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Juvenile Sex Offenders and Therapeutic Alliance: The intricate dynamics of alliance in relation
to attachment, trauma, and religion

Rian M. Bovard-Johns

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Running head: Juvenile Sex Offenders' Alliance, Trauma, and Attachment

Alliance with Juvenile Sex Offenders: How alliance is affected by current client variables of
trauma symptoms and attachment functioning

Rian M. Bovard-Johns

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Abstract

Therapeutic alliance is the most influential predictor of successful treatment with trans-theoretical capacity. Alliance is directly influenced by client variables which are unique to clinical context. Initial research has evidenced the effectiveness of alliance with adult sex offenders and delinquent youth. The present study extends research, incorporating variables unique to juvenile sex offenders in corrections facilities. Predominant client variables of trauma symptoms and attachment patterns are measured for 332 adjudicated male sex offenders' alliance with staff. The results reveal a significant relationship ($F = 8.7, DF = 171, p < .000$) between youths' attachment to peers and communication with fathers that positively predicts alliance and that anxiety based on trauma negatively predicts alliance. Implications future research and treatment are provided.

Literature Review

In contemporary psychotherapy, alliance serves a vital role in the therapeutic process as evidenced in clinical theory (Bowlby, 1988; Fried, 1912; Greenson, 1965; Luborsky, 1976; & Rogers, 1957) and research (Horvath & Luborsky, 1991; Horvath & Symonds, 1991; 1994; Luborsky, 1976; Marziali, Marmar, & Krupnick; 1981). The conceptualization of alliance originated in psychoanalytic theory; however, currently is a transtheoretical phenomenon to describe the quality and efficacy of the rapport between client and therapist. Through alliance, mutual trust, efficacy, and objectives of treatment can be established (Horvath & Symonds, 1991). The therapeutic alliance creates the healing power (Yalom, 1980) which is a necessary foundation (Bordin, 1979) and may serve as the primary means to therapeutic success (Horwitz, 1974). Recent researchers continued to illustrate that therapeutic alliance is the strongest predictor of successful treatment outcome and the most critical change agent (Orlinsky, Ronnestad, & Willutzki, 2003).

Horvath and Luborsky (1993) hypothesized that strong alliance contributes to clients continuing treatment and to successful outcomes. Indeed, successful treatment outcome appears to be a function of the strength of the working alliance. The foundation and maintenance of a positive therapeutic alliance appears influential in treatment outcomes across myriad theoretical and treatment interventions (Bordin, 1979; Horvath & Luborsky, 1993).

Most alliance researchers have assessed the quality of alliance as related to therapeutic change and success (Horvath & Symonds, 1991). Numerous client and therapist variables affect the development of therapeutic alliance. In Horvath and Symonds's (1991) meta-analysis of alliance research, several themes of client variables appeared to impact alliance, such as,

intrapersonal dynamics, interpersonal skills, and the diagnostic features. For example, a common intrapersonal dynamic for clients in some populations is the presence of trauma symptoms that may impede alliance (Herman, 1992). Also in regard to interpersonal skills and attachment functioning there appears to be a correlation between poor helping alliance and a client's difficulty maintaining social relationships (Moras & Strupp, 1982), poor family relationships (Kokotovic & Tracey, 1990), and poor object relations (Piper et al., 1991). Clearly, a client's fractured relational attachments and interpersonal skills impinge on their ability to create rapport within the therapeutic dynamic. Client variables vary significantly based on the presenting issues and the treatment environment; therefore, further research is needed to investigate the variables that affect a beneficial alliance (Horvath & Luborsky, 1993) specific to context and population.

Alliance Research in Corrections

As presented, attention to therapeutic alliance has developed through the general psychotherapy literature and research, although these concepts are in gestation with sex offender treatment and rehabilitation. Researchers have begun assessing therapeutic alliance with adult sex offenders, in individual and group treatment outcomes, with the juvenile non sexual offenders, and have just begun to do so with juvenile sex offenders in determining the significance and factors contributing to alliance (Holmqvist, Hill, & Lang, 2007).

