

The role of therapeutic alliance in therapy outcomes for youth in residential care

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Father Flanagan's Boys Home
Boys Town, NE

Effectiveness of Psychotherapy

- Children & adolescents
 - Casey & Berman (1985)
 - Weisz, Weiss, Alicke, & Klotz (1987)
 - Kazdin, Bass, Ayers, & Rodgers (1990)
 - Weisz, Weiss, Han, Granger, & Morton (1995)
 - Weiss & Weiss (1995)

Dodo Bird

- Dodo bird
 - Psychotherapy equivalence for adults (Wampold, 2001)
 - Evidence for equivalence for children/adolescents in less clear (Weisz et al., 1995)

Common Factors & Therapeutic Alliance

- Common Factors (Lambert, 1992)
 - Client, Relationship, Placebo
- Therapeutic Alliance (TA)
 - Bordin (1979): Bonds, agreement on goals, and collaboration on tasks
- TA & Outcome
 - A. O. Horvath & Symonds (1991)
 - Martin et al. (2000)
 - Early alliance seems to be most predictive

TA in Child Therapy

- Virtual absence of alliance studies in children and adolescents
 - TA conceptually may not fit with child/adolescent therapy
 - Children are not self-referred
- Shirk & Karver (2003) meta-analysis

Current Study

- Outcomes of children in residential care referred for therapy
- Investigate the effects of therapeutic alliance on outcomes

Overview of Boys Town

- Highly developed social skills curriculum
- Motivation system
- Self-government
- Emphasis on normalization
- Family-Teachers are the active treatment
- De-emphasizes mental illness
- Behaviorally-oriented model emphasizes critical elements of most parent training programs

Therapy

- Referral
 - No formal process
 - Predoctoral psychology interns attended daily/weekly MDT meetings
 - In a few instances, youth themselves would request to see a therapist
 - Phone calls, hallway conversations, back-alley deals

Therapy

- Clients
 - N = 79
 - Age: 15.7
 - Gender: 53% male; 47% female
 - Ethnicity: 54% Caucasian; 20% African American; 8% Hispanic
 - LOS: 273 days (at time of referral)
 - Referral Problem: Often nonspecific, ill-defined:
 - Externalizing behavior problems
 - Affective problems
 - Peer Problems
 - School problems
 - Sexual issues
 - Clinical exotica

Therapy

- Therapist
 - N=7
 - 7 predoctoral interns
 - 5 School Psychology interns, 2 clinical
 - 5 Ph.D., 2 Psy.D.
 - All from APA approved programs
 - Orientation: 5 CBT; 1 Behavioral; 1 Dynamic

Therapy

- Process
 - In the overwhelming majority of cases, type of therapy was not specified by supervisors, though elements of therapy was
 - Therapy ranged from manualized to dynamic, but typically was nonspecific with EST treatment elements embedded throughout (i.e., somewhere between "therapy as usual" and university-based therapy)
 - Weekly supervision with Ph.D. psychologist
 - Weekly supervision with LMHP
 - Twice weekly group supervision

Therapy

- Outcome Measures
 - Symptom Screener (Doucette & Bickman, 2000)
 - 35 items
 - 4 choice Likert response set (Never-Almost Always)
 - Youth, Clinician, Clinical Supervisor, and Family Teacher forms
 - 1 week recall for Youth/Clinicians; month recall for supervisors and Family Teachers
 - Internalizing (16 items), Externalizing (19 items), Total

Therapy

- Daily Incident Report (Handwerk et al, 2000)
 - Total
 - High Risk
 - Aggression
 - Lethality
 - Problem Behavior
 - School Behavior
 - Sexual Issues

Therapy

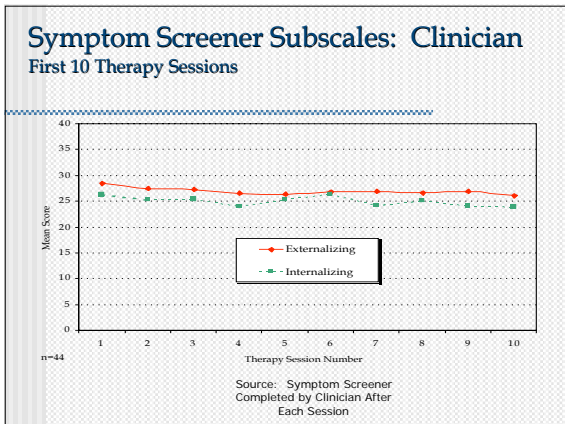
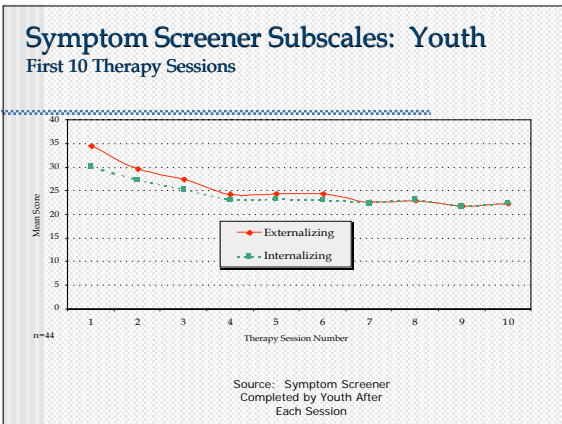
- Therapeutic Alliance Measure
 - Working Relationship Scale (Doucette & Bickman, 2000)
 - 35 items
 - 4 choice Likert response set (SD-SA)
 - Youth & Clinician versions
 - Resistance (10-30), Liking/Acceptance (10-30), Working/Collaboration (12-36)

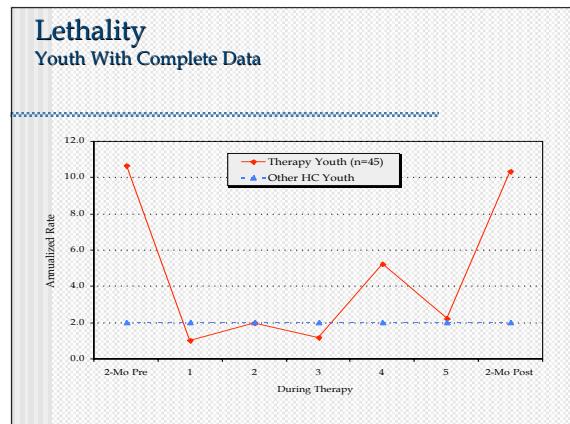
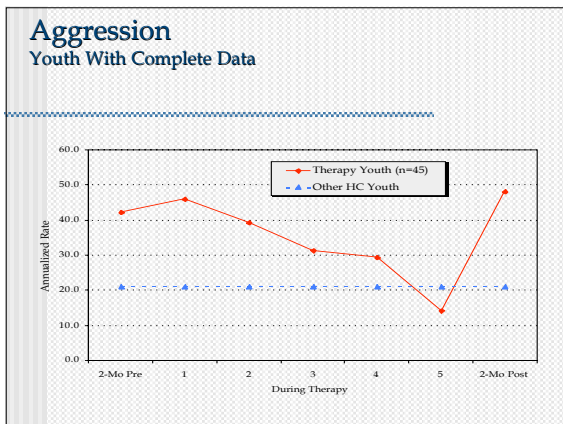
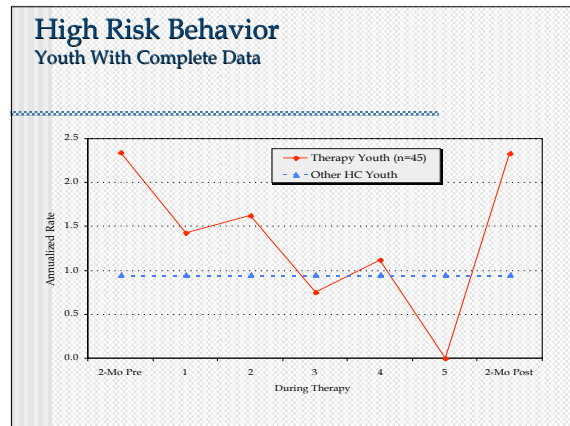
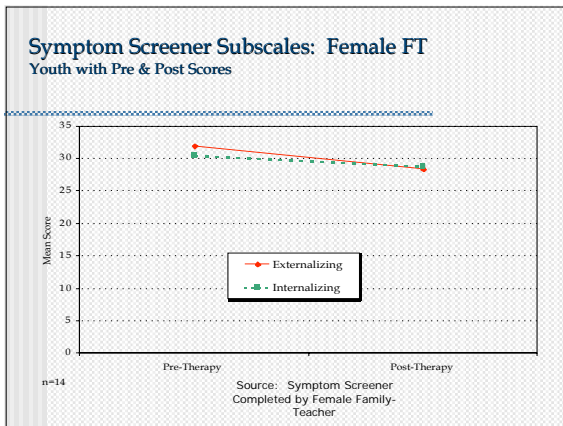
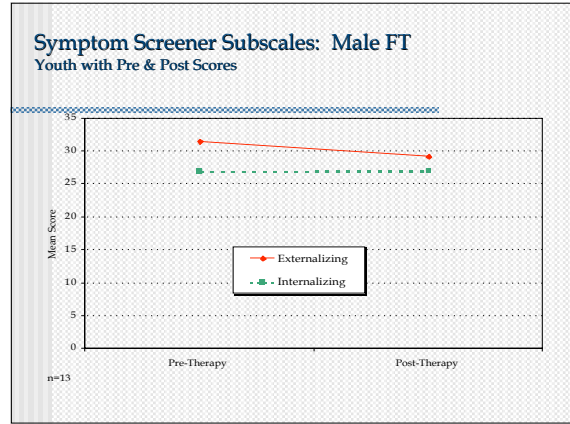
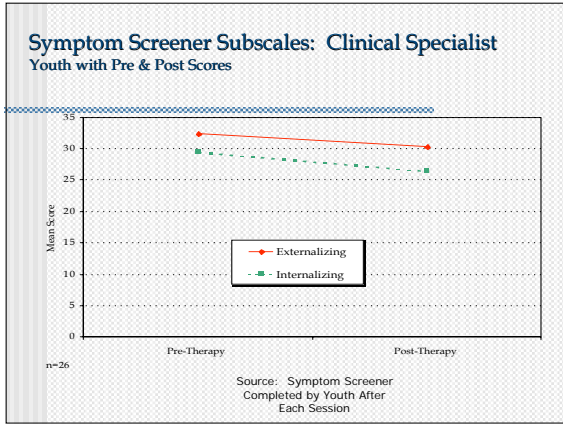
Number of Therapy Sessions

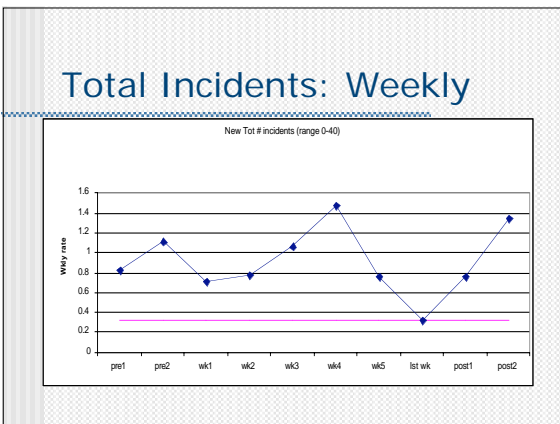
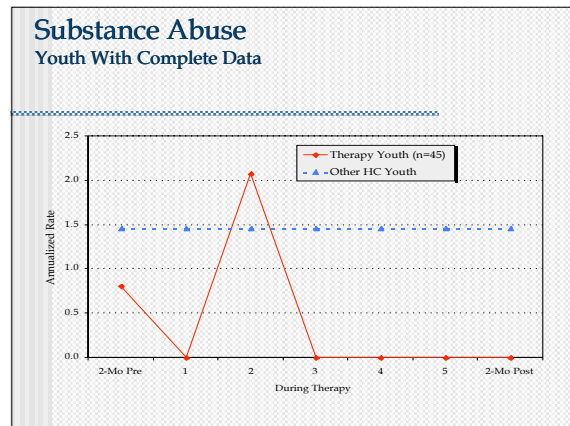
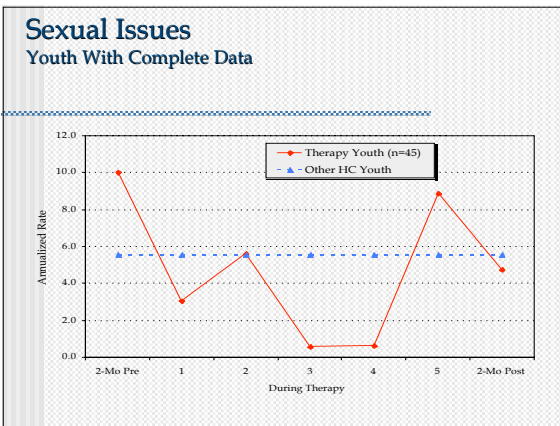
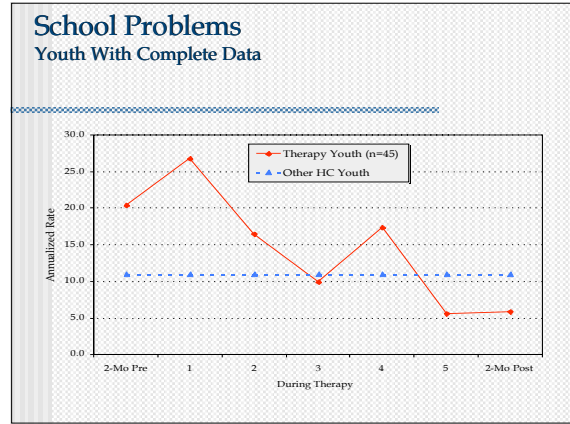
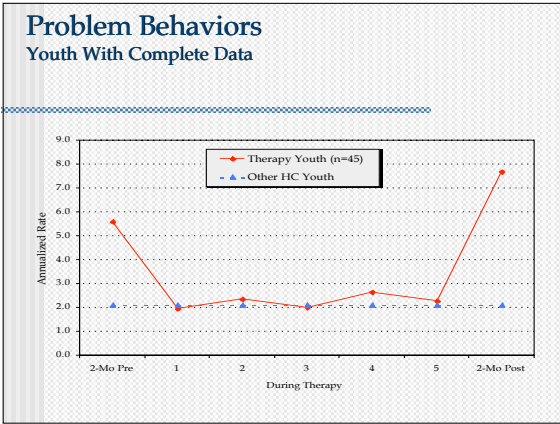
# of Sessions	Percentage	Cum. %
1	5	5
2-4	9	14
5-7	18	32
8-10	21	53
11-13	8	61
14-16	7	68
17-19	9	77
20-22	8	85
>23	15	100

Results: Do youth improve?

- Depends:
 - Who you ask
 - When you ask
 - What outcome data used







- ### Length of Therapy & Outcome
- # of therapy sessions correlated .26 with pre-post DIR change scores
 - # of therapy sessions correlated .24 with Youth pre-post SS change scores

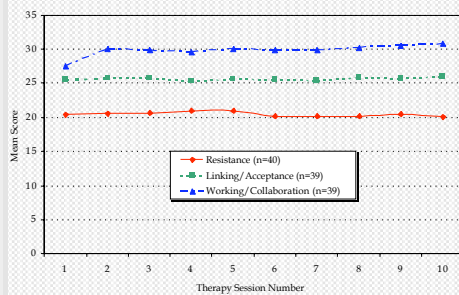
Demographic Variables & Outcome

- No significant difference in LOT, SS first, SS last, or SS change or DIR Change
 - Gender
 - Ethnicity

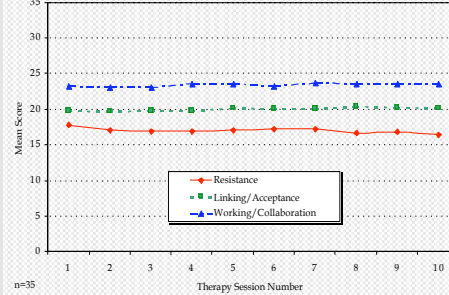
Do Youth Improve?

- Youth report significant and clinically meaningful improvement
- Clinicians report significant improvement, probably not clinically meaningful
- Family-Teachers report few significant reductions in symptoms, and probably not clinically meaningful reductions
- Clinical Supervisors report significant improvements on Total and Internalizing symptoms, but probably not clinically meaningful reductions
- Objective data indicate significant improvement in several areas while youth are in therapy, but gains are lost at follow-up

WRS Subscales: Youth First 10 Therapy Sessions



WRS Subscales: Clinician First 10 Therapy Sessions



Youth & Clinician TA

Correlations at first therapy session

	WRS-Y		
	Resistance	Liking/Accept	Work/Coll
Resistance	.14	.30	.28
Liking/Accept	.23	.40	.39
Work/Coll	.29	.33	.29

Correlations for Total TA first and last session

Youth	.25
Therapist	.57

TA Results

- Low to moderate agreement between clinicians and youth
- Youth reported significant improvement on the Total & Working/Collaboration subscale (first-last) (average 3-5 points)
- Clinician ratings showed significant improvement on the Total, Working/Collaboration and the Liking/Acceptance subscales (first-last) (average of 4-6 points)
- Modest relationship between first and last session TA for youth

Relationship Between TA & Outcome: Youth TA

	MR Change Score	Youth SS Change Score
Youth TA Total-First	-0.12	-0.08
Youth TA Total-Last	-0.03	0.02
Youth TA W/C-First	-0.07	0.05
Youth TA W/C-Last	-0.19	-0.03
Youth TA Resist-First	0.01	-0.13
Youth TA Resist-Last	0.26*	0.15
Youth TA Liking-First	-0.13	-0.09
Youth TA Liking-Last	-0.18	-0.10

Relationship Between TA & Outcome: Therapist TA

	MR Change Score	Youth SS Change Score
Therapist TA W/C-First	-0.03	-0.05
Therapist TA W/C-Last	-0.05	0.09
Therapist TA Resist-First	-0.03	-0.07
Therapist TA Resist-Last	0.04	0.03
Therapist TA Liking-First	-0.02	-0.06
Therapist TA Liking-Last	-0.02	0.04
Therapist TA-Total-First	-0.04	-0.11
Therapist TA-Total-Last	-0.03	0.08

- ### Relationship between TA & outcome
- Youth-rated TA:
 - Only 1 of the 3 WRS subscales or Total (first or last) were significantly correlated to either youth or clinician SS change scores or the DIR change score
 - Clinician-rated TA:
 - None of the 3 WRS subscales or Total (first or last) were significantly correlated with youth or clinician SS change scores or the DIR change score

- ### Conclusions
- Outcomes
 - Therapy can be effective adjunctive form of intervention
 - But need integration of therapeutic goals, activities, exercises within the family/residential context

- ### Conclusions
- TA/Relationship
 - We can be insensitive, uncaring with adolescent clients
 - No measure of specific techniques or therapist variables utilized (we don't know what went on the therapy room)
 - Why was TA not related to outcome?
 - Our correlations were not out of line with those found by others, suggesting that perhaps other factors are important
 - Restriction of range issues
 - SS screener
 - TA alliance
 - Unique setting (many caring adults) and clients
 - TA may be more important between therapist and care-taker

- ### Conclusions
- Methodological
 - Although having youth complete forms every visit seems ideal, youth rated completing the SS & TA forms as cumbersome
 - Considering methods to provide clinicians with feedback on the TA scale

Opinion survey regarding outcome and TA forms

	<u>SD</u>	<u>D</u>	<u>A</u>	<u>SA</u>
Important my therapist to know how I feel	3	14	46	37
Responses are private	3	11	43	43
I read every question carefully	12	15	41	32
Forms are easy to read	14	9	37	40
It doesn't take long to fill out	29	21	24	26
Important questions not asked about relationship	43	40	9	9
Important questions not asked about behavior	42	33	18	6
Forms are a waste of time	15	18	18	50
Process for completing is simple	14	20	37	29
I was honest in outcomes	9	11	34	46
Embarrassing	32	47	12	9
Filling out forms helped therapy	37	29	26	9