Therapeutic Alliance and Offenders

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The Professional, Ethical and Legal Issues that Impact on the Alliance (Wilson, Tamatea & Riley, 2007)

- Informed Consent
- Confidentiality
- Dual Roles

Reducing Re-offending Operating Principles
Purposeful offender interactions | Seamless management of offenders | Succeeding with Māori | Professional judgement | Evidence based approach | Optimised external relationships | Department-wide collaboration | Cost
Therapeutic Alliance and Maori Offenders

- Maori over-represented in Corrections setting
- Culture can be a responsivity barrier to engagement and TA
- Difference in world views will at times make communication difficult
- Lack of cultural awareness and supervision on part of therapist (all other things being equal) is likely to negatively impact on TA

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TA and Setting Factors (Ross, Polascheck, & Ward, 2008)

- Tx typically takes place in a fairly un-inviting looking room within the prison, often with an officer at the door and staff with personal alarms attached to their belts and cameras monitoring/recording the sessions.
- Corrections policies and rules usually determine who is eligible for treatment rather than the clients themselves.
TA and Setting Factors

- Autonomy (a basic human need) in short supply for prisoners
- Prisoner culture often dangerous and predatory
  - Self-disclosure and feedback to other group participants, rather than being seen as healthy and adaptive tx processes may realistically lead to significant harm and/or lowering of social status

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TA and Setting Factors

**Setting Factors**

- Therapist often not separated from the ‘system’ in the prisoners eyes.
  - TA will be damaged if the therapist does not understand resistant behaviour from prisoners as at least partly systems-related
- Treatment often offered around the 2/3 of sentence mark.
  - Can lead to (the often incorrect) assumption that issues they arrived with (e.g., drug problems, intimate relationship problems) are no longer an issue irrespective of the artificial environment they are using as a reference point.
TA and Context Factors (Ross, Polascheck, & Ward, 2008)

- Programme Factors
  - Goals pre-determined – to address factors associated with violent and sexually violent behaviour
  - Challenge is to maneuver the client subtly into owning the tx goals
  - This can be achieved using approach-focused goals that both relate to a reduction in risk but are also life enhancing
TA and Context Factors (Ross, Polascheck, & Ward, 2008)

• Group Tx Factors

  • Atmosphere of a group has an important part to play in tx change (Beech and Fordham, 1997).

  • Groups can be cohesive without being therapeutic

  • Challenge for therapists – form strong TA’s with at least some members
Fig. 1. The Revised Theory of the Therapeutic Alliance.
RTTA Engagement Strategies

- Therapists may need to be more aware of their own personal characteristics and the behaviour that results in a therapy session.
- It is likely that personal reactions that therapists try to screen from clients are readily apparent to clients at any rate – presenting yourself as a person (acknowledging when you’re wrong) and a professional may be better balance and increase TA rather than erode it.
RTTA Engagement Strategies

- Therapists need to be particularly sensitive to how the client reacts to them
- May need to adjust own style to better suit the style and needs of the client
- Reciprocal feedback and open discussion of the cognitive and emotional responses of both client and therapist is likely to enhance the TA
RTTA Engagement Strategies

• RTTA looks further than client factors in relation to difficulties forming TA
  • Understanding that hostility from client may be due to coercion into treatment, prior difficult treatment relationships, transfer of staff/prisoner impacting on ongoing relationship

• Look at systems explanations (not just client and therapist explanations) for TA ruptures
RTTA Engagement Strategies

- Specialist skills are needed in group context given the ease at which a group rupture can occur in Correctional settings.

- Co-facilitation and regular video screening of sessions by supervisor put other eyes on why the rupture occurred and support to mend the relationship.

- Successful relationship repair is likely to be very therapeutic as it helps falsify client assumptions.
Culture and Therapeutic Alliance

- Will not always be possible to share the same world view as your client
- Cultural supervision essential
- Psych staff are expected to develop and maintain an adequate degree of cultural competence (both as a skill set and as an attitude)
- Being aware of and tapping into tikanga-based alternative or additional forms of formal therapy/support for client could not only be essential for addressing the clients cultural needs but may actually assist in helping develop the TA.
Concluding Points

- Ta is vital in offender rehab
- There are many unique factors that impact on working with offenders
- The RTTA provides a good model to consider both what these factors are and how we may go about addressing them
- Research and arguably often clinical day to day work requires more attention to be paid to the TA