The helping relationship inventory: A clinical appraisal

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The Helping Relationship Inventory (HRI) is a newly developed measure of the strength of the helping relationship. It is designed for use by social workers and their clients in a variety of helping contexts. An appraisal of its clinical utility, based on nine pairs of clients and their MSW student workers, showed that the HRI worked well in a number of different settings and that using it can improve the worker-client relationship and facilitate the helping process. Three case examples are provided, and the significance of differences between ratings of clients and workers are discussed. For those helping professionals and agencies facing managed market pressures to provide briefer, more effective services, the Helping Relationship Inventory provides an easily administered means of assessing and improving the working relationship between consumers and their providers.

Focus on the helping relationship and its contribution to client outcome has increased in recent years in the social work literature. Coady (1993) provided an informative review of the "waxing and waning of interest in relationship factors" (p. 291) in social work, psychiatry, and psychology. He reviewed many studies previously reviewed earlier by Marziali and Alexander (1991), showing that the therapeutic alliance was one of the best predictors of therapeutic outcome, regardless of the therapeutic approach or technique used.

Dore and Alexander (1996) updated and extended this review to include studies documenting the "prognostic capacity" of the therapeutic alliance "in predicting compliance with disposition plans ... medication regimens [and] the avoidance of premature termination of treatment" (p. 352). In addition, they illustrated how interventions with families at risk of child abuse and neglect depended for their success on establishing and maintaining viable helping alliances. This same connection-between developing a working alliance and positive therapeutic outcome-has received renewed attention in discussions of family therapy (Barnard & Kuehl, 1995).

The discipline of psychology has contributed most to the systematic study of the therapeutic alliance. These efforts were summarized by Horvath and Greenberg (1994), who reported that "the quality of the working alliance in the initial stages of treatment [as] predictive of a significant proportion of the final outcome variance" (p. 2) was one the most consistent findings in the past 20 years of research. A meta-analysis of 24 studies (Horvath & Symonds, 1991) previously found an effect size of $r = .26$.

Recently, Krupnick and colleagues (1996) reported results from the "largest study of the therapeutic alliance and outcome ever conducted" (p. 533), part of the National Institute of Mental Health Treatment of Depression Collaborative Research Program (TDCRP). This study examined the relative efficacies of interpersonal psychotherapy, cognitive-
behavioral therapy, imipramine plus clinical management, and placebo plus clinical management in the treatment of depression. Their analyses also showed that therapeutic alliance ratings were significantly associated with outcome. The correlations they found were of similar magnitude to those reported by Horvath and Symonds (1991).

One of the more dramatic findings of the TDCRP study was that the strength of the relationship between alliance and outcome is an important factor regardless of the type of treatment provided, including the provision of clinical management only (i.e., without any form of psychotherapy).

Even before the findings from the TDCRP became available, however, the recurring finding that the helping relationship had a positive contribution to successful outcome of the helping process led Coady (1993) to offer suggestions for renewing emphasis on relationship factors in social work practice, research, and education. For researchers, he suggested that the helping process be reconceptualized along "empathic/collaborative, as opposed to technical/interventive" dimensions (p. 296). By this suggestion, he implied that future study of worker-client interactions should be guided by a view of the helping relationship that included factors pertaining to felt understanding and co-construction of the helping process. Working within such an empathic and collaborative conceptual framework, Poulin and Young (1997) developed a Helping Relationship Inventory (HRI) to measure the strength of helping relationships between agency-based social workers and their clients.

Mindful of the rift that has developed between practitioners and researchers in both social work and psychology (Turnbull & DietzUhler, 1995), we sought to devise an instrument that would facilitate practice as it was being used to evaluate the strength of the relationship. Empathically attending to the subjective experience of the client and promoting a collaborative interpersonal process that the client would experience as empowering were major goals guiding the development of the HRI. A related goal was to develop an inventory that rated the client's input in the specification of goals as well as the assessment of progress toward those goals. A final objective was to develop an instrument that could be used in a wide variety of helping contexts and agency settings.

