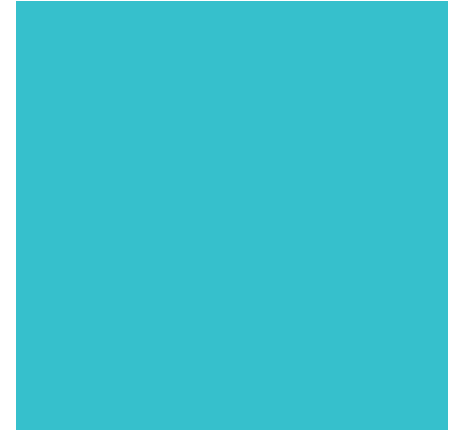


Therapeutic Alliance



Training in the Michigan Model of Infant Mental Health Home Visiting

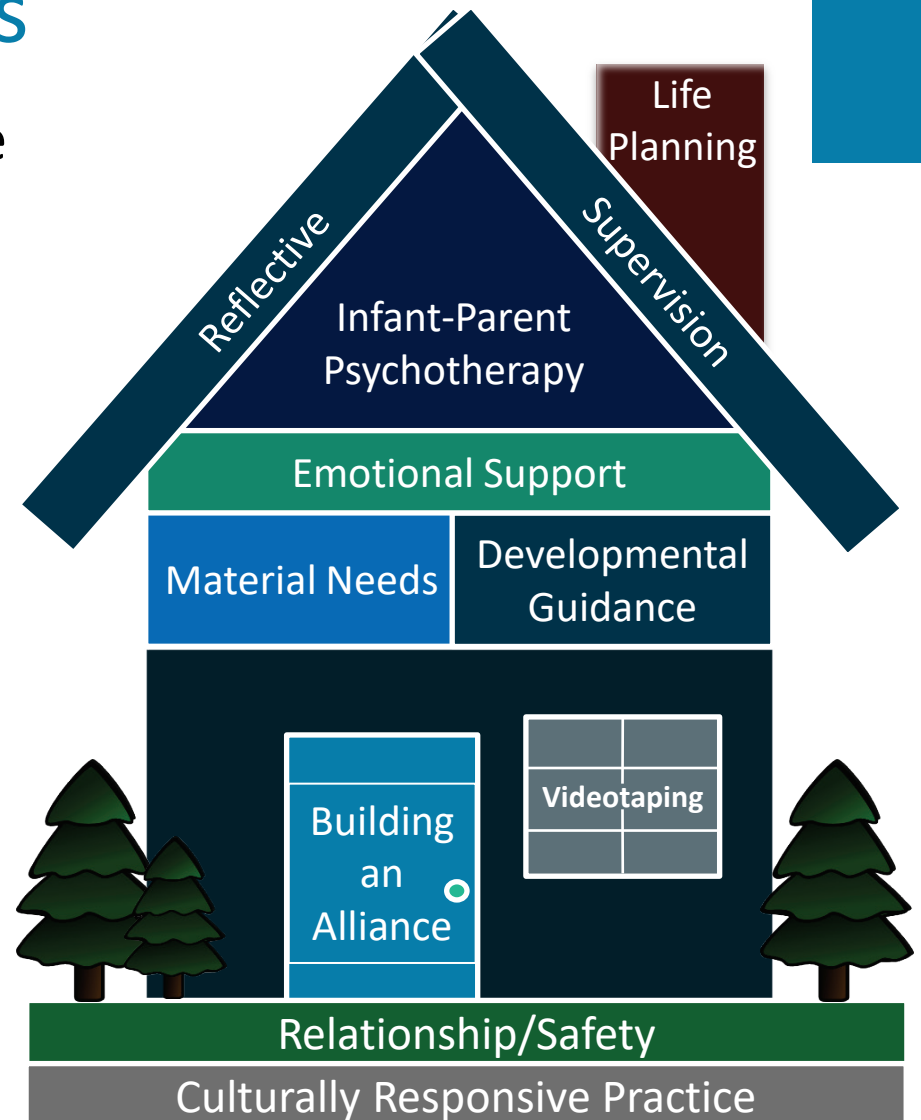
Trainer's Intentions

Trainer's intentions:

