

Child Welfare Clients' Perception of the Therapeutic Alliance:
Its Existence and Importance
Hannah C. Violette
Central California Area Social Services Consortium

Abstract

In response to the growing body of knowledge regarding the efficacy of a well-developed therapeutic alliance in affecting client attitude, participation, and outcomes in a clinical setting, this study examines current child welfare clients' perception of the existence of the therapeutic alliance between client and social worker and its impact on their attitude toward projected case outcomes. The research hypothesis predicted that a higher overall alliance score would be highly correlated to a high sense of hope and expectancy or a low sense of worry regarding case outcomes. Twenty-two active child welfare services clients were asked to complete the Working Alliance Inventory (WAI); 12 completed such. Quantitative results revealed a widely varied client perception of the therapeutic alliance. The hypothesis was supported with a correlation between a strong alliance and a low sense of worry about case outcomes. Such results were consistent with the findings of other researchers, suggesting that focusing on a strong therapeutic alliance between client and worker, within the field of child welfare, may improve case outcomes and benefit worker practice.

Introduction

Child welfare has long been considered an invasive, subjective field of social services. Itself being sprung from the animal protection movement in 1873 (American Humane, 2009), child welfare has struggled, since its inception, to gracefully and appropriately carry the weight of having significant power over the lives of families in its efforts to safeguard the health and well-being of children. The massive amount of legislation governing child welfare and the plethora of child welfare models reflect a long history of attempts at redressing cultural bias, prejudice, and even intimidation demonstrated by “professional” child welfare workers. Good, bad, or indifferent, each evolutionary change in policy, procedure, and practice constitutes a significant effort toward placing power back into the hands of families who are rendered powerless in the social service system. This has led to the development of a wide variety of client- and family-centered services; e.g., Team and Family Decision Making and Wraparound.

It has been widely recognized within the therapeutic community that the therapeutic model is only a small predictor of client change and success, representing approximately 15% (Johnson, 2008). A far greater predictor of change — at least 55% — is what clients bring to the therapeutic process, specifically, their sense of hope and expectancy, their own internal strengths, external resources, and their perception of both their world and the presenting problem. The remaining gap — 30% — is represented by the *working alliance between client and therapist*. It has been noted that “the amount of change attributable to the alliance is about seven times that of a specific model or technique” (Duncan et al., 2003, p. 4). The therapeutic alliance is considered to have three vital components: mutual agreement on therapy goals, an agreed upon understanding of tasks and responsibilities of both the client and the therapist, and a personal

bond between client and therapist which supports the first two components (Bordin, 1979, as cited in Bachelor, 1995).

Applying this notion of the therapeutic alliance to the context of child welfare services, one could surmise that the alliance between social worker and client, primarily the parent(s), would have a similar influence on case outcomes, regardless of the method of service delivery. One study on family participation within child welfare in the United Kingdom suggested that family participation and satisfaction — the goal of all the aforementioned service models — was negatively affected by poor worker-client alliances (Thoburn, Lewis & Shemmings, 1995). A later study concluded that further research in the area of worker-client engagement was merited as it appeared that the more successful worker achieved a higher level of engagement with the child welfare services client (engagement including, among other things, a working alliance). Clients experiencing higher levels of worker-client engagement were more likely to report a satisfying case outcome (Yatchmenoff, 2005).

In the ongoing quest to provide client centered services, the factor of the working alliance — *driven by individual worker practice* — cannot be ignored. The research presented suggest that effective worker-client relationships, *as defined by the client*, are vitally important to the success of any child welfare case (Drake, 1994), and may supersede the role of service delivery models. Thus the research questions guiding this study were, 1) *do current Child Welfare Services clients perceive the existence of a therapeutic alliance with their respective workers,* and 2) *does such have an effect on their experience as Child Welfare service recipients?* To answer these questions, the following areas were examined: 1) clients' perception of an existing

therapeutic alliance between themselves and their respective social worker; and 2) clients' perceived level of hope and expectation regarding the outcome of their case.

Literature Review

Historical Considerations

Considering the research promoting the importance of the therapeutic alliance, answering these questions may give insight into utilizing the therapeutic alliance not only in clinical, but also in case management settings. A positive connection between the worker-client alliance and positive case outcomes adds credence to the importance of child welfare program managers and supervisors ensuring that each worker is adequately trained in alliance building to help secure a foundation for truly effective client- and family-centered services.