Helping Relationship Inventory

The HRI has both a client (HRI-C) and a worker (HRI-W) version (see Appendix A). Each version contains 10 items devoted to the structural component or tasks of the professional relationship and 10 items devoted to the interpersonal component or process. Most of the individual items on the client and worker versions parallel each other. A few items differ, however, because the instrument-development study revealed they were more salient to either the clients or the workers. Poulin and Young (1997) provide detailed description of the process of constructing the HRI. The HRI has high internal reliability and good evidence of construct validity. In fact, as a predictor of client satisfaction with services, the HRI outperformed the Working Alliance Inventory (Horvath & Greenberg, 1989), a widely used measure of the therapeutic alliance in psychotherapy research.
The structural component reflects various aspects associated with the purposes of the professional relationship. Those that emerged as salient for both clients and workers in the pilot study included discussing the client’s specific problems or concerns, the goals of intervention, client input on how he or she would approach their work together and assess progress, and discussing specific actions to be taken by the client (items 1, 2, 4, and 9 on both versions of the HR1 and item 6 on the client version and 7 on the worker version). Those that emerged as more salient for the workers than for the clients included determining the goals for their work together, clarity regarding problems, goals, means of assessing progress, and the worker’s actions (items 3, 5, 6, 8, and 10 on the worker version). Those that emerged as more salient for the clients than for the workers included having input in determining the specific problems to be addressed and the intervention goals, discussing the specific actions to be taken by the worker, and actually discussing progress (items 3, 5, 7, and 10 on the client version).

The interpersonal component reflects various aspects of the client’s and worker’s experience of each other. Those that emerged as salient for both the clients and the workers in the pilot study included feeling alike in some ways, seeing things similarly and having a similar understanding of the client’s difficulties, inspiring hope in the client, having a calming or soothing effect on the client, and helping the client think more clearly about him- or herself and to become more organized about resolving his or her difficulties (items 12, 14, 15, 17, 18, 19, and 20 on both versions). Those that emerged as salient for the workers but not for the clients included enjoying the client, being able to handle the emotional aspects of the client’s difficulties, and being able to explain their understanding of their clients’ difficulties to their clients (items 11, 13, and 16 on the worker version). Those that emerged as salient for the clients but not for the workers included feeling that their worker was paying attention to them, believing more in themselves, and thinking more clearly about their difficulties (items 11, 13, and 16 on the client version).

To explore the clinical utility of the HR1, the authors initiated a trial application of the instrument’s impact on the helping process. We asked a small class of second-year MSW students to try using it with one of their clients in their field placements. The following section presents a brief summary of their experiences. Specifically, we describe (a) the settings and the client-worker pairs, (b) how the student workers used the HR1 with their clients, (c) the differences they discovered in their views of the helping relationship, and (d) how use of the HR1 influenced their relationships and the helping process.

Settings, Clients, and Workers

Nine student-client pairs completed the HR1. The students were placed in the following settings: a publicly funded outpatient mental health clinic (two students), a family service agency, a private inpatient psychiatric unit for adults, a residential treatment program for adolescents, a hospice program, a family preservation program used by a public child welfare agency, a renal dialysis unit of a medical surgical hospital, and an intensive care unit of an acute care hospital.
The clients included a 26-year-old White female admitted to the acute-care hospital for a drug overdose who was assigned to a nurse, also White, taking courses in the MSW program; a 68-year-old White male diagnosed with a bipolar disorder whose worker was a White woman in her thirties; a 52-year-old African American male suffering end-stage renal disease, who was assigned to a younger African American female student; a 19-year-old White mother of two children, who received outpatient treatment for depression from a White male in his fifties; a 78-year-old White widow in the hospice program, who was assigned a White female student in her twenties; a 17-year-old White female in the residential treatment program (following a history of repeated running away and substance abuse for which outpatient treatment efforts had failed) who was assigned a White female student in her twenties; a 40-year-old White married woman who received inpatient psychiatric treatment for a dissociative identity disorder, who was assigned a White female student in her twenties; and a 20-year-old African American mother of one child, whose own mother had abandoned her to care for her two younger sisters, who was assigned a White female student in her 30s for family preservation services and counseling.

All of the student workers were taking an elective course on agency-based clinical social work practice. Three of the women were advanced standing students, having completed a BSW program. Although the older students had had considerable life experience, neither they nor the younger students had had much previous social work experience.

