

5-4-2019

# A QUALITATIVE ANALYSIS OF THERAPEUTIC ALLIANCE FROM THE PERSPECTIVE OF ADULTS WITH AUTISM SPECTRUM DISORDER

Julie Monington  
moni0562@bears.unco.edu

Follow this and additional works at: <https://digscholarship.unco.edu/honors>

---

## Recommended Citation

Monington, Julie, "A QUALITATIVE ANALYSIS OF THERAPEUTIC ALLIANCE FROM THE PERSPECTIVE OF ADULTS WITH AUTISM SPECTRUM DISORDER" (2019). *Undergraduate Honors Theses*. 19.  
<https://digscholarship.unco.edu/honors/19>

This Article is brought to you for free and open access by the Student Research at Scholarship & Creative Works @ Digital UNC. It has been accepted for inclusion in Undergraduate Honors Theses by an authorized administrator of Scholarship & Creative Works @ Digital UNC. For more information, please contact [Jane.Monson@unco.edu](mailto:Jane.Monson@unco.edu).

University of Northern Colorado  
Greeley, Colorado

A QUALITATIVE ANALYSIS OF THERAPEUTIC ALLIANCE FROM THE  
PERSPECTIVE OF ADULTS WITH AUTISM SPECTRUM DISORDER

A Thesis  
Submitted in Partial  
Fulfillment for Graduation with Honors Distinction and  
the Degree of Bachelors of Science

Julie Monington

College of Natural and Health Sciences

May 2019

A QUALITATIVE ANALYSIS OF THERAPEUTIC ALLIANCE FROM THE  
PERSPECTIVE OF ADULTS WITH AUTISM SPECTRUM DISORDER

PREPARED BY: \_\_\_\_\_  
Julie Anna Monington

APPROVED BY: \_\_\_\_\_  
Kimberly A. Murza

HONORS DEPT. LIAISON: \_\_\_\_\_  
Julie A. Hanks, Ed.D

HONORS DIRECTOR: \_\_\_\_\_  
Loree Crow

RECEIVED BY THE UNIVERSITY THESIS  
PROJECT COMMITTEE ON:

May 4<sup>th</sup>, 2019

### **Abstract**

In 2014 the Center for Disease Control and Prevention (CDC) estimated that about 1 in 59 children are diagnosed with autism spectrum disorder (ASD) (U.S. Centers for Disease Control and Prevention [CDC], 2014). Research about the client-clinician relationship, or therapeutic alliance, with individuals with ASD and their speech-language pathologist (SLP) is lacking due to few studies explore how this relationship plays a role in therapeutic outcomes. Literature review reflects that therapeutic alliance is an important component for the outcome of therapy for both short and long term goals. Additionally, research suggests therapeutic alliance may take more time to form for clients with ASD. The therapeutic relationship tends to be more volatile in this population but is a vital step for therapy success (Strunz et al., 2017). This qualitative study presents a phenomenological approach for analyzing the perceptions of two adults with ASD through open-ended interviews. Data were analyzed to determine how these participants perceived their relationship with their therapist. Four overarching research questions were posed to determine how the participants viewed the roles of the client versus the clinician and what factors facilitate an effective therapy session. Findings indicated that that the two individuals viewed their role as needing to be active in nature and that their SLP should have certain traits and play a greater role for overall therapy success. Specifically, the participants sought the following traits: kindness, patience, and an accommodating nature to the therapy style. Further, the participants felt the role of the therapist should be to build a community and to teach applicable skills. This information could be useful to SLPs as they work to form relationships with their clients who have ASD, and as the SLP develops therapy plans.