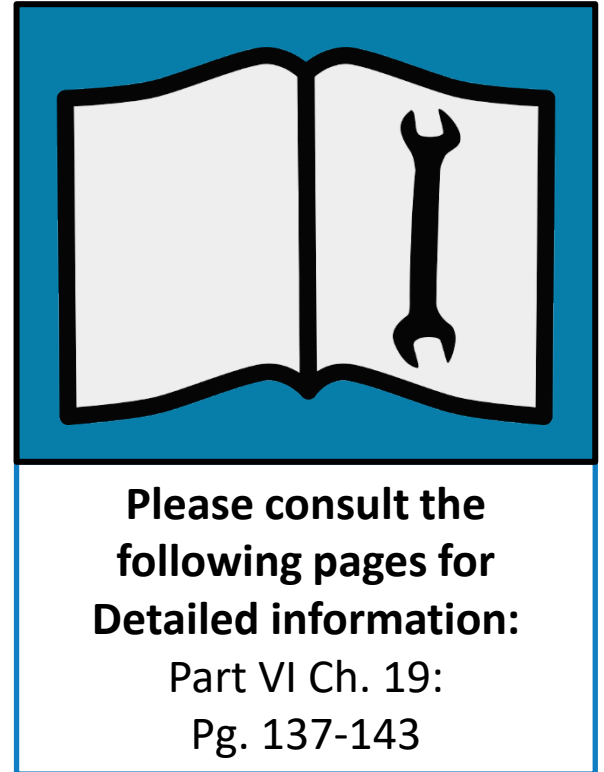
- To define therapeutic alliance and its impact on treatment
- Review strategies for building a trust
- Give opportunities for clinicians to discuss their awareness of and approaches to the impact of social identities on therapeutic alliance
- Develop participants' capacity to therapeutically address barriers to building trust

Infant Mental Health Home Visiting Components

- Culturally Responsive Practice
- **Building an Alliance**
- Material Needs
- Developmental Guidance
- Emotional Support
- Infant-Parent Psychotherapy
- Life Course Planning
- Reflective Supervision
- Videotaping



BUILDING AN ALLIANCE



What is Therapeutic Alliance

The bond and collaboration between a home visitor and their client.

“The alliance offers the experience of a **stable and consistent** relationship with someone who is dependable and reasonable.”

- A safe and secure base
- The holding place for all the rest of the work.
- The therapeutic alliance helps us co-create with families the “agenda” and define “the work,” with families in the lead.

Two Relationships

A home visitor is developing two relationships:

- A human-to-human connection where we learn who the person is, their likes and dislikes, what they are passionate about, what makes them a unique individual
- The therapeutic relationship where those involved come together around the "problem" that is presented as needing to be solved

What Does the Research Say?

- Higher therapeutic alliance is associated with improved program retention and outcomes (McCurdy et al., 2003; Sharf, Primavera, & Diener, 2010).
- Greater therapeutic alliance is associated with a trusting, experienced, supportive, and affirming provider (Ackerman & Hilsenroth, 2003).

(Torres, Rosenblum, Jester, et al., 2022)

(Torres, Walsh, Tamkin, et al., 2024)

Therapeutic Alliance and IMH-HV

- A study of IMH-HV found that:
 - clients and clinicians generally report very high rates of therapeutic alliance in the 1st three months of tx
 - clients who reported lower alliance at 3 months were much more likely to drop out of treatment very early (i.e., even after only 3 sessions)
 - In contrast, those who rated their alliance with their clinician as high remained in treatment longer, with over 50% remaining in treatment for more than 33 visits.

(Torres, Rosenblum, Jester, et al., 2022)

(Torres, Walsh, Tamkin, et al., 2024)

Clinician Racial Biases & Therapeutic Alliance

- A study of IMH-HV found that:
 - Clients of all races indicated a strong therapeutic alliance
 - Black clinicians rated their therapeutic alliance stronger for both their White and Black clients.
 - White clinicians generally reported lower levels of therapeutic alliance, particularly with regards to their Black clients.
 - Black and White clients reported high levels of alliance with all clinicians, not dependent on therapist race.

(Torres, Rosenblum, Jester, et al., 2022)

(Torres, Walsh, Tamkin, et al., 2024)

Parents Define Therapeutic Alliance

“It was like she didn't hold it against me, she didn't say ‘Oh, she’s a bad parent,’ nothing like that. She just, she just made sure that, okay, I’m taking the right steps to get out of the situation.”

“She's not just a therapist that walks into your house once a week, helps you, gives you some homework and walks out. [PROVIDER] is an all-encompassing therapist. It wasn't just about me— how's the family doing..., how's that going, how does this make you feel, she built connections with my kids before she even worked with them. “

(Torres, Rosenblum, Jester, et al., 2022)

(Torres, Walsh, Tamkin, et al., 2024)

Think & Share

What are some things you have done to develop a therapeutic alliance with a family?



