

## Appendix

### Research in Psychotherapy: Psychopathology, Process and Outcome #384

#### The flip side of collaborative alliance: a single-case study

**Appendix Table 1. Sequential analysis for defensive mechanism and therapeutic alliance.**

Given	Target	N	Adjusted Residual	P value	Yule's Q	Odds Ratio
Self-Observation	Neut Collaboration	65	-20.84	<.01	-0.84	0.09
Suppression	Neut Collaboration	5	-2.94	~<.01	-0.64	0.22
Isolation of Affect	Neut Collaboration	210	-19.64	<.01	-0.68	0.19
Intellectualization	Neut Collaboration	47	-8.19	<.01	-0.62	0.24
Undoing	Neut Collaboration	91	-6.85	<.01	-0.47	0.37
Repression	Neut Collaboration	122	-6.8	<.01	-0.42	0.41
Reaction Formation	Neut Collaboration	55	-4.09	<.01	-0.39	0.44
Displacement	Neut Collaboration	16	-4.51	<.01	-0.6	0.25
Devaluation	Neut Collaboration	51	-9.03	<.01	-0.64	0.22
Projection	Neut Collaboration	10	-7.8	<.01	-0.82	0.1
Rationalization	Neut Collaboration	29	-3.63	<.01	-0.44	0.39
Passive Aggression	Neut Collaboration	3	-3.55	~<.01	-0.77	0.13
No Defenses	Neut Collaboration	573	35.5	<.01	0.74	6.63
Self-Observation	High Collaboration	229	21.53	<.01	0.84	11.69
Suppression	High Collaboration	8	3.11	~<.01	0.66	4.95
Isolation of Affect	High Collaboration	328	19.97	<.01	0.68	5.3
Intellectualization	High Collaboration	68	8.7	<.01	0.64	4.58
Undoing	High Collaboration	84	7.24	<.01	0.49	2.89
Repression	High Collaboration	101	7.27	<.01	0.45	2.61
Displacement	High Collaboration	22	4.8	<.01	0.62	4.27
Devaluation	High Collaboration	76	9.16	<.01	0.64	4.55
Projection	High Collaboration	34	8.16	<.01	0.83	10.64
Rationalization	High Collaboration	25	3.63	<.01	0.44	2.59
Passive Aggression	High Collaboration	7	3.02	~<.01	0.69	5.41
No Defenses	High Collaboration	112	-35.79	<.01	-0.74	0.15
Reaction Formation	Ruptures	14	10.88	~<.01	0.86	13.04
Passive Aggression	Ruptures	1	2.16	~.03	0.75	7.05

Only the significant effects are presented. Target column represents Collaborative Interactions Scale variables: Neut. Collaboration = neutral processes (Collaborative Processes scale, CP1). High Collaboration = high collaboration processes (CP2 and CP3). Ruptures = negative processes (Indirect Rupture Markers scale).

**Appendix Table 2. Sequential analysis for therapist's intervention and therapeutic alliance.**

Given	Target	N	Adjusted Residual	P value	Yule's Q	Odds Ratio
Defense Interpretation	Neut Collaboration	1018	6.46	<.01	0.24	1.64
Support Strategies	Neut Collaboration	337	7.03	<.01	0.51	3.1
Acknowledgments	Neut Collaboration	1345	-26.84	<.01	-0.59	0.26
Associations	Neut Collaboration	2545	16.48	<.01	0.44	2.54
Defense Interpretation	High Collaboration	182	-9.07	<.01	-0.36	0.47
Contractual arrangements	High Collaboration	2	-2.02	~.04	-0.6	0.25
Support Strategies	High Collaboration	37	-6.87	<.01	-0.52	0.32
Acknowledgments	High Collaboration	1143	28.73	<.01	0.62	4.29
Associations	High Collaboration	426	-16.64	<.01	-0.45	0.38
Defense Interpretation	Ruptures	53	9.07	~<.01	0.64	4.58
Contractual arrangements	Ruptures	2	2.7	~.01	0.71	5.86
Acknowledgments	Ruptures	10	-5.1	~<.01	-0.64	0.22

Only the significant effects are presented. Target column represents Collaborative Interactions Scale variables: Neut. Collaboration = neutral processes (Collaborative Processes, CP1). High Collaboration = high collaboration processes (CP2 and CP3). Ruptures = negative processes (Indirect Rupture Markers scale).

