Manual for the
Working Alliance Inventory – Observer Form (WAI-O):
Revision IV

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These guidelines rely greatly on the original guidelines set forth by Raue and colleagues (1997b), but we also made some significant additions and departures from those guidelines. One change is a departure from Horvath’s (1982) original rating procedure as well as Raue and colleagues’ (1997) guidelines. Typically, observers are to assume a good alliance and therefore subtract from the rating when evidence is present. Research has indicated that the WAI-O has relatively little variability in ratings (Raue, Goldfried, & Barkham, 1997). In addition, they noted that the mean score of all sessions observed was 6.04 out of a total possible score of 7, which is indicative of an ideal alliance. It can be argued that a restricted range of scores due to a possible ceiling effect may be a significant hindrance to the validity of the WAI-O. Our guidelines assume an average alliance between client and therapist, and thus ratings for all items have a starting point at “4-No Evidence,” the middle point of the scale.

To accommodate this change, the anchor labels used by the current WAI-O (i.e., “Never” to “Always”) were changed to reflect the amount of evidence present in the segment observed (i.e., 1 = “Very strong evidence against”, 7 = “Very strong evidence”). By adjusting the anchor labels and the starting point for each item, we believe that raters can more accurately observe the alliance because they will look for positive and negative aspects of the alliance.

To develop a balanced scale that incorporates evidence for and against the factor in question, it appeared necessary to anchor the extreme scores of the scale with bipolar adjectives relevant to each item. For example, the item “There is a mutual liking between the client and therapist” calls for “open dislike” at a rating of 1 and “overt statements of liking” for a rating of 7 (pp. 4-5, Attached). Using this format, discussion of the extent or severity of the opposing adjectives is included at each point in the scale.

With this in mind, we developed descriptions for each of the points on the scale for each item. These descriptions include behavioral indicators present at each level, as well as descriptions of the extent or severity of the item in question.

The resulting guidelines provide a thorough explanation of the relevant factors in each item, and provide conceptual boundaries between the items. By using the middle point of the scale as a starting point and focusing on the severity of opposing adjectives, raters are provided with clear distinctions between the points on the scale which may allow raters to more reliably detect subtle changes in the alliance. Although these guidelines are designed to give observers a more thorough understanding of what is meant by each item, we feel that we have left considerable room for subjective perceptions of the alliance. In this respect, both overt behavioral observations and observers’ impressions can be accounted for in the final rating of each item.

These guidelines have only recently been completed, and they must be empirically examined before any of the above claims can be supported. Specifically, studies comparing the construct validity, interrater reliability, and scale intercorrelations of the WAI-O when scored with and without these guidelines should be conducted. In addition, the efficiency of using this rather lengthy manual must be evaluated. Currently, we are in collaboration with the original developer of the WAI in order to ascertain the construct validity of these guidelines.
1. There is a sense of discomfort in the relationship.

1 = Participants appear extremely comfortable in the session. The client approaches difficult topics very openly. The client and/or therapist may comment on how comfortable or relaxed the other is. Behavioral cues such as relaxed posture and smooth voice are evident.

2 = Client shows no apprehension toward topics in therapy. The client seems to approach and explore topics without hesitation, is not defensive, and appears to be relaxed during most of the session. Behavioral cues suggest that the client is comfortable.

3 = Client discusses difficult topics with limited hesitancy, and appears to be relaxed (e.g., relaxed posture, little fidgeting, smooth speaking). The client may become hesitant during parts of the session, but the therapist and client work through it appropriately.

4 = No evidence or equal evidence regarding client comfort and/or discomfort.

5 = Client is fidgety (only near the beginning of the session) and is generally hesitant to discuss deeply personal topics in the session. The client appears to be unwilling to explore some specific content areas. The therapist may also show some physical signs of discomfort (e.g., fidgeting, shaky voice, frequent posture changes) toward the beginning of the session.

6 = Client and/or therapist show(s) physical signs of discomfort in the session. The client does not appear to become more comfortable as the session progresses and/or may seem defensive throughout. Communication between the client and therapist may seem forced or uneasy.

7 = Client seems uncomfortable throughout the session. The client appears extremely defensive and actively avoids difficult topics. Client may even state on multiple occasions that he/she is uncomfortable.

2. There is agreement about the steps taken to help improve the client’s situation.

1 = Client directly states that tasks and goals are not appropriate, and does not generally agree on homework or in-session tasks. The client argues with the therapist over the steps that should be taken. The client refuses to participate in the tasks.

2 = Client is hesitant to explore and does not follow therapist guidance. The client withdraws from the therapist and appears to merely “go through the motions”, without being engaged or attentive to the therapist or the task.

3 = The client appears to be unsure as to how the tasks pertain to his/her goals, even after some clarification by the therapist. The client seems either ambivalent or unenthusiastic about the tasks in therapy, and is passively resistant to the tasks (e.g., limited participation).

4 = No evidence or equal evidence regarding agreement and/or disagreement.

5 = Client follows exploration willingly with few or no therapist clarifications needed.
The client becomes invested in the process, and is an active participant in the task. There is a sense that both parties have an implicit understanding of the rationale behind the tasks in therapy.

6 = Client openly agrees on tasks and is enthusiastic about participating in tasks. Both participants are acutely aware of the purpose of the tasks and how the tasks will benefit the client. To this end, the client uses the task to address relevant concerns and issues.

7 = Repeated communication of approval and agreement, both before and after the task is completed. The client responds enthusiastically to interventions, gains insight, and appears extremely confident that the task and goal are appropriate.