The therapeutic alliance has been attributed to being highly useful with clients struggling with high distress and anxiety (Zetzel, 1956 & 1971); high distress and anxiety seem to be the hallmarks of child welfare clientele. Turnell and Edwards (1999) noted the importance of developing such an alliance by stating that developing cooperative relationships with a family system, not the use of coercion, was the best way to promote change.

Within Integrative Practice

Within the social work profession one will come across the *integrative practice approach*, an approach specifically addressing the promotion of change. This approach recognizes that certain "change factors" — those dynamics that have been recognized as effecting change — are external in nature and are quite often outside the locus of control of both client and worker. Such might include material resources, service availability (or lack thereof), and social support networks. From the integrative practice approach perspective, a social worker

does not affect direct change on a client, but capitalizes and builds upon existing change factors. One factor, in particular, can be manipulated: hope and expectancy (both together being two facets of the same change factor). Whilst a relationship, positive or negative, may have little or no impact over a client's inherent strengths, available resources, and personal paradigm, common sense dictates that such a relationship *would* directly impact a client's sense of optimism or pessimism regarding the situation at hand. It is also such a relationship on which collaboration rises or falls.

Previous Studies

The therapeutic alliance has been recognized as being second only to a client's sense of hope and expectancy in promoting and predicting the likelihood of change (Johnson, 2008). In a field so characterized by hopelessness and lack of compliance, a social worker's development of an alliance with a client can increase the client's degree of hope, even in those cases which are mandated (Hasenfeld and Weaver, 1996, as cited in Littell, Alexander, & Reynolds, 2001). This increased hope would serve to encourage full participation in and compliance with recommended interventions. Case plan compliance directly impacts child welfare case outcomes (Atkinson & Butler, 1996).

Recent child welfare studies have collected data on closed cases from *workers* or *former* clients following the completion of services. There has been limited study, however, examining the perceptions of active child welfare clients whose case outcomes are still pending. The findings presented in this summary may be unique in that all perceptions observed were that of active child welfare clientele, not yet at the outcome stage of service receipt. In true integrative practice fashion, the relationship between one change factor – the alliance – and another – hope and expectancy – was examined. Because the literature supports a stronger correlation between

client perception than staff perception of the alliance to outcome, client perceptions maintained the solitary focus of this research.

Methodology

Design

This study was quantitative, employing purposive sampling. Using the Working Alliance Inventory (*WAI*) — Client Version, a 36-item Likert scale survey asking various questions related to the quality of relationship between client and worker, as perceived by the client; 12 client participants' responses were collected. This scale contains three subscales that measure Task, Goal, and Bond, previously discussed as the three elements commonly regarded as essential in the establishment of a therapeutic alliance. The surveys were conducted over the telephone or in person; however, for those participants on this writer's caseload, surveys were sent by mail. All appropriate measures to protect human subjects were employed.

The *WAI* has a high degree of predictive validity; that is, it can reliably predict client based outcomes (Horvath & Greenberg, 1989). It has been suggested that the establishment of common goals is imperative during the early stages of treatment in establishing the alliance, because it is such a reliable predictor of positive treatment outcomes. Given that child welfare service timelines are relatively short (6 - 12 months), it seemed reasonable to use this instrument in examining the overall client perception of the alliance, as well as the strength of the Goal subscale as related to clients' degree of comfort or worry (item number three on the tool) regarding their case outcome.

Results

Participants' responses were quite varied, indicating that every client experiences a radically different relationship with his or her respective worker; some positive, some negative.

In examining the subdomain breakdowns, it appeared that both clients and workers generally agree on the target (*Goal*); as to how they reach that goal (*Task*), however, there was less agreement, and even less of a perceived sense of partnership (*Bond*) for reaching those goals. Of note was the large number of questions addressing case plan objectives that received positive responses, suggesting that clients and workers were successfully collaborating to establish appropriate service objectives (see Table 1).

Table 1

Response Results for Total Alliance and Subscales

	Total Scale	Goal Scale	Task Scale	Bond Scale
Mean	191.5	64.27	66.45	62.20
Mode	136.00	66.00	54.00	39.00
Standard Deviation	37.42	14.12	8.04	15.94

As shown in Table 2, the two highest scoring questions were, "The goals of our meetings are important to me," and "I find what my social worker and I are doing in our meetings is unrelated to my concerns."

