Connecting over the Internet: Establishing the Therapeutic Alliance in an Internet-Based Treatment for Depressed Adolescents

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Abstract

Internet-based treatments have been developed for youth mental health difficulties, with promising results. However, little is known about the features of therapeutic alliance, and how it is established and maintained, in text-based interactions between adolescents and therapists in internet-based treatments.

This study uses data collected during a pilot evaluation of a psychodynamic internet-based therapy for depressed adolescents. The adolescents had instant-messaging chats with their therapists once a week, over 10 weeks. The adolescents also rated the therapeutic alliance each week, using the Session Alliance Inventory. The present study uses qualitative methods to analyse transcripts of text-based communication between the young people and their therapists. The aim is to identify and describe the key features of therapeutic alliance, and reflect upon the implications for theory and clinical practice.

Analysis identified three 'values' that may underpin a strong therapeutic alliance: togetherness, agency, and hope. A number of therapist techniques were also found, which seemed to create a sense of these values during text-chat sessions. These findings are discussed, alongside implications for future research.

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Connecting over the Internet: Establishing the Therapeutic Alliance in an Internet-Based Psychodynamic Treatment for Depressed Adolescents

Introduction

Therapeutic alliance is a term used to describe the affective bond between client and therapist, and the degree to which the dyad is engaged in collaborative purposive work (Hatcher & Barends, 2006). It is known to be an important pan-theoretical factor associated with treatment outcomes in face-to-face therapy (Wampold, 2015; Flückiger et al., 2018), including in the treatment of adolescents (Cirasola et al., 2021). A small body of research has begun to examine associations between alliance and outcome in internet-based therapies (Probst et al., 2019). However, less is known about the features and characteristics of therapeutic alliance in the context of internet-based programs, particularly for adolescents (Berger, 2017).

Research indicates a significant gap between need and provision of mental health treatments for young people worldwide (Rocha et al., 2015). Adolescents report many barriers to seeking help for mental health difficulties, including: stigmatization, concerns about the impact of accessing help on relationships with parents or peers, worries about confidentiality, and lack of service availability/capacity, leading to long waiting lists (Radez et al., 2021). The Covid-19 pandemic has exacerbated many of these challenges to accessing services, at the same time as levels of depression and other mental health difficulties grow among young people (Power et al., 2020). Data from England's Mental Health of Children and Young People Survey suggests that the prevalence of mental health difficulties in those aged 5-16 grew from 10.8% in 2017 to 16% in July 2020, and 44.6% of those aged 17–22 with probable mental health problems reported not seeking help because of the pandemic (Newlove-Delgado et al., 2021).

Internet-based psychotherapy is one option that can overcome barriers to treatment, as it can be accessed flexibly and remotely, addressing practical barriers such as transportation and time (Andersson et al., 2019). In what follows, 'internet-based' therapy is used to refer to therapeutic interventions that are accessed online from a computer or mobile device, and include self-help content such as text, audio, or

videos that are worked through by the client independently, sometimes with synchronous or asynchronous remote therapist support. Internet-based treatments are often free to access, and sometimes do not require the knowledge of parents/carers. Adolescents report valuing the accessibility of such interventions, and find internet-based therapies less embarrassing than face-to-face treatment, particularly for discussing stigmatised issues such as sexuality (Sweeney et al. 2019).

Internet-based interventions have shown promising results for young people with depression and anxiety. Three reviews have been conducted, and all found evidence that internet-based treatment is more effective than control conditions, though with varying effect sizes; Ebert et al. (2015) found significant moderate to large effects (g=.72); Christ et al. (2020) found small to medium effects (g=0.51); and Grist et al. (2019) found small effects (g = 0.45). Notably, the Ebert and Christ reviews only included internet-based CBT treatments (iCBT), whereas the Grist review also included treatments based on different models, including attention bias modification.

These reviews included both therapist-supported and unsupported internet-based treatments. One important question in this field is whether synchronous therapist support is beneficial for the effectiveness of internet-based treatments, and if so, to what extent. These reviews had mixed findings concerning the impact of therapist support on outcomes; Grist et al. (2019) found that internet-based treatments involving therapist support had larger effect sizes than fully self-guided treatments, though Christ et al. (2020) found no difference in effect size, and Ebert et al. (2015) did not evaluate the differential effectiveness of supported vs unsupported treatments. Since the intensity, frequency, and format of therapist support can vary substantially in internet guided programs, analyses that combine different types of therapist-supported programs may mask variation in effectiveness between them, and this may account for the inconsistent findings across the two reviews. Indeed, research into internet-based therapy with adult samples has found a positive correlation between *degree* (intensity, duration, frequency) of therapist support and client outcome (Johansson & Andersson, 2012), and guided internet interventions targeting depression seem to be superior to unguided, especially in the treatment of patients with moderate or severe depression (Karyotaki et al., 2021).

Whilst most internet-based treatments are based on CBT, internet-based psychodynamic treatments for adult depression have been developed and evaluated, showing promising

findings (Lindegaard et al., 2020). Most recently, a team of researchers in Sweden have developed the first psychodynamic internet-based treatment (iPDT) for adolescent depression. The program has been evaluated in two recent RCTs. The first, comparing iPDT to a minimally-supportive control, found a large between-group effect size (d=0.82) in favour of the treatment (Lindqvist et al. 2020). The second RCT compares iPDT to an iCBT treatment in a randomized clinical non-inferiority trial. Results are yet to be published (Mechler et al., 2020). Given this, researchers at the Anna Freud National Centre for Children and Families (AFC) in the UK have now translated the iPDT program into English and culturally adapted it for a British context, so as to implement a pilot feasibility study. This pilot found evidence of a decrease in young people's symptoms of depression, and an improvement in emotion regulation, at the end of the 10-week treatment. These outcomes were maintained at three month follow up (Midgley et al. forthcoming).

