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1. Introduction

Psychotherapist's Facilitative Interpersonal Skills (FIS) refer to skills that enhance a psychotherapist's ability to convey interpersonal messages and promote change in clients (Anderson et al., 2016a, 2019, 2020). These include verbal fluency, persuasiveness, emotional expressiveness, warmth, empathy, promoting a sense of hope, and building a collaborative environment (Anderson & Patterson, 2013). Studies suggest that psychotherapists with higher facilitative interpersonal skills significantly decrease client symptoms and create stronger alliances than psychotherapists with lower FIS (Anderson et al., 2009, 2016a., 2016b., 2020). The psychotherapist's persuasiveness is one of the FIS, and it refers to the psychotherapist's ability to convincingly explain the therapeutic rationale so that the client accepts an explanation for their distress that is more adaptive and adopts healthy behaviours (Anderson & Patterson, 2013).

The psychotherapist's persuasiveness was initially popularized by Jerome Frank (1961), who introduced this interpersonal skill as the cure for demoralization. The state of demoralization is usually present at the beginning of the psychotherapeutic process, and it is defined as "failure to cope with internally or externally induced stresses that the person and those close to him expect him to handle. Its characteristic feature (. . .) are feelings of impotence, isolation, and despair." (Frank, 1974, p. 271). The psychotherapist is responsible for elaborating on the client's feelings of confusion and hopelessness and presenting a therapeutic rationale that provides an adaptive explanation and combats the client's state of demoralization. By providing an adaptive explanation and suggesting therapeutic actions, the psychotherapist introduces a sense of hope and alleviates the client's distress (Frank, 1961; Frank & Frank, 1993; Clarke & Kissane, 2002).

The definition of psychotherapist's persuasiveness usually emphasizes the communication of the therapeutic rationale (Anderson & Patterson, 2013; Frank & Frank,

1993). The psychotherapist's persuasiveness is not limited to the co-construction of therapeutic rationale and is relevant throughout the therapeutic process. There are verbal and non-verbal behaviors, such as the ability to communicate fluently with an affectively responsive tone of voice, maintain eye contact, and make responsive hand gestures and facial expressions, that are essential for the psychotherapist to be perceived as credible to the client and enhance their persuasiveness (Afonseca et al., 2022; Vaz & Sousa, 2021). Establishing preconditions in the therapeutic process by exploring the client's beliefs and expectations for psychotherapy and stimulating the client's emotions is also suggested as a component of persuasiveness as it allows the psychotherapist to convey interpersonal messages that resonate with the client (Frank, 1961; Frank & Frank, 1993). The psychotherapist's persuasiveness is thought to enhance the client's and psychotherapist's collaboration as it promotes the co-construction of the rationale and the client's involvement in therapeutic actions (Vaz & Sousa, 2021).

The working alliance constitutes the agreement between therapist and client regarding psychotherapeutic goals and the collaboration in the actions necessary to fulfil these goals (Bordin, 1979; Sousa, 2017). A strong working alliance is suggested as one of the best predictors of psychotherapy outcomes, with a greater impact on the therapeutic process's success than the type of treatment (Baier et al., 2021; Horvath et al., 2011; Horvath & Symonds, 1991). The co-construction of the therapeutic rationale is hypothesized as one of the factors for building a strong working alliance as it promotes the client's acceptance of therapeutic actions and involvement in the therapeutic process, but it has yet to be investigated (Frank, 1987; Safran & Segal, 1990; Vaz & Sousa, 2021).

The psychotherapist's persuasiveness is suggested as indispensable to the success of psychotherapy as it transforms the client's rationale and expectations in more adaptive ways (Wampold, 2012; Locher et al., 2019). It remains, however, the least researched

common factor in psychotherapy (Crăciun, 2015; Vaz & Sousa, 2021). The present study examines the relationship between the psychotherapist's persuasiveness and facilitative interpersonal skills and the relationship between the therapist's persuasiveness and working alliance. Videos of psychotherapy sessions were assessed using observer-rated scales measuring the therapist's persuasiveness, working alliance, and facilitative interpersonal skills. Two exploratory hypotheses were made: the higher the therapist's persuasive ability, the higher the working alliance, and the higher the psychotherapist's facilitative interpersonal skills, the higher the therapist's persuasive ability.

2. Method

2.1 Participants

The sample for this study included 38 recordings of psychotherapy sessions from 13 psychotherapeutic processes. The videos were selected randomly by convenience sampling from a database containing psychotherapy sessions recorded for educational purposes. These recordings portrayed short-term psychotherapeutic processes composed of two to three sessions in which psychotherapists utilized therapeutic approaches to address the client's problems. As an inclusion criterion, the psychotherapy sessions contained audio and video, as the observer-rated scales assess audio and visual cues.

