

Background

Common Factors in AUD Treatment

- Common Factors such as client motivation and client-rated working alliance among most salient predictors of positive therapy outcomes in AUD.
 - E.g. Higher session working alliance predicts lower rates of consumption in following sessions.
- Therapist effects have demonstrated a role in treatment success
 - Therapist empathy and the use of motivational interviewing techniques among the most salient factors.
 - Mechanistically, therapist behaviors and cognitions influence the client's perception of the working alliance.
 - A possible influence on treatment success is a therapist's first impression of their client.

First Impression Bias in Psychotherapy

- First Impressions, formed within 100ms of seeing a person's face, can bias further judgements and behaviors towards a person months after meeting for the first time.
 - Students whose teachers rated as having less potential at the beginning of the year performed worse in the class, regardless of their actual ability.
- Clients indicated as having a high likelihood of recovery had higher rates of treatment success compared to those who were not indicated as having high likelihood of success, independent of pre-treatment drinking habits.
- Therapist's first impressions of their clients' motivation may play a moderating role in the relationship between working alliance and treatment outcomes in AUD

Methods and Materials

Measures

- Working Alliance Inventory (WAI):** 12-item inventory assessing participant's perception the working alliance after each session,
- Therapist Rating Form (TRF):** 7-item inventory assessing the therapist's confidence in their client's motivation for treatment after the first session.
- Timeline Followback:** A retrospective recall of number of drinking days over the 6-months prior to treatment, and over the week before each session.

Procedures and Participants

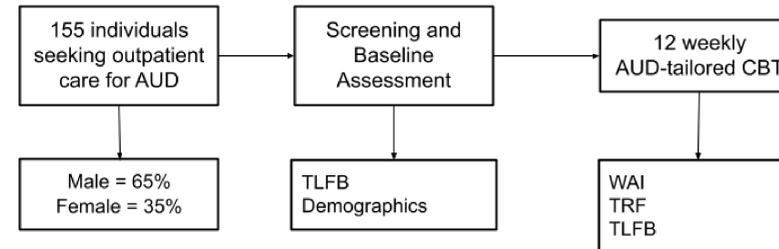


Figure 1: Project timeline and participant demographics.

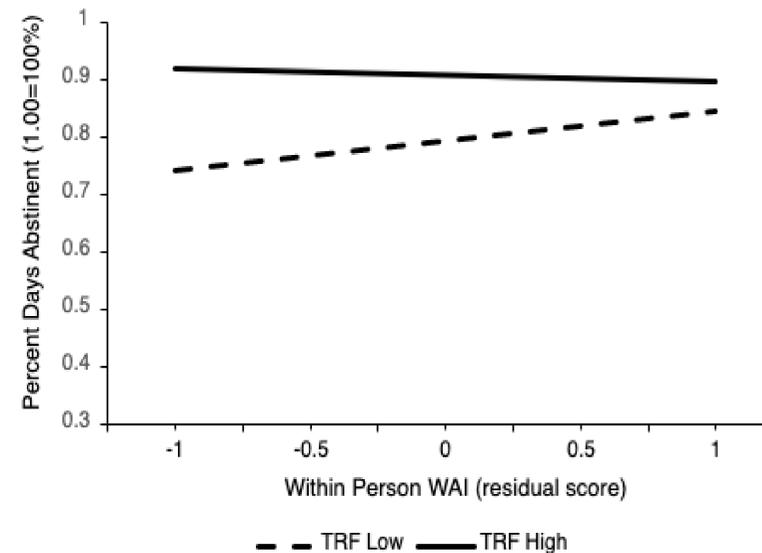
Results

Perceived working alliance may serve as a buffer to the negative impact of first impressions.

Table 1: Summary of multilevel model predicting days abstinent.

	b	SE	p
Intercept	.851	.017	<.001
Between-Therapist WAI	-.226	.167	.268
Between-Therapist TRF	-.004	.017	.845
Between-Person WAI	.067	.029	.022
Between-Person TRF	.019	.008	.012
Between-Person ADS	-.043	.062	.491
Between-Person Pretreatment Change	-.120	.033	<.001
Time	.019	.002	<.001
Within-Person WAI	.020	.015	.198
X Between-Person TRF	-.010	.004	.018

Figure 2: Simple slopes analysis where therapist first impression moderates the relationship between working alliance and PDA



Results

- In contrast with our hypothesis, among clients who were rated as having a lower motivation for treatment, a positive association was found between working alliance and days abstinent.
- No impact of therapist feedback condition on PDA and working alliance relationship

Discussion

- Perceived working alliance may serve as a buffer to the negative impact of first impressions.
- Use of motivational interviewing skills decreases over time with lack of continuing education
 - Decline in motivational interviewing skill use may reduce a therapist's capacity to withhold judgements derived from poor client first impressions
- Contextual factors surrounding working alliance important for treatment efficacy.

Limitations

- Secondary data analysis of larger study
- Only 6 therapists participated in the study.
 - Limited ability to examine individual therapist differences

Future Directions

- Examination of individual client and therapist characteristics on first impression formation during therapy.
- Role of implicit biases like stereotypes in first impression formation and therapeutic alliance.
- Examination of the role of contextual factors around common factors and the mechanisms through which they influence treatment outcomes.

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References

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