There is consistent evidence that a good therapeutic alliance can be developed in therapist-supported internet-based therapy (Hadjistavropoulos et al., 2017), and studies comparing this to face-to-face therapy have often found higher ratings of alliance in internet-based treatment (Hanley & Reynolds, 2009; Pihlaja et al., 2018). Though individual studies report variable findings, meta-analyses of the research on internet-based interventions for adults have found a positive correlation between therapeutic alliance and treatment outcome, similar to that seen in face-to-face therapy (Flückiger et al., 2018; Probst et al., 2019).

A small number of qualitative studies have examined the features of therapeutic alliance in internet-based therapy (Paxling, 2013; Schneider et al., 2016). These studies explore *how* therapists build and maintain an alliance when engaged in text-based interactions with clients. This is a critical question, since many of the techniques used in face-to-face therapy, such as body language and tone of voice, are not available when working through email or text-chat; therefore, therapists may need to employ different techniques and adapt their skills (Wood et al., 2021). However, no such qualitative studies have been conducted with adolescents, and those studies that have been done all concern iCBT. Schneider and colleagues' (2016) study of therapeutic alliance in iCBT identified a number of therapist behaviours, most of which were associated with the formal and practical aspects of the intervention, such as task prompting, flexibility concerning task deadlines, and psychoeducation; these are perhaps to be expected when one considers the CBT therapist's role in guiding the client through the treatment tasks and setting

homework. However, psychodynamic treatments typically suggest a different role for the therapist, such as helping the client to uncover unconscious processes, and working with the transference and counter-transference, or the appropriate use of transference interpretation (Levy and Scala, 2012; Ulberg et al. 2021). Therefore, it is possible that TSWs working on iPDT may use different techniques to build alliance than therapists delivering iCBT.

Furthermore, it is possible that the features of alliance in internet-based work with adolescents may be different than in adult samples, since adolescents are considered 'digital natives' who are often comfortable communicating and building relationships in a text-based online format (Resnikoff & Nugent, 2021; Park & Kwon, 2018). Indeed, research has suggested that many adolescents conduct their lives within sophisticated online worlds, and it may be important for therapists to understand and engage with this in order to form effective alliances during therapy (Pagnotta et al. 2018). Therefore, therapists may need to demonstrate a good understanding of the nature of online communication – including the use of 'text speak' or emojis – when working with young people in internet-based programs. Given this, research with adolescent samples is particularly valuable.

In summary, a large body of research from face-to-face therapy suggests that therapeutic alliance is associated with outcomes (Horvath et al., 2011), and the evidence so far suggests that this may also be true of internet-based treatments (Flückiger et al., 2018). Further research is required to explore the characteristics of therapeutic alliance in an internet-based format, and how it is built and maintained (Berger, 2017), particularly for adolescent samples, and not limited to CBT-approaches.

The current study therefore aims to identify the key features and characteristics of a good therapeutic alliance in a psychodynamic internet-based therapy for depressed adolescents. More specifically, the study aims to develop a rich description of therapeutic alliance, and critically reflect upon this, considering the implications for theory, clinical practice, and future research.

Methods

Study Design

173

174 This study uses data collected in a pilot evaluation of an English-language adaptation of

175 the therapist-supported psychodynamic internet-based treatment (iPDT) for adolescent

176 depression, developed by Lindqvist and Mechler in Sweden (Lindqvist et al., 2020;

177 Mechler et al. 2020) and adapted by researchers at the Anna Freud Centre in the UK

178 (Midgley et al. forthcoming). Reflexive thematic analysis was used to explore all text-

179 based communication between the young person and their Therapeutic Support Worker

180 (TSW) in a sub-sample of cases, including mid-week a-synchronous messages, and

181 transcripts of synchronous text-chat therapy sessions.

182

183 Ethical approval was granted by UCL Research Ethics Committee, reference 19095/001.
184

185 **Participants**

186

187 The total sample for the pilot from which the data for this study are taken include 23 (18

188 female, 5 male) adolescents, aged 16-18, experiencing depression, identified by a score of

189 10 or more on the Quick Inventory of Depressive Symptomatology – Adolescent version,

190 self-report (QIDS-A17-SR; Bernstein et al., 2010). Young people were informed about the

191 study through a range of routes, including communication from schools and

192 advertisements on social media. They self-referred to the study through accessing the

193 online therapy platform and completing a digital screening measure (QIDS-A17-SR),

194 followed by a screening phone call with a member of the study team. Eligible participants

195 then signed a digital consent form on the therapy platform, which included explicit

196 consent that text-chat therapy transcripts could be used for the purposes of research.

197

198 **Table 2:** Participant Demographics

Characteristic	N= 23
Age in years, n (%)	
16	6 (26.1)
17	7 (30.4)
18	10 (43.6)
Ethnicity, n (%)	
Black British	2 (8.69)
Different White Ethnic Background	5 (21.74)
Mixed Ethnic Background	4 (17.39)
White British	12 (52.17)
Geographical location, n (%)	
Large City	6 (26.08)
Smaller City	8 (34.78)
Countryside	9 (39.13)

199

200 This study took a sub-sample of 7 cases; 4 where the young person consistently rated the

201 therapeutic alliance as high, and 3 where the young person's ratings showed an improving

202 trajectory, according to their weekly reports on the Session Alliance Inventory (SAI; see

203 below).

204

205 To identify high or improving alliance cases, the sum of the weekly SAI rating was

206 calculated for each participant and all cases were plotted on a line graph to visualise the

207 trajectory of scores over time. The full range of the SAI is 0-30; in this pilot, weekly scores

208 ranged from 14-30, the standard deviation was 4.02. The mean alliance rating for the

209 whole sample showed an overall increase over time, with the highest mean seen in week

210 8 and a slight decrease in weeks 9 and 10 (see Table 1).

