The Effects of Specific Alliance-Building Techniques on the Parent-Therapist Alliance in Attachment-Based Family Therapy

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Family Therapy Research shows:

- A good parent-therapist alliance is associated with improved treatment retention (Knaus, Whiteley, & Marcusen, 2016; Hartel, D. M. Diamond, G., & L. L. Lee, 2015; Robbien, et al., 2007); and overall outcome (Stopen, Duker, Case, & Liddle, 2005; Johnson, Whiteley, & Kring, 2015; Shelef, et al., 2005).

- Splits in alliance (i.e., good parent alliance vs. poor adolescent alliance; et al.) are associated with earlier termination (Fick, Turner, Waldron, Reed, & Gonsiktn, 2005; Robbien, et al., 2007; Duker, Turner, & Moore, 2001).

- Models (Multi-Dimensional Family Therapy) which include individual sessions to develop individual goals are less likely to result in early dropout due to split alliances than models (Brief Strategic Family Therapy and Functional Family Therapy) which work almost exclusively in a conjoint format (Robbien, et al., 2007).

- Attachment-Based Family Therapy (ABFT) (C.S. Diamond, Lory, Israil, & A. M. Hammond, 2005) prescribes individual sessions with parent and adolescent with specific techniques and content areas to develop the alliance and advance the goals of therapy.

- In the first parent-alone session in ABFT, recommended interventions (relationship facilitation or attachment-oriented) have the desired effect when the alliance is good, but not when the relationship is poor (Duker, Turner, & Moore, 2001).

- There is no research on how the techniques or content prescribed for the individual sessions in ABFT affect the alliance.

- The inclusion of techniques in a treatment manual should be justified by research on those techniques (Knaus, 2005; Sectak, Rolly, & Kleinert, 2003).

Methods

- ABFT is a manualized, family-based, developmentally and empirically based therapy model designed to treat depressed and suicidal adolescents and their families.

- ABFT addresses multiple domains, e.g., adolescent’s psychological functioning, parent behavior, the quality of the parent-adolescent attachment relationship, and the family’s relationship with extra-familial contexts.

- Treatment involves five interrelated, sequential tasks:
  - Preparation
  - Competency
  - Preparation
  - Competency
  - Preparation

- Sample demographics do not match general population, potentially limiting generalizability.

- Parent Alliance

The change in the alliance was calculated between Baseline and the distinct points during the PABT.

- Multigenerational

- Therapists:
  - Four European American.

- Participants:
  - 14 adolescents (gender, age M = 15.75 SD = 1.2; Race - 37% African American, 29% European American, 14% Other. Sexual orientation - 28% gay/lesbian, 43% bi-sexual, 29% heterosexual. Adolescents had clinical levels of suicidal ideation (SIDI) > 31).

- There was a significant increase in the alliance between baseline (M = 13.25, SD = 4.40) and the end of treatment (M = 17.75, SD = 4.66).

- There was no significant correlation between the parent alliance and changes in the alliance in the first half of the PABT.

- Components of PABT that are not associated with improvement in adolescent outcomes include alliance (e.g., good parent alliance/poor adolescent alliance; et al.) are associated with earlier termination (Fick, Turner, Waldron, Reed, & Gonsiktn, 2005; Robbien, et al., 2007; Duker, Turner, & Moore, 2001).

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Results

Because this is a pilot study, results are reported at p < .05 to avoid missing areas for further study.

- Adolescents showed a reduction in depression between Intake (M = 28.75, SD = 12.03) and Termination (M = 17.75, SD = 15.66). (1) t(61) = 3.86, p = .002. Adolescents showed a reduction in depression between Intake (M = 27.07, SD = 5.46) and Termination (M = 5.14, SD = 6.21). (1) t(61) = 4.29, p = .001.

- There were no significant changes in suicidal ideation between Intake (M = 13.25; SD = 4.40) and the end of the first PABT session (M = 17.75, SD = 3.66). (1) t(61) = -2.05, p > .044.

- There was no significant correlation between the parent-therapist alliance (at any point of measurement) or treatment; or the change in depression or suicidal ideation.

- There was no significant correlation between any component of the PABT and the change in depression or suicidal ideation.

- There was a significant positive correlation between the Multi-Generational, Commitment, and the Total score, and the change in parent-adolescent and changes in the alliance in the first half of the PABT (See chart).

- There was a significant positive correlation between the Multi-Generational, Commitment, and the Total score of the component adherence and changes in the alliance in the first half of the PABT (See chart).

Discussion

- This study suggests that in ABFT, the alliance with parents improves in the first half of the PABT when there is a thorough discussion of certain content areas (Multigenerational and Commitment Components).

- The study also suggests that a thorough discussion of the Preparation Component, as well as the overall use of the content of the PABT, increases the likelihood that the family will stay in treatment longer.

- Components of the PABT that are not associated with improvements in the alliance may still contribute to the success of therapy with motivating and preparing the parent for subsequent work with the adolescent; or through providing a corrective emotional experience for the parent in that session.

- Research on the relationship of the alliance in family therapy shows that individual alliances are rarely sufficient to predict outcome or retention in family therapy. This study only had the adolescent as the participant.

- Small sample size limits reliability of findings.

- Sample demographics do not match general population, potentially limiting generalizability.

- Few (two) highly trained therapists provided most therapy. This limited the likely variance in the provision of therapy, making it more difficult to detect variation based on the use of techniques.

- Both of the observational instruments used in this trial are new.

- This pilot study used a lower level of significance (p ≤ .05) to avoid Type 2 error, but increasing possibility of Type 1 error.

References