Current research on treatments for adult sexual offenders indicates that therapeutic alliance accounts for over 40% of the variance of outcome effectiveness in individual treatment (Marshall et al., 2003). The strength of the group climate, the therapeutic cohesion between

clients and group leaders, also appears to enhance treatment effectiveness (Beech & Hamilton-Giachristis, 2005). In summarizing findings from a series of pilot studies evaluating the role of process variables in treating adult sexual offenders with CBT programs, Drapeau (2005) presented that effective alliance between therapist and clients is a primary factor in maximizing treatment benefits. Provided that treatment effectiveness is heavily influenced by the therapeutic alliance, further research is needed to assess the alliance, and the factors that affect it, (Serran, Fernandez, Marshall, & Mann, 2003). Marshal et al. (2003) state that theoretically the process variable of alliance is important in the treatment of adult sexual offenders; however, empirical support is continually needed.

In research with non sexual offending juveniles, stronger therapeutic alliance was associated with better psychotherapeutic outcome measure (Richards & Sullivan, 1996) and with less recidivism (Florsheim et al., 2000). Holmqvist, Hill, & Lang (2007) evaluated whether alliance was a major variable in determining treatment outcome with a criminal adolescent population. The researchers' analyses suggested no significant correlation between alliance scores when using the Helping Alliance Questionnaire (HAQ) (Luborsky, McLellan, & Woody, 1985) and outcomes measures. They elaborate that potentially aspects of alliance may be attributed to outcome; however, that there may also be dimensions of alliance that negatively affect treatment outcomes. These initial research efforts highlight the uncertainty of current research and the importance of assessing alliance in psychotherapy within a juvenile correctional setting.

There is minimal alliance research with juvenile sex offenders (Holmqvist, Hill, & Lang, 2007). Psychotherapy in the context of treatment with youth sexual offenders entails a multitude

of unique dynamics on behalf of the client, therapist, and treatment setting that differ in process and outcome from the mainstream therapeutic alliance literature. For example, clients are mandated for treatment thus making alliance potentially more challenging for therapist and youth.

As stated, establishing a therapeutic alliance is influenced by the client variables of intrapersonal dynamics and interpersonal skills such as trauma symptoms (Herman, 1992) and attachment style (Ainsworth, 1989; Bowlby, 1988). Both insecure attachments and exposure to traumatic experiences hinder a sense of connection with others, a sense of safety, and an ability to engage and trust. As a result, formation of an alliance within this context brings increased challenges and complexities to the treatment since the foundation of alliance is creating safety and trust to accomplish therapeutic success. Given the high prevalence of youth sexual offenders with trauma symptoms and impaired attachment functioning, further assessment of how these presentations affect the treatment alliance is necessary.

Trauma

Children and adolescents exhibiting sexually abusive behavior tend to have histories of severe abuse, neglect, and other traumatic experiences prior to the convicted offense (Burton, 2000, 2003; McMakin et al., 2002; Ryan & Lane, 1997). Male adolescents presenting with sexually abusive behavior have been sexually victimized three to four times the amount comparative to the general male adolescent population (Watkins & Bentovim, 1992). Youth involved in the juvenile justice system have up to an eight times higher rate of trauma symptoms than the general population (Briere, 1997; Wolpaw, et al., 2005). Although etiological contributors to sexual and nonsexual offending for juveniles are multi-factorial (Finkelhor, 1984;

Ryan & Lane, 1997), research suggests traumatic stress symptoms affect juvenile offending and responsiveness to rehabilitation (Newman, 2002).

Exposure to traumatic event(s) has the capacity to banish a child's sense of safety, purloining a range of psychosocial and neurological benefits that require a sense of security. Traumatizing experiences can have prolonged psychological effects. Psychological trauma, caused by acts of people and nature, has occurred throughout time; however, psychologists' attention to trauma has diminished and intensified over time (Herman, 1992; van der Kolk, 1987). Significant progress has developed in understanding the complexities of the exposure to trauma (Creeden, 2006). Van der Kolk (1987) explains that psychological trauma occurs when one loses a sense of safety, internally or externally, resulting in a continued state of helplessness. The *DSM-IV-TR* (2000) defines trauma as any direct experience of perceived or actual threat of severe injury or death of one's self or another which results in intense fear, helplessness, or horror.