211

212

213

Week	2	3	4	5	6	7	8	9	10
Mean SAI Score	24.4	25.7	26.7	27.5	26.7	27.1	27.7	27.4	27

214

215 **Table 1:** Mean SAI score across the whole sample (n=23), from week 2 to week 10 of

216 treatment.

217

218

219 No cases showed a pattern of consistently low alliance, or a deteriorating trajectory, and

220 overall, the alliance ratings were generally high. This is consistent with other studies that

221 have found high client ratings of alliance in therapist-supported internet-based therapy

222 (Hadjistavropoulos et al., 2017; Hanley & Reynolds, 2009; Pihlaja et al., 2018).

223

224 In four cases, the participant had only rated the SAI once, so these cases were removed as

225 they provided insufficient data. Of the four cases that were removed, two of the

226 participants chose to leave the treatment after one or two weeks; one because starting

227 this treatment had made her decide to access face-to-face therapy. The other because she

228 found the quantity of reading too much to manage alongside schoolwork, so she had

229 decided to try mindfulness instead. The first participant scored the SAI only once, and

230 rated it 26, representing a high score. The second did not score the SAI at all. The

231 case was a participant who did not engage in treatment; they did not attend any chat-

232 sessions with their TSW or open any treatment modules; they never scored the SAI. The

7

final case was a participant who engaged a little with treatment, attending 3 chat sessions with the TSW and opening 2 of the 8 treatment modules; although this participant only rated the SAI once, she scored it 30, which is very high. It is unlikely that these young people dropped out of treatment due to a low therapeutic alliance, as they either did not engage with their TSW at all, or if they did, scored the SAI quite high and/or provided other reasons for leaving therapy.

From the remaining 19 cases, 4 cases were identified that showed consistently excellent participant-rated alliance throughout the whole treatment; in these cases, the participant almost always rated the alliance as '30', the highest score available. Additionally, 3 cases were identified that showed a poor alliance at the beginning of treatment (beginning with a score of around 15, representing some of the lowest scores in the whole set) but had an improving trajectory, ending with scores between 22 and 30. These 7 cases were chosen as the clearest examples of an excellent or growing alliance and were the focus of the qualitative analysis; all names attributed to these cases are pseudonyms (see Figure 1).

The remaining 12 cases showed a generally high alliance, with some small fluctuation up and down over the 10 weeks. For almost all of these cases, SAI scores were between 20 and 30 for the entire treatment.

Measures: The Session Alliance Inventory (SAI): patient-report

The SAI is a brief 6-item patient-report measure of therapeutic alliance (Falkenström et al., 2015). The SAI draws from Bordin (1979) and contains items reflecting on three aspects of alliance: goals, tasks, and bond. Half the items relate to the bond, and half to tasks and goals. For each item, the young person rates how much they agree with the statement on a 6-point Likert scale, from 0 (not at all) to 5 (completely). The questionnaire is designed to be administered each session during a psychotherapy treatment. The participants in this study completed the SAI weekly, not necessarily on the same day as the chat session with their TSW. The measure was completed digitally on the therapy platform, and participants received a weekly reminder by email, with a link to login and complete the questionnaire. Young people were informed that their TSW could not see their responses to the SAI.

Figure 1

Weekly SAI Score Across the 7 Cases
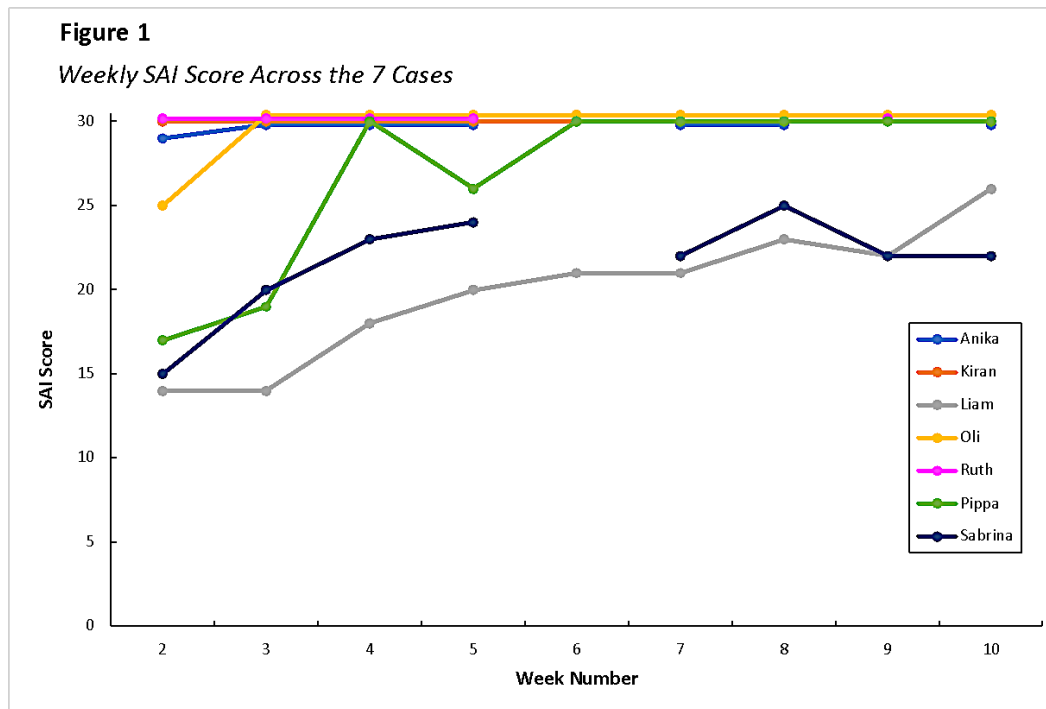
Figure 1: Participant ratings of the therapeutic alliance according to summed scores on the SAI, over weeks 2-10 of the treatment programme.

