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Investigating the instruction of the therapeutic alliance in speech-language pathology clinical education

Lauren Brown

INVESTIGATING THE INSTRUCTION OF THE THERAPEUTIC ALLIANCE IN SPEECH-LANGUAGE
PATHOLOGY CLINICAL EDUCATION

by

Lauren Brown

A thesis submitted in partial fulfillment of the requirements
for graduation with Honors in the Speech Pathology and Audiology

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Anu Subramanian
Thesis Mentor

Spring 2019

All requirements for graduation with Honors in the
Speech Pathology and Audiology have been completed.

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Abstract

Purpose: The purpose of this study was to investigate the instruction of the therapeutic alliance in the graduate education of future speech-language pathologists.

Method: Surveys were created for graduate student clinicians and supervising clinicians consisting of three Likert scale questions and open-ended questions. T-tests were performed on the scaled questions and the open-ended questions were analyzed with thematic analysis.

Results: Graduate student clinicians reported being taught the therapeutic alliance less than clinical supervisors reported teaching it. Both populations emphasized the bond as an important aspect of the alliance with less emphasis on collaboration on goals and tasks of therapy. Modalities in which different skills were taught varied by population and skills.

Conclusion: Clinical supervisors agree that the therapeutic alliance is an important skill for students to learn and are currently implementing it in their teaching. However, the instruction of the therapeutic alliance may need to be more explicit in the future and emphasize more aspects and strategies to build an alliance.

Introduction

The therapeutic alliance is a common factor that has been found to predict positive outcomes across varying types of therapy. At the most basic level the therapeutic alliance is the overall relationship between a client and clinician. Often the therapeutic alliance is "thought of as a single construct that refers to the collaborative, healthy, and trusting relationship established between the client and clinician" (Plexico, Manning & DiLollo, 2010, pg. 334). More specifically, the therapeutic alliance was defined by Edward Bordin along "three features: consensus on goals, agreement on the tasks during therapy, and the affective bond between the clinician and the client" (Croft, 2018, pg.10). This alliance requires the client and clinician to work together. The therapeutic alliance is important to consider during therapy as "there is a large body of evidence suggesting that the therapeutic relationship or working alliance between the clinician and client is of primary importance to the outcome of therapy" (Plexico, Manning & DiLollo, 2010, pg.334). This alliance has been considered a key element of the therapeutic process and is important to study. While the idea of the therapeutic alliance began in psychotherapy and psychology literature focused on therapeutic outcomes, this topic is now being studied in speech-language pathology as well.

Although the therapeutic alliance is known to be important to therapy it is unknown how this alliance is taught in the clinical education of future speech-language pathologists. In the field of speech-language pathology there has been some research into the therapeutic alliance using graduate student clinicians as subjects. However, research on how graduate student clinicians learn to develop these alliances is minimal.

Clinical educators provide supervision to graduate student clinicians working and learning in the clinic to develop competencies required to become an SLP. Clinical educators

help student clinicians to apply their knowledge, develop critical thinking skills, and create new skills necessary for future professional work. Providing feedback, an informed appraisal of the student clinician's performance intended to improve their clinical skills, is a primary methodology in clinical education. Feedback is given to correct the student, reinforce behavior, or suggest changes to promote improvement in the student. Clinical educators and the feedback they give play an important role in the education of future speech-language pathologists. The current study will use survey methodology to identify methods by which students indicate they learn about developing the therapeutic alliance and clinical educators report teaching them. In addition, analyses of clinical educator feedback will be conducted to identify if written feedback is a method used to teach graduate student clinicians ways to build a therapeutic alliance.

The following section summarizes a variety of studies that focus on the development of the client-clinician alliance, especially related to speech-language pathology.

Plexico, Manning and DiLollo (2010) were among the first to consider the therapeutic alliance in speech-language pathology. They collected data to describe factors that clients who stutter thought contribute to successful or unsuccessful therapeutic interactions. Overall, effective clinicians were described as passionate and knowledgeable people who focused on the client's needs patiently. Ineffective clinicians were described as lacking understanding, acceptance and focused on the therapy more than the client. Ebert and Kohnert (2010) explored features that may contribute to the relative effectiveness of speech-language pathologists from the perspective of clinicians. The three features considered to have a large impact on treatment outcome and that respondents listed for most positively affecting treatment outcomes were: how well the clinician places therapy in a functional context, the clinician's rapport with the client, and the communication between the clinician and the client. The top three themes selected as

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most powerful for negatively affecting treatment outcomes were rapport, motivation, and communication with client. These research studies found that both clients and clinicians found the bond between them to be important for therapy, emphasizing the importance of the therapeutic alliance.