The sample information was limited to the participant's characteristics detailed in the video title (e.g. participant's gender, psychotherapeutic model, and client's symptoms). The sample comprised six psychotherapists - two were female (33.3%) and four were male (66.7%) - and thirteen clients - nine were female (69.2%) and four were male (30.8%). The clients presented several symptoms, such as trauma responses (7.7%), ruminating and intrusive thoughts (7.7%), anxiety (7.7%), grief (7.7%), communication difficulties (30.7%), fear of failure (7.7%), perfectionism (7.7%), exploration of the self

(15.4%), dissatisfaction with life (7.7%). The psychotherapists utilized different psychotherapeutic approaches. One psychotherapist used Accelerated Experiential Dynamic Psychotherapy (16.7%), one psychotherapist used Constructivist Psychotherapy (16.7%), two psychotherapists used Emotion-Focused Therapy (33.3%), and two psychotherapists used Humanistic Existential Approach (33.3%).

2.2 Measures

2.2.1 Therapist's Persuasiveness Rating Scale (TPRS)

The TPRS is an observer-rated scale developed by Afonseca et al. (2022), based on Jerome Frank's theorization of psychotherapist persuasiveness (Frank & Frank, 1993). It rates the psychotherapist's persuasiveness in a psychotherapeutic context on a 5-point Likert-type scale (1 = Strongly Uncharacteristic; 5 = Strongly Characteristic). The scale consists of 10 items and four subscales (Preconditions, Rationale, Nonverbal Behaviors, Influence).

The subscale, preconditions, refers to the establishment of preconditions for the co-creation of the theoretical rationale. It derives from Frank's conception that emotional stimulation enhances the psychotherapist's persuasive influence (Frank, 1987) and that each client begins psychotherapy with explanations for their symptoms, which the psychotherapist needs to explore to provide a convincing rationale (Frank, 1986). The subscale rationale refers to the presentation of a compelling rationale. It derives from Frank's notion that the psychotherapist presents an explanation that explains the client's symptoms and therapeutic actions that can help overcome problems (Frank, 1974; Frank & Frank, 1993). The subscale, nonverbal behaviors, refer to the nonverbal charismatic behaviors with which the therapist presents the rationale. These include conveying emotion through voice and the therapist's verbal fluency, posture, and eye contact. It

derives from research on the psychotherapist's behaviors that reinforce the cogency of the rationale (Ahmed & Westra, 2009; Ametrano et al., 2017; Kazdin & Krouse, 1983). The influence subscale refers to the psychotherapist's effect on the client. It derives from the notion that the persuasive psychotherapist promotes client involvement in psychotherapy and therapeutic actions (Frank, 1986).

The TPRS presented good internal consistency ($\alpha = .833$) in its validation study (Afonseca et al., 2022). Except for the rationale subscale, which demonstrated relatively low reliability ($\alpha = .568$), the preconditions ($\alpha = .647$), nonverbal behaviors ($\alpha = .884$), and influence ($\alpha = .728$) subscales had satisfactory reliability. This study's TPRS coding process was conducted in March and April 2022 over 77 hours. The coders for this study obtained good inter-rater reliability ($\text{ICC}(1139, 1139) = .913$, 95% CI = [0.899, 0.924]). The intraclass correlation coefficients and 95% confidence intervals were based on a mean rank ($k = 2$), absolute agreement, and 2-way random effects model (Koo & Li, 2015).

2.2.2 Working Alliance Inventory - Observer Version - Short Form (WAI-O-S).

The WAI-O-S (Tichenor & Hill, 1989; Tracey & Kokotovic, 1989) is an accepted working alliance measurement instrument (Andrusyna et al., 2001; Martin et al., 2000; Santirso et al., 2018, 2020) that was adapted from the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989). It was developed for an observer to measure changes in the quality of the working alliance throughout the psychotherapy session. It is composed of 12 items, with two reverse-rated items (items 4 and 10), on a 7-point Likert-type scale (1 = never; 7 = always) (Tryon & Kane, 1993). It is based on Bordin's (1979) pan-theoretical model of the working alliance. It comprises three subscales (Goal, Task, and Bond) that measure agreement of treatment goals, congruence of therapeutic tasks, and the development of a bond between client and therapist (Andrusyna et al., 2001). The present

study used the manual from the Working Alliance Inventory - Observer Form (WAI-O): Revision IV (Darchuk et al., 2000) to conduct the ratings of the Working Alliance Inventory - Observer Version - Short Form (WAI-O-S - Appendix C) (Orleans-Pobee, 2020).