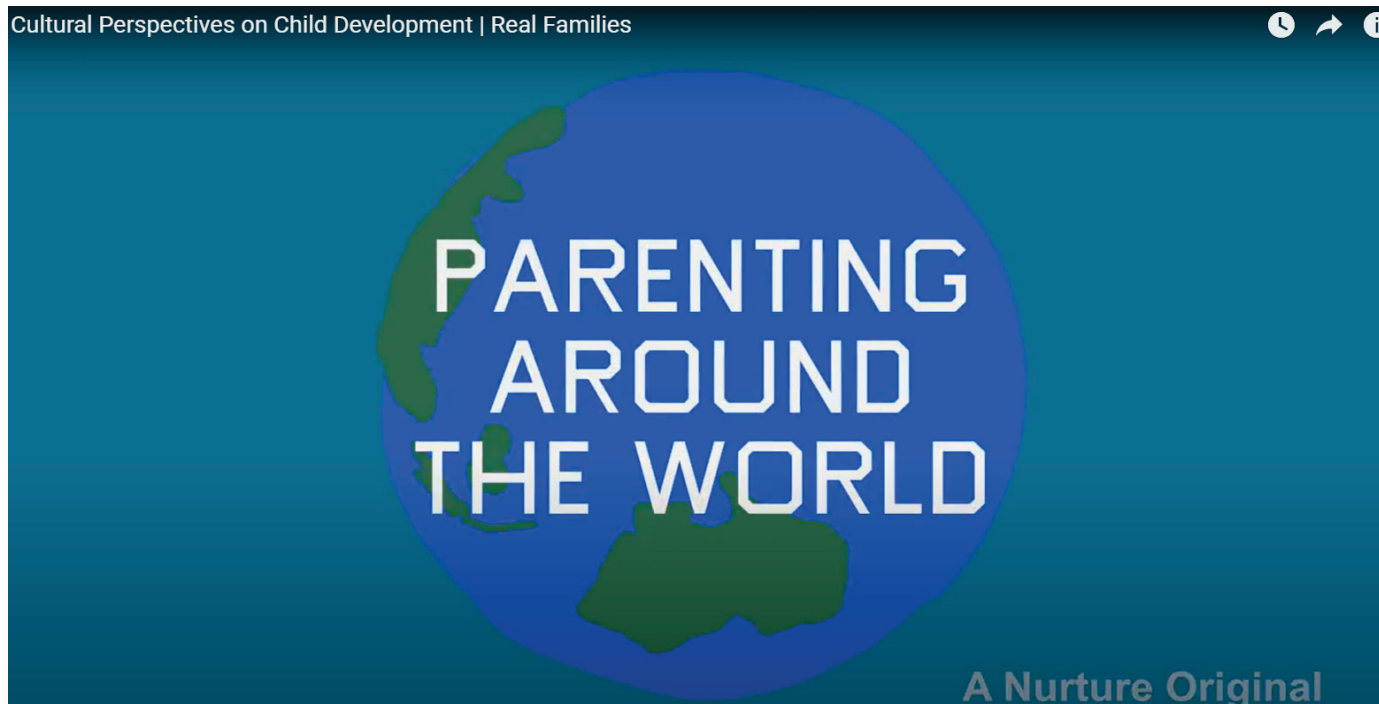
Building an Alliance Tasks

- Visits regularly in the home – is predictable and reliable
- Provides telephone support
- Observes, listens, accepts and nurtures
- Provides stable, consistent relationship
- Identifies and meets material needs

Building an Alliance

- Must be adapted to:
 - Family's structure and motivation for treatment
 - Family and clinician's own cultural context
 - Context the family and clinician co-create
(Szapocznik et al., 1997)
- Effective joining with a family from a cultural or racial group unfamiliar to clinician can be facilitated by communication of humility and respectful curiosity
(Dyche & Zayas, 1995; Odell, Shelling, Young, Hewitt & L'Abate, 1994)

Parenting Around the World



<https://www.youtube.com/watch?v=Nsn2B4IGKo8>

Family Traditions Around the World



<https://www.youtube.com/watch?v=Gmazdu2L64E>

Reflective Activity

Thinking back to your cultural genogram...

What are your family beliefs about parent/child relationships and what is "good" parenting?

