Instead of a Users’ Manual.

The original version (1981) of the WAI came with a brief manual. At the time I felt a little pretentious in publishing it, since I did not anticipate much interest in the inventory. The “manual” was simple and short, but required constant upgrading as the inventory kept developing and more and more versions/adaptations became available. I gave up maintaining it in the mid ‘90s.

**Scoring**

There are three sub-scales (dimensions) built into the WAI; Tasks, Goals, and Bonds. These dimensions are based on Bordin’s (1979) theoretical work on the alliance. The details of the instrument construction and validation can be found in Horvath & Greenberg, 1989.

The items corresponding to each dimension can be identified using the “Scoring Key” which is packaged with most versions of the inventory. The Scoring Key also indicate which items are ‘negative’ and its score need to be reversed before adding the items together. The total score is simply the sum of all the scores with the appropriate negative items reversed prior to summing.

If the version you have came without a scoring key, you can usually identify the sub-scale the item belongs to by going back to the original 36 item version and using the original scoring key.

**Norms**

I am often asked if there are cut-off scores for good/bad/adequate alliance scores. The short answer is “No”.

WAI—and all of the other measures of the alliance I know of— is an ipsative scale. It is not a ‘standardized measure’. The reason for not standardizing the WAI (i.e., develop norms) is that there are such wide range of factors that influence the scores in each specific application/context that the variance due to the individual responding to the
inventory is most likely overwhelmed by these external factors. However, within a particular context (such as a research setting, a clinical service, etc.) the instrument can yield useful data differentiating individuals within such collective who have better or poorer alliance. Thus, you may be able to obtain useful between-person information—as long as the context of the group is largely similar.

**Translated and adopted versions of the WAI:**
The instrument was developed in the North American/English cultural/linguistic community. The minimum reading level (in English) was set at grade 5. Some of the adaptations and translations have explicitly investigated the variances associated with the changes involved in translation and adoption, but empirical data on these efforts are few. However, several studies have investigated the relation of the WAI to treatment outcomes in various contexts and for different translations. The available data suggests that the instrument is relatively ‘robust’ cross-culturally and in different helping contexts. (Horvath, et al, 2011; Horvath et al, 2014; Flückiger et al, 2018).

**Revising the WAI.**
If I (or someone else) was to revise the WAI, it would be likely possible to “polish” some rough edges. However, with over 60 “different” named instruments claiming to measure the alliance, the last thing the research community needs is a new and improved “WAI-2” to add to this growing list. More clarity in what we mean by the thing we measure (alliance) would be of far greater benefit.

**Alliance over-time (repeated measurements).**
The WAI has been used to investigate the alliance at various points in treatment both from the between-person and within-person perspectives. There are technical, ethical, and analytical challenges in doing this kind of research. The short summary of the work so far: it is difficult, but can be done. The results of research from the between-person (i.e. alliance growth patterns—as such) perspective has been,
by and large, inconclusive. The within-person studies are just starting to show some promise (Flückiger, Horvath, & Brandt, under review).

REFERENCES


