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## The Worker-Client Relationship Revisited

Nick F. Coady

**ABSTRACT:** *Despite social work's historical emphasis on the importance of the worker-client relationship, in recent years more attention has been paid to theoretical and technical aspects of social work practice than to relationship factors. At the same time, recent research has led the fields of psychology and psychiatry to place a much greater emphasis on the importance of relationship factors for counseling outcomes. The author examines the waxing and waning of interest in relationship factors within the helping professions, reviews research on the concept of the "therapeutic alliance," and offers suggestions for a renewed emphasis on relationship factors in social work practice, research, and education.*

SOCIAL WORK WAS ONCE a leading voice in advocating the importance of relationship skills to direct practice. Since Richmond's (1917) conceptualization of casework as the study and uses of social relationships, other authors have described relationship as the "soul" (Biestek, 1957), the "heart" (Perlman, 1979), and the "major determinant" (Hollis, 1970) of social work intervention. In more recent times, however, attention to the development of theoretical, technical, and scientific aspects of social work practice has overshadowed the emphasis placed on relationship factors (Goldstein, 1990; Perlman, 1979; Sheafor, Horejsi, & Horejsi, 1988). This article assesses the current state of knowledge with regard to the importance of relationship factors to direct practice and proposes ways in which we can renew emphasis on relationship in practice.

### Historical Perspective

The first wave of clinical interest in relationship factors occurred within social work. Spurred by the emphasis placed on relationship factors by the functional school of casework,

which arose in the 1930s, relationship became "a mystique of treatment" (Perlman, 1979, p. 13) within social work in the 1940s and 1950s. Biestek (1957) noted that the concept of relationship "became synonymous with the whole casework process" (p. 10).

Perlman (1979) suggests that because the concept of relationship assumed magnified proportions without being critically examined, a "polar swing from the extremes to which it was hallowed in some places and practice was inevitable" (p. 13). Perlman notes that with the increasing pressure on social services for accountability and scientific proof, difficulties in investigating such an ineffable concept as relationship led to it being "pushed off to the periphery of helping practice and theory" (p. 17). Proctor (1982) argues that "the myth of the uniform treatment relationship" (p. 431) and the failure to define specifically the concept of relationship have inhibited the specification and development of skills in using the worker-client relationship.

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Goldstein (1990) suggested provocatively that in the profession's haste to achieve scientific respectability and sophistication, humanistic and artistic elements of practice have been devalued. Similarly, Petr (1988) laments that social work's adoption of a traditional systems perspective "based on a paradigm of objectivity and cause-effect" (p. 622) has led the profession away from its traditional focus on the worker-client relationship process.

Various other factors may also have contributed to the continued neglect of relationship factors in social work in recent years. Tangible barriers, such as increased worker case loads and agency and insurance limitations on the number of sessions covered, also inhibit focus on relationship issues. Trends in theory, such as the proliferation of interest in systemic/strategic family therapies, most of which have tended to place more emphasis on technique factors than on relationship factors (Liddle & Saba, 1982), also add to the neglect. Some have argued that many family systems approaches have an "accusatory mental model" (i.e., a pejorative view of the family as manipulative, resistant, irrational) (Wile, 1981). From within the systemic family therapy school, Green and Herget (1991) acknowledge the tendency of workers to adopt "an impersonal, emotionally unresponsive style under the guise of 'neutrality'" (p. 321). Similarly, from within the strategic family therapy school, Duncan (1992) noted the tendency of workers to eschew the importance of relationship, use power-oriented and manipulative tactics, and discount the client's frame of reference. Many social workers who follow strategic/systemic family therapy models do integrate a focus on the therapeutic relationship into their work; however, these therapeutic models do not encourage or facilitate such a focus.

