Commentary on the Special Issue

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This collection of articles on the alliance in couple and family therapy (CFT) provides a fascinating snapshot in time of the richness and diversity of contemporary research on couple and family therapy. Moreover, in terms of both substantive contributions to aid practitioners of CFT and methodological and heuristic contributions to inspire CFT researchers, there is “something for everyone” here in this special issue.

It is well-known by now that the therapeutic alliance is critically important in CFT for engagement in treatment as well as for good outcomes (Friedlander et al., 2021). We also know that the alliance in conjoint treatment differs in several key ways from the alliance in individual therapy (Friedlander et al., 2006), as each of these articles describes. However, we know much less about *how* the alliance develops in CFT and what therapists can do to foster it.

Each of these contributions advances that quest in its own way. From the Günther et al. (2021) article, we learn that therapists should be especially attentive to the dimension of *Safety* within the sessions, as high levels of (observer-rated) Safety distinguished cases in which the alliance was stronger from those in which it was weaker. The authors provide an initial three-phase model of how effective therapeutic discourse evolves in the treatment of high conflict divorced parents. The Sotero and Relvas (2021) paper echoes the importance of establishing felt safety and also a shared sense of purpose among family members within the very first session with regard to later *dropout*. Two other papers provide new insight into how certain pre-existing variables predict the therapeutic alliance. The Welch et al. (2021) study reveals that the couples’ relationship satisfaction matters; specifically, the higher the discrepancy between the partners in how they rated their relationship satisfaction, the lower their average score; moreover, higher discrepancies in relationship

satisfaction predicted lower alliances of the male partner. The Welmers-van de Poll et al. (2021) study shines the spotlight on the therapist, providing evidence that the therapist’s personality is a factor. Among other findings, openness to experience and agreeableness predicated stronger alliances as assessed by the family members and the therapist. Further, therapists’ in-session behaviors, specifically engagement and emotional connection behaviors, were also associated with more positive family members’ and therapists’ alliance ratings. This implies that both *who* the therapist is and what the therapist *does* matter.

Approaching relationship satisfaction from the other perspective, i.e., as an outcome, Hughes et al. (2021) studied a two-session *Relationship Checkup* intervention. The facilitators’ assessment of the alliance positively affected each of the partners’ alliance ratings; moreover, within-couple split alliances were associated with worse outcomes and split alliance between wives and facilitators predicted worse outcomes for the husbands. Finally, the Gilson and Abela (2021) paper provides a “deep dive” inside a single case to illustrate how therapists can work effectively with a family with children of varying ages and developmental levels; readers will find some creative ideas here for their own practice. Readers will find in these papers many implications for training and supervision in CFT, as well as practice. For example, as CFT therapists’ alliance-building behaviors are more often naturally wont to focus on individual interactions than on whole-family alliance building behaviors (e.g., shared sense of purpose, safety), the calls in these papers for strengthening the *systemic* focus on the alliance and behaviors for promoting it are well-taken.

This body of work also provides a window into the diverse ways in which we can study and learn about how the alliance operates in CFT. The Welch et al., Welmers-van de Poll et al., and Hughes et al., articles illustrate how sophisticated quantitative methods—the latent congruence model, multi-level modeling, and structural equation modeling, respectively, can be applied to study practice- and theory-based questions that nonetheless honor the systemic underpinnings of CFT. That these kinds of techniques can be creatively and

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appropriately applied to the study of CFT is not to be taken for granted, and will be especially appreciated by couple and family therapists and researchers experienced enough to recall a time when quantitative methods were eschewed by the field as inconsistent at best—and impossible at worst—to reconcile with a systemic orientation. At the other end of the quantitative–qualitative spectrum, the Gilson et al. article is based on a single case study, using narrative thematic analysis to understand how the therapy helped a two-parent family with four children to engage in treatment for relational trauma. This study is unusual in that it includes the voices of the children as well as the parents and the therapist in the data set and in the paper itself.

The Günther et al. article illustrates the utility of task analysis, a of a kind of “middle ground” methodology which combines quantitative and qualitative tools to study the processes of change within significant event episodes during the treatment. By comparing cases in which there is a successful vs. unsuccessful resolution of a particular impasse—in this case, poor within-family alliances in high conflict divorcing parents—and closely studying the unfolding interactional processes and narratives in each kind of case, they build an initial model for how therapists can help the couple move to a greater shared sense of purpose. Regardless of whether the analyses are qualitative or quantitative, understanding the alliance and how it develops requires us to observe it, one way or another. The Sotero et al. article, utilizing the well-established SOFTA-o measure, once again illustrates that the complex dynamics of the alliance—helping families feel emotionally connected, safe, engaged, and sharing a sense of purpose in the therapy—can in fact be empirically and operationally defined.

Also notable in the selection of articles for this Special Issue is the range and uniqueness of samples and modalities of service delivery, including home-based vs. clinic-based family therapy, a very brief vs. more traditional length intervention and some highly challenging issues, e.g., high conflict divorced parents who could not agree on co-parenting. Further, there is laudable geographic and cultural diversity in the treatment locales: Malta, Netherlands, Portugal, Spain, and the US. In sum, there are numerous immediate “take-aways” from this body of work that will be of interest to

couple and family therapists. At the same time, researchers will be informed about some new strategies for methods for studying the CFT alliance and will hopefully be inspired by the many hints that the authors provide for avenues of future study to inform clinical practice.

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