## Table of Contents

Abstract.....	3
Introduction.....	6
Literature Review.....	6
Overview of Autism Spectrum Disorder .....	6
Overview of Therapeutic Alliance in all Forms of Therapy.....	7
Therapeutic Alliance in Speech Language Therapy .....	9
Discussion.....	10
Methods.....	11
Purpose.....	11
Project Design.....	12
Results.....	13
Themes .....	14
Theme I: Involvement.....	15
Theme II: Client-Centered Approach .....	15
Theme III: Personality Traits .....	16
Theme IV: Ineffective end to Therapy.....	17
Discussion.....	17
Implications for Practitioners and Researchers.....	18
References.....	19

Appendix A.....	22
Appendix B.....	24
Appendix C.....	26

## **Introduction**

Autism spectrum disorder (ASD) is a neurodevelopmental disorder diagnosed based on persistent deficits across multiple contexts such as pragmatic deficiencies, restricted and repetitive behaviors, and impairment in communication (Augustyn, 2017a). In 2014 the Center for Disease Control and Prevention (CDC) estimated that about 1 in 59 children are diagnosed with ASD (U.S. Centers for Disease Control and Prevention [CDC], 2014). There is no known cure for ASD but there are several treatment options available for individuals with ASD such as speech-language therapy with a speech-language pathologist (SLP) (American Speech-Language-Hearing Association, 2019). For the purposes of this research, therapeutic alliance is defined as the relationship between therapist and client or therapist and caregiver of the client. This qualitative case study explored therapeutic alliance and whether client-clinician relationships are perceived to be an essential component in speech-language therapy. The purpose of this study is to understand the formation of a therapeutic alliance and the impact the relationship has for individuals with autism spectrum disorder (ASD) from their perspective.

## **Literature Review**

### **Overview of Autism Spectrum Disorder**

According to the Diagnostic and Statistical Manual 5<sup>th</sup> Edition (DSM-V; American Psychiatric Association, 2013) individuals diagnosed with ASD must meet the following criteria: persistent deficits in social communication and interactions, and restricted, repetitive patterns of behaviors, actions or activities. Previously there were subcategories of ASD such as Asperger Syndrome and childhood disintegrative disorder, but these categories were

abandoned for the umbrella category of ASD with the addition of a multitier diagnosis system with the publication of the DSM-5 (Posar, Resca, & Visconti, 2015). The multitier system for diagnosis of ASD starts at tier one, the lowest level of intervention and assistance required, to tier three, the highest level of intervention and has a high level of need for assistance (Augustyn, 2017b).

Previously, an ASD diagnosis suggested a person was less likely to want relationships or to have romantic interests, but the current research suggests most individuals with ASD want relationships (Strunz, 2017). ASD affects an individual's ability to form these relationships; but most individuals are able to establish these relationships and see the effects of a good relationship (Weissman, Bridgemohan, Augustyn, Patterson, & Torchia, 2012).

### **Overview of Therapeutic Alliance in all Forms of Therapy**

Therapeutic alliance is the relationship that forms between client and clinician. Therapeutic alliance sometimes is referred to as client-clinician relationship. Having a good client-clinician relationship or a caregiver-clinician relationship can increase trust and the willingness of the client to participate in therapy (Riggenbach, 2015; Ebert, 2017). Therapeutic alliance is important to consider no matter the age or disability of the individual client. However, there are some unique considerations for different populations.

**Adults.** Therapy style will need to be changed to include extra awareness to the processing differences and the addition of skill building activities in order to have a better therapy outcome (Gaus, 2011). Hare, Garcey, and Woods' (2016) study found that it is hard to understand what an individual with ASD may consider stressful when one does not have ASD, and this can be a hindrance in therapy and therapy success. It is thought that having a good relationship with the therapist is a good first step to starting the pragmatic transition to assist with

the formation of relationship building techniques (Strunz, 2017). ASD may affect an adult's views on the world and relationships, and it is up to the therapist to accommodate these views and to change their technique to have the best results for their patients.

**Children.** Neurotypical children like having the ability to have a variety of activities to choose from and the input to decide what they are going to do in therapy, and this can lead to the formation of therapeutic alliance (Riggenbach, 2015). ASD may affect the ability to form relationships, but children with ASD are just as capable of forming them as a child without ASD (Klebanoff, 2015). For example, children with ASD tend to require a more routine therapy course and take longer to form therapeutic relationships, but according to the findings from Kerns, Collier, Lewin, and Storch (2017), it is believed that children with ASD may regard therapeutic alliance to be just as important to them as it is to kids without ASD. Kids with ASD are capable of reliably evaluating and describing the client-clinician relationship (Klebanoff, 2015). Children need a therapist that gives them the ability to choose the activities and will give them time to form a relationship of trust (Riggenbach, 2015).