3. **There is concern about the outcome of the sessions.**

1 = Client expresses satisfaction with progress. Participants evaluate progress positively and agree on how in-session tasks will facilitate client change.

2 = Client works with therapist toward setting goals and evaluating progress. The client seems satisfied and excited with goals and progress. The client may make comments about how information learned in therapy is used during his/her daily life.

3 = Client makes no comments about concern and appears to understand the goals of therapy. Participants seem satisfied with the rate of progress of therapy. The therapist and the client discuss concerns they may have and adjust the therapy to remedy such concerns.

4 = No evidence or equal evidence regarding concern and/or satisfaction.

5 = Client expresses concern early in the session, but not in the latter parts of the session. The client may express doubt regarding the benefits of therapy, and may also appear hesitant to engage in session tasks.

6 = Client expresses concern throughout the session, especially towards the end. Attempts to redefine goals or how they are evaluated are generally unsuccessful. The client leaves the session dissatisfied with the amount of progress of therapy.

7 = Client states throughout the session that he/she is worried about the progress of therapy. The client has consistently low expectations for achieving long-term change. As a result, the client may not be very active as a participant. The client is convinced that therapy will not be beneficial for him/her.

4. **There is agreement about the usefulness of the current activity in therapy (i.e., the client is seeing new ways to look at his/her problem).**

1 = Participants repeatedly argue over the task. The client refuses to participate in the task, claiming that it is of no use to his/her goals. There is tension between the therapist and the client, and issues are not explored.

2 = Client does not engage or invest in the task of the session, though he/she may
not openly dispute the usefulness of the task. The client fails to explore issues with openness.

3 = Client is hesitant to participate, but eventually becomes invested in the task. The therapist is able to accurately convey the rationale behind the activity so that the client is then able to understand how the task is relevant to his/her current concerns.

4 = *No evidence or equal evidence regarding agreement and/or disagreement.*

5 = Client does not question the usefulness of the task and engages in the task almost immediately.

6 = Participants engage in a meaningful task that addresses a primary concern of the client. The client may remark, “I never thought of that before” or something to this effect.

7 = Participants remark how important/useful the task is. There is openness to exploration of the task and enthusiastic collaboration between the participants.

5. **There is good understanding between the client and therapist.**

1 = There is consistent need for clarification of ideas. The therapist makes inaccurate reflections and/or interpretations most of the time. The client becomes outwardly irritated or annoyed by the miscommunication. The tone of the therapist is very cold and mechanical. The therapist does not express warmth toward the client.

2 = Therapist makes several inaccurate reflections, and the client must correct them and ask for clarification at several points in the session. The client appears to become mildly agitated as a result of the miscommunication.

3 = Therapist makes a few poor reflections. Occasionally, the therapist has a mechanical tone of voice. The client may ask for clarification of ideas on a few occasions.

4 = *No evidence or equal evidence regarding good and/or poor understanding.*

5 = Therapist is generally warm toward the client. There are few/no inaccurate reflections by the therapist. The client answers the therapist’s inquiries without much confusion. Understanding improves over the course of the session.

6 = Participants generally have efficient and warm communication with each other. The therapist makes accurate reflections during the session.

7 = Therapist makes consistently empathic, insightful, and accurate reflections throughout the session. The client rarely/never asks for clarification. The client may comment that the therapist truly understands him/her.

6. **There is a shared perception of the client’s goals in therapy.**

1 = Therapist makes consistent mistaken interpretations of the client’s needs. The client does not see how tasks are relevant to progress. The therapist is rigid, and arguments may result.

2 = Therapist makes several inaccurate interpretations of client’s needs. The client
is required to reiterate his/her perceptions on a couple of occasions. The therapist eventually adapts, but only after the client makes several corrections.

3 = There is some uncertainty in the dyad about the goals and steps taken, including minor confusion about the client’s needs. The client must make corrections and the therapist adapts after relatively few corrections.

4 = No evidence or equal evidence regarding shared and/or differing perceptions.

5 = Therapist understands the needs of the client after relatively few clarifications and/or corrections by the client. Underlying logic for tasks is understood and the client appears to be relatively invested in the therapy process.

6 = In addition to the shared perception of the client’s needs, the participants work together on choosing and completing in-session tasks. Both participants see how the tasks are related to the client’s goals and are able to evaluate progress.

7 = Consistent and accurate iteration of client’s goals from both participants. The participants have a clear understanding of the steps required for the achievement of goals. The therapist explores problems enough to understand their details (e.g., the life situations where the client’s problems are most profound).

7. There is a sense of confusion between the client and therapist about what they are doing in therapy.

1 = Therapist makes accurate reflections and/or interpretations. Goals are clear and effectively communicated, as are the steps needed to accomplish goals. The participants work actively and enthusiastically on in-session tasks.

2 = Therapist makes accurate reflections most of the time, and the client agrees with therapist reflections. Goals are not directly communicated, but the participants are implicitly aware of the nature of the goals.

3 = Client makes no comments about goals, but has an unspoken understanding of the goals of therapy. There is little or no need for clarification of tasks and goals.

4 = No evidence or equal evidence regarding confusion and/or understanding.

5 = Client is not invested in the in-session tasks. The client is hesitant to participate because he/she does not understand the relevance of the task. Therapist clarification of the tasks is often needed.