### *Client-Centered Theory*

The rise in influence of the client-centered school of counseling in the 1960s and early 1970s represents the second major wave of clinical interest in relationship factors. Rogers (1980) acknowledged that the development of client-centered theory was influenced by his intimate knowledge of social work practice. Rogers's (1957) assertion that a good therapeutic relationship (characterized by the worker-offer-

ed conditions of empathy, warmth, and genuineness) was a necessary and sufficient condition for constructive client change attracted a great deal of attention and controversy. Although early studies on worker-offered conditions yielded very positive results, later studies yielded mixed results. The majority of significant findings in these studies involved associations between client perceptions of worker-offered relationship and client self-reports of outcome, which raises the possibility that these studies' results represent inflated estimates of the association between worker-offered relationship and client outcome (Beutler, Crago, & Arizmendi, 1986). Professionals have become increasingly disenchanted with the methodological, conceptual, and measurement problems inherent in client-centered theory and research and this approach to relationship thought has been relatively unproductive since the mid-1970s (Gelso & Carter, 1985).

### *Concept of the Therapeutic Alliance*

Over the past two decades, the most striking and consistent empirical findings in individual psychotherapeutic research have been the nonsignificant outcome differences among various therapies (Garfield & Bergin, 1986). The fact that no one counseling approach has proven to be better than other approaches supports Frank's (1961) long-held view that "common factors" such as worker understanding and caring, as opposed to "specific factors" such as therapeutic interventions and techniques, are the main therapeutic ingredients of counseling (Garfield & Bergin, 1986).

The phenomenon of equal outcomes among various counseling approaches has restimulated interest in the therapeutic relationship, particularly the concept of therapeutic alliance as an important, common treatment factor. The concept of the therapeutic alliance stemmed from psychoanalytic authors in the 1950s (Zetzel, 1956) and 1960s (Greenson, 1967) who questioned exclusive focus on the transference relationship and argued that the "real" relationship between analyst and client was also important. The rise of self psychology (Kohut, 1971) and its emphasis on an empathic therapeutic stance further modified psychoanalytic thinking and heightened interest in the

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concept of the therapeutic alliance. Although research on the importance of the therapeutic alliance to psychodynamic therapy was not initiated until the mid-1970s, interest in the concept of therapeutic alliance spread quickly outside psychodynamic circles. This broad-based interest in the concept of the therapeutic alliance represents a third major wave of clinical interest in relationship factors.

The therapeutic alliance is generally defined as the observable ability of the worker and the client to work together in a realistic, collaborative relationship based on mutual liking, trust, respect, and commitment to the work of counseling (Foreman & Marmar, 1985). A number of methods for rating the therapeutic alliance have been developed (Horvath & Greenberg, 1989; Marmar, Horowitz, Weiss, & Marziali, 1986; O'Malley, Suh, & Strupp, 1983). Methods of measuring the alliance include clinical judges' ratings of videotapes of counseling sessions as well as clients' and workers' inventory evaluations completed after counseling sessions. These measurement tools are aimed at evaluating the level of the overall alliance or the level of clients' and workers' separate contributions to the alliance.

#### Therapeutic-Alliance Research

Various studies have offered strong and consistent support for the argument that a positive therapeutic alliance is necessary for good client outcome regardless of the counseling approach employed (Lambert, Shapiro, & Bergin, 1986). These results have been consistent across different types of outcome measures and different sources of information (i.e., client, worker, or clinical judge) (Gaston, 1990). A recent meta-analysis of multiple studies confirmed that the therapeutic alliance is a powerful predictive factor for counseling outcome (Horvath & Symonds, 1991). In fact, empirical evidence suggests that the therapeutic alliance is the best predictor of psychotherapy outcome (Safran, McMain, Crocker, & Murray, 1990). Studies have consistently demonstrated that relationship factors have much greater predictive power with regard to client outcome than do technique factors (Lambert et al., 1986).

