

The Effects of Pre-adjudicatory Factors on Therapeutic Alliance Among Detained Youth

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Abstract

Therapeutic alliance is the mutually secure relationship between client and therapist known to foster the most efficacious success. This reciprocal relationship is considered one of the most critical components of overall treatment efficacy and client improvement. As it can influence treatment trajectory, it should be ensured throughout the entire process. Yet, there is a gap in the literature assessing the ways in which prior legal mistrust of authority may hinder this relationship, especially if found within a particular racial or ethnic group. The current study seeks to extend the literature on therapeutic alliance and determine if any significant associations exist in pretreatment variables indicative of legal mistrust. Archival data was used from a small sample of detained youth ($N = 31$) enrolled in trauma-focused therapy at a residential treatment facility. The Working Alliance Inventory –Client Report (WAI) was used to assess therapeutic alliance from the perspective of the adolescent. Variables measuring number of prior arrests, number of prior adjudications, prior juvenile commitments, and number of prior inpatient psychological commitments were used as indicators of possible legal mistrust. A series of linear regression analyses were used to test if those with higher levels of prior court and residential treatment involvement may show lower levels of therapeutic alliance. None of the regressions were significant, indicating pre-treatment variables indicative of possible mistrust of authority did not play a significant role in the development of therapeutic alliance in this setting. This is a positive finding for residential treatment programs, indicating that therapists can overcome possible sources of mistrust to achieve appropriate rapport.

Keywords: juvenile offenders, working alliance, residential treatment, justice-involved youth, disproportionate minority contact, legal mistrust

Introduction

When looking at the overall improvement trajectory

for individuals in the active therapeutic process, there are a variety of factors playing into the general success of treatment and the overall goal of individual change. Though there is no single, concrete, and universal definition, therapeutic alliance is one of the most fundamental components to this treatment process and is often described as the helping, mutually secure relationship between a client and therapist which develops over time (Bickman et al., 2004). It embodies Bordin's (1979) multidimensional model of alliance, which focuses on the quality bond between the client and therapist, mutually agreed upon goals, and accordance with the tasks of therapy (Roestet et al., 2016). In the client-clinician relationship, there is a continuous commitment to overall client assurance, development of trust, empathetic perspectives, and much more (Bovard-Johns et al., 2015). This relationship has yielded critical impact in overall client improvement, as it has been found to make up around 40% of the variance within general treatment effectiveness (Bovard-Johns et al., 2015). If therapeutic alliance cannot be achieved, this kind of correlative interaction may impede the treatment process. This is particularly relevant for younger individuals who have been court-involved, such as adjudicated adolescents. Adjudicated adolescents may be resistant to treatment, especially considering the conditions that precipitated their choice for treatment, such as court mandated interventions or placement in a secure residential facility (Elvins & Green, 2008; Roest et al., 2016). This is but one variable that may affect therapeutic alliances between therapist and client.

Additionally, there is a need to account for the ways in which prior legal mistrust of authority may hinder such a critical relationship, especially if it is found within a particular racial or ethnic group. The onset of such mistrust stems from the idea of legal socialization, the developmental process of personal values and beliefs about the legal system laying the foundation for a long-lasting predisposition toward authority, which influences overall cooperation and attitudes with future

authority figures (Woolard et al., 2008). Such beliefs have the ability to dictate adolescents' conceptions towards other aspects regarding the law, such as known legal regulations, policing, judges' fairness, and the treatment of those who violate the law (Fagan & Tyler, 2005). Legal socialization has been found to be a prominent factor of general mistrust within ethnic and racial communities (Woolard et al., 2008). The historic practices and implementations of institutionalized racism and discrimination against minority groups has further perpetuated this lack of confidence towards legal and social control authorities (Fagan & Tyler, 2005). For example, minorities make up around 34% of the total population under the age of 17 yet comprise 62% of adjudications in juvenile courts across the country (Desai et al., 2012). If minority youth come to encounter, hear of, or fully experience such partiality and discrimination, it can forge and propagate mistrust toward general rehabilitation, court-mandated treatment, or other mental health services in residential settings (Venable & Guada, 2014).