How the Workers Used the HRI

Although the students were told that the HRI had been developed for initial administration in the third or fourth session, with a follow-up administration in the sixth or seventh session, they were encouraged to use it in the way that felt most natural and comfortable to them. Five of the nine students used the HRI initially in the third or fourth session. Three chose to use it earlier because of the briefterm nature of the service. One chose to introduce it later because of her client's known difficulties with trusting new workers.

All of the students were instructed to obtain permission from their supervisors to use the HRI and all of the students told their clients that although the HRI was for a course they were taking, they also wanted to know how their client felt about his or her relationship with the worker. None of the clients questioned or objected to the request except the patient who had been involuntarily committed. However, she agreed to use it after discussing the matter with the worker. In general, the students reported that their clients seemed pleased to be asked their views about the relationship.

Typically, the student completed the worker version of the HRI at the same time that the client completed the client version. Most chose to do so in a separate room. The student then retrieved the client's completed version, and they discussed the experience and the results at the following session. Some workers shared their own ratings with the client; others did not.
Differences in Clients' And Workers' Ratings (R) Because of the way in which the HRI was developed, the authors were inclined to view the total scores and those for the subcomponents (structural and interpersonal) as meaningful but retained some reservations about placing too much weight on individual items (Poulin & Young, 1997). The maximum possible score for each component is 50, for a total combined score of 100.

For these nine applications, the initial ratings were quite convergent in most cases. Seven of the nine client-worker pairs produced total scores within eight points of each other, with a mean difference of only five points. These seven clients typically rated the helping relationship slightly higher (range = 72-90) than their student workers (range = 59-83), with both sets of scores producing an average in the 70s. This pattern of clients rating the alliance better or stronger than their therapists has been reported in other studies as well (Horvath & Greenberg, 1994).

The student workers tended to rate the structural component of the relationship slightly higher and the interpersonal component slightly lower than did their clients. This replicated a pattern we had observed in the instrument-development study that provided the basis for establishing the validity and reliability of the HRI. Within the structural component, these discrepancies usually involved the questions pertaining to the assessment and discussion of progress (both versions, items 9 and 10). The workers tended to rate the extent to which their clients felt they had input in determining how their progress would be assessed and the extent to which they had actually discussed their progress with them more highly than did their clients.

Within the interpersonal component, these discrepancies usually involved the questions pertaining to hope and comfort (HRI-C, items 15 and 17) or feeling similar to the worker (HRI-C, item 20). The workers tended to rate the degree of comfort and hope that their clients derived from the helping relationship less highly than did their clients. The differences in ratings on "feeling alike in some ways" (item 20) seemed more related to differences in age and gender, with one exception (discussed below).

Only two of the nine pairs produced markedly divergent total scores. The nurse who had to tell her patient that the attending physician had authorized her involuntary commitment to a psychiatric hospital expected a low rating from her patient and got it. It seemed obvious that the patient had anticipated being helped in ways other than by being involuntarily committed. The other instance involved the student working with the adolescent girl in residential treatment. The client had already told her worker that she "hated therapy" because of a prior experience with a therapist who had fallen asleep during their sessions.

Effects on the Relationship and the Helping Process

Overall, all nine student workers and their clients found completing the HRI and the discussion it generated useful. Some clients used the experience as an opportunity to expand the areas of concern in which they wanted help. The student workers reported that
making the various aspects of the helping relationship and process addressed in the HRI a matter for explicit discussion with their clients helped focus the work.

As the discussion of the overall scores suggests, most of the clientworker pairs had good working relationships at the time that the HRI was administered. This led the student workers and their clients to focus their attention on those items that they both rated lower than other items or on those items for which marked differences in the ratings occurred. Although the number of cases (pairs) in this application precludes any meaningful statistical analysis, the students found examination of discrepancies of ratings on individual items to be meaningful.

Case Examples

Example One

The younger, African American female student working with the 52-year-old African American man who was a kidney dialysis patient wrote the following:

When it came time to do this assignment I thought who better to fill out the survey than Joe? He liked me; I liked him. He is a [retired] social worker; I will be a social worker. He is Black; I am Black With so many similarities, how could I fail?

