Ability to foster and maintain a good therapeutic alliance

Work with children and young people often incudes work with their families and/or carers, as part of an integrated intervention or in the form of a parallel treatment. As such, each party is potentially the ‘person’ referred to in this document.

Understanding the concept of the therapeutic alliance

An ability to draw on knowledge that the therapeutic alliance is usually seen as having three components:

- the relationship or bond between the therapist and the person
- consensus between the therapist and the person regarding the techniques/methods used in an intervention
- consensus between the therapist and the person regarding the goals of an intervention

An ability to draw on knowledge that all three components contribute to the maintenance of the alliance

Knowledge of therapist factors associated with the alliance

An ability to draw on knowledge of therapist factors that increase the probability of forming a positive alliance:

- being flexible and allowing a person to discuss issues which are important to them
- being respectful
- being warm, friendly and affirming
- being open
- being alert and active
- being able to show honesty through self-reflection
- being trustworthy

Knowledge of therapist factors that reduce the probability of forming a positive alliance:

- being rigid
- being critical
- being distant
- being aloof
- being distracted
- making inappropriate use of silence

Knowledge of individual factors associated with the alliance

An ability to draw on knowledge of individual factors that affect the probability of forming a positive alliance, for example:

- interpersonal issues (e.g. a person assuming that the therapist will dismiss their perspective)
- involuntary presentation (e.g. sectioned under the Mental Health Act, or attending because of external pressures)
- issues related to substance misuse
- service-related issues (e.g. previous negative experiences)
cultural factors (e.g. cultural expectations about who should be involved in any intervention)

influence of family or carers and peers (e.g. families or carers who encourage or discourage a child or young person from maintaining contact with services, or peers who stigmatise them for having treatment)

Capacity to develop the alliance

An ability to listen to a person's concerns in a manner that is non-judgemental, supportive and sensitive, and which conveys an accepting attitude when they describe their experiences and beliefs

An ability to validate a person's concerns and experiences

An ability to ensure a person understands the rationale for the intervention being offered

An ability to gauge whether a person understands the rationale for the intervention, has questions about it, or is sceptical about the rationale, and to respond to these concerns openly and non-defensively to resolve any ambiguities

An ability to help a person express any concerns or doubts about the planned intervention and/or the therapist, especially where this relates to mistrust or scepticism

An ability to help a person form and articulate their goals for the intervention, and to gauge how similar these are to those of the therapist

Capacity to understand a person's perspective and ‘world view’

An ability to comprehend the ways in which the person characteristically understands themselves and the world around them

An ability to hold a person’s world view in mind throughout the course of an intervention and to convey this understanding through interactions with the person, in a manner that allows them to correct any misinterpretations

An ability to establish a person’s point of view by exploring their position in an open and accepting manner, taking their concerns at face value and suspending any tendency to disbelief

An ability to hold a person’s perspective in mind while gathering all relevant information in a sensitive manner

An ability to hold a person’s world view in mind, while retaining an independent perspective and guarding against colluding with them

Capacity to maintain the alliance

Capacity to recognise and to address threats to the therapeutic alliance (‘alliance ruptures’)

An ability to recognise when strains in the alliance threaten the progress of an intervention

An ability to deploy appropriate interventions in response to disagreements about tasks and goals, and to:

check that the person understands the rationale for the intervention, review this with them and clarify any misunderstandings

judge when it is best to refocus on tasks and goals that the person sees as relevant or manageable (rather than keep exploring issues that lead to disagreement)

An ability to deploy appropriate interventions in response to strains in the alliance between the therapist and the person, for example:
<table>
<thead>
<tr>
<th>for the therapist to give and ask for feedback about what is happening in the here-and-now interaction, in a manner that invites exploration</th>
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<tbody>
<tr>
<td>for the therapist to acknowledge and accept responsibility for their contribution to any strains in the alliance</td>
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<tr>
<td>when the person recognises and acknowledges that the alliance is under strain, an ability (when appropriate) to help the person make links between the current difficulties and their usual style of relating to others</td>
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<tr>
<td>to allow the person to express any negative feelings about their relationship with the therapist</td>
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<tr>
<td>to help the person explore any fears about expressing negative feelings about their relationship with the therapist</td>
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