The Treatment Programme

The treatment programme is based on affect-focussed psychotherapy. The program consists of 8 online chapters; each chapter includes text, video, audio, and reflective exercises that the young person completes through a secure online platform over the course of 10 weeks. Each participant is assigned a Therapeutic Support Worker (TSW), and they use instant-messaging on the therapy platform to chat together for 30 minutes each week. The TSW also provides written responses to the young person's completed exercises on the platform and may check-in through mid-week messages. The TSW works to keep the participant engaged, provide encouragement, and support them to understand and reflect on the weekly material. A more detailed description of the treatment program is provided in Lindqvist et al. 2020.

Nine TSWs took part in this pilot (8 female, 1 male), and each TSW was paired with 2-4 young people. The TSWs were post-graduate students studying on psychoanalytically informed academic developmental psychology programs, all with some experience of working with children and young people. All TSWs attended introductory seminars to affect-focused dynamic psychotherapy learning more about theoretical assumptions and the practical work. Furthermore, they all attended a one-day training in iPDT organized

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292   by the treatment developers. All TSWs attended weekly group supervision with
293   experienced clinical psychologists specialized in affect-focused psychodynamic
294   psychotherapy.
295
296
297   ***Data Analysis***
298
299   Reflexive Thematic Analysis (RTA; Braun & Clark, 2019) was used to examine all text-
300   based communication between young person and TSW in the 7 cases. The analysis was
301   conducted by the first author, in discussion with authors NM, KL, JM, and LL. Each case
302   comprised transcripts of synchronous chat sessions, and mid-week asynchronous
303   message exchanges between the young person and their TSW; some of the mid-week
304   messages included just one message from the TSW and no YP response, whereas others
305   included a series of up to 6 messages exchanged between the TSW and YP. In total, 49 chat
306   transcripts and 70 mid-week messaging conversations were analysed, representing a rich
307   data set.
308
309   RTA is a flexible and theory-neutral approach to the analysis of qualitative data. RTA
310   allows the researcher to approach the data with an open mind, and to generate rather
311   than test theories, creating rich, context-specific, 'thick descriptions' (Geertz, 1973). Due
312   to its open and exploratory approach, RTA is valuable in the analysis of relatively
313   underexplored research areas. Further, RTA is open to both inductive and deductive
314   approaches to analysis (Braun & Clarke, 2020). For this study, analysis combined both a
315   bottom-up and top-down approach in order to remain open to new findings, whilst also
316   being informed by what is already known about therapeutic alliance in the context of
317   psychotherapy.
318
319   Analysis began with a process of data familiarisation, whereby each case in the 'high-
320   alliance' set was taken separately, and all data within that case read through twice,
321   including transcripts from chat sessions, and mid-week message exchanges between
322   young person and TSW. This process was then repeated for the 'growing alliance' cases.
323   Attention was paid to any characteristics consistently displayed in the high alliance cases,
324   and increasingly seen in the growing alliance cases. A list of key ideas was then written
325   and organised into codes which were applied to sections of text. This was an iterative
326   process which involved moving between data and the list of codes, in order to refine the
327   list such that it best fitted the data as a whole. The codes were then grouped together into

10

328   themes which tied together different codes, encapsulating their shared meaning. Finally,

329   the themes and codes were checked against other cases not included in the 'high alliance'

330   and 'growing alliance' sub-set, to see whether the themes identified as associated with

331   alliance were also apparent in the relatively lower alliance cases, and to note any

332   differences between these cases and those in the sub-sample. This led to the further

333   refinement of themes. Throughout this process, notes were made in a reflexivity journal,

334   enabling reflection on how the themes and their interpretation were inevitably influenced

335   by the subjective experiences of the researcher.

336

337   **Findings**

338

339   The analysis identified three themes, which are perhaps best understood as 'values' that

340   seemed to underpin a strong therapeutic alliance. These are: togetherness, agency, and

341   hope. Overall, these values were most exemplified in the consistently high alliance cases,

342   and it was possible to identify specific techniques that the TSWs used which seemed to

343   foster and maintain these values; these are described below, and illustrated in Figure 2.

344

345   In the growing alliance cases, the same overall themes and associated TSW techniques

346   were identified. In two of the three growing alliance cases, the TSW's *increasing* use of

347   these techniques over time corresponded with a growing alliance, suggesting that these

348   techniques may be important for building as well as maintaining an alliance. However, the

349   way the young people communicated in the growing alliance cases showed less

350   togetherness, agency, and hope overall.
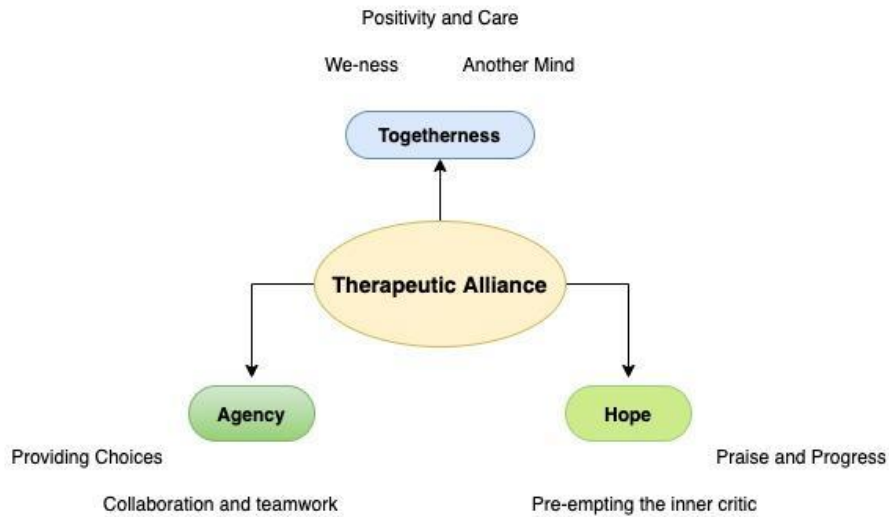
351

352   Given this, after describing and illustrating the three values and associated TSW

353   techniques, this section then goes on to describe varying patterns across the high alliance

354   and growing alliance cases, with focus on young people's communication.

