

MANUAL OF
CALIFORNIA PSYCHOTHERAPY ALLIANCE SCALES
(CALPAS)

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INTRODUCTION

The California Psychotherapy Alliance Scales, CALPAS, form a set of inventories purporting to measure the alliance in psychotherapy. The alliance can be assessed from three points of view; the patient, the therapist, and clinical raters. The three versions of the CALPAS are composed of four scales: Patient Working Capacity (PWC); Patient Commitment (PC); Working Strategy Consensus (WSC); and, Therapist Understanding and Involvement (TUI). These four scales address the separate contributions of patient and therapist to the alliance, as well as their mutual agreement on the working strategies and goals to adopt in therapy.

To complement these alliance scales, scales reflecting the distorted aspects of the patient's relationship to the therapist (i.e., transference) are also provided in this manual: (a) Patient Hostile Resistance; and (b) Patient Overtly Positive Reaction (see Appendices B and C).

The patient self-report version, CALPAS-P, is composed of 24 items, each rated on a 7-point Likert-type scale (Appendix A). Each of the four alliance scales (PWC, PC, WSC, and TUI) contains 6 items, three positive and three negative. The therapist version, CALPAS-T, consists of 24 items rated on a 7-point scale (Appendix B). The CALPAS-T contains items which closely parallel those of the patient version. Both patient and therapist complete the CALPAS after completing a therapy session. The rater version, CALPAS-R, is rated in two steps. First, raters review recordings of a therapy session (half hour, or whole hour), and take note of their clinical observations on the working sheets. After completing the review of the recorded material, raters indicate on a 7-point scale the degree of occurrence of each of the 24 items (Appendix C).

DEFINITIONS

Patient Working Capacity

Sterba (1934) was the first author to write about the patient's ability to work in analysis as one of the essential ingredients of a successful treatment. In 1937, Freud wrote that the analytic situation consists of allying the therapist with the ego of the patient and that the ego must be a normal one if a therapist is to be able to make such a pact. Pursuing Sterba's thesis, Greenson (1965) conceptualized the working alliance as being composed of two patient qualities, the capacity to maintain contact with the reality of the therapeutic situation and the willingness to risk regression into one's fantasy world. As for Sterba, he regarded the continuous oscillation between these two positions as the essential ingredient for therapeutic work.

The Patient Working Capacity scale, PWC, reflects the patient ability to work actively and purposefully in treatment, that is, forming a "working alliance" with the therapist. The patient needs to self-disclose important material and work with the therapist's comments in a way that fosters the experience of strong emotions, the deepening of salient themes, and the resolution of problems. The subcomponents of the Patient Working Capacity scale are as follows: to self-disclosure and self-reflect on salient themes; to explore one's contribution to problems; to experience strong emotions in a modulated fashion; to actively use therapist's comments; to deepen exploration of salient themes; to purposefully work towards solving problems.

In the previous version of the CALPAS-P, items reflecting difficulties in the working alliance were entered into the Patient Working Capacity scale: that is, being hostile and mistrustful towards the therapist; engaging in a power struggle; defying therapist's efforts to promote self-understanding; keeping the therapist at arm's length with words or emotions; and expecting an easy and quick cure. Because a factorial analysis indicated that these items are relatively distinct from the patient working alliance (Marmar, Weiss, & Gaston, 1989), they were grouped into a more transference-like scale entitled "Patient Hostile Resistance".

The clinical evidence reflecting the degree to which a patient purposefully work in therapy usually derives from the interaction between the patient and the therapist, as well as from the salience of the material provided by the patient. Sometimes, a patient provides intimate material and experiences strong emotions in treatment, but these elements are not sufficient for a good working alliance to happen. For a good working alliance to be achieved, meaning has to emerge from the material provided by the patient and emotions need to be sufficiently contained and congruent with the material. Otherwise, such a display can be more reflective of a defensive disorganization rather than of therapeutic work. Other times, a therapist can frequently address a patient's resistances during a therapy session, but, if the patient works successfully with the therapist's comments, a good working alliance is demonstrated. An important feature of the working alliance corresponds to the degree to which a patient is capable of responding to the therapist's comments in an insightful manner. Another good indicator consists of the degree to which the patient actively works with the therapist, in an object-related fashion. However, there are times when a patient is overly attuned to the therapist's comments, and this attitude can be more indicative of compliance, being a "good patient", rather than reflecting patient's work on salient themes; such reaction could be captured by the scale of "Patient Overtly Positive Reaction".

Patient Commitment

The Patient Commitment scale is mostly related to Freud's (1912/1966) notion of unobjectable positive transference feelings. He spoke of the friendly and affectionate aspects of transference which are admissible to consciousness. Freud said that the first aim of treatment is to attach the patient to treatment and the person of the therapist. This alliance dimension is usually labelled "therapeutic alliance". The patient views the therapist as trustworthy and well-intended, an attitude conceptualized as emerging from early positive experiences with a parental figure (Zetzel, 1956; Stone, 1961).

The Patient Commitment scale, PC, reflects the patient's attitude towards therapy, including affectionate trusting feelings and a commitment to go through the complete process of therapy even if it entails difficult moments and sacrifices. It corresponds to an attachment, partly emotional and partly rational, to therapy and the therapist. The subcomponents of the PC scale are as follows: confidence that efforts will lead to change; willingness to make sacrifices such as time and money; vision of therapy as an important experience; trust in therapy and therapist; participation despite painful moments; and commitment to complete therapy.

Sometimes, patients communicate their commitment by sharing with the therapist their satisfaction or dissatisfaction about therapy, their hesitation about coming to therapy today, their skepticism or hopefulness about the potential helpfulness of therapy, the progress they made and the benefits they acquired, the worsening of symptoms or problems, their intention to interrupt therapy, etc. Behaviors of patients can also be indicative of

lack of commitment; for example, arriving late for a therapy session or doing "small talk" with the therapist rather than exploring difficulties. Patients can also indirectly refer to their commitment by telling stories which can be transferred onto the therapeutic situation; for example, a patient can complain the inability of his lawyer to help him solve his difficulties, which may be an indirect way of the patient to complain about the therapist.

Working Strategy Consensus

Bordin (1979) wrote that, for any therapeutic modality to be successful, patient and therapist need to agree on the therapeutic strategies to employ and goals to achieve in therapy. Patient and therapist must also share similar views of the world and ideas about how people change. This aspect of the alliance has been developed in more recent years in an attempt to generalize the concept of the alliance from the analytic situation to other psychotherapeutic modalities.

The Working Strategy Consensus scale, WSC, reflects the degree of agreement, implicit or explicit, between patient and therapist about how therapy should proceed. The subcomponents of this scale are as follows: patient and therapist share the same ideas about how people get help, and about how people change in therapy; patient and therapist share the same ideas about how to proceed in therapy; the therapist understands what the patient wants to get out of therapy; patient and therapist work in a joint effort; and therapist and patient do not work at cross-purposes.

Disagreements between a patient and a therapist about the goals to pursue and the strategies to employ are brought up at times by either the patient or the therapist. Patients may directly say that they want to get advice from the therapist, or that they wish the therapist would interpret what is troubling them beyond what they can see by themselves. However, most often, the status of WSC dimension is inferred through the concordance or discrepancy that exists between the therapist's and patient's ways of working in therapy. For rating this alliance scale, a useful tool is to determine what a patient wishes or needs to get from the therapy session and what a therapist is providing. For example, a patient who is greatly depleted by the occurrence of a recent tragic life event can show no sign of capacity to work in a therapy session. This patient is, somehow, asking for emotional support from the therapist rather than exploratory strategies. The reverse situation can also occur; a patient may be highly disposed to explore problematic reactions to an interpersonal situation while a therapist keeps on rigidly applying a problem-solving approach.