**Parents.** The relationship between therapist and caregiver can determine treatment outcome, treatment dropout, and treatment attendance for adolescent youth (Accurso, Hawley, & Garland, 2013). Keeping the parents involved and informed about therapy goals and outcomes has been shown to be one way to gain and maintain a parent-therapist alliance (Carr & Zebrowski, 2017). In addition, to client-therapist alliance, research has shown that the parents' view of the client-clinician relationship can have a positive or negative effect on the outcome and progress of therapy for their child (Ebert, 2017). It is thought that this may be due to the parent's control over attendance in therapy and at home practice (Accurso, Hawley, & Garland, 2013;

Ebert, 2017). Parents have an impact over how their children perceive therapy and this can result in a change of therapeutic alliance for the child and the outcome.

**Therapists.** The therapist is the key player in forming a relationship to aid with the outcome of therapy whether this is done between the therapist and a patient or the therapist and a parent. If a patient does not like their therapist they may not enjoy therapy and they are more likely drop out of therapy (Accurso, Hawley, & Garland, 2013). According to Leather and Leardi (2012) patients with ASD have difficulty communicating their thoughts and feelings about why they decided to go into therapy, and they struggle with telling others basic facts about themselves, and this may be the reason that the client-clinician relationship takes longer to form. Based on a survey study conducted by Bhatia and Gelso (2017), maintaining a healthy relationship with the patient through the end of therapy and keeping the termination phase in a positive light is also an important component for successful therapy. If the patient has a negative termination phase their views on therapy turn negative and can cause the patient to lose their progress (Bhatia & Gelso, 2017).

### **Therapeutic Alliance in Speech Language Therapy**

**Therapeutic Alliance Generally.** Parents and children have traits they desire in clinician such as: willingness to include the parent in therapy programs, ability to provide a positive therapeutic environment, an authentic personality, and the ability to tailor programs to the child's interests (Riggenbach, 2015). SLPs who do this tend to have better outcomes in therapy and the clients seem to enjoy attending much more than those therapists who do not (Carr & Zebrowski, 2017). An SLP should be flexible with their procedures as well as know when to change the program to better suit the patient (Goodman, Chung, Fischel, & Athey-Lloyd, 2017). Riggenbach

(2015) found through her study of patients who stutter that adolescents value a therapist that is fun and gives them choice in what they were to do that day in therapy.

**Speech Language Therapeutic Alliance with ASD.** Few studies to date have explored how therapeutic alliance affects the outcome of speech-language therapy for patients with ASD. One such study was Goodman, Chung, Fischel, and Athey-Lloyd (2017) study that examined two SLP therapy styles in which one didn't adhere to the protocol as much as the second one did. Goodman, Chung, Fischel, and Athey-Lloyd (2017) found that adhering to the Child-Centered Play Therapy process hindered the second therapist's ability to repair the ruptures in their therapeutic alliance and even increased the child's autism symptoms. Sometimes the proper protocol cannot only hinder the therapist's ability to form a relationship, but may inhibit progress. Therapeutic alliance can be difficult to form for those with ASD, but with patience and the proper SLP it can be done and be effective.

### **Discussion**

Therapeutic alliance is an important factor for therapy and can help all those involved to feel more satisfied with therapy and to continue to go to therapy sessions. There have been few studies to date that look at how therapeutic alliance plays a role in therapy outcome for individuals with ASD who seek services from a SLP. In addition, the relationship between therapist and the caregiver can determine treatment outcome, treatment dropout, and treatment attendance for adolescent youth but little research in this area with individuals with ASD has been conducted (Accurso, Hawley, & Garland, 2013). All aspects of therapy are important even the termination phase (Bhatia & Gelso, 2017). Additionally, therapeutic alliance is just as important to kids with ASD as it is to neurotypical children (Kerns, Collier, Lewin, & Storch, 2017).

