did, things you did together, or something else that happened within or outside the sessions. Please describe each behaviour or event completely and in as much detail as possible.

For this study, the term *incident* is defined as any occurrence reported by the participants that could be translated into specific terms (i.e., precise, definite, explicit, unambiguous, and detailed), observable terms (i.e., could be visibly discerned “objectively” or descriptively by someone if they were watching behind a two-way mirror), and behavioural terms (i.e., behaviours performed, rather than inferred cognitions or emotions). Furthermore, to better achieve the objective of eventually applying this information to counsellor training, participants were asked to describe the incidents, when possible, in terms of activity and presence (e.g., what the counsellor did) rather than passivity and absence (e.g., what the counsellor did not do). These criteria were only guiding principles, and exceptions to them were considered on a case-by-case basis. As long as the exception could yield practical and generalizable information useful for developing an alliance and/or training new counsellors, it was included in the subsequent qualitative analyses. For the current research, *critical* was defined as a participant rating of  $\geq 5$  regarding the helpfulness of the element in strengthening or forming his or her counselling alliance. Because alliance formation is most essential early in counselling (Horvath & Symonds, 1991), we focused our efforts on those incidents identified as occurring within the first six sessions. Participants were not limited as to the number of CIs they could share, provided that all incidents met the definitional criteria.

To elicit CIs, the interviewers were instructed to use active listening skills such as paraphrasing, verbal probing, and posing open-ended questions to ensure adequate understanding of participant statements; to elaborate upon participant statements; to provide desired details and context; and to translate the incidents to meet the definitional criteria (described in the preceding paragraph). Participants were also asked to rate the helpfulness of each elicited CI on a scale of 1 to 10, where 1 = irrelevant, harmful, no importance, or no effect; 5 = moderate importance or effect; and 10 = very significant, very important, or large effect. Upon completion of the interview, participants completed a demographic questionnaire.

### *Analyses*

The first two authors subsequently transcribed the interviews and independently extracted the CIs from the participant accounts. The two lists of extracted incidents were compared and differences were resolved through discussion and consensus. In order to clarify the meaning of the extracted CIs, while remaining faithful to the “voice” of the participants, each CI was translated from conversational language (including “umms,” stuttering, word repetition, etc.) to standard written language using as much of the participant’s own wording as possible. The consensual, finalized list of extracted CIs was placed on cue cards and independently sorted by the first and third authors according to an open-ended inductive process of categorization with the aim being the formation of mutually exclusive categories and subcategories. These two researchers then discussed their reasons for any differences and engaged in a process of collaboration and negotiation in order to present a mutually agreed upon categorization system that best reflected the obtained data.

After the completion of the consensual categorization scheme, the second author and one of the interviewers attempted to re-sort the CIs into the newly established categorization scheme. Both of these individuals were blind to the specific CIs in each category and were *only* provided with the category and subcategory names, not with any description of each category or subcategory. This limited information about each category (i.e., the lack of a full definition of each category) was intentional because it was thought that it would provide the most conservative estimate of reliability—in essence, a sort of lower bound to true reliability. Providing a definition of each category would presumably only increase the clarity of each category and therefore the re-sorting of statements into the appropriate categories.

### RESULTS

The nine participants provided 107 CIs. Out of this 107, 77.6% ( $n = 83$ ) referred to contributions under the control of the counsellor, 8.4% ( $n = 9$ ) to contributions under the control of the client, 4.7% ( $n = 5$ ) to client-counsellor interactional contributions, and 3.7% ( $n = 4$ ) to other factors outside the counselling sessions. Given the preponderance of CIs referring to contributions under the control of the counsellor, and the intent of this study to provide preliminary information pertinent to counsellor training, only the counsellor contributions will be reported.

Of the 83 CIs representing counsellor contributions, 34.9% ( $n = 29$ ) were repetitive. This level of repetition is an adequate level of saturation (i.e., the low probability that many more novel CIs would be provided by new participants) for a preliminary study involving only nine participants. Descriptively, the most frequently noted individual CIs are listed here with the participant response rate (i.e., the percentage of participants who identified the CI) in brackets: (a) the counsellor smiled (55%), (b) the counsellor self-disclosed about a

similar situation in his/her life (44%), (c) the counsellor leaned forward (33%), and (d) the counsellor self-disclosed about his/her general life (33%).

The contributions under the agency of the counsellor ( $n = 83$ ) were described using the eight categories presented in Table 1. Considering that *all* participants acknowledged elements of General Counselling Skills (GCS) as being vitally important in strengthening and forming the alliance and that this category represented about half of all CIs, this category (GCS) was further divided into 7 subcategories as presented in Table 2. A narrative description of the most common categories and subcategories follows below. In general, statements within quotations are actual verbatim comments provided by the participants. A description of the remaining categories and subcategories can be inferred through inspection of the Key Elements column in Tables 1 and 2.