Considering the variability that comes with a developing and vulnerable population of individuals, our research sought to investigate the ways in which therapeutic alliance is impacted by pre-adjudicatory variables indicative of legal mistrust, and the possible racial patterns within a population of adolescents in long-term residential treatment facilities. The current paper seeks to further the current body of literature, which suggests those with higher occurrences of prior court and residential treatment involvement may show lower levels of therapeutic alliance, and this may be particularly heightened for racial minorities. These variables should be investigated to gain better understanding of the ways in which legal mistrust may negatively affect adolescents' overall ability to trust and proactively work with a therapist, especially considering the reason for referral and the treatment setting. Additionally, examination of these associations can contribute to the ways in which therapeutic alliance may be improved or enhanced for those with greater histories of negative legal interaction, especially if discrepancies are found to be higher within different minority groups.

Methods

The current sample was selected from an archival data set (n=31) of adolescents adjudicated for illegal sexual

behavior (AISB) completing a court-mandated treatment program at a secure juvenile correctional facility. The Accountability-Based Sex Offense Prevention Program (ABSOPP) is an evidenced-based treatment program for AISB in the state of Alabama. The program features several notable multidisciplinary collaborations to provide full-scale psychological services such as applied behavioral analysis, multi-family group interventions, and trauma-focused therapies (Brogan et al., 2018; Everhart-Newman et al., 2018). Regarding race, 60% of the population identified as non-white and 40% identified as white. The mean number of arrests for the sample was 1.97 with a maximum of 16 arrests.

Therapeutic alliance was measured using the Working Alliance Inventory short form (WAI-S; Horvath & Greenberg, 1989). This self-report measure is based on the previously mentioned multidimensional theoretical model, Bordin's Alliance Model (1979), which focuses on three components of a treatment relationship: goals, tasks, and bond. The measure contains 12 items, each associated with a particular component of the treatment relationship. Both client and therapist versions are available that incorporate statements such as, "My client and I are working towards mutually agreed upon goals," or "I am confident in [their] ability to help me." Subjective responses to items are given according to how one currently feels in relation to the given statement. The measure is scored on a 7-point Likert-type scale with total scores ranging from 12 to 84. Higher scores indicate better overall working alliance. For this study, only client reports were used to investigate possible associations between pre-adjudicatory variables. The three subscales and the total working alliance score serve as the four dependent variables in our analyses.

The number of prior juvenile court commitments, arrests, adjudications, and psychological commitments were used as indicators of prior legal experience, which may impact legal socialization and legal mistrust of authority. These four variables were derived from a clinical interview completed as a pre-treatment assessment and could signal a heavy involvement in court interactions and legal actors which impact legal mistrust at any point. With predetermined fears of bias or partiality, these individuals may continue to enhance their negative perceptions of this kind of authority, especially after being placed in a juvenile residential facility for

therapeutic services.

Results

A series of multiple linear regression analyses were used to test the hypothesis that those with higher levels of prior court and residential treatment involvement may show lower levels of therapeutic alliance. The WAI-S client report scales (i.e., task, bond, goals, and total) were entered independently as outcome variables. The four pre-adjudicatory variables indicative of mistrust were entered as the predictor variables in each of four separate multiple linear regression analyses as seen in Table 1. The results yielded non-significant associations across all four WAI scales: Total Score, $F(4, 30) = 0.88$, $p=.49$; Bond Score, $F(4, 30) = 0.94$, $p=.45$; Task Score, $F(4, 30) = 0.96$, $p=.45$; Goals Score, $F(4, 59) = 0.62$, $p=.65$. See Tables 2 for means, standard deviations, and betas of variables of interest.

A point-biserial correlation was conducted to test for associations between race (1=white; 0=non-white) and number of arrests ($r = .28$; $p = .03$). Results indicated that white students in this sample were arrested at a higher rate. Upon further investigation of the data, much of this appeared to be driven by a single outlier in the data as seen in Figure 1. The data were re-analyzed without the single outlier and the correlation was no longer significant ($r = .24$; $p = .07$) indicating the outlier was driving the association.

Discussion

The analyses found contrasting evidence to our original hypotheses, which proposed that the pre-adjudicatory variables would have a significant effect on a client's report of therapeutic alliance. These non-significant results suggest high rates of working alliance, despite the contribution or presence of pre-adjudicatory factors that normally contribute to contrasting effects on this component of treatment success. Our results signified conclusions that differed from the current body of literature's original propositions. Though it would normally be suggested that greater mistrust could be seen among youth who have had more experiences with legal authority/procedures, we found dissimilar associations.