Table 2

Questions Receiving Participant's Highest Ratings

Question	2	13	14	15	18	24	32	35
Mean Response	6.00	6.33	6.83	6.45	6.00	6.33	6.08	6.00

Note: 2=My social worker and I agree about the things I will need to do...to help improve my situation...;

13=I am clear on what my CWS case plan responsibilities are;

14=The goals of our meetings are important to me;

15=I find what my social worker and I are doing in our meetings is unrelated to my concerns;

18=We agree on what is important for me to work on;

32=We have established a good understanding of the kind of changes that would be good for me...;

35=I believe the way we are working with my problems is correct

The contradiction between the clients' desire to have productive meetings with their workers and their perception that such encounters were not meeting their needs, suggest that there is at least some degree of disconnect between workers and clients; in fact, the *Bond* scale had the lowest subdomain rating. This is interesting to note that, in light of Horvath and Greenberg's (1989) findings, it is the strength of *Bond* that is most important to ongoing successful case progression.

The sample size was small ($N=12$); thus, Spearman's rho was chosen to address the strength of association between the therapeutic alliance (overall score) and participants' perceived level of hope and expectation regarding their case outcomes. In all instances, no matter which subdomain was correlated against participants' sense of expectation regarding their case outcome, the result was statistically significant at the 0.01 level. Since the three subscale correlations were not significantly different from each other, it can be surmised that no one subdomain is any more or less important than another, and that *Goal*, *Task*, and *Bond* should be developed equally throughout the life of a client's case. The significant correlation between the total alliance score and participants' degree of worry (the opposite of hope and expectation) supports this writer's hypothesis: the stronger the therapeutic alliance, the greater will be a client's sense of hope and expectation. Conversely, the weaker the alliance, the more negative a client's outlook is likely to be.

Table 3

Strength of Association between Alliance Scores and Clients' Sense of Hope & Expectation

	I am worried about the outcome of my child welfare case	Total Scale	Goal Scale	Task Scale	Bond Scale
Spearman's rho		.785	.782	.757	.754

Overall, the data show that, in response to the research question, current child welfare clients do not perceive a strong therapeutic alliance between themselves and their respective workers. Table 3 displays that, however weak or strong the therapeutic alliance might be, such an alliance is *significantly* correlated with their level of hope and expectancy, which the literature suggest is associated with case outcomes.

What this study suggests is a correlation between the strength of the alliance and a client's attitude, similar to the correlation, documented in previous research, between the alliance and actual case outcomes. Common knowledge of human behavior naturally suggests that the more positive one's attitude is, the more one might be able and willing to engage with a child welfare worker and more fully participate in case plan activities, thus increasing the likelihood of meeting case plan objectives and experiencing positive case outcomes.

Study Limitations

This study was conducted with an extremely small sample (N=12), reflecting the small size of the focus county's overall client population. Worker turnover during the study was also reflected in participants' response, as several were becoming accustomed to a new worker-client relationship. With that said, however, even the limited findings of this study suggest possible areas of further research on both local and more global levels.

Discussion

Practice Implications

The findings of this study strongly suggest to this writer two things: 1) alliance building does not appear to be part of current child welfare worker practice; and thus, 2) neither clients nor workers are currently experiencing the benefit and rewards that come from such an alliance, personally or professionally. From the local agency level where social worker supervisors train

new workers, to regional training and university-based BSW and MSW programs, an understanding of and practice in developing the therapeutic alliance should be woven into every fiber of curriculum, and in the practicum environment. The ability to develop a strong working alliance with clients may be pivotal to influencing other change factors, particularly hope and expectancy which is so strongly tied to successful outcomes. With increased client success would come increased social worker satisfaction and decreased worker burnout and turnover.

To maximize the benefits of the therapeutic alliance, ongoing research should be conducted as to the overall perception of the therapeutic alliance from both the clients' and workers' perspectives. In addition to the *WAI*, a tool such as the Session Rating Scale (Duncan et al., 2003) might be useful in monitoring each worker's attunement and responsiveness to their respective clients after each contact, particularly in light of the overall participant perception that meetings with their workers are not particularly effective.