Sonsterud et al. (2018) and Sonsterud et al. (2019) aimed to explore the role of the therapeutic alliance within stuttering treatment and to evaluate whether the quality of the working alliance correlated with client preferences and treatment outcomes six months post-therapy. This was done through the administration of the Working Alliance Inventory (WAI) and a qualitative data set measuring the dimension of stuttering severity. Results indicated that the working alliance is highly relevant in the evaluations of treatment outcome with participants who rated the working alliance most positively early in treatment also experiencing the most positive outcomes 6 months post-therapy. There were positive associations found between WAI scores on task and goal and the Overall Assessment of Speaker's Experience of Stuttering (OASES). Researchers found that higher task scores were correlated with a reduction in anxiety. These results indicate that in stuttering treatment aspects of the therapeutic alliance, specifically agreement on task and goals impact treatment outcomes. Similarly, Croft (2018) examined the therapeutic alliances (TA) of graduate student clinicians and adult clients who stutter relative to perceived treatment outcomes. Croft (2018) found that clinicians closely associate the TA with treatment effectiveness and client progress while clients relate the TA most to outcome satisfaction. Croft (2018) found that coursework in stuttering and/or counseling did not predict TA strength. Overall, Croft (2018) found that the clinicians and clients had similar ratings regarding overall TA strength, however, the views of the alliance were unique to each person.

Gerlach and Subramanian (2016) investigated the use of bibliotherapy as a therapeutic tool for adults who stutter and as an educational tool for graduate students. Bibliotherapy is the process of reading, reflecting upon, and discussing literature to promote cognitive shifts in the way clients and clinicians conceptualize the experience of disability. Book discussions on the memoir Out With It were added into therapy sessions with clients directing the discussions. Afterwards data was collected in the form of semi-structure interviews for the clients and written questionnaires for the clients and clinicians and was qualitatively analyzed. Among the many themes identified, strengthening of the therapeutic alliance was noted by graduate students. In addition, both graduate students and clients reported that the bibliotherapy activity 'enhanced and focused discussion regarding the cognitive and affective components of stuttering'. Given that a component of a strong therapeutic alliance is consensus on the goals and activities for therapy, bibliotherapy activities were found to help graduate students build a therapeutic alliance with their clients.

Subramanian (2015) investigated the use of session outcome questionnaires with parents of children receiving early intervention to increase student clinician-client alliance. Results indicated that session questionnaires can be a valuable tool in clinical education and clinical practice. The questionnaires allowed for open ended discussions, individualized understanding of effective aspects of therapy, improved student self-evaluation skills, and increased parent participation. No direct correlation could be made between completing the questionnaires and building clinician-client alliance from this current study.

From all these studies in speech-language pathology we know that the therapeutic alliance is important for therapeutic success. Additionally, we know that students can develop these skills as graduate clinicians using bibliotherapy or session outcome questionnaires. Another

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way that students learn skills as graduate clinicians is through experience in a clinical setting and feedback given in response to those experiences. The Supervision, Questioning and Feedback (SQF) model of clinical teaching integrates supervision, strategic questioning, and meaningful feedback into clinical learning experiences (Barnum et al., 2009).

According to the ASHA practice portal on clinical education and supervision the most common teaching methods in clinical education include: deliberate practice, reflective practice, and the SQF model. Deliberate practice uses immediate, specific, and informative feedback, problem-solving and evaluation, and opportunities for repeated performance to improve and refine skills. Reflective practice emphasizes critical self-analysis, self-evaluation, problem solving, and the ability to modify one's behavior. The SQF Model integrates supervision, questioning and feedback into the learning experience. In all these methods feedback is a key technique to teach graduate students skills required to become independent clinicians.

In summary, there is a need to explore how graduate student clinicians learn to develop the therapeutic alliance with their clients and/or their caregivers. Croft (2018) stated that "the importance and role of the TA in the therapeutic process is not routinely integrated in the pedagogy of future SLPs". However, this alliance has been shown by previous research to be a common factor impacting speech therapy. Plexico, Manning and DiLollo found that clients thought that "effective clinicians build a trusting therapeutic alliance with their clients" (2010, pg.342). Current speech-language pathologists have stated that two of the features they find "more important to therapy outcomes than others" are "rapport and communication between client and clinician" (Ebert and Kohnert, 2010, pg.142). Both of these factors are associated with the clinician-client relationship. By analyzing how this alliance is taught, clinical education of graduate students in the field of speech-language pathology can be improved. This can also help

to improve the effectiveness of clinicians in therapy with clients. Research has shown that "an SLP student's ability to develop skills necessary for building strong TAs partly depends on his/her supervisor's ability to promote critical thinking, provide feedback, and evaluate performance" (Croft, 2018, pg.38). Therefore, surveying both clinical students and supervisors will provide a full view into learning/teaching of the therapeutic alliance.

By gathering data from graduate student clinicians and clinical supervisors and by analyzing written feedback given to speech-language pathology graduate students we aim to understand the process of the development of the therapeutic alliance. No study has been done to analyze the clinical education of the therapeutic alliance in speech-language pathology. Researchers have pointed to "the influence of clinical supervisors on the development of SLPs students' TAs" as something that "should be explored" (Croft, 2018, pg. 40). The purpose of this research is to discover how graduate students and clinical educators believe that students develop this alliance and compare that information to randomly selected feedback sheets filled out by supervisors for the students. The specific questions to be addressed include: (a) How often do graduate students report learning to develop a therapeutic alliance? (b) How do clinical supervisors report teaching the therapeutic alliance? and (c) Is written feedback a modality that is currently used to teach, reinforce or develop a therapeutic alliance?