Earlier studies (Gomes-Schwartz, 1978; Marziali, Marmar, & Krupnick, 1981; O'Malley

et al., 1983) suggested that the client's contribution to the alliance was the critical variable in predicting outcome. Important client contributions to the alliance include positive-toned, active involvement in the therapeutic process (i.e., being open, trustful, and nondefensive). More recently, studies incorporating better controls for variability in worker behavior (Luborsky, McLellan, Woody, O'Brien, & Auerbach, 1985; Rounsaville et al., 1987; Windholz & Silberschatz, 1988) have demonstrated that worker contributions to the alliance can provide equally good predictions of outcome. Positive worker contributions to the alliance include warmth, interest, positive emotional involvement, and lack of negative attitudes.

Alliance studies have yielded some support for the argument that the characteristics of the

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individual participants can influence the development of the therapeutic alliance. Gomes-Schwartz (1978), Marziali (1984), Marziali et al. (1981), and Moras and Strupp (1982) have suggested that antecedent client qualities (particularly precounseling interpersonal relations and psychological health) can influence, but do not necessarily determine, clients' ability to develop a good working alliance. Some support also exists for the argument that antecedent worker qualities (especially interest in helping, psychological health, and self-concept) may influence workers' ability to form positive alliances (Henry, 1986; Luborsky et al., 1985).

Some of the most interesting and potentially fruitful findings, however, indicate the potential for mutual influence (positive and negative) in the worker-client relationship. Numerous alliance studies have suggested that practitioners tend to react to initially negative client attitudes either by becoming negative themselves or by ignoring relationship issues,



thus contributing to the continuance of or exacerbating a poor alliance (Foreman & Marmar, 1985; Sachs, 1983; Strupp, 1980). On the other hand, some studies (Foreman & Marmar, 1985; O'Malley et al., 1983; Sachs, 1983) have suggested that workers can be effective in developing a positive alliance from an initially negative one by addressing and exploring openly the perceived problems in the relationship.

In many ways, the concept of therapeutic alliance, as well as closely related concepts such as Orlinsky and Howard's (1986) "therapeutic bond," is a "generalization of Rogers's (1957) concept of 'therapist-offered' conditions, transforming them from traits of individual worker

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behavior into bilateral characteristics of the relationship per se" (Orlinsky & Howard, 1986, p. 313). Research suggests that the characteristics measured by the therapeutic-alliance scales do not primarily reflect the antecedent qualities or unilateral contributions of either worker or client. Rather, these characteristics appear to develop early in the course of counseling as a result of interactions between the client and worker (O'Malley et al., 1983; Henry, Schacht, & Strupp, 1986). Thus, the major change in the conceptualization of the worker-client relationship is the recognition that it has a systems and a developmental nature; that is, it is the product of the dynamic interaction and mutual influence between the participants developing over time (apparently stabilizing by the third to fifth counseling session of time-limited counseling) (Gelso & Carter, 1985).

The fact that relationship factors have much greater predictive power with regard to client outcome than do other factors such as therapeutic techniques should not really be surprising, given the fact that many authors have noted the "direct and indirect" (Perlman,

1979) or "double-barreled" (Orlinsky & Howard, 1986) effect of relationship. The direct impact of relationship is usually conceptualized as strengthening the client's self-esteem, confidence, and morale. Orlinsky and Howard (1986) suggest that heightened morale can change the client's "manner of self-presentation to others, making self-presentation generally more rewarding to others and tending in turn to elicit more favorable and rewarding responses from them" (p. 368). The indirect impact of relationship factors is usually conceptualized as engaging the client in the counseling process, lowering client defenses toward the gathering of information, and making the client receptive to worker interventions. Furthermore, it is important to recognize that the traditional dichotomy between relationship (common) and technique (specific) factors is false. The techniques that workers use cannot be separated from the interpersonal context in which they occur (Greenberg & Pinsof, 1986).

It is noteworthy that much of the current thinking about relationship factors that has emerged from psychiatry and psychology was foreshadowed by earlier social work thinking. In defining the worker-client relationship as "the dynamic interaction of attitudes and emotions between the caseworker and the client," Biestek (1957, p. 12) clearly stressed the interactional, developmental nature of helping relationships. Perlman (1979) not only specified the "direct and indirect" effects of relationship in arguing that relationship was the "heart" of helping, but she also pointed out that relationship and technique could not be separated:

Relationship is the continuous context within which problem-solving takes place. It is at the same time, the emerging product of mutual problem-solving efforts; and simultaneously it is the catalytic agent (p. 151).