355

356

357   **Figure 2**

358   *Key themes, and associated TSW techniques, identified in the data.*

Positivity and Care

We-ness   Another Mind

Togetherness

Therapeutic Alliance

Agency   **Hope**

Providing Choices   Praise and Progress

Collaboration and teamwork   Pre-empting the inner critic

359

360

361

362

363   ***Fostering a Sense of Togetherness***

364

365   This value captures the idea that despite the text-based nature of communication, there

366   was a sense of a real and caring relationship between the young person and TSW.

367

368   <u>*Another Mind*</u>

369

370   TSWs created a sense of themselves as a real person with a mind by referring to their own

371   mental states when communicating with the young person. Rather than asking a question

372   such as "how does this make you feel?' the TSWs tended to begin questions with phrases

373   such as 'I'm wondering' or 'I'm curious to know…'

374

375   *'Would I be right in thinking that these self-critical thoughts make you feel much worse?'*

376

377   This way of phrasing questions or comments drew attention to the TSW as a person on

378   the other end of the conversation, someone with mental states and interest in the young

379   person's experience. It also served to make communication gentle and tentative rather

380   than confrontational, and in this way invite the young person to reflect on their own

381   experience with curiosity and comment on the TSW's thinking.

382

383   <u>*Positivity and Care*</u>

384

385   TSWs also used explicit mental states language to express positive emotions in relation to
386   their work with the young person, such as feeling proud of the young person for the
387   progress they were making, happy for their achievements, or looking forward to the next
388   chat session. TSWs often used exclamation marks to express a sense of positivity and
389   enthusiasm in this regard, and some used 'smiley' emojis.
390
391   *'It was so nice to hear from you on Wednesday and I was glad to hear this week was feeling*
392   *a bit more manageable!'*
393
394   *'It sounds to me like you really want to do your best on these exams and I am really proud*
395   *that you are so keenly working towards achieving that! *☺* '*
396
397   Relatedly, TSWs explicitly referred to times when they had been thinking about the young
398   person between sessions, or referred back to conversations that they had had in previous
399   sessions.
400
401   *'I wish you all the best of luck for tomorrow. If you would like to, drop me a message to let*
402   *me know how it goes. I'll be thinking of you.'*
403
404   Again, this created a sense of there being a real person on the other end of the
405   conversation, who continues to exist outside of 'chat sessions', experiences the
406   relationship positively, and cares about and holds the young person in mind. It also
407   suggests that the TSW has genuine interest in the young person's life and cares about the
408   things that mattered to the young person.
409
410   *We-ness*
411
412   TSWs established that they are real people with minds and ideas, and this then made it
413   possible to foster a sense that the TSW and young person were working together as a
414   team, framing the tasks of therapy as a shared experience and collaborative endeavour.
415   TSWs used 'we-language' to reflect this.
416
417   *'This may need to be something that we return to together next week'*
418

13

In one case, a young person expressed that they were experiencing high anxiety during the chat session. The TSW suggested that they do an anxiety-regulation exercise together in that moment:

TSW: so there is a lot going on for you right now. I wonder if you would want to stand up with me and we can try some movement
Oli: ok
TSW: sometimes that can be quite helpful. We could stand up and shake out our bodies from side to side?
Oli: this is helpful
TSW: ok I am doing it with you!

The sense of we-ness emphasised to the young person that they were not alone; the TSW was working with them in that moment, and though physically distant, they were sharing an experience.

Promoting and Facilitating Agency

The high alliance chat sessions were characterised by a respect for, and facilitation of, the young person's agency. TSWs checked in with the young people and encouraged them to share their perspective and ideas, such that the two were working collaboratively as a team.

Collaboration and teamwork

TSWs actively created a space where young people had agency and felt able to contribute to the therapy – this enabled genuine teamwork, rather than positioning the young person as the passive recipient of the TSW's 'expertise'. The TSW worked *with* the young person and actively made suggestions, but emphasised that the young person was the expert on their experience.

'it sounds to me like when there's conversations about exams, you experience some difficult feelings, which triggers anxiety in your body [...] Does any part of this resonate with you? It might not and I would really like for you to correct me and think with me about this'

Here, the TSW offers an interpretation, but then checks to see how the young person experiences this and warmly invites them to disagree, emphasising that the TSW does not want to work alone, but rather would like the young person to actively participate by thinking alongside the TSW.

Providing choices

TSWs often began chat sessions by asking the young person what they wanted to talk about, and explicitly welcomed the young person's perspective throughout.

'I'm wondering if maybe we should focus a bit on the time in the week when you've noticed your anxiety and the bad headaches? Or would it be more helpful to work through some of the things on the inner critic? Whatever feels most helpful for you today!'

This meant that chat sessions were a place where young people were encouraged to exercise agency and take ownership over the conversation, and where TSWs actively sought to respect the young person's boundaries, and tailor the session to their needs.

Building Hope

The third value that characterised strong alliance cases was 'hope'. This encompassed a sense of moving forward towards goals and positivity for the future.

Praise and Progress

TSWs enthusiastically praised the young people, particularly in relation to their work in the programme. The praise was specific rather than vague, and the TSWs made explicit links between what the young person was being praised for and their progress, in order to help the young person recognise the ways in which they were improving.