### *General Counselling Skills*

The category of GCS refers to counselling micro-skills that can be considered theoretically-independent and found, to some degree, across all counselling approaches. The collective constituents of this category played a key role in the alliance formation and strengthening of *all* the participants in this study and represented about half of all identified CIs. This category was further subdivided into seven subcategories to further elucidate specific sub-factors.

The largest subcategory, termed *SOLER*, is an acronym for a particular set of physical attending behaviours: face the client *S*quarely, maintain an *O*pen posture, *L*ean forward, make *E*ye contact, and remain *R*elaxed. Making eye contact, leaning forward, sitting still, and sitting in close proximity to the client were the most noted behaviours in this subcategory. This subcategory played a role in alliance formation for over half of the sample (55.5%) and represented over one-third (35.7%) of all CIs in the GCS category.

The second largest subcategory of GCS (19.1% of all CIs) represented the counsellor *Sharing Personal Experiences*, which played a key role in the alliance formation of six out of the nine participants (66.6%) in the sample. For example, some participants stated that the relationship with the counsellor was enhanced when the counsellor self-disclosed that he/she had experienced a similar situation and when the counsellor shared something “intimate and sacred about his/her life” that “demonstrated how the counsellor’s life was parallel to my own.” In addition, alliance formation was facilitated for one participant when “the counsellor would tell me about a person I could identify with,” such as a past client.

The third largest grouping in this category referred to the counsellor’s use of responsive *Prompts* to encourage client responses. This subcategory included 14.3% of all CIs in the GCS category and played a key role in alliance formation for 55.5% of the sample. These prompts included verbal and paraverbal encouragers (e.g., “uh huh,” “hmmm,” “yes,” “okay”), head nodding, matching facial expressions, and speaking in a slow and soft voice.



Table 1  
*Categorization of Critical Incidents in Alliance Formation and Strengthening*

Category	Key Elements	% of CIs	Response Rate
General Counselling Skills	SOLER (Physical Attending Skills) Sharing personal experiences Prompts Reflecting back feelings and content Verbal support Opinions, directions, and challenges Clarification questions	50.6%	100%
Expression of Positive Affect and Sentiment	Counsellor smiling Counsellor making jokes and humorous comments Counsellor laughing	9.6%	66.6%
Tracking the Counselling Process	Providing direction towards client goals Relating present session content to past session content Soliciting and responding to feedback Giving the client an overview of counselling and the counselling process Summarizing previous sessions	8.4%	44.4%
Counselling Environment	Bright, natural lighting through windows Bright colours (yellow, orange) Large, comfortable chairs Nice view Lack of medicine/hospital-like smell Quiet office Clean, organized desk Lots of pillows Home office No table between client and counsellor	13.2%	33.3%
Punctuality and Use of Time	Counsellor was on time Counsellor was flexible with time	3.6%	33.3%
Going Beyond Normative Expectations	Counsellor shared food and/or drink Counsellor not charging client for time lost to the fault of the client	3.6%	33.3%
Personal Attributes of the Counsellor	Similar age Physically attractive Ph.D. from a respectable university Stylishly dressed Appearing to be from the same social circle Opposite sex (male client-female counsellor)	7.2%	22.2%
Positive First Encounters	Walked without slouching (with back straight and head up) First greeted the client with a firm handshake and eye contact The counsellor's receptionist greeted the client by name	3.6%	22.2%



The fourth largest grouping in this category was termed *Reflecting Back Feelings and Content*, because providing empathic feeling reflections and paraphrases (e.g., “rephras[ing] and clarify[ing] the things I would say to [the counsellor] after we discussed a major event to make sure that he was getting it right”) were deemed to be significant influences on alliance formation and strengthening. This subcategory included about 11.9% of all CIs in the GCS category and played a key role in alliance formation for 44.4% of the sample.

The fifth largest subcategory was called *Verbal Support*. It refers to supporting the client by normalizing the client’s experiences, affirming or validating the client’s experiences, reassuring the client that “he/she was willing to explore whatever there was to explore in the session,” assuring the client of the counsellor’s

Table 2  
*Subcategories Describing Critical Incidents in the General Counselling Skills Category*

GCS Subcategory	Key Elements	Percentage of CIs in GCS Category	Participant Response Rate
Sharing Personal Experiences	Counsellor being in similar situation as clients Counsellor’s personal life Counsellor’s past professional experiences (e.g., past clients)	19.1%	66.6%
SOLER (Physical Attending)	Eye contact Leaning forward Sitting still (i.e., not fidgeting) Sitting close to the client Facing the client Regular breathing Not crossing arms	35.7%	55.5%
Prompts	Verbal prompts Counsellor nodding his/her head Matching the client’s facial expressions Slow and soft counsellor voice	14.3%	55.5%
Reflecting Back Feelings and Content	Reflection of feelings Paraphrases	11.9%	44.4%
Verbal Support	Normalization of client’s experiences Validation of client’s experiences Reassurance of counsellor’s ability/skills Encouragement of client	9.5%	33.3%
Professional Opinions, Directions and Challenges	Professional opinions and counsellor direction Counsellor challenges	4.8%	22.2%
Clarification Questions	Counsellor’s use of clarification questions	4.8%	22.2%

competence, and offering encouragement. This subcategory included about 9.5% of all CIs in the GCS category and played a key role in alliance formation for 33.3% of the sample.