Depending on the dynamic composition of multiple internal and environmental variables, exposure to traumatic event(s) may lead to the presentation of psychological trauma symptoms and posttraumatic stress disorder (PTSD). PTSD and degrees of traumatization affect and may serve as etiological factors to developmental delays (Davies, 2003) in cognitive, language, emotional, and motor development (van der Kolk, 1987), attachment impairments and difficulties (Ainsworth, 1969; Ainsworth et al., 1978; Bowlby, 1988; Crittenden & Ainsworth, 1989; Webb, 2003), structural and functional neurological consequences (Creeden, 2006; Teicher et al., 2002; van der Kolk, 1987; 2003), dysregulation in mood (Linehan, 1993), and psychological functioning (Allen, 2003; Herman, 1992; Finkelhor, 1986; van der Kolk, 1987).

Traumatized children have difficulty modulating aggression towards others and themselves which may be a result of an automatic psychological consequence of the inability to modulate physiological arousal when presented with any range of threatening stimuli, moderate to severe (van der Kolk, 1987). Clearly these multiple intrapersonal dynamics of trauma have long term effects that impede current functioning in everyday life and treatment responsiveness.

Attachment

From a meta-analysis of recent research, interpersonal skills were a predominant client variable that contributed to successful alliance (Horvath & Symonds, 1991). Alliance appears to be correlated with interpersonal social and family relationships (Kokotovic & Tracey, 1990; Moras & Strupp, 1982; Piper et al., 1991). The initial interaction between infant and parent is theorized as the foundation for later internal working models, cognitions, and affect (Ainsworth, 1989; Bowlby, 1988; Crittenden, 1995; Main & Soloman, 1990). Ainsworth (1989) describes affectional bonds as an internal organization of functioning in pursuit of maintaining closeness, security, and comfort with attachment figures. Secure attachment functions to maintain survival through having a sense of safety, regulating affect and arousal (Stern, 1985), emotional expression, and provides a base for exploration (Davies, 2003). Research evidenced that the infant/parent attachment dynamic laid the foundation for future working models, internalized cognitions and expectations, (Bowlby, 1988) and attachment patterns through the lifetime; such as with family members, sexual/intimate relationships, peers, and therapists (Ainsworth, 1989; Bowlby, 1988).

Ruptures that occur in care giving or in the environment during early childhood often result in a type of insecure attachment organization (Ainsworth et al., 1978; Bowlby, 1969,

1984). Such factors include trauma (Main & Soloman, 1990), neglect and physical abuse (Crittenden & Ainsworth, 1989), loss (Bowlby, 1969), sexual abuse (Cicchetti & Toth, 1995; Friedrich & Sim, 2006), and violence (Bowlby, 1984). Consequently, these insecure attachment patterns cause dysregulated internal working models of cognition and affect (Crittenden, 1995), behavioral problems (Soloman, George, & De Jong, 1995), and psychopathology (Cicchetti & Toth, 1995; Crittenden, 1995).

The quality of adolescent attachments with parents and peers is significantly related to psychological well being (Armsden & Greenberg, 1987) and may contribute to aggressive behavior (Simons, Paternite, & Shore, 2001). In particular from a developmental-contextual perspective of abusive behavior, fractured and compromised attachment bonds can result in an internal working model that is consumed by loneliness, isolation, objectification, and lack of empathy and trust; all of which are characteristics of juvenile delinquency and sexualized compensatory behaviors (Ryan & Lane, 1997). It has been theorized that fractured attachment bonds and internal working models may contribute to sexually abusive behavior (Mulloy & Marshall, 1999; Rich, 2006; Ryan & Lane, 1997; Smallbone & Dadds, 2000). The literature repeatedly supports that juvenile sex offenders have compromised attachment styles; although, the role of attachment in treatment of sexually abusive behavior is uncertain (Rich, 2006).

Based on the literature, multiple dynamics affect therapeutic alliance that are unique to the client population and context. As discussed, predominant client variables for juvenile sex offenders frequently consist of compromised attachment styles and the presentation of trauma symptoms. Evidence suggests that these client variables affect interpersonal skills and intrapersonal dynamics which may interfere with alliance. Research is required to alleviate the

deficit of alliance research with juvenile sex offenders. The present study, therefore, evaluates how therapeutic alliance with juvenile sex offenders is related to their trauma symptoms and their current attachment functioning with peers and parents.