**Appendix Table 3. Patient Sara: principal component analysis factors.**

Q-item no.	Item	Loading
Factor 1		
3T	Therapist's remarks are aimed at facilitating patient speech.	.58
6T	Therapist is sensitive to the patient's feelings, attuned to the patient; empathic.	.86
9T	Therapist is distant, aloof ( <i>vs</i> responsive and affectively involved).	-.74
13P	Patient is animated or excited.	.53
18T	Therapist conveys a sense of nonjudgmental acceptance. (N.B. Placement toward uncharacteristic end indicates disapproval, lack of acceptance).	.79
31T	Therapist asks for more information or elaboration.	.60
37T	Therapist behaves in a teacher-like (didactic) manner.	-.53
39I	There is a competitive quality to the relationship.	-.82
51T	Therapist condescends to or patronizes the patient.	-.76
65T	Therapist restates or rephrases the patient's communication in order to clarify its meaning.	.59
66T	Therapist is directly reassuring (N.B. Place in uncharacteristic direction if therapist tends to refrain from providing direct reassurance).	-.53
72P	Patient understands the nature of therapy and what is expected.	-.74
77T	Therapist is tactless.	-.58
78P	Patient seeks therapist's approval, affection, or sympathy.	-.66
89T	Therapist intervenes to help patient avoid or suppress disturbing ideas or feelings.	.59
93T	Therapist refrains from stating opinions or views of topics the patient discusses.	.51
Factor 2		
15P	Patient does not initiate or elaborate topics.	.55
20P	Patient is provocative, tests limits of the therapy relationship. (N.B. Placement toward uncharacteristic end implies patient behaves in a compliant manner).	.51
27T	Therapist gives explicit advice or guidance ( <i>vs</i> defers even when pressed to do so).	-.56
45T	Therapist adopts supportive stance.	-.57
47T	When the interaction with the patient is difficult, the therapist accommodates in an effort to improve relations.	.70
52P	Patient relies upon therapist to solve his/or her problems.	-.63
56P	Patient discusses experiences as if distant from his or her feelings.	-.53
60P	Patient has cathartic experience (N.B. rate as uncharacteristic if emotional expression is not followed by a sense of relief).	-.68
Factor 3		
5P	Patient has difficulty understanding the therapist's comments.	-.51
8P	Patient is concerned or conflicted about his or her dependence on the therapist ( <i>vs</i> comfortable with dependency, or wanting dependency).	.66
17T	Therapist actively exerts control over the interaction ( <i>e.g.</i> , structuring,	.60

	introducing new topics).	
32P	Patient achieves a new understanding or insight.	.59
48T	The therapist encourages independence of action or opinion in the patient.	-.51
58P	Patient does not examine thoughts, reactions or motivations related to his or her role in creating or perpetuating problems.	-.53
70P	Patient struggles to control feelings or impulses.	.52
97P	Patient is introspective, readily explores inner thoughts and feelings.	.59

Factor 4

12	Silences occur during the hour.	-.53
28T	Therapist accurately perceives the therapeutic process.	.63
54P	Patient expresses himself or herself in a clear and organized fashion.	.50
55P	Patient conveys positive expectations about therapy.	.74
73P	The patient is committed to the work of therapy.	.62
96	There is discussion of scheduling of hours, or fees.	.59

Factor 5

26P	Patient experiences discomforting or troublesome (painful) affect during the session.	-.52
38	There is discussion of specific activities or tasks for the patient to attempt outside of session.	.61
40T	Therapist makes interpretations referring to actual people in the patient's life (N.B. Placement toward uncharacteristic end indicates therapist makes general or impersonal interpretations).	.52
59P	Patient feels inadequate and inferior ( <i>vs</i> effective and superior).	-.52
71P	Patient is self-accusatory; expresses shame or guilt.	-.56

T, Therapist; P, Patient.

**Appendix Table 4. Autoregressive integrated moving average (ARIMA) models: independent effects of Psychotherapy Process Q-set factors on Collaborative Interactions Scale Positive Collaboration.**

ARIMA Model	Predictor Variable	ARIMA Model Parameters			
		<i>b</i>	<i>SE</i>	<i>t</i> (62)	P
(1,0,0)	Factor 1: Empathic and Authentic Relationship	-.53	.23	<b>-2.32</b>	.02
(2,0,0)	Factor 2: Asynchronous Relationship	.20	.32	.64	.53
(2,0,0)	Factor 3: Toward the insight	.05	.36	.14	.89
(1,1,0)	Factor 4: The good therapy	.43	.20	<b>2.26</b>	.03
(1,0,0)	Factor 5: Life outside the room	-.99	.33	<b>-3.03</b>	<.01

## **Appendix Table 5. Illustrative clinical exchanges.**

### **Interactive pattern: high level of collaboration and defenses activation**

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**P:** This week has been more complicated than the last one...I brooded over things a bit, but...I found myself in my usual dynamics, but I bypassed them more quickly than usual...

**T:** Well, this is important.

**P:** Also because I can't overcome them, there's no magic formula against them, but...like, especially in the morning, I had many thoughts, but at the same time I bypassed them more quickly, like... without troubling myself.

**T:** Tell me about it!

**P:** (*She smiles*) Especially I...I don't know...one thing that we had already noticed. For example, one of the thoughts I had and that often came to mind in the morning, is about my colleague, older than me, she is ten years older than me, working on an arbitral award although she had never done it before, whereas I did.