6 = Client does not see the relevance of the tasks or the goals and exhibits signs of impatience and irritation toward the therapist. The client is extremely hesitant to engage in tasks because the client feels that the goals do not address the client’s concerns. There may be some dialogue between the participants as to whether the goals are relevant.

7 = Client openly questions the point of therapy. The therapist makes inaccurate judgments of the client’s immediate and long-term concerns. Goals are not clearly defined, and the tasks do not match the client’s areas of concern.

8. There is a mutual liking between the client and therapist.
1 = There is open dislike between the participants. Overt hostility is apparent. Arguing and disparaging comments may be present. Neither participant displays concern for the other, and there is a noticeable coldness between them.

2 = Therapist fails to show concern for the client. This may be reflected in the therapist’s forgetting of important details of the client’s life. The client may question whether the therapist disapproves of him/her.

3 = Although not verbalized, there appear to be stresses in the relationship between the participants. In particular, the therapist rarely/never reacts warmly toward the client, nor does the therapist reinforce healthy outside behaviors very often. The relationship seems relatively cold and mechanical.

4 = No evidence or equal evidence regarding mutual liking and/or disliking.

5 = Participants react with warmth toward each other for most of the session. The therapist is actively involved in exploration of emotions and is aware of important details of the client’s life. The therapist’s tone is empathic and encouraging for the most part.

6 = Participants react warmly toward each other throughout the session. The therapist encourages healthy behavior and continually expresses what seems to be genuine concern for the client.

7 = Therapist appears genuinely interested in the client’s life, including hobbies and other outside interests. The therapist constantly reinforces positive behavior and displays positive regard for the client consistently during the session. The client may state “I really feel like you care about me” or something to that effect.

9. **There is a need to clarify the purpose of the sessions.**

1 = Session tasks are clearly stated. There is collaboration in setting the tasks and verbal agreement about the tasks. Both participants are thoroughly aware of the purpose of the tasks, and there is a clear understanding of where the task should lead the participants.

2 = The participants implicitly agree upon the tasks in the session. Participants seem to collaborate within each in-session task, and the client appears to feel that the tasks are helpful and important.

3 = Clarification of the purpose of in-session tasks is rarely needed. Clarification may be needed early in the session, but the participants clearly communicate expectations/wishes for the session, and the participants actively work together on the tasks.

4 = No evidence or equal evidence regarding the need to clarify session purpose.

5 = Clarification is needed at several points in the session. It appears as though the client does not understand where the task is going or how it is relevant to his/her present condition. The therapist must make several attempts to clarify throughout the session.

6 = The session seems to meander, with no clear purpose or task. Topics may be touched upon only briefly, and may change without clear transition. The client may appear to be misguided in the exploration of topics.
7 = The tasks of the session are never discussed, and are clearly not understood by the participants. The therapist and/or the client may attempt to change the topic without transition. The participants may have differing views of the appropriate tasks for therapy. Communication is laborious and unclear throughout the session. The client may ask, “How will this help?” or something to that effect.

10. **There is disagreement about the goals of the session.**

1 = Participants work successfully through agreed-upon in-session goals. There is no evidence of disagreement. Goals are appropriate and meet client’s needs.

2 = Participants work toward similar in-session goals with which they both seem satisfied.

3 = Participants work toward agreed-upon in-session goals. Some questions may arise, but the therapist is able to be flexible when necessary and may alter the session to meet the client’s needs. Goals may initially be irrelevant but are quickly adjusted for the client.

4 = No evidence or equal evidence regarding disagreement and/or agreement.

5 = Client and/or therapist voice one or two concerns regarding appropriateness of in-session goals. Some time may be spent in discussing different viewpoints on goals before a conclusion is reached. The participants may have some difficulty agreeing with one another about concerns.

6 = Client and/or therapist question the point of several goals. Clarification may be necessary at many points during the session. The client may express agreement in order to appease the therapist, but he/she may not actually concur with the therapist – commonly known as the “yes, but” situation.

7 = Participants are in total disagreement over goals, or goals are inappropriate for the client. The client may be resistant to in-session tasks that relate to the goals.

11. **There is a perception that the time spent in therapy is not spent efficiently.**

1 = Participants work well together. The client seems open to all subjects, focuses on the task at hand with little to no redirection by the therapist, and clear progress is made.

2 = Client works at discussing all subjects, focuses well, and makes general progress. There may be some hesitancy or resistance on the part of the client, even though client is trying his/her best.

3 = Client attempts to discuss most subjects, but may need redirection from therapist. Slow progress is made.

4 = No evidence or equal evidence regarding time efficiency and/or inefficiency.

5 = Client has trouble discussing a few topics, and also may require redirection. The client’s trouble with the task at hand may be obvious, and the participants seem to have trouble complementing one another’s roles.

6 = Client avoids several topics and has trouble focusing. Little progress is made.
The participants’ attempts to improve the situation are mostly unsuccessful. The session gives the impression that there is a lack of focus; participants seem to be meandering from topic to topic, without clear direction or commitment to a plan.

7 = Client continually avoids or resists subjects. Focus is often redirected by the therapist, and no productive gains are made. The participants do not work well together.

12. **There are doubts or a lack of understanding about what participants are trying to accomplish in therapy.**

1 = Participants are clearly working successfully towards the same identifiable goals. Relevance of long-term goals are apparent to both participants. They may discuss goals in order to praise the therapeutic process or comment on its usefulness.

2 = Participants discuss long-term goals, agree, and work on them. Little discussion is needed on this topic, but concerns are immediately addressed and therapy session is adjusted to meet the needs of the client.