### *Counselling Environment*

The second largest category that was believed to have contributed to forming and strengthening the counselling alliance (13.2% of all identified critical incidents) was a description of incidents pertaining to the physical counselling environment. This category played a key role in the alliance formation of about one-third of the participants in the sample. The content of this category refers to elements of a counsellor's office such as having "windows with a nice view of the outside," "lots of pillows," "big comfortable chairs," "bright colours," and "bright with natural light coming through the windows." Participants also stated that the office "didn't smell like medicine" and "wasn't noisy," and that the counsellor's desk was "clean and organized." One participant stated that there was no table between the client and counsellor, and another liked the fact that the counsellor's office was in her home.

### *Expressions of Positive Affect and Sentiment*

Although this category was the third largest in terms of raw CIs (representing 9.6% of all identified CIs), it was the second most commonly endorsed category across participants (i.e., it was acknowledged as playing a key role in the alliance formation of 66.6% of the participants in this sample). A large number of respondents (55.5%) stated that the "counsellor smiled," and this element served as the most endorsed behaviour in this category. Participants also stated that the use of humour and laughter and being "light-hearted" helped form and strengthen the counselling alliance.

### *Tracking the Counselling Process*

In this category, participants discussed CIs that involved the counsellor tracking the general counselling process as well as providing information regarding the counselling process, soliciting and responding to client feedback, and monitoring the client's progress. This category represented 8.4% of all elicited CIs and played an integral role in the alliance formation of 44.4% of the sample. Specifically, the incidents in this category included an orientation to the counsellor's approach by "mailing out a questionnaire that explored the reasons why I wanted to seek counselling and gave an overview of the kind of work that she did" or "providing a small overview or roadmaps of the counselling process." In other examples, the counsellor "encouraged me to take small steps towards achieving my goals" or "provided direction" in the client's thinking. Many participants acknowledged that having the counsellor recap or summarize points raised in the last session was also an important factor in building a strong counselling alliance, as was relating current session content to past session content.

### *Personal Attributes of the Counsellor*

Approximately 22.2% of the participants stated that the personal attributes of their counsellor affected their appraisal of the counselling alliance; this category represented 7.2% of all elicited CIs. The attributes mentioned were: (a) being of a similar age; (b) being physically attractive; (c) being educated—"I knew the counsellor was completing her Ph.D. from a highly respected university"; (d) stylish dress of the counsellor; (e) being a possible friend or associate—"the counsellor looked like someone who I would usually associate with"; and (f) being of the opposite sex.

### *Re-Sorting Analyses*

On average, across all categories, the two sorters successfully sorted 77.1% of the CIs into their appropriate categories. On average, across all subcategories within the GCS category, the two sorters successfully sorted 78.6% of the CIs into their corresponding subcategories. These results are presented in Table 3. On average, these results fall within the bounds of Andersson and Nilsson's (1964) suggestion that a 75% to 85% agreement into Critical Incident Technique categories is adequate. This demonstrates that, generally, the CIs are conceptually reliable or trustworthy indicators of their respective categories and subcategories because, on the basis of *only* being given the category and subcategory name, "blind" sorters could replicate the CIs undergirding the classification quite adequately. Although some other research methods would informally consider an 80% agreement rate to be more acceptable, our average values fall between 1.5% and 3% of this threshold; we believe this to be a sound result considering that the re-sorters were not provided with a definition of each category but relied only on a very short category label.

## DISCUSSION

The exploration of clients' conceptions offers promising possibilities for understanding the counselling alliance. In order to investigate this relatively unexplored territory, the primary goal of the present study was to obtain clients'

Table 3  
*Average Inter-sorter Reliability of Categories and Subcategories*

Sorter	% agreement at level of categories <sup>a</sup>	% agreement at level of subcategories <sup>b</sup>
A	78.3%	85.7%
B	75.9%	71.4%
Average	77.1%	78.6%

<sup>a</sup> Out of 83 CIs

<sup>b</sup> Out of 42 CIs

accounts of the factors they used to account for their experience of participating in the formation and strengthening of the counselling alliance. In other words, we were interested in listing the particular elements that clients considered essential for creating and reinforcing the experience of a positive counselling alliance. By elucidating a number of promising variables for further investigation, this study begins to address the scarcity of training information on alliance formation described (cf. Brubacher, 2004).