## **Methods**

### **Purpose**

There is a dearth of literature that examines how therapeutic alliance affects the outcome of therapy for people with autism spectrum disorder (ASD), and even fewer studies looking into how therapeutic alliance affects the outcome for speech and language therapy. Therapeutic alliance is defined as the relationship between therapist and client or therapist and caregiver of the client. According to the findings from Kerns, Collier, Lewin, and Storch (2017), it is believed that children with ASD may regard therapeutic alliance to be just as important to them as it is to children without ASD. Children with ASD are also capable of reliably evaluating and describing the client-clinician relationship (Klebanoff, 2015). Additionally, individuals with ASD have a different way of viewing the world (Wood, Drahotka, Sze, Har, Chiu, & Langer, 2009; Hare, Garcey, & Wood, 2016), and have difficulty expressing their thoughts and feelings about therapy (Leather & Leardi, 2012). Strong therapeutic alliance is an important first step for therapy success (Strunz, 2017).

The purpose of this study was to examine how individuals with ASD perceived the impact of therapeutic alliance in speech-language therapy outcomes. This study looked at both past and current speech-language therapy experiences. The researcher asked the following research questions:

1. How do adults with high functioning ASD describe their role within therapeutic alliance?
2. How do adults with high functioning ASD describe their speech-language pathologist's role within the therapeutic alliance?
3. How do adults with high functioning ASD perceive factors common across

clinicians as they relate to an effective therapeutic experience?

4. How do adults with high functioning ASD perceive factors common across clinicians as they relate to an ineffective therapeutic experience?

### **Project Design**

The qualitative research study described below utilized a phenomenological approach (Moustakas, 1994) for analyzing the perceptions two adults with ASD by conducting interviews with the participants.

**Participants.** Two participants were selected and interviewed until saturation was reached with both individual participants. The chosen individuals were adults who were diagnosed with ASD and had received speech-language therapy at some point in their life. Participants were selected through a purposeful convenience sample. In order to recruit adult participants, the researcher collaborated with two speech-language pathologists (SLPs) who treat adolescents and adults who have ASD in Northern Colorado to identify appropriate participants. Each SLP contacted for this study was asked to provide the researcher's contact information to the clients eligible for this study so that all client/participant information was provided to the researcher on a voluntary basis (see Appendix A). Those adults with ASD who were interested in participating and who contacted the researcher were then asked to participate in an interview. Participants had the option of participating in an in-person, phone, or video chat interview; both interviews took place in-person. At the beginning of each initial in-person meeting, each participant was asked to sign the consent form and was sent an electronic version through email (see Appendix B).

**Data collection procedures.** Prior to any data collection, permission to conduct the study was given by the Institutional Review Board (IRB) from University of Northern Colorado.

Data were collected using a qualitative research method of open-ended interview (see Appendix C). Based on convenience, the case study participants were given the option to choose the location for the interview such as a personal office or a room in Gunter Hall at University of Northern Colorado. Each interview was audio recorded using a password-protected phone. Notes were taken on the setting of interviews (i.e. lighting, temperature, participant and researcher placement, interruptions, mood of participant). A debriefing occurred before any questions were stated to describe the study and what data the researcher was collecting. A consent form (see Appendix B) was sent out prior to the interview and any data collection. All semi-structured interviews were recorded and lasted between 10 and 20 minutes, depending on length of participants' answers and their willingness to share.

**Data analysis procedures.** The digitally recorded interviews were transcribed in their entirety, providing the main source of data for analysis. The analyzed data comprised of information obtained from the interviews in addition to the researcher's journal and field notes. Interview transcriptions included the coding of the participants' behaviors. As behaviors can be impacted by emotional reactions, this provided the researcher with additional information. After interviews were transcribed, data were coded into meaning units, or meaningful pieces of information. The repeating codes, or ideas, were found and labeled for each participant. Each repeating code was analyzed across all participants and reorganized into main themes or categories. The researcher and research advisor established an 80% inter-coder agreement across a randomly selected 25% of interview transcripts. Inter-coder agreement was determined based on agreement as to themes found in interview transcripts.