So she asked me for some advices, but, as always...when a fellow asks me about something, I feel like charged with it and then I go 'Is she aware about this?' or 'Has she noticed this?'

Apart from the fact that I don't trust people...like, I mean, because they're always...I mean, I don't underestimate the others, I mean, but the end of the thought is: if I had told her, instead of removing this thought, 'did you check it?' I'd have avoided the forthcoming catastrophe. In the end it always falls on me...I mean, I can't say 'I'm good at this' but I always say to me 'the others are not good at this'. I'm always thinking that I should have helped somebody on this and that even though no one asked me. Then, I mean, I'm always caring about it 'Will she be able to do this?' 'Will she do right?' '...Or Wrong?' but I'm not responsible for this...like...it's just not fair, nor I'm responsible for her, whom I'll ask 'so, did you get it?'... But, I mean, that's a macroscopic thing, that's it. And, in the end, I trouble myself every time. If all of these things that do not belong to me can weigh me down...when I'm not even asked to...But, I mean, I had to repeat it to myself many times. Then, when I go into these dynamics I lose trust in other people. Like...nothing can convince me, I don't know how to say it...except for a few things, but thinking what she's doing, has she learnt it...it's her life, not mine. I feel like I have to solve everything out, by myself.

### **Factor 1: Authentic and emphatic relationship**

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**P:** Yes, it's true. Moreover, another thing that pleased me...that I've learnt, so to speak, from the arrangement of the house...I mean, I see that it's not true that if people don't dedicated to me for their vocation, so I don't...it means they are not with me. Like...that's to say, Tom that doesn't conceive a future life with me or my colleague Laura, just to mention two people from my studio that...I mean, of course she doesn't want to leave her family to come and live with me...(*She smiles*). But, as it were, they...I've involved them and they were happy to get involved in many things! I mean, for instance, I can choose among these 3 things: what do I do in your opinion? Let's see, take pictures, let's think about it, they went to Ikea with me...

**T:** Eh sure.

**P:** Like...they've helped me in a project that is mine, that was making me feel like 'I'm alone, I have to manage it alone'.

**T:** Mmh. Feeling alone sounds like feeling abandoned.

**P:** Yes...

**T:** Someone can say: it's true that 'the house is your project'; it's true also that 'I'm your friend and it's a pleasure for me to participate...'

**P:** Exactly, we had fun, in fact.

**T:** It was not like: oh my god, it's terrible!

**P:** Eheheh yes.

**T:** It's like: let's do something that otherwise I wouldn't have been able to do, it's funny...

**P:** No no, I agree. This is a think that I have never considered, that I really faced this time. My friend Jenny has two little girls and in my imagination she doesn't have time for me. Two days ago she called me and she said 'Tell me when you go shopping, I can leave my girls to someone, I really would like to go with you'...I mean, that pleased me, I like it...it's something that I can share with others even if the house is totally mine.

#### **Factor 4: the *good* therapy**

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**P:** Yes, yes! I don't think so...I don't think so, I don't know...I have the impression that...like...as I should intervene, as I...

**T:** Eh, wait...why should you intervene?

**P:** Sure, because...yes...

**T:** If anyone asks me 'please, can I borrow your red pen?' I will borrow the red pen. But if I have that feeling...I can stay, watching him while using the pen a bit like 'but what else should I do?'...

**P:** Sure, sure...

**T:** ...It means that I'm perceiving something... and somehow I'm trying to handle it. I interpret 'I should tell you', 'I should tell you', 'I should tell you', 'Telling you', as a sort of concern arose in you. I interpret it in this way, rather than: 'this situation doesn't work, we should do something'.

**P:** Yes...

**T:** Turning a thing over your mind has nothing to do with the concrete things you have to do, I mean, it has nothing to do with the act itself, but with handling of the situation.

**P:** Mmh...yes, it's true.

### Factor 5: Life outside the room

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**P:** ...Yes, exactly, that's how my house is managed, there's nobody...But I'm tired indeed! (silence). A stupid thing for instance, yesterday night I went to my workplace because I had a deadline this morning, so I went back home at around 10 pm, and I wanted to wash my stuff like and my brother and mother's either as lots of stuff comes back from the hospital too. I wanted to wash it then, so that this morning the cleaning woman would have come, the stuff'd have already dried off and she'd have ironed (*very dogged tone*). So I did two laundries, waited until the second one had finished but really was feeling like going to bed, I didn't know how to stay awake, and they are stupid things really, because they're in everyone's life, but I realize that I...(*very dogged tone*)

**T:** ...Those are the things, you know, which weigh heavily on everybody, that's why I'll tell you, let's see if...because a person who goes back home at 10 pm...(*whispers*) is basically over!

**P:** Well, yes...

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