Methods

Participants

At the time of the initial data collection there was a sample of (N = 332) adjudicated male sexual offenders who participated. All subjects reported as U.S. citizens residing in Ohio at time of commitment, from urban and rural environments. Fifty percent of the juvenile sex offenders indicated their race as Caucasian (n = 156), 29% African American (n = 90), and 13% Other (n = 43). An additional 13% of respondents (n = 43) did not report race. The average age of the juvenile sexual offender sample (N = 332) was 16.70 years ($SD = 1.65$ years) ranging from 12 to 20 years. Participants were on average in the 9th grade ($SD = 1.63$ years) and ranged from sixth grade to college level academically. The incomplete assessments were not included for the analysis. Therefore participants for the present study consisted of 321 male juvenile sex offenders who indicated traumatic symptoms on the Childhood Trauma Questionnaire (Bernstein et al., 1994).

Measures

Alliance.

The Penn helping alliance scales originated from a psychodynamic perspective through Luborsky's formation of theorizing and researching alliance (Luborsky et al., 1985). Piloted

research was conducted (Marziali, Marmar, & Krupnick, 1981) to create the formation of the initial *Helping Alliance Questionnaire* (HAQ-I) (Luborsky, McLellan, & Woody, 1985), which since has been modified and improved in the HAQ-II (Luborsky et al., 1996). The HAQ-I is a frequently used assessment of the alliance strength between client and therapist. The research design for this study defined alliance as the sum of the youth's rapport with facility staff, support and clinical. The HAQ-II consists of 19 items rated on a six point Likert scale. The measure is self-report entailing versions for the client and therapist. The HAQ-II has good internal consistency and test-retest reliability in both versions. It also presented high convergent validity with the other frequently used measure the CALPAS (Luborsky, et al., 1996). In the current study the measure shows good reliability (Chronbach's alpha = .88) for the total score.

Trauma.

Trauma symptoms were measured with the *Trauma Symptom Checklist for Children* (Briere, 1996), an assessment to measure current trauma symptoms specifically for youth ages 8-16 years old. It is a standardized and effective measure for youth who have been exposed to traumatic events in clinical and nonclinical populations and juvenile justice settings. The TSCC has been found to be internally consistent and reliable and is the most frequently used trauma symptom measure in North America (Wolpaw et al, 2005). In the current study, Chronbach's Alpha for all scales was acceptable ranging from .72 for Sexual Abuse to .82 for Sleep Disturbance (See Table 1).

Attachment.

The *Inventory of Parent and Peer Attachment (IPPA)* (Armsden & Greenberg, 1987) is an adolescent self report measure that assesses the quality of attachment with the mother, father, and peers in regard to perceptions of affective and cognitive working models, psychological security, trust, communication, and anger. The IPPA is scored using reverse-scoring and produces three attachment measures pertaining to each bond – mother, father, and peers. The measure has strong internal reliability and validity (Armsden & Greenberg, 1987). Chronbach's alpha was acceptable for all of the scales with the exception of peer alienation which was not used in further analysis (See Table 2).

Procedure

The data collection process entailed administering written surveys to youth in group settings in six juvenile facilities across Ohio in 2002. The survey consisted of multiple self report measures assessing static and psychological treatment variables. During the data collection youth were supervised by facility staff and assisted with questions as needed by volunteer social work students and professionals. As determined by youth's reading skill levels, some surveys were read aloud and the youth responded in writing.

Analyses

Trauma symptoms and attachment scales were regressed onto the total helping alliance score using stepwise regression due to a lack of prior hypotheses regarding specific attachment and trauma symptom scales.

Results

The regression was significant ($F = 8.7$, $DF = 171$, $p = .000$) with attachment to peers, communication with father, and anxiety based on trauma predicting helping alliance with staff (See Table 3: Summary of Regression Analysis). Unsurprisingly attachment to peers and communication with fathers positively predicted alliance, whereas anxiety based on trauma negatively predicted alliance with the staff of the facility.

Discussion

Generally, these results are consistent with the literature and research on trauma and attachment in relation to alliance. The results are also consistent with Horvath and Symonds's (1991) meta-analysis of client inter and intra personal dynamics as significantly affecting alliance. The results are significant and the first unique to this population: current trauma symptoms and attachment functioning do relate to working alliance with juvenile sex offenders.