Methods

Participants

      The participants included around 50 graduate student clinician and clinical supervisors in speech-language pathology. These participants were recruited from various speech-language pathology graduate programs across the nation via email and list serve postings. Inclusion criteria included (a) they are a graduate student clinician in a speech-language pathology program or a clinical educator in a speech-language pathology program working with at least two graduate students per semester and (b) they are open to responding to survey questions.

Procedure

      The graduate student clinician and clinical supervisor were each asked to complete separate written surveys. The survey questions are included in the appendix and include items on a 1-10 scale as well as open ended questions. They were also asked to send three consecutive feedback sheets that they have completed or that have been completed about them. After these surveys and sheets were collected the researchers blindly and separately analyzed these and compared later to prevent bias.

Analysis

      The surveys and feedback sheets were blinded and read by each investigator individually and preliminary remarks, in the form of meaningful units, were made. Each investigator separately analyzed these and upon completion the investigators compared, discussed their responses, and came to conclusions to prevent bias. From agreement on the meaningful units the investigators separately analyzed and came up with overall themes for each question and upon completion they compared, discussed their response, and came to conclusions to prevent bias.

Information gathered from the Likert scale questions on the supervising clinician surveys includes averages, medians, and range. This information was also computed from the graduate student clinician surveys. In addition, percentages were computed for the graduate student clinician surveys to determine what percent of feedback is verbal or written and if the feedback is regular or not.

Three questions question were compared between both the graduate student clinician surveys and the supervising clinician surveys by using a T-test. The first question addressed both the graduate student clinician and supervising clinician's understanding of the therapeutic alliance. Specifically, it is listed as "How confident are you in your understanding of the term 'therapeutic alliance?" The next question a T-test was performed on addressed the student and clinician's confidence in their ability to learn/teach the therapeutic alliance. Specifically, it is listed as "How confident are you in your ability to help students develop strong therapeutic alliances?" in the supervising clinician survey. It is listed as "How confident are you that you *know how (*or *will be able)* to develop a strong therapeutic alliance?" on the graduate student clinician survey. The last question that was analyzed with a T-test addressed the teaching/learning of the therapeutic alliance as it relates to clients. Specifically, it is listed as "I intentionally teach students about the therapeutic alliance as it relates to their client" in the supervising clinician survey. It is listed as "I have been taught about the therapeutic alliance as it relates to my client" on the student clinician survey. The T-test was used to determine if there is a significant difference between the two groups on their perception of education of the therapeutic alliance.

Lastly, multiple factors were intended to be analyzed using the feedback sheets from the supervising clinicians. The amount of therapeutic alliance feedback was to be counted on each

sheet as well as feedback on skills. Percentages were to be calculated to determine the quantity of these. Feedback mentioning clinician-client bond, agreement on goals, or agreement on tasks would be counted as feedback on the therapeutic alliance and all other feedback was to be counted as feedback on skills. Next, of the feedback given on therapeutic alliance the researchers planned to count the number of comments that are reinforcing the student clinician's behavior and the amount of feedback that is acting as corrective and percentages to compare these.

<p style="text-align: center;">**Results**</p>

Over the course of nine weeks, 49 responses total were received for the surveys. There were 22 responses to the graduate student clinician survey and 27 responses to the clinical supervisor's survey. In response to the final question on the surveys a total of 13 participants, three clinical supervisors and 10 graduate student clinicians, stated that they would send three consecutive feedback sheets to the researchers and included their emails. However, only a total of 11 feedback forms were emailed to the researchers following one reminder email from the principal researcher out of the expected 39 sheets from the 13 participants. Only three of these 11 feedback sheets fit the qualifications asked for by the researchers in the survey. One feedback sheet was an end of the semester feedback form, not a feedback form from a session. Seven feedback sheets were either not chosen from three consecutive sessions or were written by different supervisors. Therefore, with a very low amount of feedback sheets fitting the description of three consecutive sheets the researchers did not have a significant amount of data to analyze for the planned feedback sheet portion of the study.

Quantitative Data

Table 1: Clinical Supervisor Likert Data			
	Q1	Q2	Q3
Average	7.481481481	7.592592593	7.111111111
Range	10	8	10
Median	8	8	8
Standard Deviation	2.636582438	2.188418102	3.055050463

Table one presents the data collected from the first three questions on the clinical supervisor survey that were presented on a scale from 1 to 10. For question 1, "How confident are you in your understanding of the term 'therapeutic alliance'?" the average score was 7.48 with a range of 10, a median of 8 and a standard deviation of 2.64. For question 2, "How

<p style="text-align: center;">12</p>

confident are you in your ability to help students develop strong therapeutic alliances?" the

average score was 7.59 with a range of 8, a median score of 8, and a standard deviation of 2.19.