Based on the reports of the participants in this study, forming a counselling alliance seems deceptively simple. The most important factors were thought to be as simple as smiling, self-disclosure, and leaning forward. In addition, it appears as if general counselling process skills are central to clients' accounts of alliance formation, most especially SOLER attending skills, self-disclosure, prompts, reflecting back feelings and content, and providing verbal support. Nonetheless, the counselling environment was also understood to impact alliance formation and strengthening.

The identification of client-identified factors for alliance formation and strengthening may be a significant step toward the development of improved counsellor training methods. In particular, assuming these results are replicated in future controlled and prospective research, counsellor educators and supervisors should not only consider paying particular attention to the role of general counselling skills when fostering trainees' alliance-formation competence, but also devote attention to the counselling environment, expressions of positive affect and sentiment, and the tracking of general counselling process. In terms of which general counselling skills are to be emphasized in forming a solid counselling alliance based on our preliminary findings, educators and supervisors should be aware that SOLER attending skills, self-disclosure, reflections, and verbal support could be among the most effective means of facilitating the formation of a counselling alliance.

The results of this preliminary study point to intriguing variables that merit attention in future studies. For example, our findings suggest that alliance formation may actually begin before the counsellor formally meets the client, as the client appears to develop impressions based on the counselling environment and reception staff. As well, our results indicate that counsellors may not realize the potential relational consequences of repeatedly starting sessions late or not allowing clients extra time at the end of sessions.

In line with Bachelor (1995) and Mohr and Woodhouse (2001), our study also supports the conclusion that client understandings of the alliance may diverge notably from counsellor understandings. For example, current alliance theories (see Bordin, 1979; Luborsky, 1976) do not include the counselling environment as a potentially influential factor in impacting the counselling alliance. In addition, collaboration, considered fundamental by many alliance researchers (Horvath & Bedi, 2002), was only minimally acknowledged by the participants in this study, as only about 5% of all CIs elicited were interactional in nature. This may mean that clients envision alliance formation as primarily

due to the activity of the counsellor with only minimal additions from themselves, and this finding replicates the results of Bachelor (1995).

The results of the current study are compelling and underscore the need to fully investigate the process of alliance formation from the client's perspective. Our findings remain tentative, however, considering the inchoate nature of this study. Due to a small sample size, the numerical results may not be stable, although the quality of the elicited CIs and their categorization is expected to be more robust. To ensure that saturation is reached in terms of collecting the most comprehensive list of CIs, replication of this study with a larger sample size is necessary. Replication with a larger sample should also provide more trustworthy and comprehensive categories and more robust estimates of frequency.

It should be kept in mind that this research study provides only a preliminary catalogue of possible counsellor contributions from which to train counsellors in developing alliance-formation competence. Therefore, the information afforded by this research report should not be translated into a mere prescriptive checklist for counsellors to adhere to with each client. Aside from the need to confirm these results in more controlled and prospective research, considerable skill, adaptability, and appropriate timing is still involved in providing such facilitative behaviours and conditions. For example, counsellor self-disclosure—depending on timing, form, and content—can also serve as a detriment to the counselling process (see Derlega, Hendrick, Winstead, & Berg, 1991). As another example, based on clinical wisdom, individual and cultural differences exist in client levels of comfort with eye contact.

With these caveats in mind, only very cautious extrapolations should be made outside of the small sample of clients employed in this study. It also seems prudent at this stage to assume that the CIs we elucidated, and the resultant categories that were generated, might well be somewhat dissimilar from those drawn from samples representing populations other than the one we studied. Consequently, in the interest of comprehensiveness, future research should examine whether categories of alliance formation differ with age, ethnicity, gender, and counselling setting. The presenting issue brought to counselling by the client might also bear upon his or her perspective on what is important in alliance formation. For example, a client presenting with issues related to depression might endorse different CIs than would a client for whom substance misuse is a concern. Moreover, narrative analyses of the categories can assist us in understanding the nuances of how clients make sense out of these diverse factors. Such analyses could enlighten us to the reasons why these factors result in a quality alliance, and could clarify the specific contexts and conditions in which the factors are most significant.

As implied throughout this paper, and based on the results of this study, we propose that an important distinction is to be made between theory-driven activity geared toward outcome in general, and activity utilizing skills specifically geared toward alliance building. We refer to the former as *techniques* and the latter as *skills*, because the mechanical connotation of technical activity does not

readily fit into our understanding of relationship formation. An outcome-focused technique may, in some cases, appear similar to an alliance skill in its execution. However, the intent with which this activity is carried out is a key matter of importance in defining whether it is an outcome-oriented technique or an alliance-formation skill.

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