Adolescents versus Adults: The Relative Importance of the Therapeutic Alliance in Psychotherapy for Depression and Anxiety

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ABSTRACT

Adolescence is a life stage characterized by rapid and complex developmental changes which are distinct from childhood and from adulthood. Therefore, the mental health needs of adolescents are also expected to be different from other populations (Whitmarsh & Mullette, 2009). More research in the area of psychotherapy shows that a key predictor of successful therapy outcome is the strength of the relationship between the client and the mental health provider, or the so-called therapeutic alliance (TA) (Bordin, 1979; Duff & Bedi, 2010; Manning, 2010). This may be even more important, however, with adolescents. Research shows that their initial expectations from therapy may not be very well formed. Therefore, youth-focused mental health services need to ensure a positive early experience in order to safeguard early intervention effectiveness and prevention of disorder relapse (Watsford & Rickwood, 2014). Forming alliances with adolescents is challenging and subject to bias from the counselor, who, research suggests, may overestimate the strength of the therapeutic alliance (Auerbach et al., 2008). This problem might be solved by deliberately securing regular feedback from the youth on their evaluation of symptom change and the functioning of the alliance. Our study set to determine if there are differences between the relative importance of the TA in adolescent psychotherapy and adult psychotherapy for clients presenting symptoms of anxiety and depression, while also considering other variables.

OBJECTIVE

The purpose of the current study is to compare the relationship of therapeutic alliance to change in symptoms of anxiety and depression in adolescents compared to adults. Other similar variables were compared as well.

METHOD

Subjects. Clients coming for counseling at a network of Christian-based counseling centers (administered by Richmont Graduate University) in the Atlanta and Chattanooga areas. From a total N of 1,826, clients identifying age ranged: 504 adults and 150 adolescents between 12 and 19 years of age, with females outnumbering males by more than two to one. Clients were not required to identify their ethnicity. Over 60 therapists are included in the data set.

Procedure. In sessions after the first, clients are asked to complete a one-page checklist of asking about how these symptoms have been across the past two weeks. Three items assessing the therapeutic alliance are also included. A separate form is used with adolescents in an attempt to express the items in more age-appropriate ways. Parental permission was obtained for the adolescents as was individual permission for all who filled them out. This data is then collated per client, therapist, and across all centers.

Instrument. The survey consists of empirically derived items, scored on a 5-point Likert scale, selected from those available from A Collaborative Outcomes Research Network (ACORN). These include touching on major mental health symptoms, school and social functioning, and negative religious coping (for those expressing religious beliefs). In addition, 3 items address therapeutic alliance.

RESULTS

<table>
<thead>
<tr>
<th>Group Statistics</th>
<th>Age of Client in Number of T A</th>
<th>Mean</th>
<th>SD Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in Symptom score</td>
<td>Adolescents</td>
<td>150</td>
<td>−.1888</td>
</tr>
<tr>
<td>Adults</td>
<td></td>
<td>100</td>
<td>.1208</td>
</tr>
<tr>
<td>Therapeutic alliance scale score</td>
<td>Adolescents</td>
<td>127</td>
<td>−.1780</td>
</tr>
<tr>
<td>Adults</td>
<td></td>
<td>100</td>
<td>.1410</td>
</tr>
<tr>
<td>Change in Religious Coping Score</td>
<td>Adolescents</td>
<td>92</td>
<td>−.1114</td>
</tr>
<tr>
<td>Adults</td>
<td></td>
<td>100</td>
<td>.1110</td>
</tr>
<tr>
<td>Change in Daily Functioning Score</td>
<td>Adolescents</td>
<td>100</td>
<td>−.1776</td>
</tr>
<tr>
<td>Adults</td>
<td></td>
<td>100</td>
<td>.1776</td>
</tr>
<tr>
<td>Change in Social Functioning score</td>
<td>Adolescents</td>
<td>100</td>
<td>−.2067</td>
</tr>
<tr>
<td>Adults</td>
<td></td>
<td>100</td>
<td>.2067</td>
</tr>
</tbody>
</table>

T Tests for Independent Groups to Compare Adolescent and Adult Outcome on These Variables

For all variables except Therapeutic Alliance, there were no significant differences between the adolescent and adult groups. However, for Therapeutic Alliance, assuming equal variances, t = 8.01 (p < .001), df = 68, equal variance not assumed, t = 5.7 (p < .001), df = 156.58.

CONCLUSIONS

The Therapeutic Alliance Score for adolescents (M = 37) is significantly higher than for adults (M = 38) at the p < .001 level, showing that adolescents report significantly less satisfaction with their relationship with their counselors than adults do. Interestingly, this difference in relationship did not yield a diminished treatment outcome, as ratings of symptom improvement, particularly anxiety and depression, were not notably different. The same held true for other measure of improvement.

FUTURE RESEARCH CONSIDERATIONS

Both adolescents and adults fared similarly in therapy, as reflect by symptom change, in spite of a lower TA for adolescents. Considering these results, future research should focus on:

- Identifying other factors which are influencing positive symptoms change with adolescents in psychotherapy
- What other than the TA might account for change in adolescents
- Would a stronger TA with adolescent clients translate into better psychotherapeutic results?

REFERENCES


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This poster may be accessed at: www.richmont.edu/research