Although their overall ratings were similar, Joe rated two of the interpersonal component questions two points lower than did the student worker: item 12 from the HRI-C, "Is your social worker's understanding of your difficulties similar to your own?" and item 20, "Do you feel that you and your social worker are alike in some ways?"

The student worker admitted being surprised and feeling guilty. But her reflections on the differences in their ratings on these questions led her to the realization that she had not fully comprehended the nature of the difficulties that end-stage renal disease was causing her client. It had caused heart complications (cardiomyopathy), recurrent degenerative joint disease, gouty arteriopathy, and septic arthritis. He was forced to stop working. As she put it, "It was not my lack of empathy that was evident, it was my lack of understanding of his diseases."

Not long after completing the ratings, the client required surgery for a knee replacement, after which he needed physical therapy in order to walk again. The student put herself to the task of educating herself on the nature of the surgery, his prognosis, the expected healing time, what the physical therapy would entail, and how long it would be before he could walk unassisted. She stated, "I was going to know what I was talking about this time." She discussed her prior lack of understanding and the details of her new understanding with her client prior to his surgery.

Following the surgery, a second administration of the HRI produced an increase in the overall rating of the relationship by both the client and the worker as well as an increase in the client's ratings for items 12 and 20.
Example Two

Another client-worker pair's ratings revealed near perfect agreement on the interpersonal component questions but noticeable differences in ratings of items 5 through 9 of the structural component. These questions address client input in determining goals, discussion of specific actions to be taken by client and worker in addressing the client's difficulties, and assessing the client's progress.

This student worker was placed at a family service agency and assigned a case involving a conflictual relationship between a young mother and her eight-year-old daughter. The mother sought help managing her daughter's angry "outbursts." At her supervisor's suggestion, the student worker proceeded to engage both mother and daughter in conjoint sessions, helping them express their concerns with each other and coaching the mother in parenting skills so that she was no longer "handling her daughter with kid gloves for fear she might explode." The quick result (after six sessions) was that the mother felt more competent and the daughter's outbursts subsided in frequency and intensity.

The student worker asked the mother to complete the HRI at the end of the fourth session. The client appeared to be pleased in being asked to do so. The worker began the fifth session by drawing the mother's attention to items 5-9, commenting that she, the worker, was concerned that she had not been clear enough about the nature of their work together. The worker asked the mother specifically to "tell me what was missing or what I could do to help her feel more comfortable about our work together."

The mother explained that although she was pleased with how things were going, she was worried that other outbursts might occur and still wondered whether the worker should see her daughter individually to find out "what's going on in her head." The worker, realizing that she had not discussed why she was using an interactional approach, spent some time explaining her thinking about the treatment approach she was using. Then she moved their discussion to the progress the mother had made and her daughter's response. The client said, "I like what's happening at home. I guess I didn't see what you were doing. Now I understand how it works." At the end of their session, the mother brought up the HRI again and said that she thought it was a good idea, that she felt good about their talk, and that her outlook for the future was better.

The student worker wrote,

Use of the HRI definitely enhanced our working relationship. It afforded me the opportunity to clarify my approach to meeting our goals, and to verify that those goals were still valid to my client. More important, use of this instrument indicated to my client in a very concrete way my willingness to be genuine, open, flexible, and to listen. Without the HRI, I may not have known about her questions. I am concerned about that I went into this assignment thinking the HRI would be a valuable tool in a difficult or uneasy relationship. Now I think it is of value in any relationship.

Example Three
An example of the HRI's effects on a difficult relationship was provided by E, a 17-year-old girl in residential treatment, and her worker. In their first scheduled session E stated that she hated therapy and saw no point in it. Nevertheless, she talked for most of the hour telling her worker about her family situation and the events leading up to her placement. She did not show up for her second session and said she forgot about it when the worker contacted her to schedule another appointment. The next appointment had to be postponed yet another week because earlier that day E had been caught in possession of marijuana and alcohol and with unauthorized guests in her apartment on the grounds of the residential treatment center.

