Motivation for Treatment and Therapeutic Alliance in Residential Care

Matthew Lambert and Kristin Duppong Hurley
University of Nebraska – Lincoln

Robert Pick and Ronald Thompson
Boys Town
Aims of the Presentation

• Role of motivation for treatment in residential care
• Role of alliance in residential care
• Link between motivation for treatment and alliance
• Translation to practice
The Larger Study

NIMH-funded study of the implementation of the Boys Town adaptation of the Teaching Family Model

NIMH grant #R34MH080941, PI Dr. Duppong Hurley
Youth Outcomes

Common Process Factors
- Motivation for Treatment
- Expectations
- Alliance
- Fidelity
- Supervision
- Training

Intervention Implementation

Client/Staff Characteristics
Research Site: Boys Town Family Homes

Village of Boys Town

60+ homes staffed by couples

6-8 youth/home

Middle and high schools

Open campus
Setting: Boys Town Family Home Model

- Adapted from the Teaching Family Model and rated as having promising research evidence (OJJDP/FYI)
- Youth referred primarily from Child Welfare, Juvenile Justice, and schools and families
- Youth have significant behavioral, educational, and family risk factors
- Fidelity/quality monitoring of program components
  - Positive behavioral teaching
  - Relationship building
  - Family style/self government
  - Moral and spiritual development
Method

• 145 youth from 62 treatment homes
  – Disruptive behavior diagnosis
  – 1st time admitted to residential group care
  – 56% male
  – Mean age was 15.2 years (s = 1.39)

• Youth data were collected at intake and then every 2 months for 1 year
Measures

• Common process factors
  – Alliance, Motivation, Expectations, Satisfaction

• Problem severity
  – Symptom, Functioning, and Severity Scale
  – Child Behavior Checklist

• Behavioral incidents
Motivation for Treatment

Role of motivation for treatment in residential care and in the development of therapeutic alliance?
Motivation for Treatment

• Youth are often extrinsically motivated to receive mental health services
  – Legal
  – Family
  – School

• While external motivators can be effective in the short-term, they are not sustainable
Intrinsic Aspects of Motivation for Treatment

• Motivation consists of two broad components
  – Problem recognition
    • Belief that current behavior leads to problems
    • Internal locus of control
  – Readiness to change
    • Desire to seek/receive services
    • Belief that services will be beneficial
Background Research

• Intrinsic aspects of motivation have been linked to seeking services and service utilization (Simpson, 2001)

• Also linked to positive outcomes
  – Strongest link for substance abuse treatment

• Weak link to feelings about the suitability of residential care (DeLeon et al., 1994)
Link to Alliance

• Sets the foundation for the development of alliance with service providers

• Alliance relies on the agreement between client and provider on **goals** and **tasks**
  
  – Problem recognition and readiness to change underlie agreeing on goals and tasks
Assessing Motivation for Treatment

- Several commonly used assessment tools

- Motivation for Youth’s Treatment Scale (MYTS; Bickman et al., 2010)
  - Youth-rated
  - 8 items
  - 2 subscales

- MYTS scores tend to be slightly negatively skewed
Psychometrics of the MYTS

• Outpatient Counseling (Bickman et al., 2010)
  – Internal consistency
  – Factorial validity
  – Subscales are moderately correlated ($r = .33$)

• Residential Care (Lambert et al., review)
  – Internal consistency
  – Factorial validity
  – Rating scale functioning
  – Subscales are minimally correlated ($r = .10$)
## How Motivated Are Youth For Residential Services?

- On average, youth are moderately motivated for treatment.
- As a whole, youth report similar levels of readiness and recognition

<table>
<thead>
<tr>
<th>Level</th>
<th>Total</th>
<th>Problem Recognition</th>
<th>Treatment Readiness</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>21.4%</td>
<td>24.1%</td>
<td>24.1%</td>
</tr>
<tr>
<td>Medium</td>
<td>63.4%</td>
<td>58.6%</td>
<td>59.3%</td>
</tr>
<tr>
<td>Low</td>
<td>15.2%</td>
<td>17.2%</td>
<td>16.6%</td>
</tr>
</tbody>
</table>
Correlates of Motivation for Treatment

**Problem Recognition**
- Intake Problem Severity (+)
- Hope (−)
- Counseling Impact (+)

**Treatment Readiness**
- Intake Problem Severity (+)
- Treatment Expectations (+)
- Therapeutic Alliance (+)
- Counseling Impact (+)
Therapeutic Alliance

Role of working relationship on outcomes?
Therapeutic Alliance

• Well researched in adult literature
  – Bordin (1979, 1994)
  – Hovarth (2001)

• Strong predictor of psychotherapy outcomes
  – Lambert (1992)
  – Kazdin et al. (2006)
Alliance and youth

• Not researched as much with youth
  – Only a handful of longitudinal studies with a focus on predicting outcomes
  – Minimal work in out-of-home care
  – Relationship between youth and therapist often a bit different, not as much agency and autonomy involved
Assessing Therapeutic Alliance

• Therapeutic Alliance Quality Scale (TAQS; Bickman et al., 2010)
  – Youth-rated
  – 13 items
  – Single factor structure

• Therapeutic Alliance Quality Rating (TAQR; Bickman et al., 2010)
  – Staff-rated
  – 1 item
Alliance Measurement and Psychometrics

- The TAQS has strong psychometrics with residential care populations (Duppong Hurley et al., 2013)
  - Properties are similar to outpatient care
- Internal consistency
- Factorial validity
- Item-level quality
- Rating scale functioning
Measurement and Longitudinal Studies

• What level of alliance do youth in residential care develop with staff?

