

Measuring Working Alliance with Non-Voluntary Clients:
An Investigation of Response Validity

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Abstract

The depth of research on the working alliance with non-voluntary clients is quite limited, particularly in regard to the reliability of offender endorsements of the working alliance. Using a sample of convicted sexual offenders, court ordered to participate in treatment, this study compared anonymous endorsements on the Working Alliance Inventory-Short (WAI-S) with identifiable endorsements of the alliance with their probation/parole officer and group therapist. Counter to the studies hypothesis, results reveal no significant differences between anonymous and identifiable endorsements on the WAI-S. Implications for further research and use of the WAI-S with non-voluntary clients are discussed.

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The working alliance between client and provider has long been established as a universal agent of change, and is a significant predictor of treatment outcomes and rates of recidivism (Horvath & Greenberg, 1989; Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000; Orlinsky, Ronnestad, & Willutzki, 2004; Witte, Gu, Nicholaichuck, & Wong, 2001). Although the working alliance has been studied in great detail with voluntary clients, the depth of research with non-voluntary clients is quite limited. Witte, et al., (2001) sampled a group of adult offenders treated within an inpatient setting, and assessed the relationship between offender self-reports of the working alliance and violent and non-violent recidivism at a 3-year follow-up. Independent of offender risk, results found that offenders who perceived the working alliance with their primary therapist or case worker as being poor recidivated at a higher rate both violently and non-violently than compared to offenders endorsing strong working alliances. Another study investigated the working alliance between juvenile delinquents mandated to the custody and residence of youth corrections (Florsheim, Shotorbani, Guest-Warnick, Barratt, & Hwang, 2000). Similar to Witte, et al., results revealed that a positive working alliance after 3 months of treatment was related to positive psychological changes and lower rates of recidivism.

Similar to the existing literature using voluntary clientele, working alliance research with non-voluntary clients makes the underlying assumption that responses provided by the clients are valid in respect to their honest endorsements of the alliance with their provider. It is this author's belief that this assumption is a major limitation in the existing working alliance research, particularly with non-voluntary clients. This is a limitation due to the high probability that non-voluntary clients will over endorse a positive alliance with their court ordered therapist or

probation/parole officer (PO), for example, in order to remain in their good graces. To this author's knowledge, no research has been conducted that investigates the validity of non-voluntary client's endorsements of the working alliance with their providers. Therefore, the present study was guided by the following research question: Are non-voluntary client's anonymous endorsements of the working alliance statistically similar or different from identifiable endorsements? It was this author's a priori hypothesis that identifiable endorsements of the working alliance will be higher (i.e., better alliance), than anonymous endorsements.

Method

Instrument

Working alliance was measured by participants completing the Working Alliance Inventory - Short (WAI-S; Tracey & Kokotovic, 1989), one of the most researched and utilized measures of working alliance (Busseri & Tyler, 2003; Hanson, Curry, & Bandalos, 2002; Martin, et al., 2000). The WAI-S is a 12-item instrument scored on a 7-point Likert scale (1 = never, and 7 = always), and assesses one general scale (General Alliance or Total) and 3 subscales. The three unique subscales are Tasks (i.e. the level of agreement between the provider and client(s) on what should be done in treatment); Bond (i.e. the strength of the relationship or connection between the provider and client); and Goals (i.e. the level of agreement on the desired outcome of the treatment). The Total score utilizes all 12 items, while the three subscales are assessed with 4 items each. The Total score for the WAI-S ranges from 12 (low working alliance) to 84 (high working alliance), and subscale scores range from 4 to 28. The WAI-S has strong internal consistency, ranging from .70 to .91 for the subscales and .90 to .95 for the total score (Busseri & Tyler, 2003; Dunkle & Fridlander, 1996; Ligiero & Gelso, 2002; Tracey & Kokotovic). The WAI-S has acceptable test re-test reliability over an average interval of two weeks (.83; Horvath,

1994), while a meta-analytic review conducted by Martin, et al., estimated that the test-retest reliability was approximately .73. Research has also shown the WAI-S to have sound predictive and concurrent validity (Busseri & Tyler; Ligiero & Gelso; Parish & Eagle, 2003).

In order for the WAI-S item language to be consistent with non-voluntary clientele, as well as with POs, slight modifications were made to the original WAI-S wording. For example, the PO version of the WAI-S replaced the word “counselor” with “Probation/Parole Officer.” In order to more accurately reflect PO / offender relationships, phrases like “...what I need to do in *therapy*...” were changed to “...what I need to do in the *sex offender treatment program*.” Only the PO version made this particular wording change. Lastly, due to this sample consisting of non-voluntary clients, item 7 was changed from saying “I feel that my [PO or Therapist] *appreciates* me” to I feel that my [PO or Therapist] *respects* me.” Despite these wording changes, the modified versions exhibited strong internal consistence for both the anonymous (PO version = .88 and Therapist version = .92) and identifiable administrations (PO version = .85 and Therapist version = .74).

Participants and Procedure

Participants consisted of adult male sexual offenders currently under probation or parole supervision with the Iowa Department of Correctional Services and Court ordered to participate in sex offender treatment. Participants were involved in group sex offender treatment, which occurred weekly, lasted 1 ½ hours per session, contained about 10 to 15 members per group, and followed a cognitive behavioral treatment curriculum. All participants were well established within their particular therapy groups at the time of this study, ranging from 3 months to 1 year with their group and group facilitators. Each participant had a PO that supervised their probation or parole, as well as a group therapist and group PO who co-facilitated their group therapy. On

many occasions their individual PO was the same as their group PO. Therefore, for purposes of this study, analyses only included evaluations of the group therapist and individual PO in order to eliminate statistical problems occurring through redundant scores.