'I was thinking about you today and reflecting on your progress you've made. In your worksheet you mentioned noticing the inner critic more, and trying to ignore it or tell yourself "it's not true, it's just the voice in my head." I think that's absolutely brilliant – 10 weeks ago you would have just believed that voice, and ended up feeling really bad about yourself. But now you're trying to notice that voice and challenge it – that's such a big step on the way to recovering from depression!'

15

491

492   Relatedly, TSWs sometimes summarised the progress that had been made at the end of a
493   chat session, in order to bring together the discussion and provide a sense of purpose and
494   productivity, so that the young person left feeling they had taken steps forward.

495

496   *'okay so it sounds like we have been able to identify two defences: self-critical thoughts and*
497   *withdrawing, which then contribute to depression. And we've thought about a recent*
498   *situation in which we can understand a bit more about your triangle of feelings. That really*
499   *gives me (and hopefully you!) a better understanding of what is going on for you. And I feel*
500   *really confident that we can continue to build on this and make some changes for you that I*
501   *hope can help with some of the goals that I remember you have recorded.'*

502

503   <u>*Pre-empting the inner critic*</u>

504

505   Many of the young people in the programme could be self-critical, and this could prevent
506   feelings of hope as young people were quick to see themselves 'failing' or not good
507   enough. TSWs worked to 'pre-empt the inner critic' as a way of maintaining the sense of
508   hope and positivity. When asking questions or suggesting tasks, TSWs were gentle,
509   creating a safe space where the young people felt it was ok to find tasks difficult or to not
510   complete them. TSWs praised the young people regardless of whether they were able to
511   answer a question or complete a task, and validated how difficult the work could be.

512

513   *'For this week we can try to acknowledge when a difficult feeling comes up and think about*
514   *how we might express it to others – even if you don't, the thinking part is more than enough!*
515   *I am aware that expressing it is not at all an easy thing to do and that might be too big a*
516   *step for right now.'*

517

518   In this way, TSWs seemed to build up the young person's self-efficacy, as well as prevent
519   the young person from feeling self-critical when things were difficult. This may have
520   helped the young people to remain motivated and engaged in the program, and to feel
521   safe enough to try things that were difficult.

522

523   **Patterns across the High Alliance and Growing Alliance Cases**

524

525   Overall, the three values of togetherness, agency and hope seemed to characterise a good
526   therapeutic alliance; they were seen most in the cases that showed high alliance from the

start, and increased over time across the 'growing alliance' cases. However, a closer look at the growing alliance cases reveals some more specific patterns, particularly when considered alongside participant's responses to items on the SAI. Half of the items on the SAI relate to 'agreement on goals and tasks' and the other half relate to the 'bond' between therapist and young person. The use of TSW techniques associated with agency and hope seemed to jointly map onto the tasks and goals items of the SAI, whereas the techniques associated with togetherness seemed to map onto the bond items of the SAI. This is illustrated below.

In one of the 'growing alliance' cases, the young person – Liam – rated the 'bond' items as relatively high from the start of therapy, but rated the 'tasks and goals' items as fairly low. Over time, Liam's weekly ratings of the tasks and goals items on the SAI increased. A sense of togetherness was very present throughout all the chat sessions for this case, but a sense of agency and hope progressively grew, as the TSW began to praise Liam more, making more explicit links between the work Liam was doing and the progress he was making, as well as beginning to ask Liam what he would like to focus on in each session. This seemed to be associated with particular improvement in responses to the 'tasks and goals' items.

TSW: Does any part of this resonate with you? I wonder what underlying difficult emotions might be triggering your anxiety

Liam: That seems to resonate, I'm just not sure what the emotions would be

TSW: I understand that emotions can be the challenging part [...] Perhaps working with the example of your anxiety around exams might be helpful. Is it okay to explore that a bit?

Liam: yeah!

TSW: I am wondering if you feel able to reflect on why it might be so important to you to perform well in these exams?

Liam: because I fear being embarrassed if I do much worse than my friends. I used to perform better than my friends at primary school, but I don't anymore, and that means a lot to me

TSW: It sounds like these feelings are associated with how you feel (and felt in the past) in relation to your peers. Thinking about the last time when you didn't do as well as your friends on the exams, what happened afterward? I am only asking questions to help us understand and get a clearer picture of what might be going on for you - do feel free to let me know if its uncomfortable to answer any of these.

The TSW uses the techniques associated with 'agency' – checking whether their suggestions resonate with Liam, asking whether it would be ok to explore a particular example, making explicit their own reasons for asking questions and encouraging Liam to say if he feels uncomfortable. As the TSW used these techniques associated with agency, and the others associated with the theme of hope, Liam's weekly rating of the items relating to goals and tasks increased, suggesting that he began to feel more confident in the goals and tasks of therapy. Liam also responded openly in the chat sessions, providing examples in response to the TSWs questions, and actively engaging, which again might reflect belief in the work and the program.

This pattern was seen in reverse in another of the growing alliance cases. Sabrina began by rating the bond items as low; this corresponded with low use of 'mental state language' from the TSW at the start of therapy, and increasing development of a sense of togetherness over time, as the TSW began to explicitly show more interest in the Sabrina's life and express more care, positivity and praise.

Sabrina: I've got an unconditional offer for my first choice uni, and I've got an interview with the art school next week!!!!!
TSW: Oh wow, that's so exciting! And congratulations on the unconditional offer Sabrina, that's fantastic news! Good luck for your interview next week too, let me know how it goes when we speak next week if you like ☺

As the TSW began to show enthusiasm and interest in Sabrina's life, Sabrina began to rate the bond items as higher each week on the SAI, suggesting that she began to experience the chat sessions as warmer and more caring over time.

