The Role of the Therapeutic Alliance in Sex Offender Treatment

Symposium Chair: Elizabeth L. Jeglic Ph.D.
John Jay College of Criminal Justice

It has been well established that the therapeutic alliance (therapist-client relationship) plays an integral role in the success of psychological treatment. However, it is only recently that researchers have highlighted its importance in sex offender treatment. There are many elements that contribute to a successful therapeutic alliance including the therapist’s style, the client’s perception of the therapeutic process, characteristics of the therapist, and characteristics of the client. While many of these elements are universal to the therapeutic process in general, there are some unique features of sex offenders that may pose specific challenges to the formation of the therapeutic alliance in this population. Despite its general acceptance in the literature as an important component of the treatment process with sex offenders, little research has explored the role that the therapeutic alliance plays in the treatment process with sex offenders. This symposium will review the current research literature on the therapeutic alliance, highlighting the issues and challenges in developing and maintaining the therapeutic alliance with the sex offender population.

The Role of the Working Alliance in Sexual Offenders’ Pathways to Desistance

Brandy L. Blasko, Ph.D.
George Mason University / Sam Houston State University

Elizabeth L. Jeglic, Ph.D.
John Jay College of Criminal Justice

Andrea L. Brannen, M.A.
Pennsylvania Department of Corrections

This presentation provides follow-up findings from a prospective study of sexual offenders who, at the time of study enrollment, enrolled in a prison-based sexual offender treatment program. Data were collected over a three year period from 202 incarcerated male sexual offenders in the United States enrolled in 19 consecutive treatment cohorts and their 10 therapists (one male and one female per group). Relying on the Working Alliance Inventory-Client Form (WAI; Horvath & Greenberg, 1989), sexual offenders rated the working alliance with each therapist at several points over the course of treatment.
Blasko & Jeglic, 2015 for a full discussion of study method); at the same time, both therapists rated the working alliance with each participant.

Participants were followed post-treatment and have now been living in prison or the community for between 4 and 7 years. The current study examines whether both sexual offender and therapist ratings of the working alliance predict subsequent in-prison (i.e., sexual, general, and violent misconducts) and post-release behaviors (i.e., sexual, violent, and general crime; sexually and non-sexually related technical parole violations), even after taking into account risk and prison/community contextual factors. Differential findings by sexual offender group (e.g., child molestation, rape) will also be presented. Results are discussed as they pertain to responsivity in sexual offender treatment and in light of sexual offender desistance.

This work highlights the complexities of community reintegration and the dynamics of offending desistance.

Goals of the Paper:
1. Provide data on for whom a strong working alliance is efficacious while incarcerated and once released.
2. Provide findings related to the protective role of the working alliance.
3. Understand the link between working alliance and therapeutic outcome.

Therapeutic Alliance in Group Sex Offender Treatment

Geris A. Serran, Ph.D., C. Psych.
Rockwood Psychological Services and Correctional Service Canada

Therapeutic alliance is identified as critical to positive therapeutic outcome. The overall consensus in the clinical literature is that the quality of the therapist-client relationship was quite strongly related to treatment effectiveness. Beginning in the late 1990’s, Rockwood Psychological Services conducted various studies exploring therapeutic process variables in the treatment of sexual offenders. We found that empathy, warmth, rewardingness, and directiveness were particularly important in promoting treatment change, and that confrontation was negatively correlated with indices of behavior change. The current presentation will review the research on therapeutic processes and alliance and discuss more recent research on the impact of therapeutic alliance on group cohesion.
Goals of the Paper:
1. To enhance knowledge regarding “therapeutic alliance” and process issues in sex offender treatment
2. To develop an understanding of the therapeutic skills necessary for eliciting treatment change
3. To develop a better understanding of group processes and challenges/solutions to establishing therapeutic alliance with sex offender clients.

Psychopathy and the Formation of the Therapeutic Alliance

Ashleigh Walton
John Jay College

Elizabeth L. Jeglic, Ph.D.
John Jay College of Criminal Justice

Brandy L. Blasko, Ph.D.
George Mason University / Sam Houston State University

Research demonstrates that the therapeutic alliance affects treatment outcome among general psychotherapy populations (e.g., Westen, Novotny, & Thompson-Brenner, 2004), as well as specialized populations such as sexual offenders (Blasko & Jeglic, 2014; Marshall, et al., 2003). However, some researchers debate whether certain types of high-risk offenders, such as those with elevated levels of psychopathy, are able to form therapeutic alliances (Galloway & Brodsky, 2003; Wong & Hare, 2005). This debate stems from the question of whether characteristics that define psychopathic individuals (e.g., manipulative, lack of empathy) are conducive to forming an alliance between therapist and client. Thus, there are concerns about whether the findings regarding the relationship between therapeutic outcome and the formation of the therapeutic alliance can be extended to this specific subtype of sexual offenders. Furthermore, the literature has not addressed the possible impact that Factor 1 (interpersonal) and Factor 2 (antisocial) scores within the construct of psychopathy may have on alliance formation. The current study examines the relationship between psychopathy (as measured by the PCL-R; Hare, 1991) and working alliance scores [as measured by the Working Alliance Inventory – therapist form (WAI; Horvath & Greenberg, 1989)] over the course of treatment in a sample of moderate to high risk sex offenders. Further we will examine what impact, if any, exists between elevations in either Factor 1 or 2 and working alliance scores across treatment. Preliminary findings suggest that increased levels of psychopathy generally, and specifically elevations in PCL-R Factor 1 scores are significantly related to decreased scores on the WAI scores across treatment. These findings will be discussed as they pertain to the treatment of sexual offenders with elevated psychopathy levels.
Goals of the Paper:
1. To understand the relationship between psychopathy and working alliance
2. To examine the differential impact of Factors 1 and 2 of the PCL-R and alliance formation.
3. To discuss how treatment providers may best work with sex offenders displayed elevated levels of psychopathy.