Therapist Understanding and Involvement

In 1913 (1966), Freud referred to the therapist's contribution to the alliance by writing that "If one exhibits a serious interest in him [the patient], carefully clears away the resistances that crop up at the beginning and avoids making certain mistakes, he [the patient] will of himself form such an attachment [therapeutic alliance]... It is certainly possible to forfeit the first success if from the start one takes up any standpoint other than one of sympathetic understanding (pp.139-140). Rogers (1957) further developed this idea by defining such therapist attitudes as the central technique of client-centered therapy.

The Therapist Understanding and Involvement scale, TUI, reflects components of a therapist's involvement in therapy: the therapist's empathic understanding of the patient's difficulties and sufferings, in and outside therapy; the therapist understanding of the underlying reasons for these

difficulties; and therapist's active participation in therapy for the sake of the patient. The subcomponents of this dimension are as follows: to demonstrate a non-judgmental acceptance of the patient; to understand the patient's subjective point of view and suffering; to risk addressing the patient's core difficulties; to intervene with tact and timing; to not misuse therapy for personal needs; and to show commitment to help the patient in overcoming his or her problems.

The words, behaviors, and paralinguistic features of a therapist may be indicative of understanding and involvement. A therapist may empathically understand the patient's subjective world without sharing it through reflections or reformulations as prescribed by Rogers (1957). Accurate and well-timed interpretations are highly indicative of a therapist's empathic understanding. The patience that a therapist demonstrates to a patient is also a very good indicator of understanding. Sometimes, a therapist partly uses therapy for his or her own needs. For example, a therapist can overly provide insightful interpretations to a patient, but this behavior mostly takes care of the therapist's need to be recognized as brilliant and useful. Other times, a therapist may let a patient experience unnecessary pain, which reflects more a sadistic gratification than neutrality towards a patient's problematic reaction. Also, a therapist may enjoy therapy with a patient in order to counteract his or her loneliness rather than for primarily helping the patient to overcome his or her difficulties.

RATING PROCESS

Patient Version CALPAS-P

Rating Procedure

The patient answers the CALPAS-P right after the completion of a therapy session. On the CALPAS-P, a patient reports his or her experience of the session just completed. The patient indicates the degree to which each statement describes his or her experience during this session using a 7-point scale (1 = Not at all, 2 = A little bit, 3 = Somewhat, 4 = Moderately, 5 = Quite a bit, 6 = Quite a lot, 7 = Very much so). It takes approximately from 5 to 10 minutes to complete the CALPAS-P. The information provided by patients are said to be confidential, but patients are welcomed to discuss any item or reaction to an item with their therapist. In a psychotherapy study, it is recommended that patients rate the CALPAS-P at least three times (early, middle, and late sessions), and optimally after every session.

Scoring Procedure

A total CALPAS-P score and four scale (PC, PWC, WSC, and TUI) scores can be obtained. Before scoring the CALPAS-P, one has to make sure that the negative items are reflected. An easy reflection formula is to subtract each of the negative item rating from 8; for example, a rating of 1 becomes 7 (8 minus 1), and a rating of 5 becomes 3 (8 minus 5). After reflecting the negative items, the four scale scores are computed by summing the identified item ratings for each scale (see below), and dividing the total by 6 to procure the mean rating. The total CALPAS-P score is obtained by calculating the mean of the four scales scores.

<u>PWC</u> : Positive items: 3, 11, 17	Negative items: 6, 8, 22
<u>PC</u> : Positive items: 4, 12, 21	Negative items: 1, 15, 18
<u>WSC</u> : Positive items: 10, 16, 19	Negative items: 14, 20, 23
<u>TUI</u> : Positive items: 7, 13, 24	Negative items: 2, 5, 9

For reliability and criterion-related validity, see Gaston (1991).

Short-Form

A short form of the CALPAS-P has been developed using confirmatory factor analysis (see Appendix A) (Gaston, Sabourin, Hatcher, & Hansell, in progress). The items composing each scale are the following:

PWC items: 2, 4, 11 (reflect all)

PC items: 1, 7, 9 (reflect 7, 9)

WSC items: 5, 8, 10

TUI items: 3, 6, 12

Therapist Version CALPAS-T

Training of Therapists

Before a psychotherapy study begins, it is highly important that the therapists who will rate the alliance using the CALPAS-T are extensively trained in using the CALPAS-T. The training encompasses three steps: (a) learning the concept of the alliance as defined in the CALPAS; (b) rating pre-calibrated therapy sessions; and (c) making independent ratings with a reliability check. During training, therapists should review therapy sessions of the same theoretical orientation than theirs.

Therapists attend a course on the concept of the alliance and on how the CALPAS purports to measure this construct. The lecture is given by an experienced clinical instructor who has extensively used the CALPAS. Each of the four alliance dimensions tapped by the CALPAS is presented, along with the subcomponents determining each of them. In addition, therapists are required to read the definitions of the four alliance scales provided in this manual. Therapists then discuss their understanding of each alliance dimension, and are asked to provide clinical examples of the different levels of alliance.

The clinical instructor presents the CALPAS-T measure and explains the rating guidelines provided in the manual. Therapists rate the CALPAS-T for 10 pre-calibrated therapy sessions using audiotapes. The ratings are performed only for the first half hour of each therapy session as they were for the pre-calibrated ratings, which were made by a panel of clinicians who were knowledgeable about both the concept of the alliance and the CALPAS measure. After reviewing each therapy session, therapists are asked to present their ratings as well as the clinical evidence they employed to make their ratings. If the clinical instructor judges that the therapists' understanding of the CALPAS dimensions and rating procedure is adequate, the therapists begin to rate the CALPAS-T independently.

The therapists separately review the first half hour of audiotapes of 10 therapy sessions, and rate the CALPAS using the guidelines provided in the manual. The therapy sessions should be of the same theoretical orientation than the one of the therapists, and should represent an array of cases ranging from poor to excellent alliances. After completing the 10 ratings, the reliability of a single therapist rating is assessed for each of the four scales, using an intraclass reliability estimate correcting for level difference, ICC [2,1]. If the reliability coefficient is found to be lower than .60, the training of therapists in rating the CALPAS-T should continue until satisfactory reliability is achieved. If the ratings of one therapist differ sharply from those of the other therapists, this therapist should receive more extensive training in the understanding of the alliance scales and should review other pre-calibrated therapy sessions. Such a procedure aims at providing reliable therapists ratings on the CALPAS-T.

Rating Procedure

After the completion of a therapy session, a therapist proceeds to rate the CALPAS-T, by indicating on a 7-point scale the degree to which this phenomena described by an item had occurred during the session just completed.

Scoring Procedure

The ratings of the 24 items are summed up for the items defining each scale (see below), and the total is divided by 6. One must be careful to reflect items 18 and 22 before calculating scales scores.

PWC: items 1 through 6

PC: items 7 through 12

WSC: items 13 through 18 (reflect item 18)

TUI: items 19 through 24 (reflect item 22)

Rating Protocol

In a psychotherapy study, it is highly recommended that therapists provide alliance ratings during different phases of therapy; at least, at three points in time (beginning, midpoint, and ending phases of therapy), and optimally after every session. Therapists' alliance ratings are particularly important because the therapists are those who clinically assess the psychological status of a patient and intervene accordingly in therapy. The therapists should make their CALPAS-T ratings right after completing a therapy session, when their in-treatment emotional state is still accessible and the events occurring in therapy are still present in memory.

During a research investigation, recalibration training sessions should take place approximately every two months. The therapists meet with the clinical instructor and review a therapy session for which pre-calibrated ratings are available. The therapists rate the alliance on the CALPAS-T, and subsequently compare their ratings with the pre-calibrated ones. Such a procedure insures against rater drift due to a change of definition.

Rater Version CALPAS-R

Selection and Training of Judges

Preferably, four experienced clinical judges should be employed to rate the alliance using the CALPAS-R. The assessment of the alliance requires clinical inferences about observable behaviors, and most of the CALPAS dimensions are derived from a psychodynamic perspective. It is recommended that the clinical judges have several years of experience and training in psychotherapy, even if reliable CALPAS-R ratings were made by psychology students at a master degree level who have been trained for 50 hours (Tichenor & Hill, 1989). The validity of those ratings remain, however, questionable. Optimally, the clinical judges should know the concepts of resistance and transference. The training of the clinical judges in rating the CALPAS encompasses three steps: (a) learning the concept of alliance as defined in the CALPAS; (b) practicing rating the alliance on the CALPAS-R for pre-calibrated therapy sessions; and (c) making independent ratings of therapy sessions with reliability checks.

Before performing any alliance rating, the clinical judges attend a course on the concept of the alliance, as well as on the CALPAS rating guidelines. Before the clinical judges, an experienced clinical instructor defines the four alliance dimensions measured by the CALPAS, and presents the

subcomponents of each dimension. The instructor reads the anchored definitions of the CALPAS scales, and discusses with the judges their understanding of each. The clinical judges who are not familiar with the alliance concept are encouraged to read articles describing the several concepts of the alliance, as well as articles providing clinical examples of these dimensions (for example, Horowitz & Marmar, 1985). The clinical instructor presents and explains the rating guidelines provided in this manual.

In the second phase, the clinical judges review 10 therapy sessions for which pre-calibrated ratings have been obtained. These pre-calibrated ratings were made for the first half hour of each therapy session by a panel of five expert clinicians who were knowledgeable in the concept of the alliance and the CALPAS. These therapy sessions optimally represent an array of cases ranging from poor to excellent alliances, with different types of problematic alliances included (i.e., passive versus hostile). The clinical judges rate the first half hour of the 10 therapy sessions using the guidelines provided in this manual, and are asked to share their ratings, with the provision of the clinical evidence for their judgments. Their ratings are then compared to the pre-calibrated ones, and their observations are contrasted with the clinical observations reported by the experienced clinicians. Any discrepancy between the rating of a clinical judge and a pre-calibrated rating is examined. After rating the 10 therapy sessions, if the CALPAS ratings of one judge are still in disagreement with the calibrated ratings, this clinical judge should be replaced.

The clinical judges then separately rate the first half hour of 10 therapy sessions using the CALPAS-R. The therapy sessions should reflect the theoretical orientation of the sessions employed in the study, but should not be those who will later be employed in the study. After the review of the 10 sessions, the clinical judges give their ratings to the clinical instructor who computes an estimate of their interrater reliability using intraclass coefficient correcting for level difference. An acceptable reliability coefficient corresponds to .70 and above for the mean of the four judges' ratings. If reliability is not yet acceptable, it is important to verify if it is due to the ratings of only one judge, and replace this judge; otherwise, one needs to pursue the training until a reliability coefficient of .70 and above is reached for each of the four CALPAS-R scales.

Rating Procedure

For each therapy session, the rating proceeds in two steps. First, while reviewing a therapy session, the clinical judges take note of their observations related to each subcomponent of the alliance under the heading subcomponents on the working sheets. After reviewing the session, the clinical judges assess the degree to which each subcomponent has occurred during the therapy session, and indicate their judgments on the 7-point scale provided for each of the 24 items.

Scoring Procedure

For each CALPAS-R scale, the rating of items composing each scale (see below) are summed up, and the sum is divided by 6. Before undertaking this scoring procedure, item 18 needs to be reflected. The total CALPAS-R score corresponds to the mean of the four scales scores. For the rating sheet, each scale score provided by the clinical judges corresponds to the circled number, and the total CALPAS-R score consists of their sum divided by 4.

PWC: items 1 through 6
PC: items 7 through 12
WSC: items 13 through 18 (reflect item 18)
TUI: items 19 through 24

Rating Protocol

In an investigation of the therapeutic process, it is important that clinical judges produce reliable ratings while assessing the phenomena of interest. To insure reliable CALPAS-R ratings, three judges are required. Even if two judges can provide satisfactory reliability estimates (Tichenor & Hill, 1989; Gaston & Ring, in press), the use of three judges secures the reliability of ratings and protects against rater drift (Gaston, unpublished manuscript). Ratings can be derived from the first half hour of a therapy session or the full hour.

Therapy sessions should be randomly assigned in sequence, and any identification of the sessions should be removed from the cassettes employed in a study. It is recommended to identify the sessions by their rank in the sequence in which the clinical judges will rate them. All clinical judges can rate the CALPAS-R in the same sequence because CALPAS-R ratings have not been found to be sequentially related (Gaston, unpublished results).

Recalibration training session could take place after rating 10 therapy sessions. The judges should meet with the clinical instructor, and review a therapy session. They should rate the CALPAS-R for this session, and compare their ratings. Any discrepancy should be discussed, and the definition of each alliance scale/item should be revised if necessary. Such a procedure insures against rater drift due to changes in definition. Such a procedure has allowed the obtention of ICC [2,2] coefficients ranging from .89 to .98 in a recent study (Gaston, unpublished data), where one trained judge had to be dropped because of her inability to accurately assess the alliance.

Categorical Rating

The CALPAS-R can also be rated for the purpose of sequential analysis. To do so, raters judge each statement of the patient on the PWC scale only because this scale best reflects operationalized behaviors of the alliance. For each statement, raters separately indicate whether the patient demonstrates the behavior described by each of the 6 items of the PWC scale. As a result, the rating for each patient statement varies between 0 and 6. To be entered in sequential analysis, such ratings can be categorized as follows, in order to reduce the number of categories: Poor PWC (0 to 2), Moderate PWC (3 or 4), and Good PWC (5 or 6). The results of this study have indicated so far good rater reliability but, as data collection is still going on, no further findings can be provided by now (Gaston, in progress).

Group Psychotherapy Versions CALPAS-G

Three versions exist for assessing the alliance in group psychotherapy; two for patients and one for therapists. For both patient and therapists, one version is related to group members. In addition, the CALPAS-P was transformed to be completed with respect to each of the co-therapists whenever applicable by replacing the word "therapist" by the first name of co-therapists.

For the patient version of the CALPAS-G, the rating of items composing each scale (see below) are summed up, and the sum is divided by 6. Before undertaking this scoring procedure, items 1, 2, 5, 6, 8, 9, 14, 15, 18, 20, 22, and 23 need to be reflected or inverted. The total score corresponds to the mean of the four scales scores.

<u>PWC</u> : Positive items: 3, 11, 17	Negative items: 6, 8, 22
<u>PC</u> : Positive items: 4, 12, 21	Negative items: 1, 15, 18
<u>WSC</u> : Positive items: 10, 16, 19	Negative items: 14, 20, 23
<u>TUI</u> : Positive items: 7, 13, 24	Negative items: 2, 5, 9

For the CALPAS-P For Group Psychotherapy, the items involving the Therapist Understanding and Involvement scale were doubled, each addressing the attitudes of one of the two co-therapists (see Appendix D).

For the therapist version of the CALPAS-G, the rating of items composing each scale (see below) are summed up, and the sum is divided by 6. Before undertaking this scoring procedure, items 18 and 22 need to be reflected or inversed. The total score corresponds to the mean of the four scales scores.

For reliability and validity, see Gaston and Schneider (1992).

Child Psychotherapy Versions

Two CALPAS forms exist for assessing the alliance in child psychotherapy; one to be completed by the child, the CALPAS-C, and another to be completed by one of the parents, the Parent Evaluation Questionnaire. The CALPAS-C needs to be read to the child and completed by an instructor.

The CALPAS-C contains only 16 items, 4 items per scale. The ratings of items composing each scale (see below) are summed up, and the sum is divided by 4. Before undertaking this scoring procedure, items 1, 2, 4, 5, 7, 8, 13, and 16 need to be reflected or inversed. The total score corresponds to the mean of the four scales scores.

<u>PWC</u> : Positive items: 3, 10	Negative items: 5, 7
<u>PC</u> : Positive items: 11, 14	Negative items: 1, 4
<u>WSC</u> : Positive items: 9, 15	Negative items: 13, 16
<u>TUI</u> : Positive items: 6, 12	Negative items: 2, 8

The Parent Evaluation Questionnaire was developed in concert with Dr. Fern Azima and Dr. Catherine Larouche in an attempt to assess the parent's alliance with the therapist and therapy of their child. For the Parent Evaluation Questionnaire, the rating of items composing each scale (see below) are summed up, and the sum is divided by 6. Before undertaking this scoring procedure, items 1, 2, 5, 6, 8, 9, 14, 15, 18, 20, 22, and 23 need to be reflected or inversed. The total score corresponds to the mean of the four scales scores.

<u>PWC</u> : Positive items: 3, 11, 17	Negative items: 6, 8, 22
<u>PC</u> : Positive items: 4, 12, 21	Negative items: 1, 15, 18
<u>WSC</u> : Positive items: 10, 16, 19	Negative items: 14, 20, 23
<u>TUI</u> : Positive items: 7, 13, 24	Negative items: 2, 5, 9

Pharmacotherapy Versions

Two versions exist for assessing the alliance in pharmacotherapy; one for patients, CALPAS-P, and one for therapists, CALPAS-T.

For the CALPAS-P, items 4, 7, 8, 9, 12, 16, 18, 20, 21, and 23 should be reflected or inversed before undertaking this scoring procedure. Only a total CALPAS-P score is computed by adding item scores and dividing the sum by 24.

For the CALPAS-T, items 4, 7, 8, 9, 12, 16, 18, and 21 should be reflected or inversed before undertaking this scoring procedure. Only a total CALPAS-T score is computed by adding item scores and dividing their sum by 24.

For reliability and validity, see Gaston and Beauclair (in preparation).

Transference-like Versions

The Patient Hostile Resistance scale consists of items 1 through 6, and the Patient Overtly Positive Reaction is composed of items 7 to 12.

For each version of transference-like scales, the score is computed by adding the rating and dividing it by 6. No item needs to be reflected.

For reliability and validity, see Gaston (1991).

GENERAL CONSIDERATIONS

In using the CALPAS, several rule of thumbs can be given to therapists and judges in order to ease their rating task and enhance both the reliability and the validity of their ratings.

One question is often raised by therapists or judges who are trained in rating the CALPAS. It is whether they should rate a patient's level of alliance according to this patient's range of capacities or according to good alliance prototypes. The answer is that they should refer to realistic prototypes of good and poor alliances. Therefore, ratings should not be idiosyncratic because the latter would prevent subject comparison.

The empirical association between the four CALPAS scales scores is sometimes inflated by the tendency of clinical judges to assess the status of one alliance scale with respect to the level of the other scales. Theoretically, these four alliance dimensions are viewed as being relatively independent. Raters should try to assess the status of each alliance dimension in a dissociative manner; that is, they should try to determine the level of an alliance dimension on the clinical evidence gathered for that dimension. Optimally, different teams of judges should rate each CALPAS-R scale but, for economical considerations, this solution is rarely available. The same strategy is recommended with respect to the sequential feature of the rating procedure; raters should try to assess the alliance for a therapy session regardless of their previous ratings.

As a rule of thumb, it is recommended that raters chose an extreme score on the 7-point scale when they hesitate between two ratings. For example, an hesitation between 2 and 3 on the 7-point scale should become a rating of 2, and an hesitation between 6 and 7 should become a rating of 7. This strategy aims at counteracting the general tendency towards the mean, of avoiding choosing extreme scores. It also aims at providing a wide range of ratings in order to increase the likelihood of significant associations between CALPAS ratings and other measures.

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APPENDIX A

CALIFORNIA PSYCHOTHERAPY ALLIANCE SCALE
(CALPAS-P)

Name: _____

Date: _____

Directions: Below is a list of questions that describe attitudes people might have about their therapy or therapist. Think about the session you just completed and decide the degree to which each question best describes your experience. Circle the number indicating your choice. Please answer each question.

Reminder: Your responses on this form are confidential and will not be seen by your therapist. You are of course free to discuss with your therapist any of these questions.

1 = Not at all, 2 = A little bit, 3 = Somewhat, 4 = Moderately, 5 = Quite a bit, 6 = Quite a lot, 7 = Very much so.

- | | | | | | | | | |
|-----|---|---|---|---|---|---|---|---|
| 1. | Did you find yourself tempted to stop therapy when you were upset or disappointed with therapy? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. | Did you feel pressured by your therapist to make changes before you were ready? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. | When your therapist commented about one situation, did it bring to mind other related situations in your life? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. | Did you feel that even if you might have moments of doubt, confusion, or mistrust, that overall therapy is worthwhile? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. | Did your therapist's comments lead you to believe that your therapist placed his/her needs before yours? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. | When important things came to mind, how often did find yourself keeping them to yourself rather than sharing them with your therapist? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. | Did you feel accepted and respected by your therapist for who you are? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. | How much did you hold back your feelings during this session? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. | Did you find your therapist's comments unhelpful, that is confusing, mistaken, or not really applying to you? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. | Did you feel that you were working together with your therapist, that the two of you were joined in a struggle to overcome your problems? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1 = Not at all, 2 = A little bit, 3 = Somewhat, 4 = Moderately, 5 = Quite a bit, 6 = Quite a lot, 7 = Very much so.

- | | | | | | | | | |
|-----|---|---|---|---|---|---|---|---|
| 11. | How free were you to discuss personal matters that you are ordinarily ashamed or afraid to reveal? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. | During this session, how willing were you to continue struggling with your problems, even though you could not always see an immediate solution? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 13. | During this session, how dedicated was your therapist to helping you overcome your difficulties? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14. | Did you feel that you disagreed with your therapist about the kind of changes you would like to make in your therapy? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 15. | How much did you resent the time, cost, or other demands of your therapy? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. | Did you feel that your therapist understood what you hoped to get out of this session? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17. | During this session, how important was it for you to look at the ways you might be contributing to your own problems? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18. | How much did you find yourself thinking that therapy was not the best way to get help with your problems? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. | Did the treatment you received in this session match with your ideas about what helps people in therapy? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20. | Did you feel you were working at cross purposes with your therapist, that you did not share the same sense of how to proceed so that you could get the help you want? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 21. | How confident did you feel that through your own efforts and those of your therapist that you will gain relief from your problems? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 22. | Did you have the impression that you were unable to deepen your understanding of what is bothering you? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 23. | How much did you disagree with your therapist about what issues were most important to work on during this session? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 24. | How much did your therapist help you gain a deeper understanding of your problems? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

ID: _____

Date: _____

CALIFORNIA PSYCHOTHERAPY ALLIANCE SCALES - SHORT FORM

PATIENT VERSION

Directions: Below is a list of questions that describe attitudes people might have about their therapy or therapist. Think about the session you just completed and decide the degree to which each question best describes your experience. Circle the number indicating your choice.

Reminder: Your responses on this form are confidential and will not be seen by your therapist. You are of course free to discuss with your therapist any of these questions.

1 = Not at all, 2 = A little bit, 3 = Somewhat, 4 = Moderately,
5 = Quite a bit, 6 = Quite a lot, 7 = Very much so.

1. Did you feel that even if you might have moments of doubt, confusion, or mistrust, that overall therapy is worthwhile? 1 2 3 4 5 6 7
2. When important things came to mind, how often did you find yourself keeping them to yourself rather than sharing them with your therapist? 1 2 3 4 5 6 7
3. Did you feel accepted and respected by your therapist for who you are? 1 2 3 4 5 6 7
4. How much did you hold back your feelings during this session? 1 2 3 4 5 6 7
5. Did you feel that you were working together with your therapist, that the two of you were joined in a struggle to overcome your problems? 1 2 3 4 5 6 7
6. During this session, how dedicated was your therapist to helping you overcome your difficulties? 1 2 3 4 5 6 7
7. How much did you resent the time, cost, or other demands of your therapy? 1 2 3 4 5 6 7
8. Did you feel that your therapist understood what you hoped to get out of this session? 1 2 3 4 5 6 7
9. How much did you find yourself thinking that therapy was not the best way to get help with your problems? 1 2 3 4 5 6 7
10. Did the treatment you received in this session match with your ideas about what helps people in therapy? 1 2 3 4 5 6 7
11. Did you have the impression that you were unable to deepen your understanding of what is bothering you? 1 2 3 4 5 6 7
12. How much did your therapist help you gain a deeper understanding of your problems? 1 2 3 4 5 6 7

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APPENDIX B

Patient's ID: _____

Date: _____

CALIFORNIA PSYCHOTHERAPY ALLIANCE SCALES

THERAPIST VERSION

Directions: Using the 7-point scale provided below, indicate the degree to which each item describes what happened in therapy with this patient over the last month.

1 = not at all; 2 = A little bit; 3 = Somewhat; 4 = Moderately;
5 = Quite a bit; 6 = Quite a lot; 7 = Very much so.

- | | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1. Patient self-disclosed thoughts and feelings. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Patient self-observed behaviors. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Patient explored own contribution to problems. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Patient experienced strong and modulated emotions. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. Patient worked actively with my comments. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. Patient deepened exploration of salient themes. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. Patient was confident that efforts will lead to change. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. Patient was willing to make sacrifices, i.e., time. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. Patient viewed therapy as important. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. Patient had confidence in therapy/therapist. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. Patient participated in therapy despite painful moments. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. Patient was committed to go through process to completion. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 13. Therapy proceeded in accord with the patient's ideas of helpful change processes. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14. The patient and I worked in a joint struggle. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 15. The patient and I agreed about the kind of changes to make. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. The patient and I shared the same sense about how to proceed. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17. The patient and I agreed on salient themes. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18. My interventions were guided by one model. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. I was able to understand the patient's suffering and subjective world. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20. I could remain non-judgmental; regard the patient positively. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 21. I felt committed to help the patient, and had confidence in therapy. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 22. At times I had difficulties keeping the patient's best interests as my chief concern. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 23. My interventions were tactful and well-timed. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 24. My interventions facilitated the patient's work on salient themes. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

APPENDIX C

SUBJECT'S ID: _____

DATE: _____

RATER: _____

SESSION: _____

CALIFORNIA PSYCHOTHERAPY ALLIANCE SCALES

RATER VERSION (CALPAS-R)

Instructions: While you review the therapy session, record your observations in the space provided for each item. After reviewing it, indicate for each item on the 7-point scale provided the degree to which it happened.

1. Patient self-discloses thoughts, feelings, salient events, etc. 1 2 3 4 5 6 7

2. Patient self-observes behaviors, thoughts, affects, etc. 1 2 3 4 5 6 7

3. Patient explores own contribution to problems. 1 2 3 4 5 6 7

4. Patient experiences affects in a modulated fashion. 1 2 3 4 5 6 7

5. Patient works actively with therapist's comments. 1 2 3 4 5 6 7

6. Patient deepens exploration of salient themes. 1 2 3 4 5 6 7

1 = not at all, 2 = A little bit, 3 = somewhat, 4 = Moderately, 5 = Quite a bit, 6 = Quite a lot,
7 = Very much so

7. Patient is confident that efforts will lead to change. 1 2 3 4 5 6 7

8. Patient is willing to make sacrifices, i.e., time and money. 1 2 3 4 5 6 7

9. Patient views therapy as important. 1 2 3 4 5 6 7

10. Patient has confidence in therapy and therapist. 1 2 3 4 5 6 7

11. Patient participates in therapy despite painful moments. 1 2 3 4 5 6 7

12. Patient is committed to go through process to completion. 1 2 3 4 5 6 7

1 = not at all, 2 = A little bit, 3 = somewhat, 4 = Moderately, 5 = Quite a bit, 6 = Quite a lot,
7 = Very much so

13. *Therapy proceeds in accord with patient's ideas of helpful change processes.* 1 2 3 4 5 6 7

14. *Patient and therapist work together in a joint struggle.* 1 2 3 4 5 6 7

15. *Patient and therapist agree about the kind of changes to make.* 1 2 3 4 5 6 7

16. *Patient and therapist share same sense about how to proceed.* 1 2 3 4 5 6 7

17. *Patient and therapist agree on salient themes.* 1 2 3 4 5 6 7

18. *Therapist rigidly applies technique.* 1 2 3 4 5 6 7

1 = not at all, 2 = A little bit, 3 = somewhat, 4 = Moderately, 5 = Quite a bit, 6 = Quite a lot, 7 = Very much so

19. Therapist is understanding of patient's suffering
and subjective world. 1 2 3 4 5 6 7
20. Therapist demonstrates non-judgmental acceptance
and positive regard. 1 2 3 4 5 6 7
21. Therapist demonstrates commitment to help and
confidence in treatment. 1 2 3 4 5 6 7
22. Therapist does not misuse treatment to serve own needs. 1 2 3 4 5 6 7
23. Therapist demonstrates tact and timing. 1 2 3 4 5 6 7
24. Therapist facilitates work on salient themes. 1 2 3 4 5 6 7

1 = not at all, 2 = A little bit, 3 = somewhat, 4 = Moderately, 5 = Quite a bit, 6 = Quite a lot,
7 = Very much so

APPENDIX D

Name: _____

Date: _____

CALIFORNIA PHARMACOTHERAPY ALLIANCE SCALES

PATIENT VERSION

Directions: Below there is a list of questions that describe attitudes people might have about their treatment and doctor. Think about the session you just completed and, for each item, decide which category best describes your attitude. Using the scale provided below, circle the number corresponding to that category. Please answer all items.

Reminder: Your response are confidential and will not be seen by your doctor. You are of course free to discuss with your doctor any of these questions.

0 = Not at all
1 = A little bit
2 = Moderately
3 = Quite a bit
4 = Very much

- | | | | | | |
|---|---|---|---|---|---|
| 1. Did your doctor show a sincere desire to understand you and your problems? | 0 | 1 | 2 | 3 | 4 |
| 2. Did you feel free to express the things that were worrying you? | 0 | 1 | 2 | 3 | 4 |
| 3. Do you feel confident that efforts will lead to change? | 0 | 1 | 2 | 3 | 4 |
| 4. Did you find it difficult to ask questions concerning your medication/illness? | 0 | 1 | 2 | 3 | 4 |
| 5. Did your doctor understand what you wished to accomplish in your treatment? | 0 | 1 | 2 | 3 | 4 |
| 6. When your doctor commented about one aspect of your medication, did you think of other related issues? | 0 | 1 | 2 | 3 | 4 |
| 7. Did you feel pressured by your doctor to make changes before you were ready? | 0 | 1 | 2 | 3 | 4 |
| 8. Did your doctor's comments lead you to believe that his or her goals for treatment differ from yours? | 0 | 1 | 2 | 3 | 4 |
| 9. Did your doctor seemed irritated, annoyed, or disappointed with you? | 0 | 1 | 2 | 3 | 4 |
| 10. When you asked for additional information, did you get satisfactory answers? | 0 | 1 | 2 | 3 | 4 |
| 11. Do you feel that even if you might have moments of doubt, confusion or mistrust, that overall treatment was worthwhile? | 0 | 1 | 2 | 3 | 4 |

0 = Not at all
 1 = A little bit
 2 = Moderately
 3 = Quite a bit
 4 = Very much

- | | | | | | |
|---|---|---|---|---|---|
| 12. Did your doctor follow his or her own plans, ignoring your view of how treatment should proceed? | 0 | 1 | 2 | 3 | 4 |
| 13. Are you willing to take the medication despite the fact that negative side effects have occurred or may occur? | 0 | 1 | 2 | 3 | 4 |
| 14. When your doctor commented about one aspect of your illness, did it bring to mind other related aspects? | 0 | 1 | 2 | 3 | 4 |
| 15. Did you feel that it was important for you to come to this appointment? | 0 | 1 | 2 | 3 | 4 |
| 16. Did you feel skeptical about the value of taking medication? | 0 | 1 | 2 | 3 | 4 |
| 17. Did you feel that your doctor understood what you hoped to get out of this treatment? | 0 | 1 | 2 | 3 | 4 |
| 18. Did you find it hard to follow your treatment as prescribed, that is, the amount and timing of your medication? | 0 | 1 | 2 | 3 | 4 |
| 19. Did your doctor's comments help you to see your difficulties in a new light? | 0 | 1 | 2 | 3 | 4 |
| 20. Do you feel so dissatisfied with your treatment that you consider stopping it before the time it would ordinarily come to an end? | 0 | 1 | 2 | 3 | 4 |
| 21. Did your doctor fail to provide you with instructions that you could easily understand? | 0 | 1 | 2 | 3 | 4 |
| 22. Did the treatment you received match with your ideas about what helps people in overcoming their difficulties? | 0 | 1 | 2 | 3 | 4 |
| 23. Did your doctor show a lack of confidence in helping you with your problems? | 0 | 1 | 2 | 3 | 4 |
| 24. During this session, have you been able to involve yourself in the decisions that were taken? | 0 | 1 | 2 | 3 | 4 |

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ID: _____

Date: _____

CALIFORNIA PSYCHOTHERAPY ALLIANCE SCALE

CALPAS-P FOR GROUP PSYCHOTHERAPY

Directions: Below is a list of questions that describe attitudes people might have about the co-therapists of the group they participate in. Think about the session you just completed and decide the degree to which each question best describes your experience. Circle the number indicating your choice. Please answer each question.

Reminder: Your responses on this form are confidential and will not be seen by your therapist. You are of course free to discuss with the co-therapists any of these questions.

1 = Not at all, 2 = A little bit, 3 = Somewhat, 4 = Moderately, 5 = Quite a bit, 6 = Quite a lot, 7 = Very much so.

- | | | | | | | | | |
|-----|---|---|---|---|---|---|---|---|
| 1. | Did you find yourself tempted to stop therapy when you were upset or disappointed with therapy? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2.a | Did you feel pressured by _____ to make changes before you were ready? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2.b | Did you feel pressured by _____ to make changes before you were ready? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. | When your therapist commented about one situation, did it bring to mind other related situations in your life? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. | Did you feel that even if you might have moments of doubt, confusion, or mistrust, that overall therapy is worthwhile? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5.a | Did _____'s comments lead you to believe that he/she placed his/her needs before yours? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5.b | Did _____'s comments lead you to believe that he/she placed his/her needs before yours? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. | When important things came to mind, how often did find yourself keeping them to yourself rather than sharing them with your therapist? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7.a | Did you feel accepted and respected by _____ for who you are? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7.b | Did you feel accepted and respected by _____ for who you are? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. | How much did you hold back your feelings during this session? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9.a | Did you find _____'s comments unhelpful, that is confusing, mistaken, or not really applying to you? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9.b | Did you find _____'s comments unhelpful, that is confusing, mistaken, or not really applying to you? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. | Did you feel that you were working together with your therapist, that the two of you were joined in a struggle to overcome your problems? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. | How free were you to discuss personal matters that you are ordinarily ashamed or afraid to reveal? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1 = Not at all, 2 = A little bit, 3 = Somewhat, 4 = Moderately, 5 = Quite a bit, 6 = Quite a lot, 7 = Very much so.

12. During this session, how willing were you to continue struggling with your problems, even though you could not always see an immediate solution? 1 2 3 4 5 6 7
- 13.a During this session, how dedicated was _____ to helping you overcome your difficulties? 1 2 3 4 5 6 7
- 13.b During this session, how dedicated was _____ to helping you overcome your difficulties? 1 2 3 4 5 6 7
14. Did you feel that you disagreed with your therapist about the kind of changes you would like to make in your therapy? 1 2 3 4 5 6 7
15. How much did you resent the time, cost, or other demands of your therapy? 1 2 3 4 5 6 7
16. Did you feel that your therapist understood what you hoped to get out of this session? 1 2 3 4 5 6 7
17. During this session, how important was it for you to look at the ways you might be contributing to your own problems? 1 2 3 4 5 6 7
18. How much did you find yourself thinking that therapy was not the best way to get help with your problems? 1 2 3 4 5 6 7
19. Did the treatment you received in this session match with your ideas about what helps people in therapy? 1 2 3 4 5 6 7
20. Did you feel you were working at cross purposes with your therapist, that you did not share the same sense of how to proceed so that you could get the help you want? 1 2 3 4 5 6 7
21. How confident did you feel that through your own efforts and those of your therapist that you will gain relief from your problems? 1 2 3 4 5 6 7
22. Did you have the impression that you were unable to deepen your understanding of what is bothering you? 1 2 3 4 5 6 7
23. How much did you disagree with your therapist about what issues were most important to work on during this session? 1 2 3 4 5 6 7
24. How much did _____ help you gain a deeper understanding of your problems. 1 2 3 4 5 6 7
24. How much did _____ help you gain a deeper understanding of your problems? 1 2 3 4 5 6 7

Patient's ID: _____

Date: _____

CALIFORNIA GROUP-PSYCHOTHERAPY ALLIANCE SCALES

THERAPIST VERSION

Directions: Using the 7-point scale provided below, indicate the degree to which each item describes what happened in therapy with this patient over the last month.

1 = not at all; 2 = A little bit; 3 = Somewhat; 4 = Moderately;
5 = Quite a bit; 6 = Quite a lot; 7 = Very much so.

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| 1. Group members disclosed thoughts and feelings. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Group members observed their own behaviors. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Group members explored own contribution to problems. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Group members experienced strong and modulated emotions. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. Group members worked actively with my comments. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. Group members deepened exploration of salient themes. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. Group members were confident that efforts will lead to change. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. Group members were willing to make sacrifices, i.e., time. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. Group members viewed therapy as important. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. Group members had confidence in therapy/therapist. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. Group members participated in therapy despite painful moments. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. Group members were committed to go through process to completion. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 13. Therapy proceeded in accord with group members' ideas of helpful change processes. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14. Group members and I worked in a joint struggle. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 15. Group members and I agreed about the kind of changes to make. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. Group members and I shared same sense about how to proceed. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17. Group members and I agreed on salient themes. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18. My interventions were guided by one model. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. I was able to understand the group members' suffering and subjective world. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20. I could remain non-judgmental; regard the members positively. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 21. I felt committed to help the group members, and had confidence in therapy. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 22. At times I had difficulties keeping the group members' best interests as my chief concern. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 23. My interventions were tactful and well-timed. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 24. My interventions facilitated the group members' work on salient themes. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

APPENDIX E

ID: _____

Date: _____

CALIFORNIA PSYCHOTHERAPY ALLIANCE SCALE

CHILD VERSION

Instructions to read to the child before reading the items: "I am going to read you some sentences about meeting with your therapist. You tell me how much each sentence is like you. For example, "I like my therapist"; Not like me, A little like me, Quite like me, and Very much like me". Your responses will never be told to your therapist, and remember that there are no good or bad answers."

1 = Not like me; 2 = A little like me; 3 = Quite like me; 4 = Very much like me;
? = Can't tell.

1. When I am with my therapist, I wish the session would stop.	1	2	3	4	?
2. My therapist pushes me to say things.	1	2	3	4	?
3. I talk to my therapist about the things that make me unhappy.	1	2	3	4	?
4. I would like to stop going to therapy.	1	2	3	4	?
5. When I am with my therapist, I don't talk about the things are bothering me.	1	2	3	4	?
6. My therapist likes me.	1	2	3	4	?
7. I don't show my feelings to my therapist.	1	2	3	4	?
8. When my therapist talks to me, I don't understand what he (she) means.	1	2	3	4	?
9. My therapist and I are working hard together so that I can get happier.	1	2	3	4	?
10. I say secrets to my therapist.	1	2	3	4	?
11. I work hard with my therapist so things can get better for me.	1	2	3	4	?
12. My therapist tries to help me.	1	2	3	4	?
13. I don't agree with my therapist as what to do to solve my problems.	1	2	3	4	?
14. I like spending time with my therapist.	1	2	3	4	?
15. My therapist understands what I want.	1	2	3	4	?
16. My therapist and I have different solutions to my problems.	1	2	3	4	?

PARENT'S EVALUATION QUESTIONNAIRE

Directions: Below is a list of questions that describe attitudes people might have about the therapy in which they are involved to help overcome their child's problems. Think about the sessions that you have had and decide the degree to which each question best describes your experience. Circle the number indicating your choice.

Reminder: Your responses on this form are confidential and will not be seen by the therapist. You are of course free to discuss with your therapist any of these questions.

1 = Not at all, 2 = A little bit, 3 = Somewhat, 4 = Moderately, 5 = Quite a bit, 6 = Quite a lot, 7 = Very much so.

1. Did you find yourself tempted to stop therapy when you were upset or disappointed with therapy? 1 2 3 4 5 6 7
2. Did you feel pressured by the therapist to make changes before you were ready? 1 2 3 4 5 6 7
3. When your therapist commented about one situation did it bring to mind other related situations in your life? 1 2 3 4 5 6 7
4. Did you feel that even if you might have moments of doubt, confusion, or mistrust, that overall therapy is worthwhile? 1 2 3 4 5 6 7
5. Did your therapist's comments lead you to believe that your therapist placed his/her needs before those of your child? 1 2 3 4 5 6 7
6. When important things came to mind, how often did you find yourself keeping them to yourself rather than sharing them with the therapist? 1 2 3 4 5 6 7
7. Did you feel accepted and respected by the therapist for who you are? 1 2 3 4 5 6 7
8. How much did you hold back your feelings during most sessions? 1 2 3 4 5 6 7
9. Did you find the therapist's comments unhelpful, that is confusing, mistaken, or not really applying to you or your child? 1 2 3 4 5 6 7
10. Did you feel that you were working together with the therapist, that the two of you were joined in a struggle to overcome your child's problems? 1 2 3 4 5 6 7
11. How free were you to discuss personal matters that you are ordinarily ashamed or afraid to reveal? 1 2 3 4 5 6 7
12. During this sessions, how willing were you to continue struggling with your child's problems, even though you could not always see an immediate solution? 1 2 3 4 5 6 7
13. During this session, how dedicated was the therapist to helping you overcome your child's difficulties? 1 2 3 4 5 6 7
14. Did you feel that you disagreed with the therapist about the kind of changes you would like to see happen in therapy? 1 2 3 4 5 6 7

1 = Not at all, 2 = A little bit, 3 = Somewhat, 4 = Moderately, 5 = Quite a bit, 6 = Quite a lot, 7 = Very much so.

15. How much did you resent the time, cost, or other demands of the therapy? 1 2 3 4 5 6 7
16. Did you feel that the therapist understood what you hoped to get out of the therapy sessions? 1 2 3 4 5 6 7
17. During the sessions, how important was it for you to look at the ways you might be contributing to your child's problems? 1 2 3 4 5 6 7
18. How much did you find yourself thinking that therapy was not the best way to get help with your child's problems? 1 2 3 4 5 6 7
19. Did the treatment you received match with your ideas about what helps parents and children? 1 2 3 4 5 6 7
20. Did you feel you were working at cross purposes the therapist, that you did not share the same sense of how to proceed so that you could get the help you want for your child? 1 2 3 4 5 6 7
21. How confident did you feel that through your own efforts and those of the therapist that you will overcome major problems with your child? 1 2 3 4 5 6 7
22. Did you have the impression that you were unable to deepen your understanding of what your child's difficulties are? 1 2 3 4 5 6 7
23. How much did you disagree with the therapist about what issues were most important to work on during the sessions? 1 2 3 4 5 6 7
24. How much did the therapist help you gain a deeper understanding of your child's problems? 1 2 3 4 5 6 7

APPENDIX F

Patient Name: _____

Date: _____

Therapist: _____

CALIFORNIA PHARMACOTHERAPY ALLIANCE SCALES

RATER VERSION

Directions: Below there is a list of items that describe experiences doctors and patients may have in a session of pharmacotherapy. Think about the session you just reviewed and, for each item, decide which category best describes the session using the scale provided below. Circle the number corresponding to that category. Please answer all items.

0 = Not at all
1 = A little bit
2 = Moderately
3 = Quite a bit
4 = Very much

- | | | | | | |
|---|---|---|---|---|---|
| 1. The therapist showed a sincere desire to understand the patient and his/her problems. | 0 | 1 | 2 | 3 | 4 |
| 2. The patient expressed the things that were worrying him/her. | 0 | 1 | 2 | 3 | 4 |
| 3. The patient is confident that efforts will lead to change. | 0 | 1 | 2 | 3 | 4 |
| 4. The patient had difficulties in asking questions concerning the medication/illness. | 0 | 1 | 2 | 3 | 4 |
| 5. The therapist understood what the patient wished to accomplish in the treatment. | 0 | 1 | 2 | 3 | 4 |
| 6. When the therapist commented about one aspect of the medication, the patient brought up other related issues. | 0 | 1 | 2 | 3 | 4 |
| 7. The therapist put pressure on the patient to make the necessary changes. | 0 | 1 | 2 | 3 | 4 |
| 8. The patient's comments leads to believe that his/her goals for treatment differ from the therapist's ones. | 0 | 1 | 2 | 3 | 4 |
| 9. At times, the therapist felt irritated, annoyed or disappointed with the patient. | 0 | 1 | 2 | 3 | 4 |
| 10. The therapist made sure that my answers were satisfactory for the patient. | 0 | 1 | 2 | 3 | 4 |
| 11. The patient participated in the treatment despite moments of doubt, confusion and mistrust. | 0 | 1 | 2 | 3 | 4 |
| 12. The therapist followed his\her view of how treatment should proceed, even if it was counter to the patient's plans. | 0 | 1 | 2 | 3 | 4 |

2.

0 = Not at all
 1 = A little bit
 2 = Moderately
 3 = Quite a bit
 4 = Very much

13. The patient was willing to take the medication despite the fact that negative side effects have occurred or may occur.	0	1	2	3	4
14. When the therapist commented about one aspect of patient illness, the patient brought up other related aspects of his/her illness.	0	1	2	3	4
15. It was important for the patient to come to this appointment.	0	1	2	3	4
16. The patient was skeptical about the value of taking medication.	0	1	2	3	4
17. The therapist understood what the patient hoped to get out of this treatment.	0	1	2	3	4
18. The patient found it hard to follow the treatment as prescribed, that is the amount and timing of medication.	0	1	2	3	4
19. Making use of the therapist's comments, the patient was able to see his/her difficulties in a new light.	0	1	2	3	4
20. The patient is committed to go through treatment to completion.	0	1	2	3	4
21. The therapist failed to provide the patient with instructions that he/she could easily understand.	0	1	2	3	4
22. The treatment matches the patient's ideas about what helps people in overcoming difficulties.	0	1	2	3	4
23. The therapist was confident that he/she could help the patient with his/her problems.	0	1	2	3	4
24. The patient involved himself/herself in the decisions that were taken during this session.	0	1	2	3	4

APPENDIX G

Patient Name: _____

Date: _____

Therapist: _____

CALIFORNIA PHARMACOTHERAPY TRANSFERENCE-LIKE SCALES

THERAPIST VERSION

Directions: Below there is a list of items that describe experiences doctors and patients may have in a session of pharmacotherapy. Think about the session you just completed and, for each item, decide which category best describes your experience using the scale provided below. Circle the number corresponding to that category. Please answer all items.

0 = Not at all
1 = A little bit
2 = Moderately
3 = Quite a bit
4 = Very much

Patient Hostile Resistance

- | | | | | | |
|--|---|---|---|---|---|
| 1. The patient conveys an expectation of easy cure without work on his/her part. | 0 | 1 | 2 | 3 | 4 |
| 2. The patient acts in a hostile, attacking and critical manner. | 0 | 1 | 2 | 3 | 4 |
| 3. The patient seems mistrustful and suspicious. | 0 | 1 | 2 | 3 | 4 |
| 4. The patient engages in a power struggle, attempting to control the treatment. | 0 | 1 | 2 | 3 | 4 |
| 5. The patient defies my efforts to promote change. | 0 | 1 | 2 | 3 | 4 |
| 6. The patient holds me at arm's length. | 0 | 1 | 2 | 3 | 4 |

Patient Overtly Positive Reaction

- | | | | | | |
|---|---|---|---|---|---|
| 7. The patient tends to overestimate me. | 0 | 1 | 2 | 3 | 4 |
| 8. The patient tends to look for my approval. | 0 | 1 | 2 | 3 | 4 |
| 9. The patient tends to be frustrated by the limits of therapy, i.e., time constraints and a professional attitude. | 0 | 1 | 2 | 3 | 4 |
| 10. The patient tends to be seductive. | 0 | 1 | 2 | 3 | 4 |
| 11. The patient tends to show interest in my person. | 0 | 1 | 2 | 3 | 4 |
| 12. The patient seems to wish to be closer to me. | 0 | 1 | 2 | 3 | 4 |

1 = not at all, 2 = A little bit, 3 = somewhat, 4 = Moderately, 5 = Quite a bit, 6 = Quite a lot,
7 = Very much so

SUBJECT'S ID: _____

DATE: _____

RATER: _____

SESSION: _____

CALIFORNIA PSYCHOTHERAPY TRANSFERENCE-LIKE SCALES

RATER VERSION

Instructions: While you review the therapy session, record your observations in the space provided for each item. After reviewing it, indicate for each item on the 7-point scale provided the degree to which it happened.

1. Patient conveys an expectation of easy cure without work on his/her part. 1 2 3 4 5 6 7

2. Patient acts in hostile, attacking, or critical manner towards the therapist. 1 2 3 4 5 6 7

3. Patient seems mistrustful, or suspicious of the therapist. 1 2 3 4 5 6 7

4. Patient engages in power struggle, attempting to control the session. 1 2 3 4 5 6 7

5. Patient defies efforts to promote self-understanding. 1 2 3 4 5 6 7

6. Patient holds therapist at arm's length with flood of words. 1 2 3 4 5 6 7

1 = not at all, 2 = A little bit, 3 = somewhat, 4 = Moderately, 5 = Quite a bit, 6 = Quite a lot,
7 = Very much so

7. The patient tends to overestimate the therapist. 1 2 3 4 5 6 7

8. The patient tends to look for the therapist's approval. 1 2 3 4 5 6 7

9. The patient tends to be frustrated by the limits of therapy,
such as time and the professional role of the therapist. 1 2 3 4 5 6 7

10. The patient tends to be seductive toward the therapist. 1 2 3 4 5 6 7

11. The patient tends to show interest in the person of
the therapist. 1 2 3 4 5 6 7

12. The patient tends to wish to be closer to the therapist. 1 2 3 4 5 6 7

1 = not at all, 2 = A little bit, 3 = somewhat, 4 = Moderately, 5 = Quite a bit, 6 = Quite a lot,
7 = Very much so