To bridge the gap between current understanding of the importance of the therapeutic alliance and its implementation within child welfare, the question must be asked, "Are there certain types of clients who are unable to contribute to a therapeutic alliance?" This writer has been forced to consider that it is quite possible for a social worker to be conscientious, sensitive, and alliance oriented in her practice, yet encounter clients who are either unable (due to mental health, substance abuse, or personality issues) or unwilling to engage in the mutuality of alliance building.

Policy Implications

Additionally, there must go an understanding of the therapeutic alliance and its importance to the client and worker at all levels of management. As the primary legal obligation of child welfare services is to, literally, "provide services," it seems to follow that creating an

atmosphere that is conducive to partnership and collaboration is vital. To do this, however, a dramatic re-visioning of the role of child welfare services would be necessary at all levels of government, abandoning the confrontational "soft cop" model, in favor of a model that demonstrates, from the top down, compassion, empathy, and firm support of clients struggling with the praxis process: self-examination, dialogue, reflection, and responsive action.

Social work is steeped in the ethical values of recognizing and helping those in need, challenging social injustice, and respecting the inherent worth and dignity of every human being, no matter how "difficult" some human beings may be (NASW, 2008). All this results from the valuation of not policy and procedure, but of *human relationships*. It is up to each individual worker to have strongly developed senses of ethics *and vocation* that will lend themselves to the development and nurturing of the therapeutic alliance. Changes in policy are most likely to occur as increased numbers of workers practice accordingly and produce evidence supporting the use of the therapeutic alliance, thus leading to more productive client work, more fulfilled workers, increasingly frequent positive case outcomes, and, ideally, the usage of fewer monetary resources. Such a positive feedback loop will most certainly lend itself to the re-invention of a child welfare system that, through the development of skilled, compassionate, and ethical workers, gracefully balances the protection of children, as well as the honoring of even the most struggling family.

REFERENCES

- American Humane, 2009. *The story of Mary Ellen*. Retrieved December 2, 2009, from <http://www.americanhumane.org/about-us/who-we-are/history/etta-wheeler-account.html>
- Atkinson, L. & Butler, S. (1996). Court-ordered assessment: Impact of maternal non-compliance in child maltreatment cases. *Child Abuse & Neglect*, 20(3), 185-190.
- Bachelor, A (1995). Clients' perception of the therapeutic alliance: A qualitative analysis. *Journal of Counseling Psychology*, 3(323-337).
- Drake, B. (1994). Relationship competencies in child welfare services. *Social Worker*, 39(5), 595-602.
- Duncan, B.L., Miller, S.D., Sparks, J.A., Claud, D.A., Reynolds, L.R., Brown, J., & Johnson, L.D. (2003). The session rating Scale: Preliminary psychometric properties of a "working" alliance measure. *Journal of Brief Therapy*, 3(1), 3-12.
- Horvath, A.O. & Greenberg, L.S. (1989). Development and validation of the Working Alliance Inventory. *Journal of Counseling Psychology*, 36, 223-233.
- Johnson, J. (2008). *Integrative Practice*. Unpublished manuscript. Department of Social Work, California State University Stanislaus, Turlock, California.
- Littell, J.H., Alexander, L.B. & Reynolds, W.W. (2001) Client participation: Central and underinvestigated elements of intervention. *Social Service Review*, 75(1), 1-28.
Retrieved from <http://www.jstor.org/stable/30012772>.
- National Association of Social Workers. (2008). *NASW Code of Ethics*. Washington, D.C.: NASW.
- Thoburn, J., Lewis, A. & Shemmings, D. (1995) Family participation in child protection. *Child Abuse Review*, 4(3), 161-171.

Turnell, A. & Edwards, S. (1999). *Signs of safety: A solution and safety oriented approach to child protection casework*. New York: W.W. Norton & Company, Inc.

Yatchmenoff, D.K. (2005). Measuring client engagement from the client's perspective in nonvoluntary child protective services. *Research on Social Work Practice, 15*, 84-96.

Zetzel, E.R. (1956). Current concepts of transference. *International Journal of Psychoanalysis, 37*, 369-378.

Zetzel, E.R. (1971). A developmental approach to the borderline patient. *American Journal of Psychiatry, 127*, 867-871