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**Association of Working Therapeutic Alliance and
Psychopathy in Civilly-Confined Sex Offenders**

**POSTER
PRESENTATION**

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Abstract

Over the past decade, researchers have focused attention on the therapeutic alliance (TA) and its impact in treatment outcomes. Very little of this research included individuals who had psychopathy. This study explored the relation between the TA and psychopathy. Results revealed no statistically significant difference between the ratings of TA generated by clients with low and high levels of psychopathy, nor was there a measurable difference between how clients with high and low levels of psychopathy perceived the agreement on treatment goals, collaboration on tasks, and the overall bond they shared with their therapist.

Problem

Given that the TA appears to be paramount in treatment outcome (Hardy et al., 2007), and that this relationship is significantly different when working with mandated as opposed to non-mandated populations (Ross et al., 2008), there is a need to investigate the role of TA in clients who are mandated to participate in therapy.

This would also apply to specific populations, such as client with psychopathic traits, because not only are they typically mandated to treatment, but this group has unique personal characteristics within the mandated population that make it particularly difficult to treat them (Rooney, 2009; Ivanoff, et al. 1994). This gap in the literature needs to be investigated further with high-risk psychopathic civilly confined male sex offenders, as many are confined for years due to an inability to complete treatment (Miller, 2010).

The gap in the literature needs to be investigated further with high-risk psychopathic civilly-confined male sex offenders, as many are confined for years due to an inability to complete treatment (Miller, 2010). Information regarding the treatment process within this population may help inform the development of more effective and cost-efficient treatment programs thus benefiting the clients, their families, potential victims of inadequately treated individuals, treating professionals, and society in general.

Purpose

The purpose of the quantitative survey study was to investigate the relation between level of psychopathy (high versus low) and TA ratings in the population of convicted civilly-confined male sex offenders.

Significance

This project addressed the need for research regarding the relation between psychopathy and the TA in a civilly-confined population.

Many convicted offenders being held in civil-confinement have complex trauma issues related to the loss of contact with their families, an inability to remain employed, and the struggle to be independent and integrate into the community (Criminal Justice Handbook Series, 2012). For these reasons, it is important for researchers to find better ways for this population to build a strong TA with their clinicians so that they can progress through treatment.

An investigation targeted at identifying factors that may allow high-risk sex offenders to successfully move through treatment may aid in the development of treatments that could lower their risk of re-offense (Andrews & Bonta, 2007).

Theory or Framework

Bordin's (1979) **working alliance theory** is grounded in the broader work of attachment theory (Bowlby, 1973), as the ability to formulate close bonds directly impacts the TA and influences treatment outcome.

Bordin (p. 255) described three specific ingredients in the working alliance:

1. Agreement on the goals that the therapist and resident must work on.
2. Collaboration on the tasks that must be worked on to achieve the goals.
3. An overall bond that facilitates the collaboration between therapist and resident.

Relevant Scholarship

Meta-analysis studies have identified that regardless of therapy orientation there has been a consistent moderate relation between the therapeutic alliance (TA) and treatment outcome (Martin et al., 2000)

These studies have included the link between TA and:

- Therapist Characteristics (Bachelor et al., 2007; Lynch, 2012)
- Mandated Populations (De Jong & Berg, 2001; Ivanoff, et al., 1994; Rooney, 2009)
- Forensic Populations (Walton et al., 2016)
- High Risk Sex Offenders (Blasko & Jeglic, 2014; Polascheck & Ross, 2010)
- Psychopathy (Haldaman, 2012; Olver & Wong, 2009; Salekin, 2002; Walton et al., 2016; Wilson & Tamatea, 2013)

Youssef (2016) demonstrated that sex offender treatment is typically more effective when there is a stronger TA, while DeSorcry et al. (2017) found that prominent psychopathic traits in sex offenders did not preclude the development of a strong TA

Some mental health advocates have argued that Civil-Confinement can lead to a downward spiral (Miller, 2010), and that once an individual is detained, they will never be free again (Hassan & Ward, 2014). These arguments are based on the (unproven) assumption that it is difficult or near impossible to treat clients with high levels of psychopathy, such as civilly-confined sex offenders (Oliver & Wong, 2009).

Research Question

RQ1: Do resident therapeutic alliance ratings differ by level of psychopathy (low versus high) in a sample of convicted male sex offenders in mandated group therapy?

RQ2: Do therapist therapeutic alliance ratings differ by level of psychopathy (low versus high) in a sample of convicted male sex offenders in mandated group therapy?

Participants

Participants were chosen from SOTP Treatment Groups at the civilly confined treatment center.

A total of 64 responses were collected from the client participants who completed the survey to assess TA. There were also 75 survey responses from 16 therapists.

Procedures

Multiple instruments were used in this study:

- Working Alliance Inventory Short Version (cite)
- Working Alliance Inventory-Therapist Short Form [Therapist] (cite)
- Demographic Questionnaires
- Separate Email, Time, and Informed Consent for the Therapists.

Analysis

Independent Samples *t*-tests via SPSS

- Relationship and paths determined
- Strength and direction of relationships determined

Findings

I did not find a significant difference between clients with high and low psychopathy on the WAI scale or its three subscales.

In addition, I did not find a significant difference in therapist TA ratings between the high psychopathy and low psychopathy groups. Therapist age, client treatment track, and therapist orientation were all found to be significant predictors of psychopathy.

Interpretation

The results of the present study support previous research on this topic in that no significant difference was found between how clients experiencing different levels of psychopathy rated the TA.

Previous researchers have claimed that psychopathy has a negative impact on the development of the TA (i.e., Ross et al., 2008); however, a lack of significant findings in this study support DeSorcy et al.'s research in that psychopathy level appeared to make no difference in the ability of Civilly-confined sex offenders to form a TA.

Limitations

Number of participants

Convenience Sampling (only men from a single facility)

Inability to explain why relationships may have or may have not existed due to using quantitative methodology

Survey Design

Treatment Group Assignment (not mixed)

Recommendations

To gain a more holistic view of treatment, future studies could employ a mixed methods design that incorporates quantitative survey data with qualitative feedback from interviews.

Further research should include a larger sample and a broader spectrum of participants.

Social Change Implications

Generally

- Stigma surrounding this population
- Aid with their eventual reintegration into society

Specifically per participants

- Further examination of the development of the TA in individuals with psychopathy
- Assist in devising more effective ways for this population to develop a strong TA with their clinicians
- Strong rapport with their therapist would aid in their treatment progress
- Further research in this field may also benefit providers in developing strategies for forming strong therapeutic bonds
- Improvement of quality of treatment for individuals with psychopathic traits as well as reduction of their risk to re-offend.

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