Lastly for question 3, "I intentionally teach students about the therapeutic alliance as it relates to

their client" the average score was 7.11 with a range of 10, a median of 8, and a standard

deviation of 3.05.

Table 2: Graduate Student Clinician Likert Data			
	Q1	Q1	Q3
Average	7.5	7.545454545	5.772727273
Range	7	6	10
Median	8	8	6
Standard Deviation	1.405770421	1.765469659	2.389098618

Table two presents the data collected from the first three questions on the graduate

student clinician survey that were presented on a Likert scale from 1 to 10. For question 1, "How

confident are you in your understanding of the term 'therapeutic alliance'?" the average score

was 7.5 with a range of 7 a median of 8 and a standard deviation of 1.4. For question 2, "How

confident are you that you *know how (*or *will be able)* to develop a strong therapeutic alliance?"

the average was 7.5 with a range of 6 a median of 8 and a standard deviation of 1.8. Lastly, for

question 3, "I have been taught about the therapeutic alliance as it relates to my client" the

average was 5.8 with a range of 10, a median of 6, and a standard deviation of 2.4.

Table 4: t-Test: Two-Sample Assuming Unequal Variances (Q1)		
	Variable 1	*Variable 2*
Mean	7.481481	7.5
Variance	6.951567	1.97619
Observations	27	22
Hypothesized Mean Difference	0	
df	41	
t Stat	-0.03142	
P(T<=t) one-tail	0.487542	
t Critical one-tail	1.682878	
P(T<=t) two-tail	0.975084	
t Critical two-tail	2.019541	

Table 5: t-Test: Two-Sample Assuming Unequal Variances (Q2)		
	Variable 1	*Variable 2*
Mean	7.592593	7.545455
Variance	4.789174	3.116883
Observations	27	22
Hypothesized Mean Difference	0	
df	47	
t Stat	0.083453	
P(T<=t) one-tail	0.466923	
t Critical one-tail	1.677927	
P(T<=t) two-tail	0.933846	
t Critical two-tail	2.011741	

Table 6: t-Test: Two-Sample Assuming Unequal Variances (Q3)		
	Variable 1	*Variable 2*
Mean	7.111111	5.772727
Variance	9.333333	5.707792
Observations	27	22
Hypothesized Mean Difference	0	
df	47	
t Stat	1.720515	
P(T<=t) one-tail	0.045959	
t Critical one-tail	1.677927	
P(T<=t) two-tail	0.091917	
t Critical two-tail	2.011741	

Tables four, five, and six display the data collected for the T-tests comparing the 1 to 10 scale questions, questions one, two, and three, presented to the graduate student clinicians and clinical supervisors. The p value for question two was 0.488. The p value for question three was determined to be 0.467. Lastly, the p value for question three was 0.046. With a p value of less

than 0.05 being the indicator of a statistically significant difference the p value of question three ("I intentionally teach students about the therapeutic alliance as it relates to their client" and "I have been taught about the therapeutic alliance as it relates to my client") was the only one to shown to be statistically significant. .

Questions 10 and 11 on the graduate student clinician survey addressed the regularity of feedback from their supervisors and the modality in which the feedback was given. For question 10 "Do you receive regular feedback?" 21 participants, 95.45% responded "Yes" while 1 participant, 4.55% responded "No". In response to question 11 "Is your feedback mostly written or verbal?" 8 participants, 36.36% responded "Written" while 14 participants 63.64% responded "Verbal".

Qualitative Data

The following tables include summaries of the themes, number of meaningful units and examples for each short answer question given to both groups. The researchers had an overall agreement on meaningful units of 69.9%.

Graduate Student Clinicians

Question 4: Graduate Student Clinicians: What aspects of alliance do you consider important in therapy?		
Theme	Number of Meaningful Units	Example
Trusting relationship with open communication and mutual respect	N=30	"I think that establishing a strong and trusting rapport early on in the relationship is particularly important in the clinician-client relationship"
Collaboration	N=5	"Equal partnership and participation"
Agreement on the goals of therapy	N=4	"Making sure you are on the same page as your clients in terms of the goals you are working on"
Clear treatment methods	N=1	"Ensuring that clients have a clear understanding of treatment methods"
Irrelevant	N=3	"Pointing the client to other resources"

Question 5: Graduate Student Clinicians: When thinking about your client with a strong therapeutic alliance, what strategies have you used to build this relationship with your client?		
Theme	Number of Meaningful Units	Example
Genuine interest in the client with active listening	N=18	"Asking questions about them, asking them how they are feeling, and asking them about their weekend before each session"
Humor/silliness	N=4	"Being silly with pediatric clients"
Creating a warm and reliable environment	N=8	"Making the clinic environment feel warm and inviting"
Increased collaboration within therapy	N=15	"Cooperative Learning"
Honesty	N=2	"Honesty"
Irrelevant	N=1	"Attending the client's IEP meeting"

Question 6: Graduate Student Clinicians: When thinking about your client with a weak therapeutic alliance, what strategies have you used to build this alliance?		
Theme	Number of Meaningful Units	Example
Genuine interest in the client with active listening	N=8	"Expressing a desire to learn their interests"
Focus on (re)building a relationship/rapport	N=4	"Making small steps toward a therapeutic alliance"
Increased collaboration within therapy	N=10	"Trying to get some "buy in" from him in regards to the therapy process by including him in the planning process"
Personal clinician attributes that help to build alliance	N=2	"Patience"
Patience and meeting the client where they are	N=3	"Meeting them where they are at"
Irrelevant	N=6	"Not sure"

Question 7: Graduate Student Clinicians: How or where have you learned most of your clinical skills? Technical skills		
Themes	Number of Meaningful Units	Examples
Research	N=2	"Research"
Coursework	N=12	"In coursework"
Supervisory interactions including modeling and feedback	N=7	"Supervisor feedback"
Observation	N=2	"Through observation"
Clinical Opportunities	N=9	"In clinic on a client-by-client basis"

Question 8: Graduate Student Clinicians: How or where have you learned most of your clinical skills? Client-clinician alliance		
Themes	Number of Meaningful Units	Examples
Coursework	N=6	"During our required counseling class"
Supervisory interactions including modeling and feedback	N=7	"Feedback from supervisor"
Personal life experience	N=5	"Past experience working with kids"
Clinical opportunities	N=10	"Experience this semester with clients"
Observation	N=3	"Observation"

Question 9: Graduate Student Clinicians: How or where have you learned most of your clinical skills? Professionalism		
Themes	Number of Meaningful Units	Examples
Personal life experiences	N=11	"Previous jobs I held before graduate school"
Clinical opportunities	N=6	"In clinic practicum"
Supervisor or role model interactions including modeling and feedback	N=7	"Identifying current supervisors as role models"
Coursework	N=5	"In class"
Department	N=2	"Through the department"

Question 12: Graduate Student Clinician: What is the main focus of the feedback you receive?		
Themes	Number of Meaningful Units	Examples
Strengths and Positive Reinforcement	N=11	"Reinforcement of things that I am doing well"
Overall areas of need/improvement	N=11	"Suggestions for improvement"
Technical Skills	N=12	"Refining intervention techniques and service delivery"
Communication with client	N=2	"Changes in the interaction and ways to speak to the client"
General Observations	N=2	"Things that happened in the session"
Critical Thinking	N=1	"Critical thinking"

Supervising Clinicians

Question 4: Supervising Clinician: What aspects of therapeutic alliance do you consider important in therapy?		
Themes	Number of Meaningful Units	Examples
Trusting relationship with open communication and mutual respect	N=31	"Developing a bond of trust and positive regard between the client and clinician"
Clear treatment methods	N=2	"To collaborate and cooperate on tasks"
Agreement/Collaboration including goals of therapy	N=10	"I think patient autonomy is incredibly important and each goal should be related back to what the client wants to work on in some fashion"
Irrelevant	N=9	"Reading non-verbal cues"

Question 5: Supervising Clinician: In your role as a supervising clinician, what do you think are the most important areas for students to learn, starting with the most important?		
Themes	Number of Meaningful Units	Examples
Client-Clinician rapport with open communication	N=18	"It is most important for the student-clinician to develop a bond of positive regard and trust with the client."
Developing trust and collaboration	N=9	"Once trust is established, collaboration on treatment will be more fruitful."
Client-centered therapy	N=4	"Individualizing all aspects of the therapeutic process to ensure active engagement of the client and family"
Reflecting on others and oneself	N=3	"Self-reflection"
Critical thinking/clinical decision making	N=5	"Clinical thinking/clinical reasoning"
Clinical/Technical skills	N=19	"Assessment interpretation"
Soft skills	N=3	"Soft skills"
Professionalism	N=3	"Professionalism"

Question 6: Supervising Clinician: How (what modality) do you (use to) teach students the following skills? Technical Skills		
Themes	Number of Meaningful Units	Examples
Modeling/Demonstration	N=14	"In person demonstration"
Feedback	N=12	"Feedback on performance"
Meetings/Discussions	N=10	"Group discussions"
Class and Resources	N=10	"Review from coursework"
Clinical Practice	N=8	"Hands-on practice"
Observations	N=3	"Observation"
Self-Reflection	N=4	"Guided self-reflection"

Question 7: Supervising Clinician: How (what modality) do you (use to) teach students the following skills? Client-Clinician Alliance		
Themes	Number of Meaningful Units	Examples
Modeling/Demonstration	N=14	"Modeling within session"
Discussions/Meetings	N=10	"Discussion including what questions to ask the client during an interview and how to prioritize goals based on what the client has said"
Feedback	N=8	"Peer feedback"
Self-reflection	N=5	"Guided self-reflection"
Coursework and Resources	N=8	"Pre-clinic class"
Practice	N=7	"Practice with clients/patients"
Not sure	N=1	"Not sure"

Question 8: Supervising Clinician: How (what modality) do you (use to) teach students the following skills? Professionalism		
Themes	Number of Meaningful Units	Examples
Modeling/Demonstrations	N=15	"Lots of modeling"
Coursework and Resources	N=12	"Review of ASHA Code of Ethics"
Discussions/Instructions/Meetings	N=15	"Discussions with students either one on one or in small groups"
Practice	N=4	'Practice with clients/patient"
Self-reflection	N=5	"Guided self-reflection"
Feedback	N=9	"Corrective feedback"

Other Visual Aids

      Figure one presents the themes and number of meaningful units stated by graduate student clinicians in response to question four: "What aspects of therapeutic alliance do you consider important in therapy?". Figure two presents the themes and number of meaningful units specified by supervising clinicians in response to question four: "What aspects of therapeutic alliance do you consider important in therapy?". Figure three presents a bar graph comparing the clinical supervisor and graduate student clinicians responses to question seven for supervisors ("How (what modality) do you (use to) teach students the following skills?- Client-clinician alliance") and question eight for student clinicians ("How or where have you learned most of your clinical skills?- Client-clinician alliance").
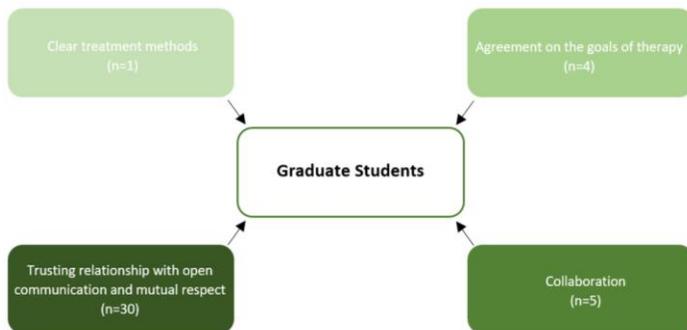
Figure 1: Graduate student clinician themes derived from question four
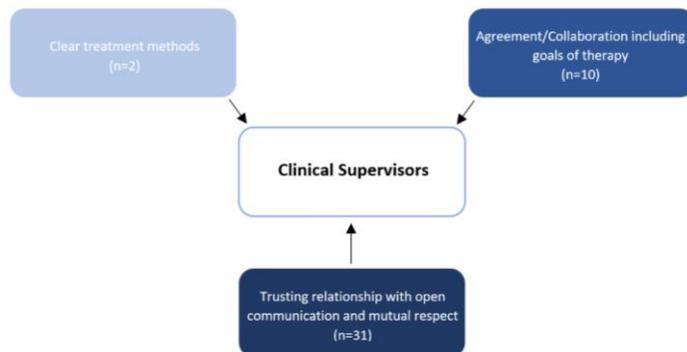
Figure 2: Clinical supervisor themes derived from question four

HOW IS THE THERAPEUTIC ALLIANCE TAUGHT/LEARNED?

Feedback
Coursework
Observations (modeling and demonstrations)
Discussions/Meetings
Clinical Practice
Personal Experiences
Self-Reflection

Clinical Supervisors: 8, 7, 10, 0, 14, 5, 10
Graduate Students: 7, 10, 6, 6, 3, 0, 0

Figure 3: Bar graph representing responses for supervising clinician question seven and student clinician question eight

<center>**Discussion**</center>

The main purpose of this study was to explore the instruction of the therapeutic alliance in the clinical education of master's students in speech-language pathology.

Quantitative data

The only statistically significant difference ($p < 0.05$) of 0.046 found between the two groups via T-test was on question three. This question had supervisors rate on a scale of 1-10 the statement "I intentionally teach students about the therapeutic alliance as it rela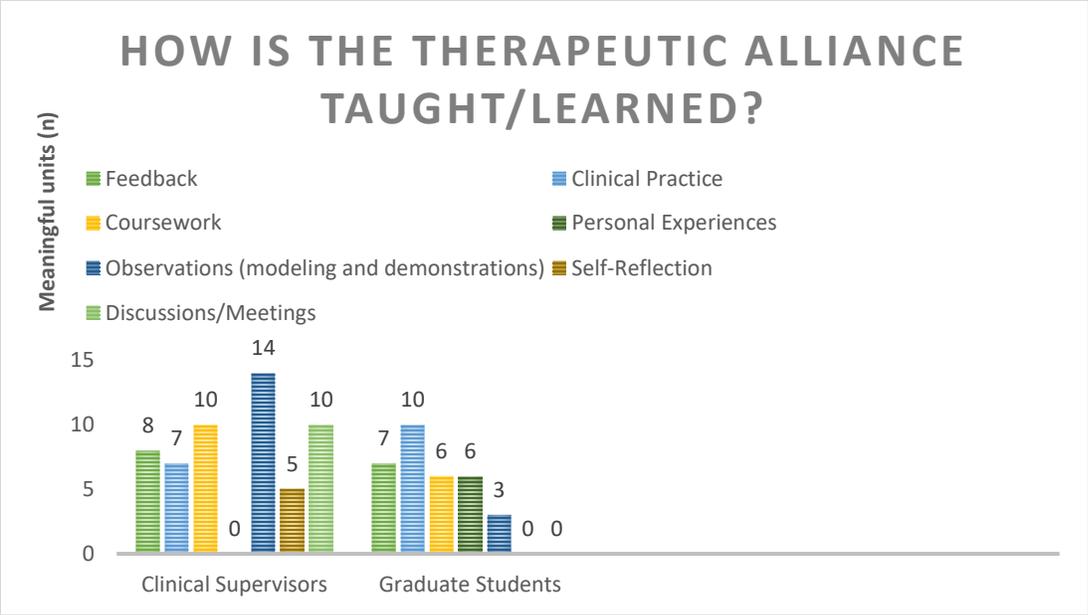tes to their client" and had students rate the statement "I have been taught about the therapeutic alliance as it relates to my client." Graduate student clinicians had a mean of 5.72 on this question as compared to clinical supervisors mean of 7.1. This difference indicates that overall graduate student clinicians feel as though they have been taught about the therapeutic alliance in relation to their clients less than clinical supervisors believe they have been teaching it. This is important as supervisors and students should be on the same page with what they are teaching and learning and therefore indicates that the instruction of the therapeutic alliance may need to be more explicitly taught.

Definition of the therapeutic alliance

Based on the numbers and themes in the tables reported in the 'results' section for question four, it is evident that graduate student clinicians and clinical supervisors agree that aspects of the therapeutic alliance include: a trusting relationship with open communication and mutual respect, agreement on the goals of therapy, and clear treatment methods. However, graduate student clinicians also emphasized collaboration as a theme with five meaningful units. This theme was different from the three aspects described by Bodin (bond, goals, and tasks) as this theme emphasized an environment of teamwork and equal participation and partnership in therapy overall rather than specifically agreeing on only goals and tasks. Some meaningful units

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for this theme included: trying to "meet the client where they are", "using client preferred activities", and "equal partnership and participation". Rather than explicitly coming to an agreement on tasks and goals these clinicians described structuring therapy in a way in which the client and clinician were working together as a team. Both populations emphasized the trusting relationship (bond) more than agreement on the goals of therapy and clear treatment methods as seen by the number of meaningful units (Supervisors: Bond= 31, Goals= 10, Treatment methods= 2 and Students: Bond= 30, Goals= 4, and Treatment methods=1). This is important to note when thinking about teaching and learning the therapeutic alliance because students can be taught to build an alliance using different methods. If the alliance is only considered to be a 'bond' it can be considered to be a personality characteristic that cannot be taught or learned. However, agreement on goals of therapy and tasks of therapy can be taught to students and are skills that are important to building a therapeutic alliance. Therefore, the themes produced from this question indicate that there may be a lack of complete understanding of the meaning of therapeutic alliance. Motivational interviewing, asking clients to provide feedback regarding their session experiences, and conversations regarding expectations of goals in the session or tasks of the sessions can all be used to build a therapeutic alliance.

Modalities of learning

The modalities through which technical skills, client-clinician alliance, and professionalism were reported to be learned and taught varied slightly between populations completing the survey. Graduate students emphasized coursework, clinical opportunities, and supervisory interactions in how they learned technical skills. Similarly, supervising clinicians

described using modeling/demonstrations, feedback, coursework, and clinical practice to teach. In addition, supervisors also emphasized meeting and discussions for teaching technical skills.

For the learning the alliance students highlighted clinical opportunities, supervisory interactions and coursework. Supervisors stressed teaching the alliance through modeling and demonstrations, discussions and meetings, coursework, feedback, and practice. Analysis of the meaningful units indicated that supervising clinicians emphasized teaching the alliance mostly through modeling to students how to build an alliance, discussing it, and providing feedback. Students emphasized learning the alliance through clinical opportunities such as experience with clients more than observing the alliance. This is significant as it indicates that perhaps students may need more practice and feedback to learn the alliance other than watching demonstrations or it could also indicate that students may not be aware of their supervisors modeling of the therapeutic alliance.

Students emphasized learning professionalism mostly outside of the clinic in personal life experiences but also discussed learning this skill through clinical opportunities, supervisory interactions, and coursework. Clinical supervisors emphasized teaching professionalism through modeling, discussions, coursework, and some feedback.

Overall, technical skills, the client-clinician alliance, and professionalism are all taught in similar modalities, however, are learned in varying ways. Supervising clinicians emphasized modeling and demonstrations as their most used modality to teach each skill, however, the modalities students used to learn varied depending on the skill. Students emphasized coursework for technical skills, clinical opportunities for learning the alliance, and personal life experiences for learning professionalism.

Graduate student specific outcomes

There were three questions specific to the graduate student clinicians on the surveys. These included questions six, seven, and 13. Questions six and seven asked students what strategies they use to build an alliance with their client for both clients they have a strong therapeutic alliance with and those they have a weak therapeutic alliance with. Themes with the most meaningful units that were common across both of those questions included genuine interest in the client with active listening and increased collaboration within therapy. Those with a strong alliance emphasized other themes such as creating a warm and reliable environment, humor, and honesty. Themes specific to strategies used for a client with a weak alliance included focusing on (re)building a relationship, personal clinician attributes, and patience and meeting the client where they are. These strategies used to build these alliances greatly relate to creating a bond or relationship between a client and a clinician whether through conversation, the environment, or a clinician's mindset or personality. Therefore, the main strategy graduate student clinicians currently use to build the therapeutic alliance focuses on building a relationship with their client. Considering that there are other ways to build the alliance than through creating a bond these results indicate that graduate student clinicians could benefit from learning other strategies to build the therapeutic alliance such as having more emphasis on collaborating on creating goals and deciding on tasks of therapy with their clients.

The other question that was specific to graduate student clinicians was asking about the main focus of the feedback they receive. The themes emphasized the most included strengths, overall areas of need and technical skills. Communication with the client only had two meaningful units contributing to that theme. This is significant as most students seem to not be receiving feedback from their supervisors on their therapeutic alliance with their specific clients

as a specific theme. However, students could be receiving feedback on the alliance under their strengths or areas of need. More information would be needed to shed more light on this topic.

Clinical supervisor specific outcomes

There was one question specific to clinical supervisors in the surveys. This question asked supervisors what they believe the most important areas for students to learn are. The themes that were mentioned most included clinical/technical skills and client-clinician rapport with open communication. This indicates that supervisors value building a bond, a piece of the therapeutic alliance, as much as students learning technical skills. This is important as supervisors understand the significance of the therapeutic alliance in therapy and will therefore include this skill in their teaching.

Limitations and future research directions

Given the qualitative nature and small sample size of this study, the results are specific to this particular group of clinical supervisors and graduate students. Consistent with all qualitative studies, it should not be assumed that these outcomes would generalize to all clinical supervisors and graduate students. The small sample size of the study also contributed to the researchers not being able to analyze feedback sheets as initially planned. This also could have been contributed to by the fact that only 36.36% of the graduate students responding to the survey received written feedback. With a larger sample size feedback sheets may have been able to be analyzed.

Other limitations include that the researchers may have some bias when creating themes based on their preexisting knowledge of aspects of the therapeutic alliance. This could have resulted in them categorizing meaningful units into themes previously seen in the literature.

Future steps from this research could include gathering a larger sample size to analyze feedback sheets from supervising clinicians or gathering data from dyads of students and supervisors to see how the therapeutic alliance is emphasized on both sides of a team.

Conclusions

Clinical supervisors agree that the therapeutic alliance is an important skill for students to learn and are currently implementing it in their teaching. However, the instruction of the therapeutic alliance may need to be more explicit in the future and emphasize more aspects and strategies to build an alliance.

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Appendix

<u>Questions for the supervising clinician</u>

How confident are you in your understanding of the term 'therapeutic alliance?

0   1   2   3   4   5   6   7   8   9   10

Not at all   Definitely

How confident are you in your ability to help students develop strong therapeutic alliances?

0   1   2   3   4   5   6   7   8   9   10

Not at all   Definitely

I intentionally teach students about the therapeutic alliance as it relates to their client.

0   1   2   3   4   5   6   7   8   9   10

Not at all   Definitely

What aspects of therapeutic alliance do you consider important in therapy?

In your role as a supervising clinician, what do you think are the most important areas for students to learn, starting with the most important?

How (what modality) do you (use to) teach students the following skills?

    Technical skills -

    Client-clinician alliance –

    Professionalism –

If you are willing, please email three consecutive written feedback forms that you have provided to students that we can analyze. You can email them to 'anu-subramanian@gmail.com'. If you are comfortable, please share your email address below, so we can follow up with you if we do not receive the feedback forms. This email address will not be used for any other purpose.

How confident are you in your understanding of the term 'therapeutic alliance'?

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not at all   Definitely

How confident are you that you *know how (*or *will be able)* to develop a strong therapeutic alliance?

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not at all   Definitely

I have been taught about the therapeutic alliance as it relates to my client.

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not at all   Definitely

What aspects of therapeutic alliance do you consider important in therapy?

When thinking about your client with a **strong t**herapeutic alliance, what strategies have you used to build this relationship with your client?

When thinking about your client with a **weak** therapeutic alliance, what strategies have you used to build this alliance?

How or where have you learned most of your clinical skills?

      Technical skills –

      Client-clinician alliance -

Professionalism –

Do you receive regular feedback?

Yes/No

Is your feedback mostly written or verbal?

Written/Verbal

What is the main focus of the feedback you receive?

If you are willing, please email three consecutive written feedback forms that have been provided to you that we can analyze. You can email them to 'anu-subramanian@gmail.com'. If you are comfortable, please share your email address below, so we can follow up with you if we do not receive the feedback forms. This email address will not be used for any other purpose.