Eighty-five clients completed the WAI-S anonymously during the 14th week of a 16 week treatment component. It was pre-determined that clients would complete the WAI-S at the later phases of their group treatment in order to maximize the probability that the working alliance was established and would not likely waver considerably between WAI-S administrations. Nine evaluations were eliminated due to being partially completed, reducing the sample size to 74. This administration will subsequently be referred to as the anonymous WAI-S administration.

In order to remain within the test-retest reliability interval previously documented (Horvath, 1994; Martin, et al., 2000), the WAI-S was re-administered to the same sample population three weeks after the first administration. However, due to illness, holidays and poor weather 12 participants were unable to complete this second WAI-S administration. In order to remain consistent with the 3 week test re-test methodology, these 12 participants were not invited to participate in this second administration, resulting in a retest sample size of 62. During this re-test administration all participants were required to identify their name, age, race, and current offense on the WAI-S form. This re-test administration will subsequently be referred to as the identifiable WAI-S. In order to maximize honest responding, participants were not informed about the purpose of the research until after all participants had completed the identifiable WAI-S. Participants' in this identifiable WAI-S had a mean age of 37.67 (SD = 13.76). Fifty-two participants identified themselves as Caucasian, 1 was African American, 1 was Asian, and 1 was Hispanic. Forty-nine participants were convicted of sexual crimes against

minors, with the remaining participants being charged with crimes including abuse of a dependent adult, invasion of privacy (i.e., Voyeurism), and sexual abuse of an adult.

Results

Table 1 provides internal consistency scores, average total and subscale scores, total and item standard deviation scores, and standard error of measurements for both the anonymous and identifiable WAI-S administrations. Results of the one-tailed, paired t-test revealed no significant difference between the anonymous and identifiable WAI-S administrations (Table 1). Although the mean identifiable WAI-S total and subscale scores were slightly higher than the mean anonymous scores, as hypothesized, these differences were not significant.

Discussion

This study asked the question: “Are non-voluntary client’s anonymous endorsements of the working alliance statistically similar or different from identifiable endorsements?” Results of this study revealed no significant difference between non-voluntary clients’ anonymous and identifiable endorsements of their probation/parole office (PO) and group therapist. These findings add to the existing literature in two unique ways. First, this research provides empirical evidence that the WAI-S is a reliable tool with non-voluntary, adult offenders, a new finding to the working alliance literature. Second, this study reveals that identifiable endorsements of the working alliance with court ordered providers (e.g., POs and court ordered mental health professionals) are statistically similar to anonymous endorsements of the WAI-S. In other words, this offender population reported statistically similar scores when they knew their responses would be anonymous as when they knew their responses could be reviewed by their PO and/or therapist. This finding has implications for subsequent research on the working alliance and offender recidivism by providing future researchers with empirical evidence on the reliability of

identifiable WAI-S endorsements made by non-voluntary clients. Therefore, this data would support the reliability of future, longitudinal research on client endorsements of the working alliance and rates of recidivism.

Although this study contributes to the existing body of knowledge in a unique way, it contained a couple methodological limitations that must be acknowledged. First, this study was comprised entirely of male participants. Therefore, results may not be generalizable to female offenders. Also, this study was comprised primarily of Caucasian offenders. Although the ratio of Caucasian to minority participants is consistent with the ratio of Caucasians to minority citizens in general in the city where this study was conducted, these results may not replicate in more ethnically diverse areas. Therefore, replication studies are recommend with both female offenders and offenders across diverse ethnicities.

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Table 1

Means, Standard Deviations, Cronbach Alphas, and Standard Error of Measurement scores.

	Anonymous WAI-S (N = 74)	Identifiable WAI-S (N = 62)	t Statistic (<i>p</i> 1 tailed)
Total WAI-S			
Total Mean (Standard Deviation)	69.14 (12.59)	70.03 (14.25)	1.35 (<i>p</i> = .09)
Item Mean (SD)	5.77 (1.29)	5.89 (1.25)	
Cronbach 's Alpha	.92	.97	
Standard Error of Measurement	3.50	2.27	
WAI-S Subscales			
Bond			
Subscale Total Mean (SD)	23.22 (5.30)	23.83 (5.20)	-.85 (<i>p</i> = .20)
Item Mean (SD)	5.82 (1.50)	6.07 (1.44)	
Cronbach 's Alpha	.92	.95	
SEM	1.55	1.17	
Task			
Subscale Total Mean (SD)	23.77 (4.03)	24.12 (4.19)	-.62 (<i>p</i> = .27)
Item Mean (SD)	5.97 (1.20)	5.89 (1.25)	
Cronbach 's Alpha	.86	.91	
SEM	1.51	1.29	
Goals			
Subscale Total Mean (SD)	22.08 (3.61)	22.85 (4.41)	-1.43 (<i>p</i> = .078)
Item Mean (SD)	5.54 (1.58)	5.69 (1.64)	
Cronbach 's Alpha	.73	.77	
SEM	2.40	2.12	