However, these associations between aspects of alliance and the three values were not always so clear. In the third of the growing alliance cases – that of Pippa – the TSW appeared to be using all of the techniques associated with hope, agency and togetherness from the beginning of therapy, yet Pippa rated the alliance as fairly low at the start. This increased over time, though the TSW's way of engaging with the chat did not seem to change.

Whilst the TSW's patterns of communication did not appear to differ in Pippa's case, there were differences in how Pippa communicated as compared to the young people in the highest alliance cases. Overall, Pippa was 'quiet' and 'flat' in therapy; for most of the time,

she shared very little during chat sessions, replying with short answers, and had no pro-active ideas about how to engage with the treatment material.

TSW: Ok, shall we have a think together about this week's chapter?
Pippa: Yep.
TSW: I've read your worksheet responses but I haven't had a chance to reply to them yet. Well done for completing them. How did you find the chapter overall?
Pippa: it was good.
TSW: Ah, I'm really glad it was good. What did you find good or helpful about it, I wonder?
Pippa: The techniques were helpful.

Towards the end of therapy, Pippa had gradually begun to share more details about her life, and to 'come alive' in her communication. Pippa also began to sound more hopeful, although her depression scores remained high throughout treatment.

This contrasts with the young people in the high alliance cases, who seemed to show hope, agency, and engagement in therapy from the start.

Oli: I wrote down a few of my thoughts from this week beforehand to try and use this time more effectively. Am I ok to send that through to you now?

In these cases, the young people were enthusiastic and proactive; they came to chat sessions with ideas to discuss, reported on changes they had made between sessions, and had questions for the TSW. This gave the chat sessions a sense of hope, even when the young people were struggling or reported on difficult emotions. This is closely connected to the values of agency and togetherness, as these young people showed proactive engagement in therapy sessions and willingness to enter into a collaborative relationship with the TSW. These young people brought something of themselves to the chat sessions which made it possible to get a sense of who they were as a person, and to develop a relationship.

TSW: It is wonderful to hear that you have been feeling better this week! I wonder if you have been able to observe what's been going on internally that might hint to you what has changed?
Anika: Recently I've actually given a name to my inner critic. It really helps to completely separate it as if it's another, very rude person [...] haha it's kinda dumb, i've named her Doris. mainly because it makes me laugh so it feels less powerful

635   *TSW: I love that!! I hope in our last few weeks together we can continue to build up your*
636   *power against Doris!*

637

638   Anika reports on proactively and imaginatively engaging with the key ideas from
639   treatment, naming her inner critic and sharing this with her TSW. In doing so she shows
640   agency and motivation, as well as belief in the ideas of therapy and a hope for the future.

641

642   Overall, the young people in the high alliance cases appeared to communicate in ways that
643   were more hopeful, and that had a sense of togetherness, teamwork, and agency; this was
644   shown through their proactive and positive engagement with the material and explicit
645   appreciation of the work and of the TSW. In contrast, in the growing alliance cases, the
646   young people were generally less engaged and motivated, though this did appear to
647   change with time. Whilst there were clear differences in the young people's
648   communication, there appeared not to be any differences in the ways TSWs worked when
649   *building* as compared to *maintaining* hope. Overall, the same techniques associated with
650   the three values appeared to establish and maintain alliance in the high alliance cases, and
651   build alliance in the growing alliance cases.

652

653

654   **Discussion**

655

656   This study aimed to identify, describe, and critically examine the characteristics of
657   therapeutic alliance in a psychodynamic internet-based therapy for adolescents, from an
658   analysis of a sample of 'high-alliance' and 'growing-alliance' cases. This is the first
659   qualitative study to examine therapeutic alliance in an internet-based treatment with
660   adolescents.

661

662   From a qualitative analysis of the 7 cases, it was possible to identify 3 closely interlinked
663   values: a sense of togetherness, agency, and hope. These values were most present in the
664   'high alliance' cases, and increasingly present in the 'growing alliance' cases, suggesting
665   that they may be 'ingredients' of a strong therapeutic alliance. These three core values
666   seemed to be associated with specific TSW techniques, and appear to map onto the three
667   aspects of therapeutic alliance measured in the SAI: goal, tasks, and bond (Bordin, 1979).

668

669   The sense of togetherness – particularly emphasised through the TSWs' use of mental
670   states language - maps onto the idea of the alliance as a bond consisting of mutual good

feelings between the young person and therapist. By explicitly reflecting on their own mental states, the TSWs created a sense of themselves as a 'real person' who cared about the young person, and in doing so made it possible for a relationship to develop. The importance of emphasising the therapist's own subjectivity for establishing a sense of we-ness and collaboration has been identified in other key writings on alliance (Safran & Muran, 2000).

Taken together, the values of hope and agency map onto the idea of agreement on goals and tasks of therapy; agency involved young people taking an active role, and TSWs invited the young person's perspective and encouraged them to shape chat sessions towards their goals. Similarly, hope involved TSW's emphasising and praising young people's progress towards these goals, which may have built young people's confidence in the tasks of therapy, and made them feel motivated to take on these tasks.

In the literature, questions have been raised about whether Bordin's conceptualisation of the alliance 'fits' with internet-based interventions, given that therapist and client never meet, perhaps making it difficult to form a bond, and because structured online programs may provide less flexibility to negotiate goals than would be the case in face-to-face therapy (Gómez Penedo et al., 2019). However, in this particular programme, young people spent more time communicating with their TSWs than is typically the case for internet-based interventions, including synchronous chat sessions as well as mid-week messages. Furthermore, unlike fully self-guided treatments, the high level of therapist support possibly allowed for the treatment material to be personalised and adapted to the young person's situation. This may explain why a theoretical model of alliance developed for face-to-face therapy appears to apply to the data analysed here, and points to the importance of specifying intensity and format of therapist support when considering therapeutic alliance in internet-based therapy (Berger, 2017).