## **Results**

Interviews were designed to better understand what adults with high functioning autism perceived as affecting the formation of therapeutic alliance. All data and information collected including field notes and audio transcription were analyzed utilizing an inter coder reliability based off two coders. One coder was the researcher and the second coder was the research advisor, a speech-language pathology professor at University of Northern Colorado. Both coders coded the responses of the participants into codes and themes that were shared then agreed upon by both coders. Codes and themes were then separated by research question.

### **Themes**

The purpose of this study was to examine how individuals with ASD perceived the impact of therapeutic alliance in speech-language therapy outcomes. This study looked at both past and current speech-language therapy experiences. The researcher posed the following research questions:

1. How do adults with high functioning ASD describe their role within therapeutic alliance?
2. How do adults with high functioning ASD describe their speech-language pathologist's role within the therapeutic alliance?
3. How do adults with high functioning ASD perceive factors common across clinicians as they relate to an effective therapeutic experience?
4. How do adults with high functioning ASD perceive factors common across clinicians as they relate to an ineffective therapeutic experience?

One participant provided a detailed response to each question while the other primarily only answered questions two and three. The first theme addressed question one, the second theme addressed both questions two and three, the third theme addressed question three, and the

fourth theme addressed question four. Each theme is further described with subthemes, which were determined by consensus of coders.

### **Theme I: Involvement**

Participant I was the only participant to respond with answers for question one. The primary theme for their response was that the role for the client was to be involved. Involvement included subthemes of participation in therapy and practice outside of therapy. This participant believed that if there was active participation then the therapy session would have a sense of fun to it and there would be some form of control.

### **Theme II: Client-Centered Approach**

This theme answered both questions two and three on what the SLP's role is and how they can be effective. The client-centered approach is a therapy style in which therapy focuses on the client's wants and needs. Participant II's responses focused on this theme. Several subcategories were determined to be a part of the theme.

**Empowerment.** Both participants mentioned how much they appreciated the sense of empowerment their clinician offered them; however, Participant II spoke highly of their clinician's ability to make them feel empowered in the clinical setting. Similarly, Participant I mentioned "Which if you think about it the point of any healthcare professional is not to have power over people but to empower them and help them do well."

**Accommodating.** Multiple types of responses were marked to fall within this subcategory. Participant I mentioned how accommodating his SLP was and how open to communication the SLP was. To Participant I this factor of the client-centered approach that was highly valued. Participant I emphasized how the clinician was willing to adapt for the participants in the group therapy so that they were able to get to the therapy sessions. Participant

II reacted to the accommodating nature of his SLP as the SLP accommodated the client's wishes to focus on certain skills and pushed him to fulfill them.

**Equals.** Participant I emphasized how important it was that his SLP treated him as an equal. This participant went on to make the comment of how "She could have been 'I have a PhD and I am a clinician and you are a client but there was no strong feel of power uh power over, instead it was power together."

**Teach skills.** The participants mentioned how the SLPs taught skills that they wanted to learn. This included how to handle frustration when unable to communicate desires and how to decipher facial features to determine emotions. This is a key component for the client-centered approach as it focuses primarily on the client.

### **Theme III: Personality Traits**

Both participants mentioned traits that they appreciated in their past SLPs and would look for if they decided to go back to therapy. The overarching theme of personality traits could be divided among several subthemes or specific traits that were mentioned by both participants. When asked, Participant I highlighted several traits of a clinician that he would look for "The same that I would look for in any clinician, health care provider, or anyone in general. Can they say yes and follow through on it or say no and follow through on it? Are they kind? Are they flexible? Open? Are you effective? Most of us make mistakes often...so even when you are ineffective are you willing to adjust to be more effective?" While Participant II specified only a few including "The one I have now is caring and push [*sic*] me, but if I needed to find a new one I would want them to do the same thing."