How do you think your cultural norms and experiences have impacted therapeutic alliance both as a strength or a barrier?

Talking about Culture

From IMH-HV Study:

In general, Black/African American providers offered concrete examples of cultural differences they learned about on the job working with families as opposed to vague statements about 'cultural differences' described by White providers

By providing examples and exhibiting ease talking about clients of different cultures and racial/ethnic backgrounds, Black/African American providers appeared more comfortable talking directly about diversity.

Overall, White providers showed awkwardness in considering their own racial identity as well as those of their clients and the intersection between the two.

(Torres, Rosenblum, Jester, et al., 2022)

(Torres, Walsh, Tamkin, et al., 2024)

Boundaries and Therapeutic Alliance

- in work with Clients what does the word boundary mean to you?
- Clinicians must make complex decisions about boundaries and assess their impact on connection with clients
- Ask yourself: What does the family need? What is going to support the attachment relationship between the parent and the baby?
 - Ex. Can bring food AND have deeper conversation about the meaning of food...what does our bringing food mean to them?

Building an Alliance – Group Discussion

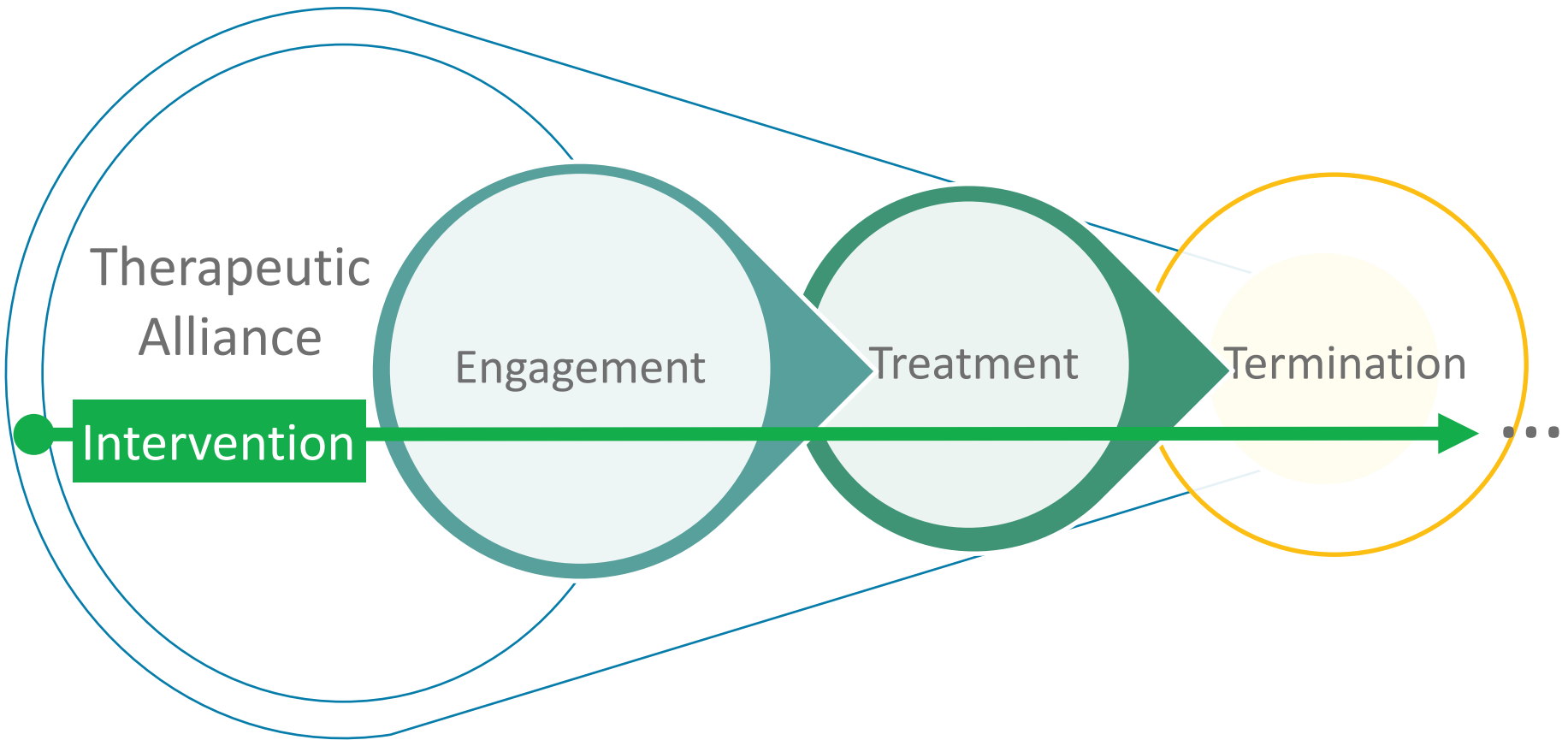


What ***specific*** things have you learned about the cultural expectations of babies, families, boundaries, etc., that has informed your work?

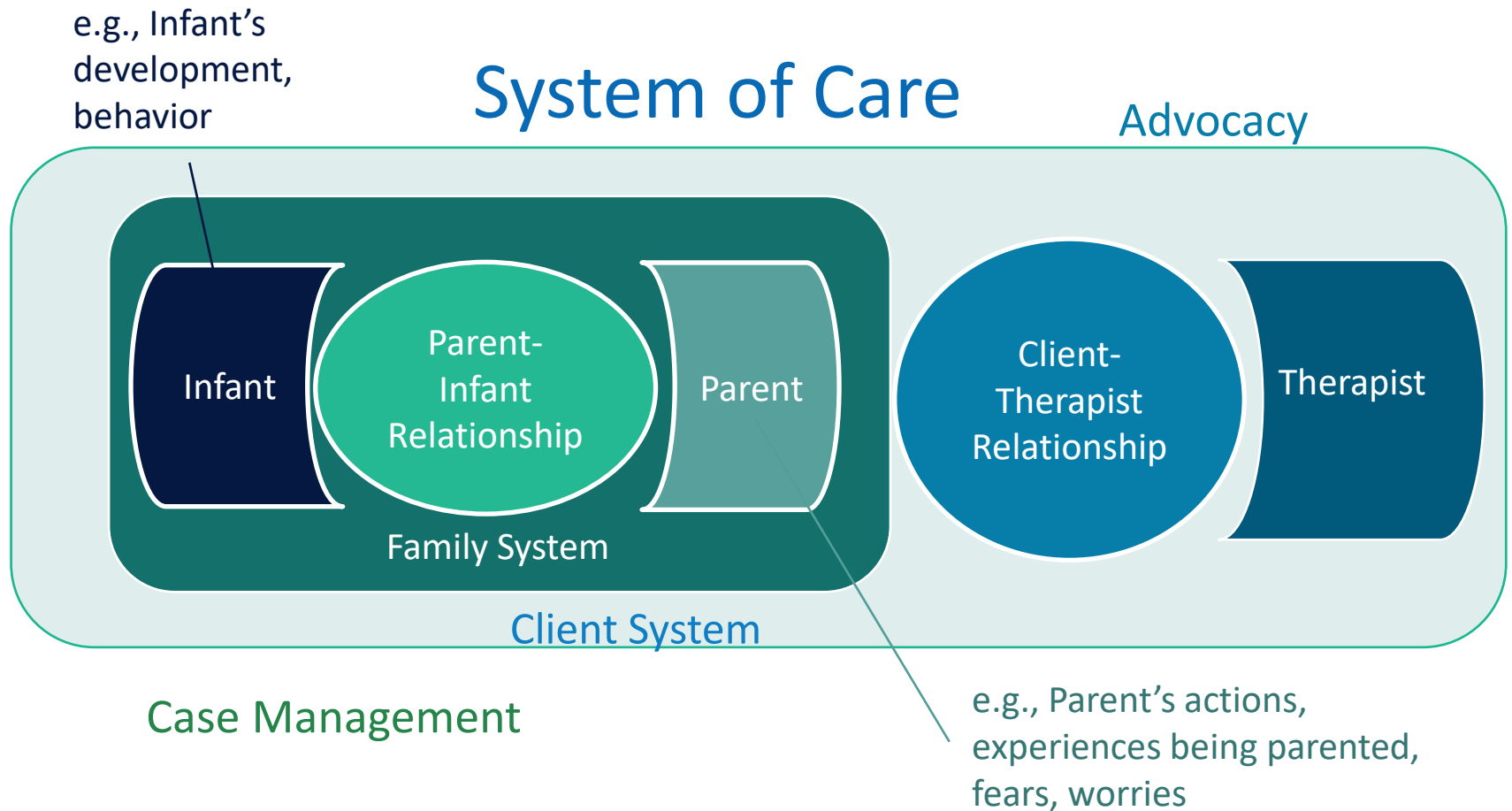


Therapeutic Alliance in the Treatment Process

Infant Mental Health Treatment Phases



Multiple Possible Ports of Entry



The Bridge the Therapist Provides

- IMH provider serves as a bridge between different professionals and providers
- This can be an important part of building alliance, someone who "holds all the pieces"

“ liked that our providers kind of talk to each other, checked in on the kids with other people that were seeing them, you know see if they were seeing the same things and what can we work on and that sort of thing.”

(Torres, Rosenblum, Jester, et al., 2022)

(Torres, Walsh, Tamkin, et al., 2024)

Reflective Activity

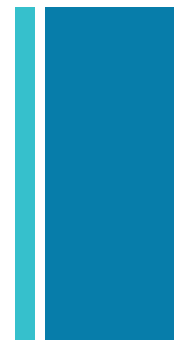


Think of a time when you struggled to develop a therapeutic alliance or a time when you had a therapeutic alliance and lost it?

- How did you make sense of that experience?
- What contributed to the struggle to connect?
- How did you address it?
- If you could have a do-over, what would you have done?

Strategies for Building Trust

- Consistency - attending to appointments as scheduled, following up on requests, and “having my back”
- Intervention happens over extended time (i.e., years)
- Identify resources to meet immediate material need and assist in accessing resources as needed (i.e., transportation to medical appoints, food banks, furniture, etc.)
- Accept what the parent offers (i.e., a cup of tea, cookies, etc.)
- Remain open and ready to learn about the baby/toddler and family



Strategies for Building Trust Continued...



- Open, honest communication – especially if communicating with other agencies, making reports
- Acknowledge power differential
- Provider's capacity for patience, empathy, open communication, and “showing up” (being physically and emotionally present - for the whole family)
- Non-judgmental approach, acknowledge the parent/caregiver's skills and experience

Consider the Language You Use

The language we use can subtly encourage a power differential between therapist and client.

Example:

Let's circle back around to the conflict you had with your parent and explore that further.

Versus:

We were talking about the conflict you had with your parent, and we got distracted by changing the baby's diaper and enjoying how sweet they are, how do you feel about returning and exploring that a bit more?



Barriers to Building a Therapeutic Alliance

Think & Share

What are two potential barriers to building an alliance with a family?



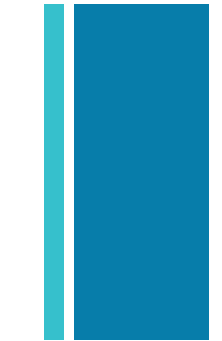
Potential Barriers and Challenges

- Client fears of abandonment, rejection, etc.
- Family's history with “helpers” and systems
- Power differential
- Unaddressed cultural differences
- Clinician's unexamined biases
- Awkwardness and uncertainty in talking about race



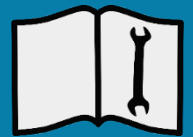
Building Trust When There are Barriers

- Barriers to intervention may be expressed in a variety of ways
 - Changed or broken appointments
 - Silence OR too many words to fill the emptiness
 - Chaotic, confusing home visit session
 - Interruptions or intrusions by family/friends
 - Visitors who stay throughout the session
- May signal to the clinician that they have moved into sensitive areas too quickly



Conversations About Difficult Feelings

- Following particularly difficult sessions clinicians may proactively address difficulty
- “We talked about a lot of stuff today and its not easy to have these kinds of conversations. It takes a lot of strength and courage. I hope we can continue talking about _____ but I can also understand if next week you want to do _____ instead. I’m happy to take your lead. I’m here for you in whatever way feels best right now.”



Understanding Barriers

- How do we understand those barriers to trust?
- It's important to remember that apparent "resistance" may mean that the parent is frightened, not that they are uncooperative or difficult.
- A clinician may need to reflect on the question: what is making it difficult for this parent to accept my offer to help?



Group Discussion



- What are some barriers that you are facing now?
- What does it feel like when you are trying to address barriers and are not feeling successful?

Building Rapport



"The most critical component is the relationship, the rapport you build ...Before I'm able to deliver a substantial amount of content to them, they have to invest in the teacher."

<https://youtu.be/VctaUNJpT6U?si=fGU5LW-msOe5FLuD>

Review of Building Therapeutic Alliance

- Definition of Therapeutic Alliance
- Strategies for Building an Alliance
- Addressing Barriers to Building Trust