The findings of this study align with other research that has identified the importance of hope and agency in psychotherapy. Theoretical work has suggested that hope and agency are closely related, since one key component of hope is 'agency thinking', including the perceived capability to derive pathways to desired goals and to motivate oneself to use those pathways (Snyder, 2002). Therefore, it seems sensible that the values of hope and agency jointly map onto the 'goals and tasks' items of the SAI. This has also been studied empirically; in a case study of psychodynamic psychotherapy, Leibovich and colleagues (2020) found that the use of 'growth facilitating techniques' (which are collaborative,

empower clients, and build on their strengths), can instil hope, resulting in a stronger alliance and better client outcomes.

The data showed that in the growing alliance cases, the young people seemed less hopeful at the start of treatment – in one case this seemed to be regardless of therapist techniques. This suggests that there may be pre-treatment factors not identified here which impact how likely or ready the young person is to form a strong alliance. This is unsurprising; a large body of research from face-to-face therapy has explored factors that influence therapeutic alliance beyond techniques that therapists use. These include the client's expectations of therapy, attachment, trauma history, interpersonal functioning, symptom severity, and personality (Elvins & Green, 2008; Levin et al., 2012). Recently, research into mechanisms of change in psychotherapy has highlighted the need to distinguish between trait-like (between-individuals variance) and state-like (within-individual variance) components (Zilcha-Mano & Webb, 2021; Zilcha-Mano et al., 2018). Regarding therapeutic alliance, it may be important to disentangle individuals' baseline trait-like factors - such as attachment security or interpersonal style - from genuine changes in state-like components that influence therapeutic alliance over the course of therapy.

One pre-treatment factor which may influence a young person's hopefulness, expectations, and readiness to form a therapeutic alliance, is epistemic trust: defined as the individual's openness to the reception of social knowledge that is regarded as trustworthy, personally relevant and of generalizable significance (Fonagy et al., 2019). In this study, TSWs created a sense of themselves as another mind working alongside the young person, and some of their communication in this regard can be considered 'explicit mentalizing'; i.e., explicitly thinking of self and others in terms of mental states (Bateman & Fonagy, 2010). Fonagy and Allison (2014) have argued that the "mentalizing therapist" can improve the client's experience of social relationships and serve to lessen hypervigilance, leading to increased epistemic trust. This may enable the client to begin to believe in the tasks and goals of therapy, and consequently feel more hopeful and motivated to implement changes. Knapen (2020) suggests that epistemic trust may be measurable both as a client disposition and as a characteristic of the therapist-client encounter. In this sense, it may be valuable to measure between-client differences in baseline epistemic trust as a trait-like pre-treatment factor that may be predictive of therapeutic alliance, but also to measure within-client state-like differences in epistemic trust over time, that may change as a result of therapist techniques, and correlate with gradual improvement in the therapeutic relationship.

Therefore, it is possible that the value of 'togetherness' is related to therapeutic alliance in two ways. First, by using 'mental states language' the TSW creates a sense of themselves as a real person who can enter into a caring and collaborative relationship with the young person, thus growing the 'bond' aspect of therapeutic alliance. This may be particularly important in text-based therapy, where the young person cannot infer anything about the therapist's mental states from body language or voice, so these need to be explicitly stated. Second, through explicitly mentalizing the young person, the TSW may help to grow the young person's epistemic trust, leading to greater belief in the personal relevance of the goals and tasks of therapy.

Limitations and Future Directions

This research has some limitations. First, although hope, togetherness, and agency were identified as present in the high alliance cases and increasingly present in the growing alliance cases, it is not possible to say whether these values and associated therapist techniques are causally related to therapeutic alliance. In other words, it is not clear whether the use of various techniques by the TSWs had any impact on building or maintaining a strong alliance, or whether other factors not identified here were of greater importance. Given this, the next stage of this research would be to identify cases where there was a consistently low or decreasing alliance, and to analyse these; no such cases were seen in this sample. This would help to explore whether low or decreasing alliance cases are characterised by the absence of hope, togetherness and agency, or whether there are specific therapist behaviours that tend to associate with a poor alliance. Further, this analysis focussed on a subset of 7 cases; arguably, the findings reported here would be strengthened if all 23 cases had been analysed in depth.

Relatedly, the data seemed to suggest that some young people are 'ready' to form a therapeutic alliance from the start of therapy, whereas others may take more time, even when their TSW uses the same techniques. An important question for future research will be to see if it is possible to identify differences in pre-treatment trait-like components that characterise these two groups of participants, and to distinguish these from state-like components that reflect within-client processes of change over the course of therapy, and which may contribute to growth in therapeutic alliance over time (Zilcha-Mano & Webb, 2021; Zilcha-Mano et al., 2018). In this regard, there is some indication that epistemic trust might be a fruitful avenue of research.

23

Many measures have been developed for assessing therapeutic alliance in face-to-face therapy, and recently researchers have begun adapting these for various internet-based interventions (Berry et al., 2018; Gomez Penedo et al., 2019; Miloff et al., 2020). Given the different forms that internet-based treatments can take, it is possible that different measures will be more suited to different programs. However, to date, no alliance measures have been adapted for internet-based therapies where client and therapist engage in synchronous text-chat. Given this, the findings of this research provide rich data and ideas for future studies which seek to adapt existing measures of alliance for an internet-based text format.

Finally, the findings of this study are of practical clinical value. Research has identified a need for specific training for therapists working in internet-based programs, particularly with regard to establishing a therapeutic alliance (Wood et al. 2021). Future training in iPDT provided to TSWs could involve specific guidance on how to form a therapeutic alliance with young people, focussing on the values and techniques identified in this study.

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