



The working alliance between homeless young adults and workers: A dyadic approach☆☆☆☆☆☆☆☆



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ABSTRACT

The development of a strong working alliance between homeless young adults and their social workers is seen as a critical component in the recovery process. The purpose of this study was to examine the composition of the working alliance between homeless young adults and their social workers, and its association with self-determination, resilience and quality of life. A sample of 102 homeless young adults and 32 social workers from ten Dutch shelter facilities participated. Homeless young adults were interviewed twice: when entering the facility (baseline) and sixth months after baseline or when care ended earlier. Social workers were questioned about the working alliance at follow-up. Data were analyzed by using a one-with-many design. Results showed that homeless young adults who generally reported strong alliances with their social worker, do not have a social worker who generally reported strong alliances (generalized reciprocity). In addition, if a young adult reported to have an especially strong alliance with his worker, this worker did not necessarily reported to have a strong alliance in return (dyadic reciprocity). Homeless young adults who perceived a stronger working alliance with their social worker than other young adults, who were supported by the same social worker, improved more on self-determination than young adults who reported to have a weaker alliance. Our results indicate that the working alliance is important in achieving outcomes. A dialogical approach should be encouraged in which young adults feel valued and safe enough to express their expectations and to build a strong working alliance.

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1. Introduction

The importance of the therapeutic relationship in treatment, progress and outcome has been supported by research on a variety of treatment types (e.g. psychotherapy) and in different client populations (e.g. children, adolescents and adults) (Horvath, Del Re, Flückiger, & Symonds, 2011; Shirk & Karver, 2003). The quality of the therapeutic

alliance is considered to be an even better predictor of successful treatment outcomes than the content of the technique or intervention that is being used (Duncan, Miller, & Sparks, 2004; Horvath & Symonds, 1991; Horvath et al., 2011; Martin, Garske, & Davis, 2000; Safran & Muran, 2000; Wolf, 2012). Also, in the homeless young adult literature it is strongly emphasized, that the creation of a strong working alliance between homeless young adults and professionals, characterized by commitment, honesty and autonomy, is critical for achieving successful intervention outcomes, such as more self-reliance and independence (Bender, Thompson, McManus, Lantry, & Flynn, 2007; De Winter & Noom, 2003; Kidd, Miner, Walker, & Davidson, 2007; Thompson, McManus, Lantry, Windsor, & Flynn, 2006). A therapeutic- or working alliance has been described as a collaborative relationship between a client and a professional which comprises of two processes: a) the affective bond between client and worker based on trust and respect (the emotional connection), and b) the agreement between client and worker on the goals and tasks of the treatment (the cognitive connection) (Bordin, 1979; Karver, Handelsman, Fields, & Bickman, 2005). In shelter facilities, homeless young adults are typically assigned to a primary social worker who provides them with support and services during their

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support trajectories. This study extends previous research (Martin et al., 2000) by examining the affective bond between homeless young adults and workers, and the outcomes of service provision in a rehabilitation context, namely shelter facilities for homeless young adults.

A variety of reasons are associated with homelessness among young people. The most common reasons mentioned by homeless young adults to leave their homes are experiences of dysfunctional relationships or abusive family situations (Coates & McKenzie-Mohr, 2010; Edidin, Ganim, Hunter, & Karnik, 2011; Ferguson, 2009; Fransen, Handel, & Wolde, 2011; Thompson, Bender, Windsor, Cook, & Williams, 2010). While homeless, they are susceptible to (physical and sexual) victimization and to becoming involved in high risk behaviors (e.g. substance abuse) and criminal activities (e.g. drug dealing) (Bender, Thompson, Ferguson, Yoder, & Kern, 2014; Thompson et al., 2010). In addition, these young people are at high risk for a variety of adverse health outcomes (e.g. infectious diseases, depression) (Beijersbergen, Jansen, & Wolf, 2008; Edidin et al., 2011; Kelly & Caputo, 2007; Thompson et al., 2010). Although homeless young adults are in critical need of support, they often feel disconnected from other people and support systems, including the professional care system (De Rosa et al., 1999; De Winter & Noom, 2003; Whitbeck, Hoyt, & Ackley, 1997; Wolf & van der Laan, 2005). Because of the stress, trauma and negative experiences with previous (adult) relationships (Stefanidis, Pennbridge, MacKenzie, & Pottharst, 1992; Tavecchio, Thomeer, & Meeus, 1999) it may be difficult for them to build strong alliances with adults (De Rosa et al., 1999; De Winter & Noom, 2003; Eltz, Shirk, & Sarlin, 1995; Thompson et al., 2006). For this vulnerable group in particular, a strong working alliance is of great importance for attaining positive outcomes of support trajectories (Chinman, Rosenheck, & Lam, 2000). From the attachment perspective, it is essential to first establish an affective bond (Obegi, 2008), so that homeless young adults become more willing to accept help from a social worker and, hence, will become more motivated to work together on improvements in their lives (De Winter & Noom, 2003). This study, therefore, focuses on the affective bond, as an important facet of the working alliance, between homeless young adults and social workers.