• How correlated are youth and staff ratings of alliance?

• How does alliance change over time in residential care?

• Are there cluster of developmental trajectories?
Level of Alliance

- Nearly 40% of youth reported high alliance at 2 months into care
  - Only 13.4% reported low alliance

- Staff reported similar levels of alliance at 2 months into care
Do youth and their service providers rate alliance similarly?

• Staff and youth ratings are minimally correlated
  - \( \rho = .18 \) (male staff)
  - \( \rho = .06 \) (female staff)

• However... youth rate alliance with male and female staff similarly \( (r = .79) \)
What does Alliance look like over time?

- Mean scores are fairly constant over time with a slight quadratic trend.
- Individual youth’s alliance scores do “bounce” around.
- Significant inter-individual differences in trajectories.
Does alliance development cluster into groups?
Initial Alliance Outcome Studies

1. Do youth with higher problem severity have poorer working relationships? (Path A)
   - Youth with more positive behavior viewed as having a better therapeutic alliance?

2. Does higher quality alliance predict better youth outcomes? (Path B)
Alliance and outcomes at 6 months

TA 2 -> TA 4

A

Outcome 1

B

Outcome 6
## Results of Panel Model

<table>
<thead>
<tr>
<th>Panel Model Results</th>
<th>A</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Youth Rated Alliance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FT-report Externalizing (SFSS)</td>
<td>-0.11</td>
<td>-0.33*</td>
</tr>
<tr>
<td>FT-report DSM Conduct Problems</td>
<td>-0.06</td>
<td>-0.31*</td>
</tr>
<tr>
<td>Problem Behavior Incidents</td>
<td>0.99</td>
<td>0.51*</td>
</tr>
<tr>
<td>Aggression Incidents</td>
<td>0.99</td>
<td>0.56*</td>
</tr>
<tr>
<td><strong>Staff Rated Alliance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth-report Externalizing</td>
<td>-0.18*</td>
<td>-0.14</td>
</tr>
<tr>
<td>Aggression Incidents</td>
<td>0.99</td>
<td>0.43*</td>
</tr>
</tbody>
</table>
Initial Outcome Results

• Strong link between early alliance development and problem severity reduction

• Youth with high externalizing behavior at intake might be more at risk for poorer outcomes because they do not develop healthy alliances with staff
  – When alliance is measured from the perspective of the staff
Combining Motivation for Treatment and Therapeutic Alliance

Is a mediational relationship with outcomes supported?
Combining Motivation and Alliance

• Does alliance mediate the relationship between motivation for treatment and outcomes?

• Does high motivation for treatment lead to high alliance which, in turn, leads to better outcomes?
Mediated Path Analysis Model
## Results from the Path Analysis Model

<table>
<thead>
<tr>
<th>Outcome</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>D (no TAQS)</th>
<th>Indirect Effect (B * C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FT-report Externalizing</td>
<td>-0.18</td>
<td>-0.29*</td>
<td>0.25*</td>
<td>0.07</td>
<td>-0.01</td>
<td>p &lt; .05</td>
</tr>
<tr>
<td>FT-report Internalizing</td>
<td>-0.06</td>
<td>-0.28*</td>
<td>0.25*</td>
<td>0.08</td>
<td>0.01</td>
<td>p &lt; .05</td>
</tr>
<tr>
<td>FT-report DSM Conduct Prob.</td>
<td>-0.08</td>
<td>-0.29*</td>
<td>0.25*</td>
<td>0.06</td>
<td>-0.16</td>
<td>p = .051</td>
</tr>
</tbody>
</table>

![Diagram of the Path Analysis Model](image-url)
Findings

• Motivation does not predict outcomes by itself

• However, motivation sets the stage for the development of alliance

• And alliance impacts behavior leading to more desirable outcomes
Limitations

- Only sampled youth from a single service provider
- Only sampled youth with a behavior diagnosis
- Treated motivation as a single construct
  - Subscales are minimally correlated
Translation to Practice

What do the findings mean for practice?
Implications for Practice

• In family style residential care:
  – Adult-youth working relationships matter
    • May be more challenging with youth who have severe behavior problems
    • Track youth perspectives repeatedly during stay
    • Coach direct care staff on improving alliance
    • Consider internal placement change if necessary
  – Motivation for treatment also matters
    • Help youth recognize problems and impact
    • Also track youth perspectives over time
  – Systematic and specific youth input is critical to positive outcomes in residential care