It is understandable that anxiety based on trauma interferes with alliance formation and development in new relationships that may be perceived as threatening based on past interpersonal trauma (Herman, 1992) and given the neurological deficits and physiological responses in modulating arousal based on perceived threat (Teicher et al., 2002; van der Kolk, 1987). Therefore, with juvenile sex offenders challenges could arise in establishing an alliance in that heightened anxiety based on trauma would impede alliance.

In regard to the client variables of attachment functioning with fathers and peers, it is important to remember the context of the youths' environment in facility. It's plausible that youths' communication with their fathers predicted positive alliance because the majority of the

facility staff whom they communicate with were males. In a general sense, parental attachment has previously been noted as an important contributor to adolescent psychological well being (Armsden & Greenberg, 1987) and associated with alliance (Kokotovic & Tracey, 1990; Piper et al., 1991). Although for this population, the notion that these youth have strong communication with their fathers is approached with skepticism: given that the measure is a self report survey, this reflects their desire or idealized interpretation of the communication rather than the actual, since most frequently, paternal relationships within this population are minimal to non-existent. If this were the case, there could be a relationship between these significant client variables that affect alliance: clients could be experiencing a specific or generalized anxiety reaction to male staff, given that most of their abusers were male, which would increase their anxiety based on trauma and increase their need to psychologically defend against this anxiety. Similarly, if youths' communication with their fathers is an actual reflection of the dynamic between the youth and their father figures, then perhaps they would feel more comfort, or an ability to extend that transference onto the male staff more easily than youth who didn't have a strong communication with their fathers.

In looking further into the client variable of overall attachment with peers predicting positive alliance, there are several interpretations to consider. It makes sense that peer attachment is the primary relationship in these youths' immediate environment in the facility and due to their developmental stage. A primary task of adolescent development is to connect with peer groups (Davies, 2003) and peer relationships affect therapeutic alliance (Moras & Strupp, 1982). Perhaps youth with higher levels of peer attachment who contribute to alliance, are also more within their developmentally appropriate range: if so these dynamics could also be

contributing to therapeutic alliance in terms of cognitive and language development. Also important to consider is that peer attachment predicted alliance, whereas parental attachment did not. This result could be support for these youth having further resiliency to create new relationships. It's possible that the youth, within these new attachment bonds, increased in their secure attachment functioning, thus developing more positive internal working models from their families of origin. Perhaps these dynamics of resilience and the protective factors of positive peer attachment are the underlying occurrences that are affecting positive alliance.

Research Implications

The present study contributes to the increasing body of research on alliance with juvenile sex offenders and the general alliance literature. Prior to this study, research had not addressed alliance with juvenile sex offender and the client variables that affect alliance (Holmqvist, Hill, & Lang, 2007; Prescott & Longo, 2006). Additionally, alliance research was minimal to date with delinquent youth (Florsheim et al., 2000; Richards & Sullivan, 1996) and adult sex offenders (Marshall et al., 2003).

Clinical Implications

Treatment and rehabilitation implications for juvenile sex offenders may be applicable from the findings of this research. The primary treatment implication is to recognize and treat client variables specific to juvenile sex offenders that will increase positive alliance and therefore potentially also increase treatment effectiveness in multiple areas, such as, decreasing recidivism, sexual abusive behavior, and positively influence psychological functioning. Identifying the client variables that significantly influence alliance may provide the opportunity to implement

further best practices in the field that are needed (Prescott & Longo, 2006). Therefore, specific interventions regarding trauma and attachment challenges are discussed to address these client variables that most contribute to the prediction of alliance based on the findings from this research.

Decreasing anxiety based on trauma for juvenile sex offenders needs to be a primary focus to manage anxiety symptoms and to begin to deconstruct the obstacles inhibiting alliance. Several therapeutic interventions and techniques could be utilized, such as, cognitive-behavioral therapy (Alexander, 1999; Worling & Curwen, 2000), dialectical behavioral therapy (Linehan, 1993), and psychodynamic practices (Allen, 2001; Berzoff, Melano Flanagan, & Hertz, 2002; Wachtel, 1993). Also, to decrease anxiety, there is evidence of successful incorporation of mindfulness (Brantley, 2005; Lazar, 2005) and yoga (Watts, 2000) practices that may have multiple neurological, physiological, psychological benefits (Creeden, 2006). Each of these innovative approaches has initial research support in correctional settings: yoga, contributing to psychological well-being for adolescent sex offenders (Derezotes, 2000) and mindfulness-based stress reduction in an adult correctional setting (Samuelson, 2008).

Attachment and communication with father could be strengthened by incorporating family therapy during commitment. Ongoing family therapy may increase communication between family members as well as foster the treatment alliance at facility. There tends to be minimal inclusion in treatment programs of family therapy and parent involvement (Burton & Smith-Darden, 2001). Multisystemic Therapy, based on social ecological theory, incorporates youth's family and has research evidence supporting the effectiveness with juvenile sex offenders (Borduin, et al., 1995). In terms of bolstering peer attachment for youth, specific

interventions in group therapy sessions could focus on developing interpersonal skills and peer attachments through team building and trust activities. This group therapy focus has potential to simultaneously enhance youths' peer attachments and staff alliance.

Limitations

In evaluating the current study there are limitations that are critical to discuss in order to guide future research in the field. To begin, the measures utilized were self-report in which the data were solely reliant on the participants' interpretation and transparency. Second, this study accepts the heavily evidenced-based concept of alliance serving as the primary predictor of therapeutic success (Orlinksy, Ronnestad, & Willutzki, 2003); although there is no evaluation of alliance attributing to treatment success specifically included in this cross-sectional research design. Third, the research design defined alliance as the sum of the youth's rapport with facility staff and did not distinguish between support and clinical staff. Future researchers may be interested in differentiating between the alliance dynamics with varying staff at the facility. Lastly, as addressed, there may be underlying client variables that are affecting alliance that require further assessment, such as, developmental factors, resiliency, and utilization of psychological defenses. Future researchers in the domain of alliance with juvenile sex offenders could benefit from addressing these limitations, as well as including comparison control groups to gather evidence of alliance influencing treatment success.

References

- Ainsworth, M. D. (1969). Object relations, dependency, and attachment: a theoretical review of the infant-mother relationship. *Child Development, 40* (4), 969-1025.
- Ainsworth, M. D. S. (1991). Attachments and other affectional bonds across the life cycle. In: Parkes, C., M., Stevenson-Hinde, J., Marris, P., *Attachment across the life cycle* (33-51). New York, Tavistock/Routledge.
- Ainsworth, M.D.S., Blehar, M.C., Walters, E., & Walls, S. (1978). *Patterns of attachment: a psychological study of the strange situation*. Hillsdale, NJ: Lawrence Erlbaum.
- Ainsworth, M.S. (1989). Attachments beyond infancy. *American Psychologist, 44*, (4), 709-716.
- Alexander, M. (1999). Sexual offender treatment revisited. *Sexual Abuse: Journal of Research and Treatment, 11* (2), 101-116.
- Allen, J.G. (2001). *Traumatic Relationships and Serious Mental Disorders*. New York: Wiley and Sons.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders (4th ed., text rev.)*. Washington, DC. Author.
- Armsden, G. C., & Greensberg, M. T. (1987). The inventory of parent and peer attachment: individual differences and their relationship to psychological well-being in adolescence. *Journal of Youth and Adolescence, 16* (5), 1987.
- Armsden, G. C., McCauley, E., Greensberg, M. T., Burke, P. M., & Mitchell, J. R. (1990). Parent and peer attachment in early adolescent depression. *Journal of Abnormal Child Psychology, 18* (6), 683-697.
- Beech, A. R., & Hamilton-Giachristis, C. E. (2005). Relationship between therapeutic climate and treatment outcome in group-based sexual offender treatment programs. *Sexual Abuse: A Journal of Research and Treatment, 17* (2), 127-140.
- Bernstein, D.P., Fink, L., Handelsman, L., Foote, J. (1994). Initial reliability and validity of a new retrospective measure of child abuse and neglect. *American Journal of Psychiatry, 151*(8), 1132-1136.
- Berzoff, J., Melano Flanagan, L., & Hertz, P. (2002). *Inside Out and Outside In: Psychodynamic clinical theory and practice in contemporary multicultural context*. Northvale, NJ: Jason Aronson Inc.
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research, and Practice, 16*(3), 252-260.

- Borduin, C. M., Henggeler, S. W., Blaske, D. M., & Stein, R. J. (1990). Multisystemic treatment of adolescent sexual offenders. *International Journal of Offender Therapy and Comparative Criminology*, *34*, 105-113.
- Bowlby, J. (1958). The nature of the child's tie to this mother. *International Journal of Psychoanalysis*, *39*, 350-373.
- Bowlby, J. (1969). *Attachment and Loss, vol. 1*. New York: Basic Books.
- Bowlby, J. (1984). Violence in the family as a disorder of the attachment and caregiving systems. *The American Journal of Psychoanalysis*, *44*, (1), 9-27.
- Bowlby, J. (1988). *A secure base: clinical application of attachment theory*. London: Routledge & Kegan Paul.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York: Basic Books.
- Brantley, J. (2005). Mindfulness-based stress reduction. In S. M. Orsillo & L. Roemer, *Acceptance and Mindfulness-based approaches to Anxiety: Conceptualization and Treatment* (131-146). New York: Springer.
- Briere, J. (1996). *Trauma Symptom Checklist for Children (TSCC): Professional manual*. Odessa, FL: Psychological Assessment Resources.
- Briere, J. (1997). Etiology of Posttraumatic States; In J. Briere, *Psychological assessment of adult posttraumatic states* (1-23). Washington, DC: American Psychological Association.
- Burton, D. L. (2000). Were adolescent sexual offenders children with sexual behavioral problems? *Sexual Abuse; A Journal of Research and Treatment*, *12*(1), 37-47.
- Burton, D. L. (2003). Male adolescents: sexual victimization and subsequent sexual abuse. *Child and Adolescent Social Work Journal*, *20* (4), 277-296.
- Burton, D. L., & Smith-Darden, J. (2001). *North American survey of sexual abuser treatment and models; summary data 2000*. Brandon, VT: Safer Society Press.
- Burton, D., Foy, D. W., Bwanausi, C., Johnson, J. (1994). The relationship between traumatic exposure, family dysfunction, and post-traumatic stress symptoms in male juvenile offenders. *Journal of Traumatic Stress*, *7*(1), 83-93.
- Cicchetti, D. & Toth, S. L. (1995). A developmental psychopathology perspective on child abuse and neglect. *Journal of the American Academy of Child and Adolescent Psychiatry*, *34*, 541-565.

- Cicchetti, D., & Toth, S. L. (1995). Child maltreatment and attachment organization: implications for intervention. In S. Goldberg, R. R. Muir, J. Kerr, *Attachment theory: social, developmental, and clinical perspectives* (279-308). Hillsdale, NJ: Analytic Press, Inc..
- Cicchetti, D., Toth, S. L. Lynch, M. (1995). Bowlby's dream comes full circle: The application of attachment theory to risk and psychopathology. *Advances in Clinical Child Psychology*, 17, 1-75.
- Creeden, K. J. (2006). Trauma and neurobiology: considerations for the treatment of sexual behavior problems in children and adolescents. In R. E. Longo & D. S. Prescott, *Current perspectives: working with sexually aggressive youth and youth with sexual behavior problems* (395-418). Holyoke, MA: Neari Press.
- Crittenden, P. M., & Ainsworth, M. D. S. (1989). Child maltreatment and attachment theory. In D. Cicchetti, & V. Carlson, *Child maltreatment: theory and research on the causes and consequences of child abuse and neglect* (432-463). New York: University Press.
- Crittenden, P., M. (1995). Attachment and psychopathology. In S. Goldberg, R. Muir, & J. Kerr (Eds). *Attachment Theory: social, developmental and clinical perspectives*, (367-406). Hillsdale, NJ: Analytic Press.
- Davies, D. (2003). *Child Development: A practioner's guide*, 2nd edition. New York: Guildford Press.
- Derezotes, D. (2000). Evaluation of yoga and meditation trainings with adolescent sex offenders. *Child and Adolescent Social Work Journal*, 17(2), 97-113.
- Dodge, K. A., