The Effects of Therapeutic Alliance in Physical Therapy and Possible Transfer to Intervention in Speech Language Pathology:

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Abstract

Therapeutic Alliance (TA): The therapist-patient interactional and relational components at play in treatment delivery (Lawton et al, 2019).

Major Components of Therapeutic Alliance:
(1) the interpersonal bond
(2) the therapist-patient agreement in relation to goals of therapy
(3) the tasks assigned to each dynamic agent
(Taccolini Manzoni et al, 2018)

In this presentation, the techniques used within therapy sessions to strengthen therapeutic alliance between the physical therapist and client will be discussed along with current tools used to measure therapeutic alliance. Current perspectives on therapeutic alliance in speech language pathology will be discussed and compared to that of therapeutic alliance in Physical Therapy.

Introduction

Research suggests that in addition to biological processes, psychosocial factors heavily influence symptom presentation and prognosis (Kinney et al, 2018). For example, psychological factors that negatively influence chronic pain include depression, anxiety, and other psychiatric disorders (George and Benecuik, 2015). Additionally, cognitive factors such as insight and self-efficacy have been associated with improved prognosis for chronic pain (Edwards et al, 2016). As such, establishing a strong, positive Therapeutic alliance may be valuable for addressing the psychosocial influence of pain in patients with lower back pain (LBP) in the field of Physical Therapy (PT).

In mental health and physical rehabilitation settings, the quality of the therapeutic alliance has been associated with improved treatment outcome, adherence, and satisfaction (Taccolini Mazoni et al, 2018).

In PT, enhanced TA was due to active listening, empathy, and words of encouragement (Fuentes et al, 2013).

Therapeutic Alliance in Speech Language Pathology

During the 1960s, the field of Speech Language Pathology and audiology was given a narrow, technical base (Luterman, 2017). "Now that [Speech Language Pathology] is an independent profession with a solid core of research expertise and scientific credibility…it has been transforming into a more humanistic, family-oriented field that borrows heavily from psychology, social work, and family therapy (Luterman, 2017)."

Currently, there are limited studies on the effects of therapeutic alliance and its impact on therapy with people who have communication disorders. However, there are studies that focus on how to build TA with people with aphasia, for example (Lawton et al, 2019) and (Bishop et al, 2019).

To establish therapeutic alliance, one must first know how to. When seeking to build therapeutic alliance with brain injury patients, it is important to recognize that everyone is different (Bishop et al, 2019).

One study found that "Within brain injury rehabilitation, TA has been linked to enhanced functional status, productivity, self-awareness, and emotional regulation" (Bishop et al, 2019).

Measuring Therapeutic Alliance

Therapeutic alliance has been measured using the Working Alliance Theory of Change Inventory (WATOCI). WATOCI assesses qualitative therapist-patient interactional factors such as the affective bond between them.

The Working Alliance Subscale of the Pain Rehabilitation Expectations Scale (PRES): A self report, clinical intervention-specific tool developed to measure proxy efficacy, motivation/expectations, and working alliance for rehabilitation interventions in patients with LBP (Fuentes et al, 2014).

The Aphasia and Stroke Therapeutic Alliance Measure (A-STAM) is proven to be reliable and valid in measuring TA between people with aphasia and the clinician (Lawton et al, 2019).

State of Counseling Education in SLP Programs

- 40% of training programs offered a course in counseling within their department
- 36% offered a course outside the department
- 23% offered no course in counseling
- 70% of SLP's that took a course felt that counseling is a very important skill that should be offered within the program (Luterman, 2017)

"The goal of counseling is not to make people feel better, but to separate feelings from nonproductive behavior" (Luterman, 2017).

Conclusion

Evidence from physiotherapy education programs suggests that the inclusion of training and the concepts of TA in speech therapy could promote an improved patient-therapist relationship.

Patients' perceived differences in treatment responsiveness are likely related to the therapist's interpersonal skills rather than the appropriateness of the treatment.

The clinician can build therapeutic alliance with the client by listening to the client and establishing their needs within a therapeutic setting and sending appropriate messages by adhering to these needs.

There is limited research to determine the effects of therapeutic alliance on effective outcomes of speech therapy in communication disorders. Given positive outcomes in physical therapy, there is a rationale for pursuing research in TA and SLP practice.

References