When their second meeting finally did take place, Erika began by complaining again about how much she hated therapy. At the end of this session, the worker asked her to complete the HRI for discussion at the following session. When E handed her completed client version of the inventory to the worker, she commented that a lot of the questions did not mean anything to her because she hated therapy. E's rating of the structural component questions summed to 25, and her ratings of the interpersonal component questions summed to 16. As the student worker commented, "I asked E to be completely honest in her responses and now I am thinking she was."

During the following session, the worker led E through a discussion of their respective responses to the HRI questions. One particular question that struck a chord with E was the question on the worker's version asking, "Do you enjoy meeting and talking with your client?" The student stated,

My response was "a great deal." When E read this, she said she was shocked. When I asked her why, she explained that her last therapist (the one who she said had fallen asleep during their sessions) would never have answered that way.

E went on to talk about how her previous therapist had canceled many sessions and ended several others early. E had concluded that the therapist was not interested in listening to or helping her. The student worker responded by commenting that she could understand why E hated therapy, given her previous experience. She commented further that E seemed to have similar feelings about her parents, particularly her mother. As the worker put it, "E did not expect me to pay attention to her because so many other people in her life had not.

The student worker noted that after that conversation, she noted a shift in E's attitude toward therapy. She still has a hard time expressing her feelings to me but she seems to have a more open mind toward our sessions. Because of the inventory, a major stumbling block has been removed. E and I were able to talk about this in depth and that has enabled us to become closer and work more as a team.

A second administration of the HRI several weeks later seemed to confirm this observation. E's overall rating of their relationship had risen from 41 to 65, reflecting a 10-point increase in the structural component and a 16-point increase in the interpersonal component.
Discussion

This initial exploration of the clinical utility of the HRI demonstrated that the instrument is suitable for use in a variety of settings and helping contexts. In addition, its use appears to facilitate the helping process.

Both clients and workers reported benefits from the process of rating and discussing their relationship with each other. Clients appreciated being asked to assess the relationship that empowered them to raise concerns with their workers that they felt had not been addressed adequately prior to completing the HRI. Workers found that the HRI helped them achieve greater focus in their work with their clients. As one worker stated, "The first HRI helped us to see what we needed to focus on more specifically; while the second HRI offered evidence of improvement and clarified areas that required further development."

In all nine pairs, completing the HRI appeared to improve the helping relationship and facilitate the helping process. No serious limitations to using the HRI were encountered in these nine applications. Even the two involuntary clients and their workers found that using the HRI helped them.

In general, it appears that the workers' use of the instrument had an empowering effect on their clients. This is not always the case with other rapid assessment instruments, many of which leave clients with the feeling that they are being studied and diagnosed, a disempowering experience at best. As one of the anonymous reviewers of an earlier version of this article stated, "The individual questions of the HRI provide an experience of empowerment in which the clients have a say in how they are empowered."

In this application, it appears that using the HRI empowered the workers also. As noted above, the student workers tended to rate some of the structural-component items more highly than did their clients and rated some of the interpersonal items less highly. Seeing their clients' lower ratings of the structural component items helped the workers become more focused on their clients' substantive concerns, as illustrated in the first two case examples. Seeing their clients' higher ratings of the interpersonal component items helped them appreciate how important they had become to their clients, even in a short time, which boosted their confidence that they were being helpful.

The HRI may be useful in addressing initially poor alliances (Foreman & Marmar, 1985), as illustrated in the third case example, or in overcoming the kinds of ruptures in helping relationships (Safran, McMain, Crocker, & Murray, 1990) that inevitably occur despite the best of intentions. Clearly, this area needs further research.

Other issues that emerged in this application are also deserving of future study, for example, the manner in which the instrument is introduced to the client and how that affects the development of the relationship. Some of the student workers in this study viewed the instrument as more integral to their work with the client than did others. Also, whether sharing the worker's ratings with the client is helpful merits further study. Those
student workers who did share their ratings reported benefits to their clients. Others chose not to share their ratings with their clients, believing that to do so would not be helpful.

The initial implications of this exploratory study are that using the HRI strengthened the helping relationship and facilitated the helping process in a variety of settings. Clearly, however, the sample is small and further research is needed with many worker-client pairs. In addition, study of use of the HRI with more experienced workers in nonteaching contexts would extend confidence in the instrument's clinical utility.

References


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