Although professionals generally concede that therapeutic-alliance studies have established the overriding importance of relationship factors for counseling, some authors are more cautious in interpreting the results of these studies. Garfield (1986) argued that clients' subjective feelings of improvement may be the essential variable tapped by alliance scales and, therefore, that positive alliances

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may primarily reflect early client improvement. Also, one of the most obvious limitations of therapeutic-alliance studies is that they do not provide information about specific worker and client behaviors that either facilitate or impede the development of a favorable relationship climate (Marziali, 1984). It is only when important types of relationship behaviors have been specified that concrete guidelines for developing and maintaining productive worker-client relationships can be provided to workers. Research must move beyond global ratings of relationship climate toward examining the relationship interactions between workers and clients in a more intensive, specific fashion.

A promising research strategy is to shift the focus from macro or distal client outcome to micro or within-process outcomes, which are much more sensitive measures of the effects of worker behaviors (Hill, Helms, Tichenor, Spiegel, O'Grady, & Perry, 1988). A particularly interesting example of such a strategy is provided by Safran et al. (1990), who used postsession questionnaires to allow workers and clients to identify sessions in which problems or "ruptures" occurred in the therapeutic alliance. These critical events were then analyzed qualitatively in an attempt to identify how alliance ruptures occurred and what processes were involved in healing them. The preliminary results of this research suggest a model for resolving alliance ruptures with clients. This practical model suggests the importance of workers (1) being cognizant of and sensitive to negative client reactions, (2) facilitating full expression of and empathizing with the client's negative feelings, (3) validating the client's experience, and (4) taking responsibility for their own contribution to difficulties in the relationship.

### Implications

The general and obvious implication for social work that emerges from a review of research on the therapeutic alliance is that the profession needs to return to emphasizing relationship in practice, education, and research. Despite social work's historical claim to an emphasis on relationship and its frequent borrowing of theoretical knowledge from the other helping professions, social work has not taken part in the

renewed interest in relationship factors occurring within psychology and psychiatry. Ironically, the more established helping professions have rediscovered what social work has left behind. It should be stressed that a call for a renewed emphasis on the worker-client relationship should in no way be construed as a call for a more "clinical" focus and for a move away from the contextual orientation that ecosystems theory has brought back to social work. In fact, an increased focus on the development of empathic, collaborative relationships with clients should help workers be sensitive to the impact of environmental factors on client functioning and should enhance the likelihood of achieving advocacy and empowerment goals in individual, family, group, and community work.

### Direct Practice

In terms of direct practice, it seems likely that the association between relationship factors and client outcome that has been established in individual counseling can be generalized to family and group work. Although therapeutic-alliance research is only beginning to emerge in the family therapy field, a preliminary study by Pinsof and Catherall (1986) found a significant association between scores on their family-therapy alliance scales and worker-rated client progress. Also, on the basis of a review of research on family therapy, Gurman, Kniskern, and Pinsof (1986) concluded that "refined relationship skills seem necessary to yield genuinely positive outcomes" (p. 572). It is encouraging that even the strategic and systemic schools of family therapy are beginning to stress the importance of relationship factors (Duncan, 1992; Green & Herget, 1991).

Social group work, with its historical roots in humanitarian, democratic, and self-help philosophies (Alissi, 1980), has most consistently maintained an emphasis on collaborative, supportive worker-client relationships. Papell and Rothman (1980) state that the style of the worker in mainstream social work practice with groups "is characterized by authenticity, forthrightness, and abrogation of the mystique of professionalism in order to lessen social distance between the worker and members" (p. 11). Nonetheless, Gitterman (1988) noted that, similar to social casework's failure to define the

concept of relationship, social group work has neglected to define and specify the central concept of mutual support. As a result, "the professional behaviors and actual processes of building mutual support in a group have also remained relatively unspecified" (Gitterman, 1988, p. 5).

