Development of a Helping Relationship Inventory for Social Work Practice
John Poulin and Thomas Young
Research on Social Work Practice 1997 7: 463
DOI: 10.1177/104973159700700403

The online version of this article can be found at:
http://rsw.sagepub.com/content/7/4/463

Published by:
http://www.sagepublications.com

Additional services and information for Research on Social Work Practice can be found at:

Email Alerts: http://rsw.sagepub.com/cgi/alerts
Subscriptions: http://rsw.sagepub.com/subscriptions
Reprints: http://www.sagepub.com/journalsReprints.nav
Permissions: http://www.sagepub.com/journalsPermissions.nav
Citations: http://rsw.sagepub.com/content/7/4/463.refs.html

>> Version of Record - Oct 1, 1997
What is This?
Development of a Helping Relationship Inventory for Social Work Practice

John Poulin
Thomas Young
Widener University

The authors report the development of an instrument to assess the strength of the helping relationship in social work. The Helping Relationship Inventory has both client (HRI:C) and worker (HRI:W) versions. The HRI:C measures the strength of the helping relationship in social work practice from the perspective of the client, and the HRI:W measures the strength of the helping relationship from the perspective of the worker. The HRI:C is composed of items that capture those aspects of the helping relationship that are most salient to clients. The HRI:W is composed of items that capture those aspects of the helping relationship that are most salient to workers providing help. Both the client and worker versions of the inventory have acceptable reliability and validity estimates.

Historically, the profession of social work has emphasized the importance of the quality of the worker-client relationship to the success of the helping process (Biestek, 1957; Hollis, 1970; Perlman, 1979; Richmond, 1917). Biestek (1954) characterized the helping relationship as the “soul” of the helping process. He described the casework relationship as the dynamic interaction of feelings and attitudes between the caseworker and the client. Perlman (1979) defined the professional helping relationship as a supportive, compassionate working alliance between the worker and the client that is time bound and has an agreed-on purpose. Drawing on Rogers’ (1957) work on the qualities of therapeutic relationships, Perlman (1979) identified five worker attributes that are necessary for the development of a working relationship: warmth, acceptance, empathy, caring-concern, and genuineness.

Authors’ Note: This research was supported by Widener University provost grants. The authors gratefully acknowledge Arthur Schwartz’s helpful comments on earlier drafts of the article. Correspondence may be addressed to John Poulin, Center for Social Work Education, Widener University, Chester, PA 19013.
These conceptualizations about the helping relationship have been widely accepted by the social work profession. Most social work practice texts stress the importance of the helping relationship and define relationship in terms similar to Perlman's (1979) definition (Bisman, 1994; Compton & Galaway, 1994; Goldstein, 1995; Northen, 1995; Woods & Hollis, 1990). However, as early as 1979, Perlman noted that attention paid to the helping relationship in the academic social work literature had waned (pp. 2, 219-220). More recently, Coady (1993) commented on the “continued neglect of relationship factors” (p. 292) in social work research.

There are a number of factors that may have contributed to this lack of research on the helping relationship. With the possible exception of Shulman's (1991) work on interactional social work practice, one major factor is that the concept has not been defined operationally. Another contributing factor may be that the importance of the worker-client relationship became a common assumption of social work practice (Perlman, 1979). Proctor (1982) noted that although social work has consistently accorded the relationship between worker and client a central role in treatment, “the precise nature of this relationship and the manner in which it contributes to treatment has not been spelled out” (p. 430). Yet, a third contributing factor may be that the profession’s earlier emphasis on the importance of the relationship was replaced with an emphasis on developing and testing models of intervention and measuring outcomes (Reid, 1994).

As a result, the current definitions of relationship in social work and the social work practice literature continue to describe the concept in very general terms or focus primarily on worker characteristics that promote the development of a professional helping relationship. The concept is not presented in measurable and operational terms. Thus, social workers have no systematic, easily administered way of measuring the strength of the helping relationship that can be used in their practice with clients.

**RESEARCH ON THE HELPING RELATIONSHIP**

There are few direct studies of the helping relationship in the clinical social work literature. Russell’s (1990) comprehensive review of research in clinical social work from 1970 to 1988 reveals that much of that research has consisted of attempts to establish a scientific basis for clinical social work interventions. Most of the research has been outcome-oriented studies testing the efficacy of various structured interventions. The emphasis on measuring outcomes is one of the defining characteristics of the “empirical practice movement” within the profession (Reid, 1994). This approach to practice
research has been facilitated by the acceptance of single-subject designs (Tripodi, 1994), the specification of interventions (Reid & Hanranhan, 1982), and the development of rapid assessment instruments (Bloom, Fischer, & Orme, 1995; Fischer & Corcoran, 1994; Videka-Sherman & Reid, 1990). However, little attention has been paid to the role of the helping relationship in delivering these interventions effectively. This is in marked contrast to most social work practice texts that do stress the importance of the relationship and its contribution to outcome (Goldstein, 1995; Northen, 1995).

Recently, however, some social work investigators (Coady, 1991a, 1991b; Marziali & Alexander, 1991) have begun to revive interest in the helping relationship and its contribution to both the dynamics and outcomes of the helping process. Dore and Alexander (1996) reviewed the substantial body of research on relationship-outcome studies in both the field of individual psychotherapy and the small but growing body of research based on child, couple, group, and family therapy. As their review demonstrated, most of the conceptual work and research on the helping relationship during the past 20 years has taken place primarily in psychology, a body of work stimulated by the seminal ideas of Bordin (1979), who operationalized the construct of a therapeutic or working alliance.

Therapeutic Alliance

Unlike the social work practice literature, in which the focus has tended to be on the feeling dimension and the worker characteristics that promote positive feelings, most of the therapeutic alliance literature in psychology has expanded the conceptualization to include treatment goals and tasks as part of the helping relationship. Thus, the alliance between therapist and client has included the specification of goals, agreed-on tasks for both the therapist and client, and the emotional bond between them. This expanded concept of the alliance encompasses both the collaborative and interactional aspects of the helping process.

Therapeutic Alliance Research

The most frequently referenced measures of the therapeutic alliance include the Penn Helping Alliance Rating Scales developed by Luborsky, Crits-Christoph, Alexander, Margolis, and Cohen (1983); the Vanderbilt Therapeutic Alliance Scales developed by Hartley and Strupp (1983) and their collaborators; the California Psychotherapy Alliance Scales (CALPAS) developed by Marmar, Horowitz, Weiss, and Marziali (1986); and the Working Alliance Inventory (WAI) developed by Horvath and Greenberg (1986).
All of these investigators, according to Tichenor and Hill (1989), view "the working alliance as a collaboration between the client and the therapist on the work of therapy" (p. 196).

Most of the alliance measures take three forms: one for completion by a client, one for the client's therapist, and one for an independent observer (Horvath, 1994). In general, the correlations of ratings between independent observers and either clients or therapists have been weak or nonexistent. Over time, independent observer ratings have given way to the more practical parallel rating forms for therapist and client.

Several studies have examined correlations between ratings of the alliance after the third session and ratings of the eventual outcome of the therapy. Horvath and Symonds (1991) conducted a meta-analysis of 24 of these studies and found that, for clients' ratings, "a moderate-to-strong relation appears to link positive alliance with good therapy outcome" (cited in Horvath, 1994, p. 268). Others have verified that this alliance-outcome correlation appears to hold across at least three types of therapy: behavioral, cognitive-behavioral, and interpersonal (Marziali & Alexander, 1991). Client and worker ratings of the alliance, however, often are not strongly correlated with each other, although they may become more so if the relationship endures over some time. Therapist ratings of the alliance also usually are not strongly correlated with measures of outcome. These findings have led to recent speculation that the parallel instrument construction strategy has obscured the possibility that the therapist and client might have differing, even if overlapping, concerns about which aspects of the helping relationship each considers important. "It is quite conceivable that a therapist, viewing the relationship through the lens of a particular theoretical framework, may need to be asked substantially different questions than the client" (Horvath & Greenberg, 1994, p. 5).

Social Work-Based Measure of the Helping Relationship

Given the existence of several established measures of the therapeutic alliance developed in psychology, is there a need for a social work-based measure of the helping relationship? Is it really necessary to create a measure of the strength of the helping relationship for use in clinical social work and research? Both the WAI and the CALPAS include subscales that seem compatible with social work's approach to helping (e.g., bonds, tasks, and goals in the WAI; patient working capacity, patient satisfaction, goal consensus, working strategy consensus, and therapist understanding and involvement in the CALPAS). These measures, however, were developed for use in the context of psychotherapy. Clinical social work practice often involves
forms of helping (e.g., advocacy, service linkage and coordination, concrete services) that occur with or without concurrent psychotherapy. The wording of the therapeutic alliance measures are not always consistent with the full range of activities associated with clinical social work. For this reason, we believe that a measure of the helping relationship based on a social work conceptualization of clinical practice would better capture the client’s and worker’s perceptions of the relationship than do the existing therapeutic alliance measures. In addition, we believe that a measure of the helping relationship that incorporates the language used by social workers as well as one that reflects the types of activities associated with the social work helping process would assess the helping relationship between social workers and their clients better than do measures based on the psychotherapeutic model.

In summary, this review has highlighted two gaps in the helping relationship literature. The first is the absence of a comprehensive operational definition of the helping relationship in the social work literature. The social work practice literature does not provide any operational definitions of relationship, and the social work research literature is essentially devoid of empirical work on the concept. The second is the suggestion made in the therapeutic alliance literature about the need for different worker and client measures of the alliance. The emerging empirical evidence suggests that helping professionals and their clients have differing perceptions of the therapeutic alliance. Measuring the therapist’s perceptions of the alliance with instruments based on the client’s responses may not adequately capture these differences.

Therefore, the purposes of this study are (a) to develop a reliable and valid measure of the helping relationship that is consistent with social work practice principles, and (b) to explore the viability of developing different client and worker versions of a helping relationship measure.

**METHODOLOGY**

**Conceptualization and Measurement of the Helping Relationship**

We viewed the helping process as organized around two mutually influencing components: a structural component and an interpersonal component. The structural component refers to the specification of “target problems” to be addressed, the articulation of goals and tasks, and the development of a means of monitoring progress toward achieving the goals. This component draws heavily from the task-centered model of social work practice developed by Reid and Epstein (1972). Conceptually, we view this component as
an interactive rather than a linear process, and we view it as the foundation and purpose of the helping relationship (Perlman, 1979, p. 62).

The interpersonal component refers to the psychological bond that develops between client and worker based on a variety of cognitive and emotional responses to their interaction—responses designated by words such as appreciation, respect, trust, comfort, hope, and understanding. Developing this bond also is an interactive process between the worker and client.

Furthermore, we believe that the two components exert a mutual or reciprocal influence on each other from the very beginning of the client-worker encounter. The more comfortable the worker and client are with each other interpersonally, the more easily they will be able to sort out the client’s problems and develop a plan of action. Also, the clearer the structural component of the process, the better the two participants will feel about and toward each other. We view our conceptualization of the helping relationship as “integrating the relational and technical aspects” of the process in a way that makes them “interdependent and catalytic” with respect to each other (Horvath & Greenberg, 1994, p. 2).

The central importance accorded by self psychology to acquiring an empathic understanding of the client’s subjective experience also was influential in our approaching the development of a Helping Relationship Inventory (HRI) (Kohut, 1971, 1977, 1984; Ornstein, 1978, 1990; Ornstein & Ornstein, 1990). Some essential ingredients of the interpersonal component are the common human needs of feeling attended to and appreciated; calmed, soothed, and inspired; and alike or like-minded—all within a process of becoming understood (Elson, 1986; Ornstein & Ornstein, 1985; Pinsof, 1994, Safran, Crocker, McMain, & Murray, 1990; Safran, Muran, & Samstag, 1994).

Table 1 contains 19 client questions that focus on the structural component of the helping relationship. The questions ask about the structure of the helping process: identifying the target problem(s), articulating goals, developing a plan or contract for intervention, and developing a process for evaluating progress. Each aspect of the helping process contains questions about how much the topic has been discussed, how clear the respondent is about his or her expectations, and how much input the client has in the process. A high score on these items is considered indicative of collaboration and clarity about the purpose of the relationship and the structure of the process.

Table 2 contains 16 client questions that focus on the interpersonal component of the helping relationship. The questions address the client’s perception of certain psychological aspects of the interactions between the worker and the client with particular attention to the effects of the worker’s
TABLE 1: Structural Component of Helping Relationship: Questionnaire Items

Q-S-1. How much have you and your social worker discussed how you are going to approach your work together?
Q-S-2. How clear are you about what is expected in your work together?
Q-S-3. How clear are you about what is expected of your social worker in your work together?
Q-S-4. How much input have you had in determining how the two of you will work together?
Q-S-5. How much have you and your social worker discussed the specific problem(s) with which you want help?
Q-S-6. How much input have you had in determining the specific problem(s) you are addressing in your work together?
Q-S-7. How clear are you about the specific problem(s) that you and your social worker are addressing?
Q-S-8. To what extent have you and your social worker discussed the specific goal(s) you hope to accomplish in your work together?
Q-S-9. How much input have you had in determining the goals you are working on?
Q-S-10. How clear are you about the goals you hope to accomplish?
Q-S-11. To what extent have you and your social worker discussed the specific actions you will take to address your difficulties?
Q-S-12. To what extent have you and your social worker discussed the specific actions your social worker will take to address your difficulties?
Q-S-13. How much input have you had in determining the actions you are taking to address your difficulties?
Q-S-14. How clear are you about the actions you are expected to take?
Q-S-15. How clear are you about the actions your social worker is taking?
Q-S-16. How much have you and your social worker discussed how your progress is going to be assessed?
Q-S-17. How much input do you have in determining how you and your social worker will assess your progress?
Q-S-18. How clear are you about how you and your social worker are assessing your progress?
Q-S-19. To what extent have you and your social worker discussed your progress?

NOTE: This is the client version of the questions. The worker version is identical except that "social worker" is replaced with "client."

actions on the client. Specifically, the questions ask about whether the client feels attended to, understood, appreciated, comforted, hopeful, and more organized from interacting with the worker. A higher score on these items is considered indicative of an interpersonal connection or bond between the worker and the client.

Two versions of the questionnaires were developed using the structural and interpersonal items shown in Tables 1 and 2. In the worker version, the word "social worker" was replaced with "client." As a result of the rewording, certain items query the worker's perception of the client's experience, and
TABLE 2: Interpersonal Component of Helping Relationship: Questionnaire Items

<table>
<thead>
<tr>
<th>Question</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q-I-1. Do you and your social worker work well together?</td>
<td></td>
</tr>
<tr>
<td>Q-I-2. Do you feel your social worker pays attention to you?</td>
<td></td>
</tr>
<tr>
<td>Q-I-3. Does your social worker explain to you his or her understanding of your difficulties?</td>
<td></td>
</tr>
<tr>
<td>Q-I-4. Is your social worker's understanding of your difficulties similar to your own?</td>
<td></td>
</tr>
<tr>
<td>Q-I-5. Does your social worker acknowledge your efforts to cope with your difficulties?</td>
<td></td>
</tr>
<tr>
<td>Q-I-6. In addition to talking about your difficulties, does your social worker give you the impression that he or she enjoys meeting and talking with you?</td>
<td></td>
</tr>
<tr>
<td>Q-I-7. Does talking with your social worker help you get more organized about resolving your difficulties?</td>
<td></td>
</tr>
<tr>
<td>Q-I-8. Does talking with your social worker have a calming, soothing effect on you?</td>
<td></td>
</tr>
<tr>
<td>Q-I-9. Is your social worker able to handle the emotional aspects of your difficulties?</td>
<td></td>
</tr>
<tr>
<td>Q-I-10. Does talking with your social worker give you hope?</td>
<td></td>
</tr>
<tr>
<td>Q-I-11. Does your social worker help you think more clearly about your difficulties?</td>
<td></td>
</tr>
<tr>
<td>Q-I-12. Does talking with your social worker help you to believe more in yourself?</td>
<td></td>
</tr>
<tr>
<td>Q-I-13. In general, do you feel you and your social worker see things in similar ways?</td>
<td></td>
</tr>
<tr>
<td>Q-I-14. Does your social worker help you think more clearly about yourself?</td>
<td></td>
</tr>
<tr>
<td>Q-I-15. Do you and your social worker talk about the things you do well?</td>
<td></td>
</tr>
<tr>
<td>Q-I-16. Do you feel that you and your social worker are alike in some ways?</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: This is the client version of the questions. The worker version is identical except that "social worker" is replaced with "client."

others query the worker's perception of the worker's own experience. All of the items, in both versions, were measured on a 5-point Likert-type rating scale.

Sampling Procedures and Data Collection

A pilot study was conducted with a sample of 42 clients from three Family Service agencies in southeastern Pennsylvania. Data collection from the clients and their social workers began in the summer of 1994 and was completed in the summer of 1995. Approximately equal numbers of clients from the three agencies (14, 12, and 16) participated in the study.

We met with the agency directors, clinical supervisors, and social workers at each agency to explain the purpose of the study and to review the study instruments and procedures. The social workers were told that participation was voluntary, that it would have no bearing on service provision, and that our pretests indicated that it would take between 15 and 20 minutes to complete the questionnaires. They also were assured of complete confidentiality in that neither their clients nor any member of the agency would see their responses.
Clients were asked to participate in the study by their social workers. The social workers assured them that participation was voluntary and that they would have complete confidentiality. They were told that only the project researchers would have access to their responses. Their answers would not be seen by their social workers or by anyone in the agency. Any client who was willing to participate in the research was included in the sample.

In addition to completing the structural and interpersonal questions, clients also completed the short-form client version of Horvath and Greenberg's (1989) WAI (WAI-C) and eight client satisfaction questions based on the Client Satisfaction Index (CSI) developed by Larson, Attkisson, Hargreaves, and Nguyen (1979).

Each client's social worker completed the worker version of the structural and interpersonal questions, provided demographic information on the client and information about the client's problems, and completed the short-form worker version of the WAI (WAI-T). The social worker also completed a short questionnaire about his or her own education, work experience, and demographic characteristics.

Client Characteristics

Information on the clients obtained from the social workers showed that almost 18% had between 1 and 3 sessions with their social workers, 36% had between 4 and 6 sessions, and 31% had between 7 and 10 sessions. The remaining 15% had 11 or more sessions with their social workers.

Workers were asked to classify the nature of their clients' difficulties in a way that allowed for more than one problem area. Among the clients, 43% of the clients were classified as experiencing interpersonal conflicts in their relationships, and 43% were having difficulties with psychosocial transitions. About 29% of the clients had problems related to development delays, 26% were classified as experiencing affective disorders, 5% were having difficulties with addictive disorders, and 5% were classified as experiencing personality disorders. The clients' primary problems were classified by their workers as affective (40%), interactional (36%), behavioral (14%), or cognitive (10%).

The focus of the work varied considerably. In almost 43% of the cases, the focus of the work was on interpersonal relationships. Another 21% of the cases focused on depression, 17% focused on self-esteem issues, 12% focused on developmental issues, and another 12% focused on grief and loss issues. In the remainder of the cases, the work focused on issues such as mood management, anger management, anxiety, parenting skills, divorce, sexual and physical abuse, or environmental support.
Fully 93% of the respondents were classified as voluntary clients and 7% as involuntary clients. About 36% were self-referrals, 21% were referred by other social service agencies, 17% were referred by their physicians or health maintenance organizations, 10% were referred by friends or relatives, and 14% were referred by their companies' employee assistance plans. Half (50%) of the clients' fees were paid by insurance plans, 26% paid their own fees, and 24% were not charged for the services they received.

Half of the clients had never been married, slightly more than one quarter were currently married, and about one fifth were either divorced or separated. In addition, 7 out of 10 had annual incomes below $30,000, with 40% having incomes below $15,000. In terms of employment status, 45% were employed full-time, and about 14% were students. In terms of education, 25% were college graduates, and about 42% did not have any formal education beyond high school. The majority (95%) of the subjects were White, and two out of three were female. About 16% were younger than 20 years of age, with the largest percentage (32%) being 30 to 39 years of age. Almost 20% were 50 years of age or older.

Worker Characteristics

Of the 14 social workers, 13 were White females. About 64% were between 30 and 49 years of age. All had their MSW degrees, and slightly more than half had 5 or more years of social work experience. The self-reported theoretical orientations or approaches to practice frequently used by these workers were family systems (71%), psychodynamic (64%), cognitive-behavioral (57%), problem solving (43%), and task centered (14%). In their work with the study clients, 41% of the social workers indicated that they were using a psychosocial approach, 24% said they were using a family systems approach, another 23% had adopted a cognitive/behavioral approach, and 12% indicated they were using a problem-solving approach.

Analysis

These data were analyzed as follows. The structural and interpersonal items of the client and worker data were factor analyzed. The worker and client data were then compared for similarities and differences between their structural and interpersonal factor solutions. Summative indexes based on the client and worker factor loadings were created. The reliability and validity of the indexes were then analyzed.
Factor analysis using SPSSx was the primary statistical method used to analyze the helping relationship items. A principal component analysis with a varimax rotation was used to examine the factor structure of the structural and interpersonal items. Separate analyses were carried out on the data from the clients and from the workers. An eigenvalue of greater than 1.0 was used as the cutoff for the identification of factors.

We approached the factor analysis in two stages. First, we analyzed the responses from all the items (both structural and interpersonal) together. Our aim was to confirm the existence of the dimensions corresponding to the structural and interpersonal components of our conceptualization of the helping relationship. The factor analyses for both sets of data yielded factors that did confirm underlying structural and interpersonal dimensions.

Having confirmed the existence of the structural and interpersonal dimensions, separate factor analyses of the responses to the structural and interpersonal items were then run for both data sets. The results from the combined factor analyses and the separate factor analyses were then compared. The factors extracted from both sets of analyses were, for the most part, comparable. We decided to use the results from the separate analyses because this approach yielded stronger and cleaner configurations of the structural and interpersonal factors.

Using multivariate statistical techniques when the number of cases is less than 100 is generally not recommended (Rubin & Babbie, 1993). The findings from such analyses often are unstable because a few extreme cases can significantly skew the results. We do not believe that this is a problem with these data. The distributions on our measures show an even spread of scores that tend to have a normal-type curve. Furthermore, the findings reported are in the expected directions and are quite robust. Although we cannot rule out the possibility that our findings are biased by problems with our sample, we are confident that the likelihood of this is quite small.

RESULTS

Factor Analyses

Proceeding first with the client data and then with the worker data, separate factor analyses were carried out on the responses to the structural and interpersonal items. Our goal was to examine the underlying factor structures and to identify the 10 best structural and 10 best interpersonal items for
TABLE 3: Factor Analysis of Structural and Interpersonal Items: Client Data

<table>
<thead>
<tr>
<th>Item</th>
<th>Planning</th>
<th>Action</th>
<th>Motivation</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q-S-5</td>
<td>.901</td>
<td>.068</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q-S-17</td>
<td>.888</td>
<td>.128</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q-S-4</td>
<td>.860</td>
<td>.243</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q-S-16</td>
<td>.685</td>
<td>.449</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q-S-6</td>
<td>.610</td>
<td>.511</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q-S-19</td>
<td>.610</td>
<td>.429</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q-S-12</td>
<td>.165</td>
<td>.887</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q-S-11</td>
<td>.081</td>
<td>.830</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q-S-8</td>
<td>.277</td>
<td>.806</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q-S-9</td>
<td>.437</td>
<td>.722</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Q-I-14   |          | .871   | .196       |         |
| Q-I-12   |          | .868   | .357       |         |
| Q-I-16   |          | .865   | .364       |         |
| Q-I-10   |          | .854   | .349       |         |
| Q-I-13   |          | .829   | .339       |         |
| Q-I-11   |          | .743   | .463       |         |
| Q-I-8    |          | .200   | .864       |         |
| Q-I-7    |          | .391   | .839       |         |
| Q-I-4    |          | .508   | .738       |         |
| Q-I-2    |          | .264   | .689       |         |

| Eigenvalue | 5.69   | 1.58   | 6.86   | 1.11   |
| Percentage variance | 56.9  | 15.8  | 68.7  | 11.1  |
| Total percentage variance | 72.8 | 79.7 |

inclusion in a 20-item client version of the HRI (HRI:C) and a 20-item worker version (HRI:W). In both sets of analyses, two structural and two interpersonal factors emerged.

Client Data

Table 3 shows the structural and interpersonal factor loadings from the client data. The findings from the analysis of the structural items are described first, followed by a discussion of the interpersonal items.

**Structural Items**

Overall, 10 structural items loading on two factors explained 73% of the variance among all the items. The first factor was made up of 6 items and had an eigenvalue of 5.69. The 2 items that loaded highest on this factor were
questions about the extent that the worker and client had discussed specific problem(s) of concern (Q-S-5) and about client input toward assessing progress (Q-S-17). The other items loading on this factor dealt with the amount of input the client had regarding their work together (Q-S-4), the extent to which the worker and client had discussed how the client’s progress would be assessed (Q-S-16), the client’s input in determining specific problems for the work (Q-S-6), and the extent to which the worker and client had actually discussed the client’s progress (Q-S-19). For the most part, this factor appears to encompass a “planning” aspect of the helping relationship. Most of the items deal with the worker and client discussing and identifying specific problems for which the client seeks help and how progress will be assessed.

The second structural factor contained 4 items and had an eigenvalue of 1.58. Of these items, 2 dealt with specific actions (of worker and of client) as part of the intervention (Q-S-11 and Q-S-12) and 2 dealt with treatment goals (Q-S-8 and Q-S-9). This factor appears to encompass an “action” aspect of the helping relationship.

Interpersonal Items

Overall, 10 interpersonal items loading on two factors explained nearly 80% of the variance among all the items. The first factor was made up of 6 items and had an eigenvalue of 6.86. The items in this factor dealt with the client feeling that the worker helped the client think more clearly about himself or herself (Q-I-14), instilled belief in the client (Q-I-12), was like the client in some ways (Q-I-16), inspired hope (Q-I-10), had similar views (Q-I-13), and that talking with the worker helped the client think more clearly about his or her difficulties (Q-I-11). This factor appears to capture a “motivational” aspect of the helping relationship. Most of the items dealt with the client viewing the worker as inspiring or motivating.

The second interpersonal factor was made up of 4 items and had an eigenvalue of 1.11. The 2 items loading highest on this factor were questions about whether talking with the worker had a calming, soothing effect on the client (Q-I-8) and whether talking with the worker helped the client get more organized to deal with his or her difficulties (Q-I-7). The other 2 items dealt with whether the client felt the worker had a similar understanding of his or her difficulties (Q-I-4) and the feeling that the worker paid attention to the client (Q-I-2). This factor appears to capture a “support” aspect of the helping relationship. Most of the items dealt with the client’s experience of the worker’s ability to provide support and coherence and to help the client maintain an emotional balance.
### TABLE 4: Factor Analysis of Structural and Interpersonal Items: Worker Data

<table>
<thead>
<tr>
<th>Item</th>
<th>Planning</th>
<th>Action</th>
<th>Motivation</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q-S-5</td>
<td>.940</td>
<td>-.089</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q-S-4</td>
<td>.934</td>
<td>-.082</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q-S-17</td>
<td>.869</td>
<td>-.042</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q-S-9</td>
<td>.861</td>
<td>-.011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q-S-7</td>
<td>.819</td>
<td>.143</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q-S-10</td>
<td>.814</td>
<td>.367</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q-S-18</td>
<td>.714</td>
<td>.194</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q-S-8</td>
<td>.180</td>
<td>.806</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q-S-11</td>
<td>.035</td>
<td>.843</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q-S-15</td>
<td>.018</td>
<td>.594</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q-I-16</td>
<td></td>
<td></td>
<td>.916</td>
<td>-.063</td>
</tr>
<tr>
<td>Q-I-9</td>
<td></td>
<td></td>
<td>.888</td>
<td>.018</td>
</tr>
<tr>
<td>Q-I-13</td>
<td></td>
<td></td>
<td>.871</td>
<td>.176</td>
</tr>
<tr>
<td>Q-I-14</td>
<td></td>
<td></td>
<td>.859</td>
<td>.049</td>
</tr>
<tr>
<td>Q-I-8</td>
<td></td>
<td></td>
<td>.844</td>
<td>.215</td>
</tr>
<tr>
<td>Q-I-6</td>
<td></td>
<td></td>
<td>.836</td>
<td>-.007</td>
</tr>
<tr>
<td>Q-I-3</td>
<td></td>
<td></td>
<td>.828</td>
<td>.277</td>
</tr>
<tr>
<td>Q-I-10</td>
<td></td>
<td></td>
<td>.716</td>
<td>.453</td>
</tr>
<tr>
<td>Q-I-4</td>
<td></td>
<td></td>
<td>-.077</td>
<td>.862</td>
</tr>
<tr>
<td>Q-I-7</td>
<td></td>
<td></td>
<td>.208</td>
<td>.784</td>
</tr>
<tr>
<td>Eigenvalue</td>
<td>5.22</td>
<td>1.83</td>
<td>6.01</td>
<td>1.49</td>
</tr>
<tr>
<td>Percentage variance</td>
<td>52.2</td>
<td>18.3</td>
<td>60.1</td>
<td>15.0</td>
</tr>
<tr>
<td>Total percentage variance</td>
<td>70.5</td>
<td></td>
<td></td>
<td>75.1</td>
</tr>
</tbody>
</table>

**Worker Data**

Table 4 shows the structural and interpersonal factor loadings from the worker data. As before, the findings from the analysis of the structural items are described first, followed by a discussion of the interpersonal items.

**Structural Items**

Overall, 10 structural items explained nearly 71% of the variance among all the items. The first factor was made up of 7 items and had an eigenvalue of 5.22. Similar to the client analysis, the item that loaded highest on this factor was the question about the amount of discussion the worker had with the client about the specific problem(s) of concern (Q-S-5). Another 3 items dealt with workers’ ratings of client input regarding the approach to the work...
(Q-S-4), determining goals (Q-S-9), and assessing progress (Q-S-17). The other 3 items focused on the degree of the worker’s clarity about the client’s problem(s) (Q-S-7), goals for intervention (Q-S-10), and how progress will be assessed (Q-S-18). This factor also appears to encompass a planning aspect of the helping relationship. Although the substantive emphasis is somewhat different from that of the planning factor extracted from the client’s responses, most of the items dealt with either what the client’s problems are or how they will be addressed and how progress will be assessed. The main difference from the planning factor extracted from the client data is the inclusion here of items that focus on the worker being clear about the main parts of the plan.

The second structural factor was made up of 3 items and had an eigenvalue of 1.83. Of the items loading on this factor, 2 were questions that focused on the worker and client discussing the specific actions the client will take to address the client’s difficulties (Q-S-11) and how clear the worker is regarding those actions that he or she is to take (Q-S-15). The other item focused on the extent to which the worker and client discuss the specific goals they hope to accomplish (Q-S-8). Similar to the action factor extracted from the client data, this factor also appears to encompass an action phase of the helping relationship from the worker’s perspective.

Interpersonal Items

Overall, 10 interpersonal items loading on two factors explained 75% of the variance among all the items. The first factor was made up of 8 items and had an eigenvalue of 6.00. This factor again appears to represent what we viewed as the motivating effects of the helping relationship, only this time from the worker’s perspective. The items loading on this factor included the worker feeling an alikeness with the client (Q-I-16), feeling able to handle the emotional aspects of the client’s difficulties (Q-I-9), having similar views as the client (Q-I-13), and being able to help the client think more clearly about himself or herself (Q-I-14).

The second interpersonal factor was made up of 2 items and had an eigenvalue of 1.50. It also reflects a supporting aspect of the interpersonal component of the helping relationship. The item about helping the client get more organized to deal with his or her difficulties (Q-I-7) and the item about the worker perceiving himself or herself and the client as having similar understandings of the client’s difficulties (Q-I-4) make up the support factor extracted from the worker data.
Comparison of Client and Worker Factor Analyses

The separate factor analyses of the clients’ and workers’ responses yielded similar factor structures underlying the structural and interpersonal components of the helping relationship. Although the findings are comparable overall, there are differences in the configurations of specific items that emerged from the clients’ and workers’ analyses.

Comparison of the Structural Components

The similarities and differences between the compositions of the structural factors derived from the clients’ and workers’ responses are depicted in Figure 1. The workers’ and clients’ perceptions of the structural component are represented by separate but overlapping circles. The numbers in each circle represent the specific item or question numbers that loaded on the factor indicated. The area in which the circles overlap represents the items common to the factors extracted from both the client’s and worker’s responses. The items outside the shared areas represent those unique to the factors extracted from either the clients’ or workers’ responses.

Three of the planning factor items were common to the client and worker. Important for both the client and worker were discussion of the specific problems or concerns (Q-S-5), client input on assessing progress (Q-S-17), and client input on approach to the work together (Q-S-4).

Important for the clients but not the workers was discussing how progress is going to be assessed (Q-S-16), client input in determining the specific problems to be addressed (Q-S-6), and actually discussing the client’s progress (Q-S-19). These items suggest client concern about specifying the problem and assessing progress.

Important for the worker but not the client were client input in determining goals for work (Q-S-9), being clear about the specific problems being addressed (Q-S-7), being clear about the client’s goals (Q-S-10), and being clear about how to assess progress with the client (Q-S-18). These items suggest worker concern about client input and about the client’s participation in the process of determining the specific problem(s) to be addressed, having a clear understanding of the client’s goals, and being clear about how to assess progress toward them with the client.

Two of the action factor items were common to the clients and workers. Discussing the specific goals (Q-S-8) and discussing the specific actions to be taken by the client (Q-S-11) were in the foreground of both client and worker concerns regarding the helping process. In the foreground for the clients but not the workers was discussion of the specific actions to be taken...
Figure 1: Comparison of worker-client structural factors.

NOTE: C = client; W = worker.
by the worker (Q-S-12) and client input in determining the goals they were working on (Q-S-9). The one item of concern for the workers but not the clients was the worker being clear about his or her actions (Q-S-15).

These differences in emphasis make sense in the context of actual social work practice. The planning aspects of the helping relationship are of concern to both parties, but the particular details (represented by the different items loading on the factor) are influenced by the subjective investment of each in the process. In our data, clients' responses highlight having input on the specific problems to be addressed and assessing progress. Workers' responses highlight client input in determining goals and being clear themselves about problems, goals, and methods.

The differences between the items loading on the action factors extracted from the clients' and workers' responses also make sense in the context of practice. In the foreground for both the clients and workers are that they discuss the specific actions the clients will take to address their difficulties and that they both discuss the specific goals they hope to accomplish together. In addition, clients' responses highlight "discussing the actions the workers will take" and "having input in determining the goals for their work." Workers' responses highlight concern about being clear in their understanding of the actions they will be taking in the process.

Comparison of the Interpersonal Components

The similarities and differences between the compositions of the interpersonal factors derived from the clients' and workers' responses are depicted in Figure 2. Four of the motivation factor items were common to the client and worker. Important for both the client and worker were the worker helping the client think more clearly about himself or herself (Q-I-14), the client and worker being alike in some ways (Q-I-16), the worker inspiring hope in the client (Q-I-10), and the client and worker tending to see things in similar ways (Q-I-13).

Important for the client but not the worker were that talking with the worker helps the client think more clearly about his or her difficulties (Q-I-11) and helps the client believe more in himself or herself (Q-I-12).

Important for the worker but not the client was being able to handle the emotional aspects of the client's difficulties (Q-I-9), having a calming, soothing effect on the client (Q-I-8), enjoying the client (Q-I-6), and explaining the worker's understanding of the client's difficulties to him or her (Q-I-3).

Two of the support factor items were common to factors extracted from both the client's and worker's responses. Important for both the client and
Figure 2: Comparison of worker-client interpersonal factors.

NOTE: C = client; W = worker.
worker were the worker and client having a similar understanding of the client’s difficulties (Q-I-4) and the worker helping the client get more organized about resolving his or her difficulties (Q-I-7). In addition, the factor extracted from the clients’ responses included the items about feeling that the worker pays attention to him or her (Q-I-2) and getting a calming, soothing effect from talking with the worker (Q-I-8).

These differences between the motivational factor extracted from the clients’ and workers’ data also make sense in the context of social work practice. Clients are motivated if they find that talking with their social workers helps them believe more in themselves and think more clearly about their difficulties. Workers, on the other hand, are motivated if they feel they can handle the emotional aspects of their clients’ difficulties, provide a calming and soothing experience for their clients amid their difficulties, enjoy meeting and talking with their clients, and feel able to explain their understandings of their clients’ difficulties to their clients.

A similar approach can be taken to understanding client and worker differences in the support factor. Clients and workers share concerns about having similar understandings of the clients’ difficulties and helping the clients get more organized. In addition, clients perceive their workers as supportive if they have a calming, soothing effect on them and if they feel their workers pay attention to them.

Reliability of the HRI

Based on the results of the factor analyses of the clients’ and workers’ responses, the two versions of the HRI were created by using only the items shown in Tables 3 and 4. Client structural and client interpersonal indexes were created by summing the responses to those items separately. The HRI:C was created by summing the structural and interpersonal indexes. The same process was used to created the HRI:W. The revised client and worker versions of the HRI are shown in Tables 5 and 6.

**HRI:C**

Table 5 shows the items that make up the HRI:C. The inventory consists of a 10-item structural component index (1-10) and a 10-item interpersonal component index (11-20). The structural index had an alpha coefficient of .91, and the interpersonal index had an alpha coefficient of .96. Overall, the combined 20-item HRI:C had an alpha coefficient of .96.
TABLE 5: Helping Relationship Inventory: Clients

1. How much input have you had in determining how the two of you will work together?
2. How much have you and your social worker discussed the specific problem(s) with which you want help?
3. How much input have you had in determining the specific problem(s) you are addressing in your work together?
4. To what extent have you and your social worker discussed the specific goal(s) you hope to accomplish in your work together?
5. How much input have you had in determining the goals you are working on?
6. To what extent have you and your social worker discussed the specific actions you will take to address your difficulties?
7. To what extent have you and your social worker discussed the specific actions your social worker will take to address your difficulties?
8. How much have you and your social worker discussed how your progress is going to be assessed?
9. How much input do you have in determining how you and your social worker will assess your progress?
10. To what extent have you and your social worker discussed your progress?
11. Do you feel your social worker pays attention to you?
12. Is your social worker's understanding of your difficulties similar to your own?
13. Does talking with your social worker help you get more organized about resolving your difficulties?
14. Does talking with your social worker have a calming, soothing effect on you?
15. Does talking with your social worker give you hope?
16. Does your social worker help you think more clearly about your difficulties?
17. Does talking with your social worker help you to believe more in yourself?
18. In general, do you feel you and your social worker see things in similar ways?
19. Does your social worker help you think more clearly about yourself?
20. Do you feel that you and your social worker are alike in some ways?

NOTE: All of the items are measured with a 5-point Likert-type scale ranging from 1 (not at all) to 5 (a great deal).

HRI:W

Table 6 shows the items that make up the HRI:W. It also consists of a 10-item structural component index (1-10) and a 10-item interpersonal component index (11-20). The structural index had an alpha coefficient of .86, and the interpersonal index had an alpha coefficient of .91. Overall, the combined 20-item HRI:W had an alpha coefficient of .93.

In summary, both the HRI:C and the HRI:W have high reliability estimates. In addition, the structural and interpersonal component subscales for both inventories also have high reliability estimates. Both inventories appear
TABLE 6: Helping Relationship Inventory: Workers

1. How much input does your client have in determining how your work together will be approached?
2. How much have you and your client discussed the specific problem(s) with which he or she wants help?
3. How clear are you about the specific problem(s) that you and your client are addressing?
4. To what extent have you and your client discussed the specific goal(s) you hope to accomplish in your work together?
5. How much input does your client have in determining the goals he or she is working on?
6. How clear are you about your client's goals?
7. To what extent have you and your client discussed the specific actions he or she will take to address his or her difficulties?
8. How clear are you about the actions you are taking?
9. How much input does your client have in determining how you and your client will assess his or her progress?
10. How clear are you about how you and your client are assessing his or her progress?
11. Do you explain to your client your understanding of his or her difficulties?
12. Is your client's understanding of his or her difficulties similar to your own?
13. Do you enjoy meeting and talking with your client?
14. Is your client more organized about resolving his or her difficulties as a result of talking to you?
15. Does talking with you have a calming, soothing effect on your client?
16. Are you able to handle the emotional aspects of your client's difficulties?
17. Does talking with you give your client hope?
18. In general, do you feel you and your client see things in similar ways?
19. Do you help your client think more clearly about himself or herself?
20. Do you feel that you and your client are alike in some ways?

NOTE: All of the items are measured with a 5-point Likert-type scale ranging from 1 (not at all) to 5 (a great deal).

to be reliable measures of the strength of the helping relationship between social workers and their clients.

Validity of the HRI

Three approaches were used to help establish the validity of the HRI:C and HRI:W. The first was to examine the correlations of the HRI indexes with their comparable WAI indexes. The WAI already has established validity as a measure of the therapeutic alliance (Horvath & Greenberg, 1989). High correlations between the HRI indexes and the WAI indexes would provide support for the validity of the HRI as a measure of the helping relationship.
The correlation between the HRI:C and the WAI-C is .84 (p < .001). This finding indicates that clients who rated their helping relationships with their social workers high using the HRI:C tended to also rate the relationships highly using the WAI-C measure. The correlation between the HRI:W and the WAI-T is .87 (p < .001). This finding indicates that social workers who rated their helping relationships with their clients highly using the HRI:W tended to also rate the relationships highly using the WAI-T measure.

The second way in which we estimated the validity of the HRI was to use the WAI scores to identify the 10 subjects with the weakest therapeutic alliance and the 10 subjects with the strongest therapeutic alliance. Then, t tests were conducted to examine differences in the HRI scores of the two groups of subjects. Significant and substantial differences in the HRI scores between the low and high WAI groups would provide support for the validity of the HRI measures.

The t tests using the HRI:C found significant differences between the low and high WAI-C groups. The low group had a mean HRI:C score of 52 compared to a mean score of 85 for the high group (t = 6.24, p < .001). The t test using the HRI:W yielded similar results. The low WAI-T group had a mean HRI:W score of 56 compared to a mean score of 88 for the high WAI-T group (t = 9.61, p < .001). These findings support the validity of the HRI as a measure of the helping relationship.

The third way in which we examined the validity of the HRI indexes was to compare their correlations with the CSI to the correlations obtained with WAI measures. If the HRI’s correlations with the CSI were similar to the WAI’s correlations, then the validity of the HRI would be further supported. The correlation between the HRI:C and the CSI was .84 (p < .001) compared to a correlation of .78 (p < .001) between the WAI-C and the CSI. The correlation between the HRI:W and the CSI was .58 (p < .001) compared to a correlation of .65 (p < .001) between the WAI-T and the CSI. The strength of the HRI correlations with the CSI is very similar to the strength of the WAI correlations. These findings provide further support for the validity of both the HRI:W and HRI:C.

Worker-Client Agreement

Correlation analysis also was used to examine the associations between the worker and client indexes of the HRI and WAI measures. The correlation between the HRI:C and the HRI:W was .52 (p < .001). The correlation between the WAI-C and the WAI-T was .39 (p < .01). These findings suggest a substantially higher level of agreement between the HRI:W and the HRI:C than between the WAI-C and the WAI-T.
DISCUSSION AND APPLICATIONS TO SOCIAL WORK PRACTICE

We have reported on the development of an easily administered HRI that can be used to assess both clients' and workers' perceptions of their relationships. The data were obtained from a study of family service clients and their social workers. The findings from the factor analyses support our conceptualization of social work practice as a collaborative effort involving both structural and interpersonal components. The findings also support the development of different client and worker measures. The HRI:W is composed of items that capture those aspects of the helping relationship that are most salient to workers providing help. The HRI:C is composed of items that capture those aspects most salient to clients. The inventory has acceptable reliability estimates and appears to have adequate validity.

We believe that measures of the helping relationship developed from a social work perspective are long overdue. The HRI evolved from a conception of social work practice that focuses on a collaborative process of assessment, goal specification, and intervention and evaluation within which social workers motivate and support their clients' efforts to achieve their goals. Thus, social workers and their clients should find the HRI compatible with social work approaches to the helping process.

We also believe that the development of different client and worker measures holds great promise and should be pursued further. All of the other worker measures of the therapeutic alliance are parallel forms derived from client scales (Horvath & Greenberg, 1994, p. 5). Consequently, workers' ratings of the alliance have not been found to be strongly correlated with clients' ratings. The HRI addresses this problem by developing comparable but different measures for the worker and client constructed on the basis of their overlapping but different concerns. Our data show substantially stronger worker-client agreement with the HRI than with the WAI. This suggests that the HRI:C and HRI:W are measures of the helping relationship that are comparable overall and yet sensitive to important differences in client and worker concerns. This finding provides support for developing worker and client measures of the relationship that reflect both individual and mutual concerns.

This research is seen as the first step in the development of the HRI. Although our data indicate that the HRI:C and HRI:W are reliable and valid measures of the helping relationship, the findings reported here should be viewed as preliminary and in need of replication. Additional studies designed
to test the reliability and validity of the HRI with different client populations are needed, as are studies with larger and more diverse samples of workers and clients.

REFERENCES