**Relaxed and flexible.** Participant I emphasized how important the trait of relaxed and flexible was for his therapeutic experience. These traits are closely linked and were considered to be a part of the reason that the client felt comfortable with his SLP.

**Friendly and kind.** Both participants highlighted the importance of the clinician having a friendly and kind personality. Both were mentioned to be the main trait that participant II would look for in a new clinician.

**Responsible and prepared.** Participant I mentioned both of these as being interlocked traits. To be responsible and prepared for therapy were highly important for Participant I as they helped to create a professional atmosphere and lead to trust in the clinician's abilities.

#### **Theme IV: Ineffective end to Therapy**

Theme IV was only mentioned by Participant I and was made as an offhand remark of something that could have been done better. The participant wished that there was some sort of end or "warm hand off" so that the group would be able to continue developing their skills in new environments that the clinician recommended to them. However, Participant I mentioned that he was "groping" for a reply as he really did not think there was anything that he truly wishes had been different.

### **Discussion**

There are certain traits and needs that participants in this study thought as important, however, most of the findings were associated with questions two and three. Several limitations must also be addressed. The sample size for this study was extremely small with only two participants. Additionally, participants were recruited through their past or current SLP so there may be some bias in their responses. Unfortunately, only one participant responded to all questions; therefore, data for questions one and four had insufficient data for generalization

between the two participants in this study. It is also unclear whether the unfamiliarity of the interview location for Participant II had any impact of the data.

### **Implications for Practitioners and Researchers**

Based on the results of this research study, clinicians should consider the importance of focusing on therapeutic relationships. Although this study represents the views of only two individuals with ASD their opinions about therapeutic alliance coincide with previous research. Future researchers should consider examining therapeutic alliance from the perspective with diverse backgrounds. Additionally, both participants involved in this study had positive experiences with their clinicians, it would be important to explore the opinions on therapeutic alliance of clients with more negative experiences.

## References

- Accurso, E. C., Hawley, K. M., & Garland, A. F. (2013). Psychometric properties of the therapeutic alliance scale for caregivers and parents. *Psychological Assessment, 25*(1), 244-252. doi:10.1037/a0030551
- Augustyn, M (2017a). Autism spectrum disorder: Clinical features. In T. W. Post (Ed.), *UpToDate*. Waltham, MA: WoltersKluwer Health. Available from <http://www.uptodate.com>
- Augustyn, M (2017b). Autism spectrum disorder: Diagnosis. In T. W. Post (Ed.), *UpToDate*. Waltham, MA: WoltersKluwer Health. Available from <http://www.uptodate.com>
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: Author.
- American Speech-Language-Hearing Association. Autism (autism spectrum disorder). (2019). In American Speech-Language-Hearing Association. Retrieved from <https://www.asha.org/public/speech/disorders/autism/>
- Bhatia, A., & Gelso, C. J. (2017). The termination phase: Therapists' perspective on the therapeutic relationship and outcome. *Psychotherapy, 54*(1), 76. doi: 10.1037/pst0000100
- Carr, M., & Zebrowski Ph D, P. (2017). Child and parent perspective of effective and ineffective therapeutic alliance during treatment for stuttering (undergraduate thesis, University of Iowa). Retrieved from <http://ir.uiowa.edu/>
- Ebert, K. D. (2017). Measuring clinician–client relationships in speech-language treatment for school-age children. *American Journal of Speech-Language Pathology, 26*(1), 146-152. doi:10.1044/2016\_AJSLP-16-0018

- Gaus, V. L. (2011). Adult Asperger Syndrome and the utility of cognitive-behavioral therapy. *Journal of Contemporary Psychotherapy*, 41(1), 47-56. doi: 10.1007/s10879-010-9159-8
- Goodman, G., Chung, H., Fischer, L., & Athey-Lloyd, L. (2017, July 1). Simulation modeling analysis of sequential relations among therapeutic alliance, symptoms, and adherence to child-centered play therapy between a child with Autism Spectrum Disorder and two therapists. *Clinical Child Psychology and Psychiatry*, 22(3), 455-466, doi:10.1177/1359104517691082
- Hare, D. J., Gracey, C., & Wood, C. (2016). Anxiety in High-Functioning Autism: A pilot study of experience sampling using a mobile platform. *Autism*, 20(6), 730-743. doi: 10.1177/1362361315604817
- Kerns, C. M., Collier, A., Lewin, A. B., & Storch, E. A. (2017). Therapeutic alliance in youth with Autism Spectrum Disorder receiving cognitive-behavioral treatment for anxiety. *Autism*. Advance online publication. doi:10.1177/1362361316685556
- Klebanoff, S. (2015). *The therapeutic alliance in cognitive-behavioral therapy for children with autism and anxiety* (Master's thesis). Available from Proquest Dissertations & Theses Global database. (1590383)
- Koenig, K., & Levine, M. (2011). Psychotherapy for individuals with Autism Spectrum Disorders. *Journal of Contemporary Psychotherapy*, 41(1), 29-36. <https://doi.org/10.1007/s10879-010-9158-9>
- Leather, J., & Leardi, M. (2012). Mental health and Asperger's Syndrome: What clinicians need to know. *Journal of human behavior in the social environment*, 22(8), 1014-1020. doi:10.1080/10911359.2012.707945

- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: SAGE Publications.
- Posar, A., Resca, F., & Visconti, P. (2015). Autism according to diagnostic and statistical manual of mental disorders 5(th) edition: The need for further improvements. *Journal of pediatric neurosciences*, 10(2), 146–148. doi:10.4103/1817-1745.159195
- Riggenbach, K. D. (2015). *A Qualitative Analysis of the Therapeutic Alliance from the Perspective of Adolescents who Stutter* (Master's thesis, University of Northern Colorado). Retrieved from <http://digscholarship.unco.edu/>
- Shirk, S. R., & Karver, M. (2003). Prediction of treatment outcome from relationship variables in child and adolescent therapy: A meta analytic review. *Evidenced Based Mental Health*, 71, 452–464. Retrieved from APA Psychnet.
- Strunz, S., Schermuck, C., Ballerstein, S., Ahlers, C. J., Dziobek, I., & Roepke, S. (2017). Romantic relationships and relationship satisfaction among adults with Asperger Syndrome and High-Functioning Autism. *Journal of Clinical Psychology*, 73(1), 113-125. doi:10.1002/jclp.22319
- Wood, J. J., Drahota, A., Sze, K., Har, K., Chiu, A. and Langer, D. A. (2009), Cognitive behavioral therapy for anxiety in children with Autism Spectrum Disorders: A randomized, controlled trial. *Journal of Child Psychology and Psychiatry*, 50: 224–234. doi:10.1111/j.1469-7610.2008.01948.x
- Weissman, L., Bridgemohan, C., Augustyn, M., Patterson, M. C., & Torchia, M. M. (2012). Autism spectrum disorder in children and adolescents: Overview of management. *UpToDate [Internet]*. Version, 19.

## Appendix A

### Participant Recruitment E-mail

#### **SLP Email:**

Hello,

My name is Julie Monington and I'm an undergraduate honors student at UNC. I was referred to you by Dr. Kim Murza because she thought you might be able to help me with participant recruitment for my thesis. The focus of my research is to investigate the experience individuals with autism spectrum disorder have had in regards to their speech-language therapy. In order to participate individuals need to meet the following requirements:

- 18 years old or older
- Diagnosed with autism spectrum disorder
- Received speech-language therapy in either the past or the present

If you are interested helping me, please forward the information below to individuals you think meet the above criteria.

Thank you for your consideration and please contact me with any questions.

Sincerely,  
Julie Monington  
Moni0562@bears.unco.edu

#### **Email for SLP to forward to potential participants**

Hello,

I am writing to ask if you are interested in participating in a research project for my honors thesis. The focus of the research is to investigate the experience individuals with autism spectrum disorder have had in regards to their speech-language therapy. In order to participate you need to meet the following requirements:

- 18 years old or older
- Diagnosed with autism spectrum disorder
- Received speech-language therapy in either the past or the present

If you are interested in participating in the study, please contact me at the email address listed below as soon as possible so that we can schedule a time for the first interview. Additionally a copy of the consent form you will need to sign is attached. Thank you for your consideration and please contact me with any questions.

Sincerely,  
Julie Monington  
[Moni0562@bears.unco.edu](mailto:Moni0562@bears.unco.edu)

## Appendix B



### CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH UNIVERSITY OF NORTHERN COLORADO

Project Title: **A Qualitative Analysis of Therapeutic Alliance from the Perspective of Adults with Autism Spectrum Disorder**

Researcher: Julie Monington

E-mail: Moni0562@bears.unco.edu

Advisor: Dr. Kimberly A. Murza, Ph. D., CCC-SLP

Audiology & Speech Language Sciences

University of Northern Colorado

(970) 351-1084      Kimberly.Murza@unco.edu

**Purpose and Description:** The purpose of this study is to provide insight into the lived experiences of adults who have autism spectrum disorder (ASD), specifically the stories of the participants in this research. The information gained will shed light on how individuals with ASD perceive the impact of therapeutic alliance in speech-language therapy outcomes. Based on the stories and information obtained through a series of interviews and conversations held, a narrative or story will be created to represent the perspectives of you as the participant in the most accurate manner possible while still maintaining that your identity is confidential. The information gathered in the study will be used for the purpose of fulfilling honors thesis requirements, and may eventually be published.

You will be asked to take part in an individual interview. Interviews will be semi-structured, but should be considered more of an open-ended conversation simply meant to obtain stories about your speech language therapy. The questions asked in the interviews are of a nature that may be considered quite personal. Interviews will take place in a private space, and may last up to 30 minutes in total. They will later be transcribed for research purposes; you will have a chance to review the transcripts to ensure that they accurately represent your answers to the interview questions. Interviews will be audio recorded. If you do not want to be recorded, you will not be selected to participate in this study.

In an effort to keep information about your identity confidential, you will be given a pseudonym for yourself. Throughout the entirety of the research, you will be identified by your pseudonym. The interview setting will be generally described as is necessary to the research, but no specific

information will be disclosed in final reports of the research. Additionally, the data collected and analyzed for this study will be kept on a password protected computer. If files are transferred from one password protected device to another, a password protected zip drive will be used. Any loose documents, such as notes or consent forms, will be stored in a locked filing cabinet.

Although you may not directly benefit from your participation in the study, as you will simply be conveying your knowledge regarding therapeutic alliance, you will be given a \$25 gift card as compensation for your participation. Additionally, you will be sent a copy of the final draft of the thesis if you desire and your participation may help current practitioners. Your participation is vital. Risks of participation may include mild emotional discomfort or anxiety brought up by personal topics of conversation.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact Sherry May, IRB Administrator, Office of Sponsored Programs, 25 Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1910.

---

Participant's Signature

Date

---

Researcher's Signature

Date

## Appendix C

### Interview Sample Questions

Intro: Thank you so much for meeting with me today. The purpose of this study is to examine how therapeutic alliance affects the outcome of speech-language therapy. This interview should take between 15 to 30 minutes.

1. Can you tell me a bit about yourself?
  - a. When were you diagnosed with Autism Spectrum Disorder?
  - b. How many speech language pathologists have you gone to?
2. Can you tell me a little about your experience in therapy?
  - a. Overall, do you feel therapy was beneficial?
    - i. Can you tell me why/why not?
  - b. What were your favorite things about therapy?
  - c. What were some things that frustrated you?
3. Is there anything you wish your speech language pathologist had done differently?
  - a. Was there a specific thing she/he did that you felt was helpful?
  - b. Could you describe your past or current relationship(s) with your speech language pathologist(s)?
    - i. What influenced your views on the relationship?
    - ii. Did you trust you speech language pathologist(s)?
  - c. If you were to receive therapy now what would be some traits you would look for in you speech language pathologist?

Conclusion: Once again thank you for meeting with me. Once this study has been completed, I will send you a copy if you would like. Have a great day.