**Research**

Empirical knowledge about specific types of worker-client interactions that facilitate the development and maintenance of productive therapeutic relationships is only beginning to accrue. Safran and co-workers' (1990) model for recognizing, addressing, and working through ruptures in the alliance is, however, one example of a specific suggestion for practice that has emerged from clinical research and that could be applied in any of the direct social work practice methods. It is imperative that social work research begin to focus its efforts in this direction. Qualitative analysis of micro, within-process, practice outcomes is the research methodology best suited to this endeavor.

Although specific, empirically based directives for a renewed emphasis on relationship in practice are lacking, renewed emphasis on and valuing of relationship factors by workers is an important first step. Clearly, the therapeutic alliance should be construed as a vitally important process goal. What is required is an empathic/collaborative, as opposed to a technical/interventive, mindset. Practice research suggests that "effective practice is less a technical enterprise than it is a creative, reflective, and, to a considerable extent, an artistic and dramatic event" (Goldstein, 1990, p. 38). This would suggest that social work should reaffirm the merit of its more traditional common-sense, problem-solving, humanistic approach to practice (Goldstein, 1986), which should draw upon the pool of practice wisdom that already exists within the profession. In addition, a range of new, postpositivistic theories can provide guidance for a more humanistic, empathic, collaborative style of helping. Feminist and narrative theories, for example, help to operationalize such taken-for-granted relationship aphorisms as "putting yourself in the client's shoes" and "starting where the client is" (Goldstein, 1990).

**Education**

Parallel implications exist for the training, supervision, and education of social workers. As

Lambert et al. (1986) suggest for the field of psychotherapy, social work field education and supervision should emphasize the development of the worker "as a person in parity with the acquisition of therapeutic techniques" (p. 202). As Gitterman (1988) notes, all too often "professional socialization formalizes our work and stiffens our approach" (p. 36). To guard against this, more emphasis should be placed on "relationship skills, facilitative attitudes, wisdom based on experience, and a variety of nontechnical skills" (Lambert et al., 1986, p. 202) in field education and supervision.

With respect to classroom education, Hartman (1990) urges educators to "stop accepting the alienation between practice and education as inevitable" (p. 49). In a similar vein, Goldstein (1986) has called for a more humanistic approach to education in order to foster more reflective, creative practice. One suggestion in this regard is to place greater emphasis on small, hands-on, interviewing-skills courses that focus on the development of empathic/collaborative mind-sets, relationship skills, and flexible use of self as well as the more traditional focus on communication skills. Another suggestion is to ensure that students gain exposure to recent humanistic theoretical models (e.g., feminist and narrative models) as well as to qualitative research strategies that are clinically useful. It is important to note that effective introduction of such course content into the academic setting requires that schools of social work have faculty members who are also practitioners. With the academizing of schools of social work, however, this is becoming increasingly difficult (Hartman, 1990). Admission criteria for social work doctoral programs, the hiring policies of schools of social work, and the reward system within social work academia need to be adjusted to ensure that practice teachers have "authentic knowledge about practice grounded not only in research and theory but in experience as well" (Hartman, 1990, p. 48).

It would serve field and classroom instructors well to think of a positive alliance between themselves and their students as an important process goal. Not only would this approach help facilitate the engagement of students in the learning process, but it would also encour-

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age instructors to model good helping behavior. Instructors need to examine their own responsibility for students who "hide behind professional 'masks,' obscuring their clients' humanity behind the 'case' and their own behind their 'professionalism'" (Gitterman, 1988, p. 37).

### Community Work

In terms of implications for indirect social work practice, the importance of relationship factors could be extended to community work in a couple of ways. First, Lambert and colleagues' (1986) conclusion that clients would be wise to pick counselors "on the basis of their ability to relate" (p. 202) represents important information

that should be conveyed to potential consumers of counseling services via public education. Second, because the importance of supportive relationships for people's well-being is likely not limited to professional helping relationships, community-development efforts should be focused on building and reinforcing formal and informal social support networks. This view is reinforced by research findings that indicate that informal, nonprofessional helpers "are sometimes able to be as helpful as practicing clinicians" (Lambert et al., 1986, p. 202) and that having a close, emotionally supportive, confiding relationship is associated with psychological health across many different life-stress situations (Wills, 1985).

