



Research article

The relationships between therapeutic alliance and internalizing and externalizing symptoms in Trauma-Focused Cognitive Behavioral Therapy[☆]



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ABSTRACT

Therapeutic alliance has been considered an important factor in child psychotherapy and is consistently associated with positive outcomes. Nevertheless, research on alliance in the context of child trauma therapy is very scarce. This study examined the relationships between child therapeutic alliance and psychopathology in an empirically supported child trauma therapy model designed to address issues related to trauma with children and their caregivers. Specifically, we examined the extent to which the child's psychopathology would predict the establishment of a positive alliance early in treatment, as well as the association between alliance and outcome. Participants were 95 children between the ages of 7 and 12 and their caregivers, who went through a community-based Trauma-Focused Cognitive Behavioral Therapy program in Canada. Caregivers filled out the CBCL prior to assessment and following treatment. Children and therapists completed an alliance measure (TASC) at three time points throughout treatment. Symptomatology and child gender emerged as important factors predicting alliance at the beginning of treatment. Girls and internalizing children developed stronger alliances early in treatment. In addition, a strong early alliance emerged as a significant predictor of improvement in internalizing symptoms at the end of treatment. Our findings indicate that symptomatology and gender influence the development of a strong alliance in trauma therapy. We suggest that clinicians should adjust therapeutic style to better engage boys and highly externalizing children in the early stages of therapy.

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Introduction

The importance of a strong therapeutic alliance in the treatment of traumatized children and adolescents has been relatively understudied in comparison to research on traumatized adults, and little is known about the role of alliance on outcomes in child trauma therapies. Alliance has been defined as agreement on therapy goals and tasks, and an emotional bond between client and therapist (Bordin, 1979), and is associated with positive outcomes in adult therapy (Horvath & Luborsky, 1993; Martin, Garske, & Davies, 2000) and child and adolescent therapy (Shirk & Karver, 2003; Shirk, Karver, &

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Brown, 2011). It has been suggested that strong therapeutic alliance is pre-requisite for effective implementation of therapy techniques and tasks and also a curative factor in itself (DiGiuseppe, Linscott, & Jilton, 1996; Garcia & Weisz, 2002).

Child Alliance and Trauma

For developmental reasons, it may be difficult for children to establish a strong therapeutic alliance. Often they do not initiate their own referral to therapy and this may compromise their motivation in treatment and their engagement in the relationship with the therapist (DiGiuseppe et al., 1996; Kendall et al., 2009). While younger children may have a limited understanding of the need for therapy, adolescents may not agree with their parents on the nature of the problems or whether treatment is necessary at all (Green, 2006).

Maltreated children may face additional challenges connecting with their therapists. As a result of traumatic experiences, especially those that occurred within a caregiving relationship, they often struggle to find safety in relationships and perceive others as untrustworthy (Cloitre, Cohen, & Scarvalone, 2002; Eltz, Shirk, & Sarlin, 1995). They may be particularly hesitant or unwilling to engage in a therapeutic relationship and their ability to work this through may influence treatment success (Eltz et al., 1995; Ormaugh, Jensen, Wentzel-Larsen, & Shirk, 2013). Given these challenges, it is crucial to identify potential factors associated with stronger and weaker alliances, as well as the relationship between alliance and treatment outcome.

Maltreated children are at risk for the development of psychopathology (Cicchetti & Toth, 1995). Childhood maltreatment seems to increase the likelihood of further disruptions in development processes, which may result in a cascade of maladaptation across multiple domains (Masten & Cicchetti, 2010; McCrory, De Brito, & Viding, 2010). Maltreated children were found to be at higher risk than their non-maltreated peers for attachment and relationship difficulties, academic failure, and neurobiological alterations (Cicchetti & Toth, 2005). Adolescents with a history of maltreatment were also found to report higher rates of internalizing and externalizing behaviors when compared with their non-maltreated peers (Mills et al., 2013). Thus, it is reasonable to expect that their presenting difficulties might also interfere with the establishment of a positive therapeutic alliance, especially in early stages of treatment when psychopathology has not yet been fully addressed.

Children's reactions to trauma are frequently reported in the form of PTSD symptoms such as hypervigilance, avoidance, and intrusive thoughts (Finkelhor, Ormrod, Turner, & Hamby, 2005). In addition, they often present elevated internalizing and externalizing symptoms (Manly, Kim, Rogosch, & Cicchetti, 2001). There is a high incidence of internalizing problems such as anxiety, depression, withdrawal, and somatic complaints among maltreated children (Bolger & Patterson, 2001; Manly et al., 2001; Moylan et al., 2010). Similarly, the association between externalizing problems and child maltreatment has been also demonstrated (Manly et al., 2001; Moylan et al., 2010). Common difficulties include aggression, delinquent behaviors, and disruptive behaviors (Manly et al., 2001; Moylan et al., 2010; Teisl & Cicchetti, 2008).

Studies of broad categories of internalizing and externalizing symptoms in relation to therapeutic alliance are scarce, especially in the field of child trauma. A pilot study on the program investigated in this paper showed that internalizing and externalizing problems were predictors of early alliance (McLewin, 2010). Studies using non-maltreated samples have shown that children with higher externalizing problems reported more therapeutic relationship problems than those with higher internalizing problems and this was associated with higher drop-out from therapy (Garcia & Weisz, 2002). Research with delinquent adolescents showed that the most severely delinquent youth demonstrated greater difficulty developing a positive therapeutic relationship with staff and those who developed and sustained a positive alliance demonstrated more therapeutic gains and less recidivism (Florsheim, Shotorbani, Guest-Warnick, Barratt, & Wei-Chin, 2000). It may be that children with more externalizing problems are more oppositional and find it difficult to agree on treatment goals and tasks and engage in the therapeutic relationship. On the other hand, internalizing children seem more willing to engage in the therapeutic relationship than externalizing children to alleviate their internal distress (DiGiuseppe et al., 1996). For example, a study of youth with anxiety disorders revealed a highly positive alliance, with limited variability in scores (Kendall, 1994). Another study of CBT for youth anxiety indicated higher anxiety symptoms predicted higher early alliance scores. Nevertheless, depressive symptoms did not appear to affect early alliance scores (Chu, Skriner, & Zandberg, 2014). The current investigation examined the relationship between internalizing and externalizing symptomatology and therapeutic alliance at the initial stages of trauma treatment.

Alliance and Outcome in Child Trauma Therapy

In child therapy, therapeutic alliance predicts engagement in therapeutic tasks (Chiu, McLeod, Har, & Wood, 2009; Chu et al., 2004) and successful treatment outcomes (Kazdin & Durbin, 2012; Liber et al., 2010; McLeod & Weisz, 2005; Shirk & Karver, 2003; Shirk, Gundmundsen, Kaplinski, & McMakin, 2008). It may also be a key element to creating motivation for and retention in treatment (Chu et al., 2004). Yet, few studies have examined the relationship between alliance and outcome in child trauma therapies (Eltz et al., 1995; Ormaugh et al., 2013).

Adult trauma research has shown that a strong early alliance in manualized behavioral treatment is associated with improvements following therapy due, in part, to clients' greater engagement in the exposure tasks of treatment (Cloitre, Koenen, Cohen, & Han, 2002; Cloitre, Stovall-McClough, Miranda, & Chemtob, 2004; Keller, Zoellner, & Feeny, 2010). A weak alliance was associated with less positive outcomes (Dalenberg, 2000; Eltz et al., 1995). A study of traumatized youth shows a stronger association with positive outcome in a cognitive behavioral treatment condition (i.e., Trauma Focused Cognitive

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