Among homeless adults it was found that having a strong working alliance with a social worker is associated with a higher quality of life (Chinman, Rosenheck, & Lam, 1999; Chinman et al., 2000), improved social functioning (Goering, Wasylenko, Lindsay, Lemire, & Rhodes, 1997; Tsai, Lapidus, Rosenheck, & Harpaz-Rotem, 2013), and increased client satisfaction (Klinkenberg, Calsyn, & Morse, 1998). In addition, it has been suggested that a strong mutual working alliance promotes feelings of trust and safety (De Vries, 2008), through which experiences of self-determination may be fostered (Ritholz, Festinger, Siegel, & Stanhope, 2011; Thompson, Pollio, Eyrich, Bradbury, & North, 2004). Experiences of self-determination are essential for psychological growth, integrity and well-being (Deci & Ryan, 2000). The extent to which people experience self-determination depends on the degree of fulfillment of three basic psychological needs: autonomy, competence and relatedness (Ryan & Deci, 2000). The social environment where people live is important in the fulfillment of these psychological needs (Deci & Ryan, 2000). Many homeless young adults are psychologically disadvantaged as their self-determination is consistently hindered by their challenging living situation, including abuse, victimization, and limited social support. Shelter facilities should therefore provide an environment that encourages and strengthens the development of self-determination in homeless young adults as an important part of their recovery process (Bender et al., 2007; Thompson et al., 2004; Winter de & Noom, 2003). Promoting self-determination includes the support of opportunities for self-direction by the encouragement of goal setting, goal attainment and advocacy skills. Nowadays, self-determination is considered an important key principle guiding social work practice for homeless young people (Johnson & Pleace, 2016; Krabbenborg, Boersma, van der Veld, van Hulst, Vollebergh, & Wolf, 2015a; Straaten van, 2016). A positive association between a therapeutic alliance and self-determination has

been found among clients with mental health problems who received ambulatory care (Ritholz et al., 2011). Although, research into self-determination among homeless young adults is scarce, a positive association between self-determination and perceived quality of life was found in homeless young adults (Krabbenborg, Boersma, van der Veld, Vollebergh, & Wolf, 2015b). Whether the working alliance between homeless young adults and workers is related to experiences of self-determination is not known.

Homeless young adults are confronted with many stressful events and hazards in their lives. However, some of them are able to effectively cope with, or adapt to their stressful and challenging circumstances, show perseverance, self-reliance, and equanimity, and so can experience life as meaningful (Rew & Horner, 2003; Wagnild, 2010). Research on resilience indicated that resilient people have certain strengths and abilities to benefit from protective factors that help them to overcome difficulties and adverse life conditions (Zolkoski & Bullock, 2012). This framing of resilience as an ability implies that resilience is not stable over time. Rather, it is subject to change and can be optimized by strengthening five essential characteristics of resilience (resilience core): Meaningful life (purpose), Perseverance, Self-reliance, Equanimity, and Coming home to yourself (existential aloneness) (Wagnild, 2010). For homeless young adults, resilience can play a very important role at times of stress, victimization, and a lack of basic needs in preserving health and quality of life (Kidd & Shahar, 2008; Rew & Horner, 2003). As such, resilience has the potential to reduce the negative impact of (extreme) stressful life events. Social workers could foster homeless young adults' resilience by helping them to improve their ability to overcome health problems and adversities in their lives (Rew & Horner, 2003), which subsequently could lead to a higher quality of life (De Vries, 2008). In this study, we will therefore examine whether a strong working alliance between homeless young adults and their social workers indeed fosters their self-determination, resilience and quality of life.

The development of a strong working alliance is a mutual and dynamic process in which homeless young adults and social workers collaborate in order to address young adults' needs. Some studies have shown that when a client reports a strong relationship with a therapist, the therapist also reports a strong relationship with that client (Bordin, 1979; Fitzpatrick, Iwakabe, & Stalikas, 2005). This convergence of views on the alliance contributes to the quality of the therapeutic process (Cummings, Martin, Hallberg, & Slemmon, 1992; Kivlighan & Arthur, 2000; Marmarosh & Kivlighan, 2012). However, in therapeutic settings it has also been found that therapists and clients do not always have similar views on the alliance: Clients may perceive stronger working alliances than therapists or the other way around (Blum, 1998; Marcus, Kashy, & Baldwin, 2009). When looking at client outcomes, clients' views are more strongly related to outcomes than therapists' views (Fitzpatrick et al., 2005). Given the importance of the perception of both the homeless young adults and workers in the relationship, the alliance in this study has been considered from a dyadic perspective by using a one-with-many design (Marcus et al., 2009). This approach takes into account the hierarchical structure of the data and the potential reciprocity in ratings of the working alliance (Marcus et al., 2009). Each young adult is supported by a single social worker (the one), but social workers typically assist multiple homeless young adults (the many). The social workers are the upper level unit (level 2) and homeless young adults are the lower level unit (level 1).

As far as we know, we are the first to investigate the reciprocity of the working alliance between homeless young adults and their workers and its impact on outcomes in order to understand the association between these outcomes and a strong working alliance. The research questions of this study are:

- 1) When homeless young adults generally report strong alliances with their social workers, do these social workers also report strong alliances with all their homeless young adults (generalized reciprocity)?

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