3 = Participants may not make mention of long-term goals, but seem to be working toward the same objective. The client seems happy with progress that is made.

4 = *No evidence or equal evidence regarding confusion and/or understanding.*

5 = Participants may have minor disagreements on long-term goals. Specific tasks may be questioned or resisted. The client may voice a general dissatisfaction.

6 = Participants may need to pause several times to adjust long-term goals. Therapy is interrupted, and several interventions may be questioned. The therapist may assume an “expert” role, and thus may discount the client’s ideas for therapy. The client may become despondent and withdraw emotionally from therapy.

7 = Participants identify different goals, question each other’s priorities for therapy, and are unable to compromise on a solution. The client may state his/her reason for attending therapy that evokes a negative response from the therapist. The client may also express strong displeasure for in-session goals as they might relate to long-term goals.

13. **There is agreement about what client’s responsibilities are in therapy.**

1 = Participants do not agree on what the client’s responsibilities are in therapy. The client may refuse the therapist’s direction, verbally disagree about homework, and seems reluctant to participate.

2 = Client has clear trouble accepting what the therapist wants him/her to do. The client may challenge or disregard the direction provided by the therapist, and may complain about a number of homework issues.

3 = Client seems reluctant about therapist’s ideas. The therapist may attempt to be directive, but the client may not understand or accept the direction. The therapist may expend a lot of effort to encourage client participation.
4 = No evidence or equal evidence regarding agreement and/or disagreement.
5 = Client may have some hesitation but largely agrees with the therapist. The client offers little resistance to the therapist’s ideas, and the session improves as time progresses. The client may also appear to be overcompliant, perhaps in order to avoid confrontation.
6 = Client generally acquiesces to therapist’s suggestions, and is relatively enthusiastic about participating. For instance, the therapist may make a suggestion to the client that the client will acknowledge, but not seem excited about.
7 = Client is eager and willing to do what the therapist suggests in session and as homework. The client may also comment on the usefulness or how well the session appears to be going.

14. There is a mutual perception that the goals of the sessions are important for the client.

1 = Client indicates that goals are unimportant and irrelevant. As a result, the participants seem uninterested in the therapeutic process.
2 = Client and/or therapist are having trouble staying interested in the therapeutic process. The majority of the goals may seem irrelevant or unimportant to the client. The client may give indications of dissatisfaction by voicing these concerns, or by detaching his or her self from the session.
3 = Client and/or therapist may seem slightly uninterested in the therapeutic process. The client may indicate that some goals do not seem relevant and may question their importance.
4 = No evidence or equal evidence regarding mutual perception of importance and/or unimportance of goals.
5 = Participants seem to understand importance of goals. Little may be said on the subject, but there is a general air of understanding, and effort is put into therapy.
6 = Participants are actively involved in therapy. The client feels that the goals are generally important and beneficial. The participants focus well during therapy, but may be occasionally interrupted by the client’s questions.
7 = Participants are focused and bring energy to the therapeutic process. The client feels that the goals are important and extremely relevant.

15. There is the perception that what the therapist and client are doing in therapy is unrelated to the client’s current concerns.

1 = Therapist is able to recognize relevant topics and/or concerns that may be voiced by the client, and is able to incorporate all concerns into session plan in a helpful and efficient manner.
2 = Therapist acknowledges client’s relevant concerns, and tries to address them within the session. The session is flexible and the therapist can usually return to
the previous topic if needed without trouble.

3 = Therapist acknowledges relevant concerns and topics brought up by client, but may have some trouble working them into the session plan. The therapist may seem a bit reluctant to deviate from the current topic.

4 = No evidence or equal evidence regarding amount of relation to client concerns.

5 = Client brings up some topics or concerns during therapy that the therapist overlooks. The therapist manages, however, to address most of the topics. Therapy does not flow smoothly and the therapist may have trouble getting back on track.

6 = Client brings up concerns during therapy that the therapist hears but may or may not address. Attempts to address the issues are usually unsuccessful. The session may seem choppy and the concerns are treated as interruptions.

7 = Client voices relevant problems with current therapy. The therapist may or may not acknowledge these concerns, and is unable to deviate from therapy plan to address client concerns. The therapist may seem annoyed by client’s attempts to interrupt the session plan.

16. **There is agreement that what the client and therapist are doing in therapy will help the client to accomplish the changes he/she wants.**

1 = Participants express strong doubt and/or dissatisfaction. The participants state different goals and are unable to come to an agreement.

2 = Client and/or therapist express doubt and/or dissatisfaction several times. Participants seem unable to resolve several key issues involving therapy.

3 = Client and/or therapist express some doubt or dissatisfaction about the therapeutic process. They may have some trouble coming to an agreement that is satisfactory to both participants. There may be no complaints, but some conversations may seem superficial and/or lacking exploration.

4 = No evidence or equal evidence regarding agreement and/or disagreement.

5 = Client and/or therapist seem happy with therapy, although there may seem to be room for improvement. No doubts are expressed by either participant.

6 = Client and/or therapist agree therapy is helping. Participants seem to be making significant progress toward goals.

7 = Participants agree that therapy is very beneficial. The client may comment on several occasions about how helpful therapy has been.

17. **The client is aware that the therapist is genuinely concerned for his/her welfare.**

1 = No concern is shown in therapy. The therapist is non-attentive, cold, and statements are hostile and/or inappropriate. The client does not feel genuine concern from the therapist.

2 = Client feels little concern from the therapist. The therapist may give a few
statements of concern, but mostly acts in a mechanical and uncaring fashion, despite repeated attempts for responses from the client.

3 = Client feels like therapist is listening, but does not care. The therapist may pay attention, but only give some signs of emotion in response to the client.

4 = No evidence or equal evidence regarding therapist concern and/or disinterest.

5 = Client feels some concern from the therapist. The therapist is mostly attentive, shows some warmth using reflection, and may give a few statements of concern.

6 = Client feels like therapist is concerned and invested in the therapy. The therapist is attentive and warm, demonstrates empathetic listening, and offers statements of concern.

7 = Client is confident that the therapist is genuinely concerned. The therapist is attentive, shows empathy using a variety of techniques, delivers statements in a warm and caring manner, and uses direct statements of concern.

18. **There is clarity about what the therapist wants the client to do.**

1 = Client and therapist both lack clarity. The therapist is unable to communicate clearly, and as a result of this, the client is unable to understand what the therapist wants. There is a very poor connection between participants.

2 = The session involves a lot of misunderstandings between participants. For example, role responsibilities may not be clearly delineated, or tasks may not be adequately defined.

3 = The session involves some confusion on the part of the client. The therapist gives explanations that are somewhat clear, but the client doesn’t understand some of it.

4 = No evidence or equal evidence regarding clarity and/or confusion.

5 = The client is able to understand some of the session, even though the therapist’s explanations are confusing or misleading on several subjects. The client exerts extra effort in order to understand what the therapist is asking him/her to do.

6 = Only some confusion is experienced during the session. The client is able to understand the therapist even though some of the therapist’s explanations are unclear. In general, the session flows smoothly.

7 = Participants are able to communicate in a clear and thorough manner. There is little to no confusion experienced within the session. There is a good connection between the participants.

19. **The client and the therapist respect each other.**

1 = Participants show a great amount of dislike, disdain, and/or spite for each other.

2 = Participants show some disregard for each other, or one of the participants demonstrates a great amount of dislike, disdain, and/or spite for the other. One or both consistently interrupt and/or demonstrate a lack of effort in trying to understand the other, which could be exhibited by negative nonverbal behaviors
including closed posture, and wandering eyes. The therapist could end the session abruptly, without regard to the client’s state.

3 = Participant actions include one or more of the following at times: interrupting each other, employing derogatory/supercilious statements or mechanical reflections, and/or not paying attention. This may cause an inaccurate therapist reflection and/or the need to ask the client to repeat some content, or induce a client tendency to dismiss therapist ideas or persuasiveness.

4 = No evidence or equal evidence regarding respect and/or disrespect.

5 = Participants show some evidence that they are really paying attention to each other. The therapist may exhibit some notable acceptance of client problems.

6 = Participants show frequent signs that they are really paying attention to each other throughout the session, such as by nodding or other minimal encouragers, insightful reflections by the therapist, and active participation by the client.

7 = Strong evidence that participants consistently and completely attend to the other’s communications throughout the entire session. The client voices strong confidence in the therapist’s competence in some way. The therapist voices some note of encouragement that indicates respect for what the client is trying to do.

20. The client feels that the therapist is not totally honest about his/her feelings toward her/him.

1 = Client feels that the therapist is being completely honest toward him/her. The client may verbally acknowledge trust of therapist.

2 = Client is comfortable in disclosing intimate issues as a result of knowing the therapist’s feelings towards him/her.

3 = Client shows some implicit satisfaction towards therapist response to interpersonal questions about feelings towards the client.

4 = No evidence or equal evidence regarding client feelings of therapist honesty and/or dishonesty.

5 = Client shows some implicit hesitancy in disclosing intimate details. The therapist may show some impatience in dealing with the client, and there may be some evidence that the client senses this.

6 = Client demonstrates hesitancy in disclosure and some distrust of therapist. Client may question therapist about his/her level of honesty. There may be considerable evidence of dislike of the therapist as a result, including negative voice tone.

7 = Client shows extreme distrust of the therapist, and/or accuses therapist of not being honest about his/her views of the client.

21. The client feels confident in the therapist’s ability to help the client.

1 = Client expresses extremely little or no hope for therapy outcome. The client
questions the therapist’s ability to a great extent. The client is resistant to therapist suggestions or attempts to help.

2 = Client expresses considerable doubts, frustration, and pessimism, and may question therapist directly about his/her qualifications or understanding of the client’s experience.

3 = Client expresses some doubts about the usefulness of therapy, in regards to the therapist, process, or outcome. The client may doubt that the therapist is truly understanding his/her problems or doubt the interventions/homework/etc. given during a problem-solving phase.

4 = No evidence or equal evidence regarding client confidence and/or doubt.

5 = Client expresses some confidence in the therapist’s ability, either by praise or an optimistic view about the outcome of the therapy as the result of a collaborative process (rather than thinking that the client him/herself is doing all of the work).

6 = Client believes in the therapist’s competence level to a great extent, and this may be evident in the client’s expressions about the usefulness of therapy or praise of the therapist.

7 = Client consistently agrees with therapist reflections and interventions/guidance, while also discussing the virtues of the therapy and/or the therapist a few times during the session.

22. The client and therapist are working on mutually agreed upon goals.

1 = Topics change constantly and abruptly without consideration of the other, mostly after interruptions by either participant. There is a good deal of clashing over the appropriateness, definitions, and/or boundaries of the client’s goals.

2 = Topics shift somewhat frequently before resolution or closure. The therapist may interrupt and redirect focus onto a less relevant topic without prompting from the client. Friction between the participants becomes evident – one or both may show dissatisfaction with the change in topics or the pace of therapy in general.

3 = Some shifts are induced from a relevant to another relevant or non-relevant topic by either participant before closure has been established for the original topic. This is indicated by interruptions or ignoring the other’s statement and moving on.

4 = No evidence or equal evidence regarding collaboration on in-session goals.

5 = Some evidence that participants are making progress towards in-session goals via discussion of relevant topics.

6 = Considerable progress made towards goals through thoughtful discussion of topics that both participants agree are relevant. Participants frequently agree with each other about what they are currently doing.

7 = Participants completely agree upon goals through extremely productive discussions of more than one relevant topic. Participants almost always reach closure on current topic that the client recognized as a goal, before shifting to another relevant topic.
23. The client feels that the therapist appreciates him/her as a person.

1 = Client accuses the therapist of being uncaring, inconsiderate, and inattentive to his/her concerns several times.
2 = Client perceives the therapist as mechanical, distant, and/or uncaring, by voicing these concerns to the therapist. Client may demonstrate some contempt.
3 = Client expresses some doubts about whether the therapist cares for him/her, by subtlety mentioning this to the therapist in passing during discussion of other topics. The client may show some nonverbal signs of withdrawal, displeasure, or frustration, in response to feeling unappreciated.
4 = No evidence or equal evidence regarding client’s feelings about therapist appreciation or disregard.
5 = Therapist expresses some nonjudgmental acceptance, warmth, empathy, personal interest, and/or sensitivity to the client and his/her situation that the client responds to in some fashion.
6 = Some direct client acknowledgement of therapist warmth, acceptance, and/or understanding. The client feels concern/support from the therapist and is comfortable and at ease during most of the session.
7 = Client feels that the therapist likes him/her, and expresses gratitude for the relationship or compliments the therapist’s ability to empathize.

24. There is agreement on what is important for the client to work on.

1 = Therapist does not allow client to move on to different topics or the participants become very confrontational about the therapy process.
2 = Considerable disagreement is evident between the participants on what the client should be doing in therapy, through directly voiced opinions about therapy productivity that conflict with the other’s views about it.
3 = Some disagreement is present between the participants on what the client should be working on currently or in the future. The client may want to spend a different percentage of the session time on certain topics than does the therapist.
4 = No evidence or equal evidence regarding agreement and/or disagreement.
5 = Client is somewhat responsive to the therapist’s intention and the therapist is somewhat responsive to client focus or need. The therapist facilitates client exploration to some extent.
6 = Therapist is frequently willing to explore client issues and is very receptive to modifications by the client. Both participants respond positively to each other’s exploration of topics and/or issues.
7 = Participants seem to consistently agree on the importance and appropriateness of the tasks and issues, openly agree to work on certain issues, and demonstrate flexibility by following each other’s leads when integrating new topics into the session.
25. **As a result of these sessions there is clarity about how the client might be able to change.**

1 = Client is extremely confused most of the time about the entire change process.
2 = Client is frequently confused about how to change. The client asks a number of questions regarding the change process. Tasks are unclear or unrelated to the goal. Sessions may end abruptly while client is still actively seeking answers and/or closure.
3 = Client is sometimes unclear as to how change will occur. Tasks do not seem to be very well defined or related to the goals of therapy.
4 = No evidence or equal evidence regarding clarity and/or confusion.
5 = There is some degree of focus on the future and the change process, including some discussion the client’s current state and how it might be improved. This may include an agreement or promise to talk about a specific, relevant topic in the future.
6 = Client talks about positive change in a way that indicates understanding of how change will occur. Expectations, tasks, and/or goals are stated clearly.
7 = Client is extremely optimistic about the prospects of therapy leading to positive changes because he/she has a clear idea of how to go about it.

26. **There is mutual trust between the client and therapist.**

1 = Client states outright that he/she does not trust the therapist at all. The client does not openly discuss any significant issues. The therapist demonstrates a complete lack of confidence in the client’s ability to discuss significant issues.
2 = Participants are considerably distrustful of each other. The client is very guarded in disclosing any intimate content, while the therapist also shows a lack of comfort. Questions concerning trust may arise.
3 = Participants are somewhat distrustful of each other. Client is a bit guarded in terms of content disclosed. Therapist may show a few signs of lack of comfort about the therapy situation.
4 = No evidence or equal evidence regarding mutual trust between the participants.
5 = Some willingness by the client to disclose personal concerns and some therapist acceptance of the client’s statements at face value. The therapist does not override or interrupt a client’s train of thought by redirecting focus.
6 = Client is receptive to therapist reflections, challenges, and/or suggestions, and discloses a considerable amount of more intimate/relevant information regarding his/her problem(s). The therapist seems comfortable with the overall situation and is not defensive at all. The client may express confidence in the therapist.
7 = Participants have complete faith in each other. The client is very comfortable about disclosing extremely intimate details or problems, and the therapist feels extremely comfortable.
27. The client and therapist have different ideas about what the client’s real problems are.

1 = Participants consistently agree on the nature of the client’s problems and goals. Congruency in problem solving is clearly evident. Both often identify the same issues. Participants feel that the session is very productive.

2 = There is considerable agreement on the client’s true problems. The therapist is willing to explore client problems and current feelings, and the client openly follows and/or provides the direction of the discussion.

3 = Participants show some agreement about the issues that the client faces.

4 = No evidence or equal evidence regarding agreement and/or disagreement.

5 = Participants show some disagreement about what the client’s problems are. Either may question the other’s response regarding client problems.

6 = One participant brings up a topic but the other ignores it or disagrees with its relevance. Confrontations of some sort arise as a result. There may be signs that one or both participants become defensive at times.

7 = Client either strongly disagrees or argues with therapist about what his/her problems really are. The therapist may refer to what he/she believes is the “real problem” and may thereby discount the client’s perceptions of the problem. The therapist abruptly shifts topics and/or constantly interrupts with no regard for the client’s concerns or current state.

28. Both the client and therapist see their relationship as important to the client.

1 = Client does not respect the therapist. The therapist may make frequent interruptions or seem uninterested indicating that he/she is not fully invested in the relationship. The client may frequently make derisive remarks towards the therapist. If the client opens up at all it is most likely a negative comment (e.g., “I feel that I am not getting what I need from you”). The client may be considering leaving therapy or is being forced to attend.

2 = Client puts little effort into the relationship. The client does not fully participate and rarely opens up. If the client does open up, it may be with a negative comment (e.g., “I feel that I am not getting what I need from you”). The client has little respect for the therapist. The client may not respect the therapy hour, arriving late or missing sessions.

3 = Client is not fully invested in the relationship. The client does not open up a great deal. The client may express a negative comment about the relationship.

4 = No evidence or equal evidence regarding importance and/or unimportance.

5 = Client puts some effort into the relationship, task participation and speaking about relevant topics.

6 = Client believes in the process and speaks freely about relevant topics. The
client believes in therapist as the facilitator of change. The client looks forward to future sessions and may show concern about any breaks in therapy, such as a therapist or client vacation, etc.

7 = Participants believe that this relationship and the process of therapy will bring about change. This client is highly invested in therapy, and it is evident that he/she spends considerable time working on therapy homework or contemplating therapy outside of the therapy hour. Any breaks in therapy would be taken seriously by the client and could cause discomfort.

29. The client fears that if he/she says or does the wrong things, the therapist will stop working with him/her.

1 = Client is forthcoming about all issues without fear of reprisal. The client shows that he/she is willing to discuss process concerns: displeasure with process, displeasure with outcome, lack of effort, and/or not doing homework. The client also expresses no fears.

2 = Client is forthcoming about most issues, but may hold back somewhat with certain items. The client does not seem to be very concerned with being judged.

3 = Client seems somewhat secure in relationship and is forthcoming about some issues.

4 = No evidence or equal evidence regarding client fears and/or comfort level.

5 = Client seems tentative to say some things. The client may be embarrassed and may express some concerns that he/she will be judged.

6 = Client openly talks about being judged or the therapist stopping working with him/her. The client may directly question whether the therapist is judging him/her. Also, the client may test this notion by revealing some past transgressions.

7 = Client seems convinced that his/her comments will be judged harshly and/or that the therapist will stop working with him/her if the client says something of which the therapist disapproves. The client appears to be ashamed of his/her thoughts or feelings, and is extremely resistant to exploration.

30. The client and therapist collaborated on setting the goals for the session.

1 = Participants are almost always non-responsive to each other’s initiations. They both switch topics often without respecting the other. The participants seem to be locked in a power struggle. The session seems chaotic.

2 = Participants are often non-responsive to each other’s initiations. They often switch topics without waiting for the other. The session seems to progress randomly. There does not seem to be a great deal of logic to the way the initiations and topics are unfolding.

3 = Participants are sometimes non-responsive to each other’s initiations. They may sometimes switch topics without waiting for the other.

4 = No evidence or equal evidence regarding collaboration and/or discord.
5 = Participants seem to agree and respond to each other. Topics may not flow smoothly at all the times.

6 = Initiations and topics almost always flow smoothly except for one or two awkward moments where the discussion gets stalled. Participants collaborate to determine in-session goals.

7 = Participants always respond to each other’s initiations and change topics together. The session has a flowing quality. There is strong agreement on the goals of the session.

31. **The client is frustrated with what he/she is being asked to do in the therapy.**

1 = Client is excited about all tasks in therapy. This enthusiasm may be verbalized or displayed through participation. The client may say things such as, “that was helpful,” or even make suggestions about how to improve performance on in-session tasks.

2 = Client seems pleased and generally interested in most tasks and is able to perform most of the tasks well.

3 = Client seems cooperative. Although the client may not be able to perform all tasks perfectly, the client retains a positive attitude towards therapy.

4 = No evidence or equal evidence regarding frustration and/or satisfaction.

5 = Client shows minor frustration or shift tasks. The client may not understand tasks perfectly or may not need a re-explanation. May not be able to perform some tasks well. The client may have a good idea of the steps necessary for change but does not seem to be prepared to take action.

6 = Client spends considerable time resisting the task or is unable to do task. The client may require re-explanation of tasks and may still have difficulties after clarification. The client may show considerable annoyance, and may use sighs, body language, facial expressions or statements to display frustration.

7 = Client is unable or unwilling to perform most tasks. The client may not have the patience to wait for re-explanation. The client openly voices frustration in addition to frowning and sighing.

32. **The client and therapist have established a good understanding of the changes that would be good for the client.**

1 = Participants misunderstand each other. They have open disagreements about the process of change. The client voices concerns that he/she seems to be moving towards changes that he/she does not want or that the methods being used will not lead the client towards desired changes.

2 = Client expresses doubts that he/she can change or about methods the therapist is suggesting to bring about change. The client voices some concerns about the change process.
| 3     | Client may be going through what seems to be productive exercises, but it is not clear to the client and/or therapist how change will occur. It may seem that the client does not see how the process will help him/her. |
| 4     | No evidence or equal evidence regarding understanding and/or misunderstanding. |
| 5     | There is some evidence that the participants understand changes that would be good for the client. Understanding may be gathered from compliance and other non-verbal signs of understanding and need not be explicitly stated. |
| 6     | Participants discuss where the client stands and where he/she is going, through discussion of the client’s current situation, desired goals, and methods for achieving them. |
| 7     | Both the process and ultimate changes hoped for have been made explicit. Throughout the session the participants have open discussions of the client’s goals and methods for achieving these goals. At the end of the session they may summarize progress made towards the goals. Everything they do seems to fit within their treatment plan. |

### 33. The therapy process does not make sense to the client.

| 1     | Client has a strong understanding of the therapy process. The client actively collaborates with the and seems to have a thorough understanding of why in-session and homework tasks are necessary. This may not always be spoken. The client is almost a co-facilitator of his/her own therapy. |
| 2     | Client has a considerable understanding of the therapy process The client rarely expresses a doubt openly nor does he/she attempt to implement a different strategy. |
| 3     | Client has some understanding of the therapy process The client does not often try to change tasks or express doubts. |
| 4     | No evidence or equal evidence regarding confusion and/or understanding. |
| 5     | Client shows signs that he/she is uncertain about what to do or that what he/she is doing will be beneficial. Signs may include topic shifts, awkward pauses, and/or frustrated expressions, bodily movements or vocalizations. |
| 6     | Client verbally expresses doubt and confusion and may attempt to shift to a different topic or task. |
| 7     | Client voices strong doubts persistently: challenging the therapist, suggesting other techniques and/or using different strategies (e.g., the therapist wants to use cognitive techniques while the client prefers a psychodynamic approach). |

### 34. The client doesn’t know what to expect as the result of therapy.

| 1     | Client has a good understanding of what will be affected by therapy. The therapist vocalizes what he/she is working towards and the client also understands how he/she will be improved at the end of therapy. The client may |
vocalize how he/she is going to get better and/or may discuss the improvements that have already taken place.

2 = Client does not seem to have any doubts regarding the benefits of therapy and has a good idea of how he/she will get better as well.

3 = Client seems to have some idea what to expect as a result of therapy. This need not be explicitly stated, but can be demonstrated by the client’s comfort in following the tasks of therapy.

4 = No evidence or equal evidence regarding client expectations and/or doubts.

5 = Client seems somewhat confused about what to expect. The client may ask a question or just seem unconfident about where things are going.

6 = Client openly expresses doubts about getting better. The client may ask several questions about therapy, particularly how his/her desired outcome will be reached.

7 = Client expresses strong doubts. The client does not know how he/she is going to improve and challenges the therapist about it.

35. The client believes that the way they are working with his/her problem is correct.

1 = Client questions the process and does not believe in the tasks he/she is doing. The participants make little or no progress. The client openly disagrees with the therapist. It may appear that more time is spent arguing than doing therapy.

2 = Participants often disagree but seem to be able to work together for part of the session. The client expresses some doubts about the therapy process.

3 = Client sometimes voices concerns about a technique, but he/she usually resolves the difference and find something else to work on for most of the session.

4 = No evidence or equal evidence regarding client beliefs about his/her problem being handled correctly and/or incorrectly.

5 = Client expresses some agreement about certain tasks in therapy. This agreement can be expressed by compliance and other non-verbal signs of agreement and need not be explicitly stated.

6 = Client expresses considerable agreement with the way the therapist and client are working. The client may become more actively involved in therapy, make suggestions to further the tasks of therapy, or voice satisfaction about the work.

7 = Client is thrilled with the way the therapist and client are working on problem. The therapy is close to the client’s ideal therapy. The client either voices his/her level of satisfaction and/or displays high levels of collaboration and enthusiasm.

36. The client feels that the therapist respects and cares about the client, even when the client does things the therapist does not approve of.

1 = Client states that he/she is unwilling to discuss certain topics or he/she displays
nonverbal reluctance. The client does not feel respected and may openly challenge the therapist about the lack of caring and/or disrespectful attitude.

2 = Client withholds some information that the therapist may disapprove of because he/she feels that respect and caring are often lacking.

3 = Client shows some tentativeness due to the fact that he/she feels that respect and caring is sometimes lacking.

4 = No evidence or equal evidence regarding respect and/or disrespect.

5 = Client feels some respect and caring from the therapist. While the client is able to converse freely, he/she is probably not comfortable enough to voice topics of which the therapist may disapprove.

6 = Client feels respected and cared for, allowing the client to speak freely. He/she probably feels comfortable enough to voice topics of which the therapist may disapprove. The therapist may contribute to the client’s sense of comfort by acting in a warm and non-judgmental manner.

7 = Client feels very respected and cared for, allowing the client to open up. The client is comfortable enough to discuss certain topics of which the therapist might disapprove: problems in the therapy relationship, failures to do homework, lack of effort towards goals, canceling sessions, etc. The therapist contributes to the client’s sense of comfort by acting in a warm and nonjudgmental manner.
References

Horvath, A. O. (1982). Working Alliance Inventory (Revised). Instructional Psychology Research Group, 82, Simon Fraser University, Burnaby, Canada.