The total internal consistency of the WAI-O-S obtained a value of $\alpha = .767$ and showed high reliability on the Goal ($\alpha = .906$), Task ($\alpha = .903$), and Bond ($\alpha = .892$) subscales. This study's WAI-O-S coding process was conducted in March and April 2022 over 77 hours. The coders for this study obtained good inter-rater reliability using the WAI-O-S ($\text{ICC}(1367, 1367) = .973$, 95% CI = [0.973, 0.981]). The intraclass correlation coefficients and 95% confidence intervals were based on a mean rating ($k = 2$), absolute agreement, and 2-way random effects model (Koo & Li, 2015).

2.2.3 Facilitative Interpersonal Skills In-Session (FIS-IS)

The FIS-IS is an observer-rated scale based on the original FIS instrument (Anderson & Patterson, 2013). The scale was developed to measure the psychotherapist's facilitative interpersonal skills (Uhlen & Anderson, 2011). The FIS-IS consists of 7 behavioral variables (verbal fluency, emotional expression, psychotherapist's persuasiveness, acceptance and understanding, hope and positive expectations, empathy, and binding alliance skills), rated on a 5-point Likert-type scale (1 = Strongly Uncharacteristic; 5 = Strongly Characteristic). Each interpersonal skill was accompanied by an operational definition based on the common factors literature to aid in coding (e.g., Norcross & Lambert, 2019). The coding instruction advises starting each item with a neutral rating and changing to a higher or lower rating based on the psychotherapist's competence (Uhlen & Anderson, 2011).

The FIS-IS presents a high internal consistency ($\alpha = .94$) (Uhlen & Anderson, 2011). This study's FIS-IS coding process was conducted in March and April 2022 over 77 hours. The coders for this study obtained good inter-rater reliability with the FIS-IS ($ICC(797, 797) = .935$, 95% CI = [0.926, 0.944]). The intraclass correlation coefficients and 95% confidence intervals were based on a mean rank ($k = 2$), absolute agreement, and 2-way random effects model (Koo & Li, 2015).

2.2 Procedure

Two master's degree students rated the psychotherapist's persuasiveness, facilitative interpersonal skills, and working alliance using the TPRS, FIS-IS, and WAI-O-S. As part of a training process before utilizing the observer-rated scale, the students familiarized themselves with research on psychotherapists' persuasiveness, facilitative interpersonal skills and working alliance. An experienced university professor and researcher in the field of research in psychotherapy supervised this training process. The students also selected four psychotherapy session recordings to practice the coding processes and establish inter-rater reliability. These recordings referred to one-session psychotherapeutic processes selected from a psychotherapy session recordings database. These were solely used for practice and to establish the inter-rater reliability. They were not included in the final sample. The sessions were approximately 45-60 minutes long and were split into thirds (beginning, middle, and end). Each student rated the four session's beginning, middle and end using the TPRS, FIS-IS and WAI-O-S. After rating each session individually, the two raters discussed the ratings, with some ratings changing in light of what had been discussed. The raters achieved intraclass correlation coefficient (ICC) values above 90% for the four sessions used for practice using the TPRS, FIS-IS, and WAI-O-S. The raters undertook this training process during January and February of 2022.

After establishing inter-rater reliability, the raters coded the 38 psychotherapy session recordings in this study's sample using the TPRS, FIS-IS and WAI-O-S. The psychotherapy session recordings were approximately 45-60 minutes long. The videos were analyzed at a micro-processual level by dividing the session into three segments (beginning, middle, and end), lasting approximately 15-20 minutes. Each unit was rated using the three scales. After rating each session individually, the two raters discussed the ratings, with some ratings changing in light of what had been discussed. The raters achieved intraclass correlation coefficient (ICC) values above 90% for the 38 sessions used in this study's sample using the TPRS, FIS-IS, and WAI-O-S. The raters undertook this rating process during March and April 2022

2.4 Statistical analysis

The non-parametric Friedman test was conducted to compare the differences between the sessions' beginning, middle and end for facilitative interpersonal skills, psychotherapist's persuasiveness, and working alliance (Mâroco, 2021). The Pearson correlation test was performed to test significant correlations between the session's beginning, middle, and end for the psychotherapist's persuasiveness working alliance (Table 2). To assess if all moments of the FIS significantly predict each of the moments of the TPRS, three multi-level linear regression models were estimated, one for each moment (beginning, middle, end) of the latter (Table 3). These models used sessions as the cases, which were nested within clients, who were nested within therapists, thus accounting for within-subject variability and the hierarchical nature of the data. Estimation of these models was done using the *mixed* command in Stata 13. Finally, an additional three multi-level multiple linear regression models were performed to test whether all moments of the TPRS are significantly associated with each of the moments

of the WAI-O-S (Table 4). As before, these models used the same hierarchical and nested structure previously described.

All these analyses were performed using IBM SPSS - Statistical Program for Social Sciences v.28 software and Stata MP 13, using significance levels ≤ 0.050 and Stata MP version 13.

3. Results

3.1 Descriptive analysis

The internal consistency (α) values of the sessions' beginning, middle and end for the TPRS, WAI-O-S and FIS-IS, as presented in Table 1, showed optimal internal consistency ($\alpha \geq .70$) with no excessive deviation from normality distribution (Mâroco, 2021).

Table 1 - Descriptive statistics and internal consistency (α)

Variables N=38	Mean	SD	Skewness	Kurtosis	Cronbach 's Alpha (α)
TPRS (beginning)	3.85	.36	-.09	-.81	.83
TPRS (middle)	4.03	.33	-.55	.02	.79
TPRS (end)	4.18	.35	-.83	.49	.85
WAI-O-S (beginning)	4.93	.76	.06	-1.28	.89
WAI-O-S (middle)	5.14	.65	.11	-1.27	.90
WAI-O-S (end)	5.32	.60	-.34	-.85	.90
FIS (beginning)	3.76	.39	.04	-.74	.84
FIS (middle)	3.98	.45	-.10	-.98	.89
FIS (end)	4.15	.47	-.43	-.78	.89

Note: SD = standard deviation

3.2 Comparative analysis of the three session moments

To test for differences in each variable throughout the session's beginning, middle, and end) Friedman non-parametric tests were performed. A non-parametric test was selected as the assumption of sphericity was not validated (Mâroco, 2021).

For TPRS, the results suggest that there were statistically significant differences ($X^2(2) = 43.456$; $p < .001$; $N = 38$) between the session's beginning, middle, and end. The results suggest that all moments differed significantly ($p < .010$). The highest level of the psychotherapist's persuasiveness was at the end of the session ($M = 4.18$; $SD = .06$), and the lowest level was at the beginning ($M = 3.85$; $SD = .06$).

For WAI-O-S, the results suggest that there were statistically significant differences ($X^2(2) = 40.845$; $p < .001$; $N = 38$) between the session's beginning, middle, and end. The results suggest that all moments differed significantly ($p < .050$). The highest level of the working alliance was at the end of the session ($M = 5.32$; $SD = .10$), and the lowest level was at the beginning ($M = 4.93$; $SD = .12$).

Finally, for the FIS-IS, the results suggest that there were statistically significant differences ($X^2(2) = 52.752$; $p < .001$; $N = 38$) between the session's beginning, middle, and end. The results suggest that all moments differed significantly ($p < .010$). The highest level of facilitative interpersonal skills was at the final moment of the session ($M = 4.15$; $SD = .08$), and the lowest level was at the beginning ($M = 3.76$; $SD = .06$).

3.3 Correlational analysis of psychotherapist's persuasiveness, working alliance, and facilitative interpersonal skill

Table 2 reports the results of the correlational analysis between the psychotherapist's persuasiveness, facilitative interpersonal skills and working alliance during the session's beginning, middle, and end using Pearson's correlation tests.

Table 2 - Pearson correlation coefficients of the variables during the different moments of the session

Variables (N=38)	1	2	3	4	5	6	7	8	9
1. TPRS (beginning)	-								
2. TPRS (middle)	.81**	-							
3. TPRS (end)	.67**	.88**	-						
4. WAI-O-S (beginning)	.67**	.45**	.35*	-					
5. WAI-O-S (middle)	.70**	.56**	.48**	.94**	-				
6. WAI-O-S (end)	.68**	.61**	.56**	.82**	.93**	-			
7. FIS (beginning)	.80**	.76**	.70**	.56**	.60**	.58**	-		
8. FIS (middle)	.64**	.82**	.76**	.40*	.49**	.52**	.86**	-	
9. FIS (end)	.61**	.77**	.80**	.29	.41*	.52**	.79**	.90**	-

** Significance level < 0.01

* Significance level < 0.05

The results suggest that the session's beginning, middle, and end for the psychotherapist's persuasiveness, facilitative interpersonal skills and working alliance were statistically significantly correlated ($p < .001$).

The results also suggest that the psychotherapist's persuasiveness at the beginning, middle and end of the session was significantly and positively correlated with the working alliance ($p < .050$) and with the facilitative interpersonal skills ($p < .001$). Similarly, the results suggest that the working alliance was significantly and positively correlated with the facilitative interpersonal skills ($p < .050$), except for the working alliance at the beginning of the session and the facilitative interpersonal skills at the end of the session, which had a marginally significant correlation ($p = .076$).

3.4. Multi-level linear regression model of FIS on TPRS

Three multi-level multiple linear regression models were run to test whether FIS significantly predicts TPRS at the session's beginning, middle, and end. The first model tests the session beginnings of TPRS across the different moments of FIS. The second model evaluates the TPRS in the middle of the session across the different moments of the FIS. Finally, the last model tests the final moment of the TPRS session across the different moments of the FIS. In each model, we tested for multicollinearity. Although some degree of multicollinearity was present (the maximum VIF was 7.702) – which is expected given that the independent variable is the same measure, albeit in different periods - this was below the threshold of 10 that is considered in the literature as problematic (Hair et al., 2014).

The results of the various models are presented in Table 3.

Table 3 – Multi-level Multiple Linear Regression Models of FIS on TPRS throughout the session

	TPRS (beginning)		TPRS (middle)		TPRS (end)	
(N=38)	<i>B</i>	<i>z</i>	<i>B</i>	<i>z</i>	<i>B</i>	<i>z</i>
<i>FIS (beginning)</i>	.70	4.03**	.06	.40	-.02	-.85
<i>FIS (middle)</i>	-.0.9	-.65	.42	2.40*	.11	.55
<i>FIS (end)</i>	.19	.29	.13	.37	.49	3.06**
	$X^2 (3) = 51.47; p < .001$		$X^2 (3) = 59.97; p < .001$		$X^2 (3) = 37.58; p < .001$	
Therapist	0.01		0.00		0.000	
Client	0.00		0.02		0.02	

Notes: ** $p < .01$. * $p < .05$. Sessions are nested within clients, which are nested within therapists.

The results of Table 3 suggest that only the level of facilitative interpersonal skills at the beginning of the session was a significant predictor ($p < .001$) of the level of psychotherapist's persuasiveness at the beginning of the session. This suggests that the higher the level of facilitative interpersonal skills of the psychotherapist at the beginning of the session, the higher the level of the psychotherapist's persuasiveness at that same moment. Regarding the psychotherapist's level of psychotherapist's persuasiveness in the middle of the session, the results suggest that facilitating interpersonal skills in the middle of the session was a significant predictor. This suggests that the higher the level of facilitative interpersonal skills of the psychotherapist in the middle of the session, the higher the level of the psychotherapist's persuasiveness at that same moment. The results reported in Table 3 also suggest that facilitating interpersonal skills at the end of the session were a significant predictor of the level of psychotherapist's persuasiveness at that same moment of the session, suggesting that the higher the level of facilitative interpersonal skills of the psychotherapist at the beginning of the session, the higher their level of psychotherapist's persuasiveness at that same time.

3.5. Multi-level linear regression model of TPRS on WAI-O-S

Three multi-level linear regression models were performed to assess whether TPRS significantly predicts WAI-O-S at the session's beginning, middle, and end. The results obtained from these analyses are reported in Table 4. The first model tests the initial moment of the WAI-O-S session across the different moments of the TPRS. The second model evaluates the WAI-O-S in the middle of the session across the different moments of the TPRS. Finally, the last model tests the end moment of the WAI-O-S session across the different moments of the TPRS. Again, we tested for multicollinearity and found some degree of its presence (maximum VIF = 7.092) but below the threshold noted above.

Table 4 – Multi-level Multiple Linear Regression Models of TPRS on WAI-O-S throughout the session

	WAI-O-S (beginning)		WAI-O-S (middle)		WAI-O-S (end)	
(N=38)	<i>B</i>	<i>z</i>	<i>B</i>	<i>z</i>	<i>B</i>	<i>z</i>
TPRS (beginning)	1.87	4.42**	1.01	2.93**	.46	2.00*
TPRS (middle)	-.58	-.80	.18	.34	.51	1.40
TPRS (end)	.04	.23	.25	.54	.46	1.29
	$X^2 (3) = 34.45; p < .001$		$X^2 (3) = 32.08; p < .001$		$X^2 (3) = 45.50; p < .001$	
Therapist	0.00		0.07		0.15	
Client	0.00		0.00		0.03	

Notes: ** $p < .01$. * $p < .05$. Sessions are nested within clients, which are nested within therapists.

It is possible to ascertain that the level of the psychotherapist's persuasiveness at the beginning of the session significantly predicted the levels of the working alliance at all moments. This suggests that the higher the level of psychotherapist's persuasiveness from the psychotherapist at the beginning of the session alone, the higher the level of working alliance up until the end of the session.

4. Discussion

This study aimed to examine the relationship between the psychotherapist's persuasiveness and the working alliance and the relationship between the psychotherapist's persuasiveness and facilitative interpersonal skills. The hypotheses that the psychotherapist's persuasiveness and the working alliance, and the psychotherapist's persuasiveness and facilitative interpersonal skills, would be positively correlated were supported. Besides supporting this study's hypotheses, the results obtained from the Pearson analysis support the theoretical assumptions of the importance of

psychotherapist's persuasiveness in presenting a treatment rationale for establishing a collaborative relationship and affective bond (Safran & Segal, 1990). They also align with Anderson et al.'s (2016b) findings that therapists with higher facilitative interpersonal skills have higher working alliance ratings, which steadily increase throughout the therapeutic process.

The positive correlation between facilitative interpersonal skills and the psychotherapist's persuasiveness raises the question if certain behaviors assessed by the FIS-IS, such as emotional expressiveness, the transmission of acceptance, and empathy, are essential components of the psychotherapist's persuasiveness. This would be in accordance with Jerome Frank's (1961) theory that charismatic behaviors and emotional expressiveness are vital to a psychotherapist's persuasiveness. These results align with studies that suggest that psychotherapists with charismatic behaviors are more persuasive (Heide, 2013) and that the clients will be more engaged in the therapeutic process when persuaded by the therapist's rationale (Vaz & Sousa, 2021).

The results obtained from the Friedman analysis suggest that the psychotherapist's persuasiveness is statistically significantly different at the session's beginning, middle, and end. This suggests that all session moments differ significantly, with the highest level of psychotherapist's persuasiveness at the end and the lowest levels at the beginning. The same was found for the working alliance and the facilitative interpersonal skills. Moreover, the psychotherapist's persuasiveness, facilitative interpersonal skills, and working alliance ratings increased gradually throughout the session. These results suggest that the psychotherapist's persuasiveness is significantly higher in the middle and at the end of the session than at the beginning. A possible interpretation is that the psychotherapist becomes more participative towards the middle and end of the session by

validating the client's feelings and suggesting therapeutic tasks (Zimmermann & Haes, 2011).

The multi-level linear regression model of the psychotherapist's persuasiveness impact on the working alliance suggests that the psychotherapist's persuasiveness at the beginning of the session was a significant predictor of the working alliance throughout the session. The results suggest that the psychotherapist's persuasiveness at the beginning of the session may impact the establishment of the working alliance. It seems reasonable to suggest that if a psychotherapist is more persuasive at the beginning of the session, this may enhance the working alliance.

The impact on the working alliance explained by the psychotherapist's persuasiveness raises the question of whether the psychotherapist's persuasiveness facilitates the establishment of the working alliance. This is supported by reviews that propose that the establishment of the working alliance is facilitated by the psychotherapist's charismatic behaviors, such as the exploration of the client's beliefs, validation of the client's feelings, and providing an explanation for the client's symptoms and suggesting therapeutic actions (Hilsenroth & Cromer, 2007; Zimmermann & Haes, 2011). These are integral behaviors for the psychotherapist persuasiveness (Frank & Frank, 1993) assessed by the TPRS (Afonseca et al., 2022). These results also align with theoretical assumptions that relational factors are essential in establishing a working alliance (Castonguay et al., 2002).

The multi-level linear regression model of the facilitative interpersonal skills impact on psychotherapist's persuasiveness suggests that FIS only predicted the psychotherapist's persuasiveness at the beginning of the session. The facilitative interpersonal skills in the middle and end of the sessions impacted the psychotherapist's persuasiveness at the middle and end of the session, respectively. The impact of the

facilitative interpersonal skills on the psychotherapist's persuasiveness supports theoretical assumptions that verbal and non-verbal behaviours, such as verbal fluency and emotional expressiveness, impact the client's perceived psychotherapist's persuasiveness (Otterson, 2015; Vaz & Sousa, 2021). Even though the psychotherapist's persuasiveness comprises only one item of the FIS-IS scale that focuses on the communication of the rational, other interpersonal skills (e.g., verbal fluency, emotional expressiveness, empathy, and therapist warmth) may be related to the psychotherapist's persuasiveness.

The multi-level linear regression model of the facilitative interpersonal skills on the psychotherapist's persuasiveness suggests the importance of other relational behaviours in the psychotherapist's persuasiveness. This supports Frank's (1986, 1987) theoretical assumption that the psychotherapist's charismatic behaviours and ability to stimulate emotions are integral to the psychotherapist's persuasive ability to transform maladaptive meanings. Similarly, Vaz and Sousa's (2021) study suggests that the psychotherapist's interpersonal skills positively predict the client's emotional stimulation during psychotherapy sessions and the client's acceptance of new adaptive meanings.

The client's emotional stimulation during sessions has been proposed as an important variable for psychotherapy outcomes (Pascual-Leone & Yeryomenko, 2017; Peluso & Freund, 2018). The psychotherapist's interpersonal skills, including the psychotherapist's warmth, empathy and persuasiveness, are suggested as mediators of part of the client's emotional stimulation effect on the psychotherapy outcomes (Vaz & Sousa, 2021). Frank theorized that the psychotherapist's emotional expressiveness and the client's emotional stimulation constitute essential qualities that make up the psychotherapist's persuasive skills. According to research, verbal and non-verbal behaviors impact the psychotherapist's perceived sympathy (Friedman et al., 1988), empathy (Maurer & Tindall, 1983), and credibility (Hoyt, 1996), which are thought to

enhance the psychotherapist's persuasive ability (Otterson, 2015). Furthermore, research suggests that the psychotherapist's validation and understanding of the client's problems are related to the client's emotional stimulation and processing (Asano, 2019; Malin & Pos, 2015). Considering this study's results on the positive correlation between FIS and psychotherapist's persuasiveness and the impact of the facilitative interpersonal skills on the psychotherapist's persuasiveness, it seems reasonable to suggest that the psychotherapist's persuasiveness may be related to the client's emotional stimulation.

This study has strengths that should be mentioned. Firstly, this study sought to overcome Afonseca et al. (2022) small-sample limitation, by securing a larger sample. It is also important to note that the psychotherapist's in this study's sample presented diverse psychotherapeutic approaches. This study also assessed the observer perspective variables to reduce self-assessment bias, as psychotherapists have been suggested to be biased when rating their abilities (Walfish et al., 2012; Anderson et al., 2021). Furthermore, the present research contributes to the study of the psychotherapist's persuasiveness scale, the first scale that assesses psychotherapist's persuasiveness as an independent interpersonal skill. It also continues the study of the relationship between psychotherapist's persuasiveness and the working alliance and is the first study to relate psychotherapist's persuasiveness to facilitative interpersonal skills. The present research contributes to the issue of scientifically legitimizing rigorous research on psychotherapists' persuasiveness in psychotherapy, as psychotherapist's persuasiveness, despite being much discussed and theorized in psychotherapy, still lacks research.

There are limitations in this study that should be highlighted. Despite presenting good psychometric characteristics, the TPRS is relatively recent and has not been the subject of many studies. Moreover, several items in the TPRS and FIS scales are similar. For example, both scales measure the communication of the rationale and the

psychotherapist's verbal fluency and emotional expression. The similarity between both scales may enhance the relationship between the psychotherapist's persuasiveness and facilitative interpersonal skills. It is also important to note that the TPRS, FIS-IS and WAI-O-S are observer-rated scales, which is not ideal, as client ratings are predictive of outcome.

The lack of sample characteristics disclosed in the psychotherapy session recordings resulted in insufficient details provided for the sample's characteristics. It should also be mentioned that the sample did not include psychotherapists with a cognitive-behavioural approach, which has been suggested to provide more rationales than other approaches, which could have produced different results (Vaz & Sousa, 2021). Further, the videos of therapy sessions included in the sample emphasize the presentation of the treatment rationale and therapy tasks given their educational purpose. This suggests that recordings retrieved from a natural context could have produced different results. Finally, there was some indication of potential multicollinearity, but values still below the acceptable threshold are considered acceptable in the literature (Hair et al., 2014). Therefore, although our data is not suggestive of any estimation issue caused by potential multicollinearity, the degree of correlation between variables is something which must be kept in mind in future studies (as is the case with all regression-based analysis).

More research is needed to continue the validation process of TPRS and more research in psychotherapist persuasiveness. Future studies should examine psychotherapists' persuasiveness with diverse psychotherapeutic approaches in natural settings. Future research should recommend training psychotherapists in relationship-facilitating interpersonal skills, as these are trainable and robustly related to client outcomes (Anderson et al., 2009, 2016a; 2016b; 2019, 2020, 2021; Perlman et al., 2020; Schöttke et al., 2017). Effective psychotherapy training should include a didactic and

experiential component, providing trainee psychotherapists with the knowledge and procedural learning necessary to perform clinical services (Rousmaniere, 2016). Future studies should be directed toward the development, validation, and refinement of measures to assess observed verbal and nonverbal behaviors of the psychotherapist as they relate to the psychotherapist's persuasiveness. The literature indicates that verbal and nonverbal skills are measurable, trainable, and can influence the therapeutic process and outcome (Antonakis et al., 2016; Vaz & Sousa, 2021).

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Table 1 - Descriptive statistics and internal consistency (α)

Variables N=38	Mean	SD	Skewness	Kurtosis	Cronbach 's Alpha (α)
TPRS (beginning)	3.85	.36	-.09	-.81	.83
TPRS (middle)	4.03	.33	-.55	.02	.79
TPRS (end)	4.18	.35	-.83	.49	.85
WAI-O-S (beginning)	4.93	.76	.06	-1.28	.89
WAI-O-S (middle)	5.14	.65	.11	-1.27	.90
WAI-O-S (end)	5.32	.60	-.34	-.85	.90
FIS (beginning)	3.76	.39	.04	-.74	.84
FIS (middle)	3.98	.45	-.10	-.98	.89
FIS (end)	4.15	.47	-.43	-.78	.89

Note: SD = standard deviation

Table 2 - Pearson correlation coefficients of the variables during the different moments of the session

Variables (N=38)	1	2	3	4	5	6	7	8	9
1. TPRS (beginning)	-								
2. TPRS (middle)	.81**	-							
3. TPRS (end)	.67**	.88**	-						
4. WAI-O-S (beginning)	.67**	.45**	.35*	-					
5. WAI-O-S (middle)	.70**	.56**	.48**	.94**	-				
6. WAI-O-S (end)	.68**	.61**	.56**	.82**	.93**	-			
7. FIS (beginning)	.80**	.76**	.70**	.56**	.60**	.58**	-		
8. FIS (middle)	.64**	.82**	.76**	.40*	.49**	.52**	.86**	-	
9. FIS (end)	.61**	.77**	.80**	.29	.41*	.52**	.79**	.90**	-

** Significance level < 0.01

* Significance level < 0.05

Table 3 – Multi-level Multiple Linear Regression Models of FIS on TPRS throughout the session

	TPRS (beginning)		TPRS (middle)		TPRS (end)	
(N=38)	<i>B</i>	<i>z</i>	<i>B</i>	<i>z</i>	<i>B</i>	<i>z</i>
<i>FIS</i> (beginning)	.70	4.03**	.06	.40	-.02	-.85
<i>FIS</i> (middle)	-.0.9	-.65	.42	2.40*	.11	.55
<i>FIS</i> (end)	.19	.29	.13	.37	.49	3.06**
	$X^2(3) = 51.47; p < .001$		$X^2(3) = 59.97; p < .001$		$X^2(3) = 37.58; p < .001$	
Therapist	0.01		0.00		0.000	
Client	0.00		0.02		0.02	

Notes: ** $p < .01$. * $p < .05$. Sessions are nested within clients, which are nested within therapists.

Table 4 – Multi-level Multiple Linear Regression Models of TPRS on WAI-O-S throughout the session

	WAI-O-S (beginning)		WAI-O-S (middle)		WAI-O-S (end)	
(N=38)	<i>B</i>	<i>z</i>	<i>B</i>	<i>z</i>	<i>B</i>	<i>z</i>
TPRS (beginning)	1.87	4.42**	1.01	2.93**	.46	2.00*
TPRS (middle)	-.58	-.80	.18	.34	.51	1.40
TPRS (end)	.04	.23	.25	.54	.46	1.29
	$X^2 (3) = 34.45; p<.001$		$X^2 (3) = 32.08; p<.001$		$X^2 (3) = 45.50; p<.001$	
Therapist	0.00		0.07		0.15	
Client	0.00		0.00		0.03	

Notes: ** p < .01. * p < .05. Sessions are nested within clients, which are nested within therapists.

The Psychotherapist's Persuasiveness: Relation to the working alliance and facilitative interpersonal skills

This manuscript suggests that the psychotherapist's persuasiveness may have an impact on the establishment of the therapeutic alliance, and that the psychotherapist's facilitative interpersonal skills might facilitate the psychotherapist's persuasiveness. The findings suggest that the psychotherapist's persuasiveness revealed to be a crucial skill for therapeutic success.