These non-significant findings could initially be viewed as an unintended or non-preferred result, especially when considering the research and history within the

current body of literature. However, the findings may demonstrate positive implications for the current treatment program in place. In our sample, high rates of alliance were still found after accounting for the four independent variables indicative of mistrust. This may imply therapists are establishing critical bonds with adolescent clients despite the presence of variables which normally indicate difficulties doing so. This finding speaks well for the overall developmental process of therapeutic alliance, regardless of the previous legal experiences encountered prior to arriving to the facility. Additionally, while the non-significant correlation between clients' total reports of therapeutic alliance and race variables suggests something contrary to theories of inequality for certain racial groups, the current sample found that race, as a stand-alone factor, had no critical effects on the independent and dependent variables. This again, may point to the extensive clinical efforts of the therapeutic team at the facility.

With these results come some clinical implications to be noted. Our study contains a small sample size that may not be fully generalizable to other populations, especially considering the characteristics that make up this sub-sample. These participants were actively enrolled in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), due to having experienced more severe symptoms of trauma exposure. The WAI-S measure was administered one month into treatment, which may have given time for greater bond building and development of alliance before the construct was measured. Nonetheless, these findings are informative for understanding how therapeutic alliance continues to develop within a residential treatment program. Finally, the current study provides valuable and positive insights regarding the wide range of pre-adjudicatory factors that could negatively hinder rapport and weaken overall treatment efficacy. Results indicate therapeutic alliance can be achieved and maintained despite many of these challenges with well-trained and attentive therapeutic efforts.

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Table 2. Means and Standard Deviations.

	<i>M</i>	<i>SD</i>
WAIS Goals	20.774	5.334
WAIS Task	20.097	5.287
WAIS Bond	19.065	6.797
WAIS Total	59.387	16.323
Priorjuco	1.26	.893
Prioradj	1.06	.359
Priorarr	2.16	2.899
Priorpsych	.81	1.470

Note: Priorjuco= Number of prior juvenile commitments, Prioradj= Number of prior adjudications, Priorarr= Number of prior arrests, Priorpsych= Number of prior psych. commitments.

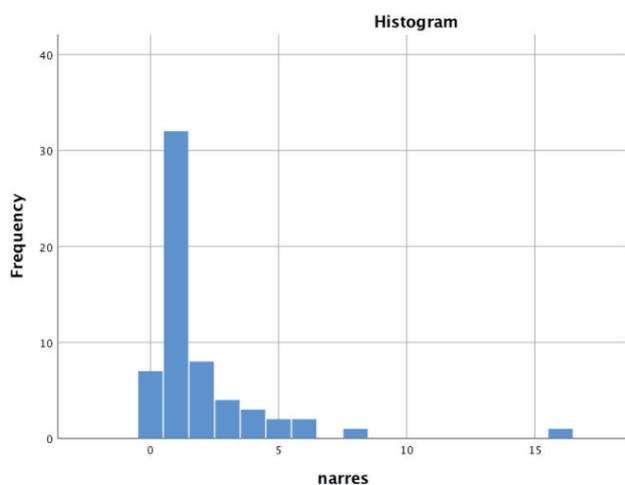


Figure 1. Histogram for number of arrests (Narres).

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Table 1. Multiple Linear Regression Coefficients.

WAI-S	Pre-adjudicatory Variables	B	SE B	β	t	p
Goals	# of prior juvenile commitments	-.380	.292	-.198	-1.301	.199
	# of prior adjudications	-.019	.128	-.021	-.148	.883
	# of prior arrests	.272	.249	.164	1.092	.279
	# of prior psych. commitments	.015	.406	.005	.038	.970
Task	# of prior juvenile commitments	-2.683	1.546	-.453	-1.735	.095
	# of prior adjudications	.717	2.711	.049	.265	.793
	# of prior arrests	.836	.473	.458	1.765	.089
	# of prior psych. commitments	.204	.677	.057	.301	.766
Bond	# of prior juvenile commitments	-3.120	1.989	-.410	-1.569	.129
	# of prior adjudications	2.155	3.488	.114	.618	.542
	# of prior arrests	.995	.609	.424	1.633	.114
	# of prior psych. commitments	.628	.871	.136	.721	.477
Total	# of prior juvenile commitments	-7.623	4.798	-.417	-1.589	.124
	# of prior adjudications	4.729	8.413	.104	.562	.579
	# of prior arrests	2.327	1.469	.413	1.584	.125
	# of prior psych. commitments	1.062	2.102	.096	.505	.618