### REFERENCES

- Alissi, A. S. (1980). Social group work: Commitments and perspectives. In A. S. Alissi (Ed.), *Perspectives on social group work practice*. New York: Free Press.
- Beutler, L. E., Crago, M., & Arizmendi, T. G. (1986). Therapist variables in psychotherapy process and outcome. In S. L. Garfield & A. E. Bergin (Eds.), *Handbook of psychotherapy and behavior change* (3rd ed.) (pp. 257-310). New York: John Wiley.
- Biestek, F. (1957). *The casework relationship*. Chicago: Loyola University Press.
- Duncan, B. L. (1992). Strategic therapy, eclecticism, and the therapeutic relationship. *Journal of Marital and Family Therapy*, 18, 17-24.
- Foreman, S. A., & Marmor, C. R. (1985). Therapist actions that address initially poor therapeutic alliances in psychotherapy. *American Journal of Psychiatry*, 142, 922-926.
- Frank, J. (1961). *Persuasion and healing: A comparative study of psychotherapy*. Baltimore, MD: Johns Hopkins University Press.
- Garfield, S. L. (1986). Research on client variables in psychotherapy. In S. L. Garfield & A. E. Bergin (Eds.), *Handbook of psychotherapy and behavior change* (3rd ed.) (pp. 213-256). New York: John Wiley.
- Garfield, S. L., & Bergin, A. E. (1986). Introduction and historical overview. In S. L. Garfield & A. E. Bergin (Eds.), *Handbook of psychotherapy and behavior change* (3rd ed.) (pp. 3-22). New York: John Wiley.
- Gaston, L. (1990). The concept of the alliance and its role in psychotherapy: Theoretical and empirical considerations. *Psychotherapy*, 27, 143-153.
- Gelso, C., & Carter, J. (1985). The relationship in counseling and psychotherapy: Components, consequences, and theoretical antecedents. *Counseling Psychologist*, 13, 155-243.
- Gitterman, A. (1988). Teaching students to connect theory and practice. *Social Work with Groups*, 11(1-2), 33-41.
- Goldstein, H. (1986). Toward the integration of theory and practice: A humanistic approach. *Social Work*, 31, 352-357.
- Goldstein, H. (1990). The knowledge base of social work practice: Theory, wisdom, analogue, or art? *Families in Society*, 71, 32-43.
- Gomes-Schwartz, B. (1978). Effective ingredients in psychotherapy: Prediction of outcome from process variables. *Journal of Consulting and Clinical Psychology*, 46, 1023-1035.
- Green, R. J., & Hergert, M. (1991). Outcomes of systemic/strategic team consultation: III. The importance of therapist warmth and active structuring. *Family Process*, 30, 321-336.
- Greenberg, L. S., & Pinsof, W. M. (1986). Process research: Current trends and future perspectives. In L. S. Greenberg & W. M. Pinsof (Eds.), *The psychotherapeutic process: A research handbook* (pp. 3-20). New York: Guilford.
- Greenson, R. R. (1967). *The technique and practice of psychoanalysis* (vol. 1). New York: International Universities Press.
- Gurman, A. S., Kniskern, D. P., & Pinsof, W. M. (1986). Research on marital and family therapies. In S. L. Garfield & A. E. Bergin (Eds.), *Handbook of psychotherapy and behavior change* (3rd ed.) (pp. 565-624). New York: John Wiley.
- Hartman, A. (1990). Education for direct practice. *Families in Society*, 71, 44-50.
- Henry, W. P. (1986). *Interpersonal process in psychotherapy*. Unpublished doctoral diss., Department of Psychology, Vanderbilt University, Nashville, TN.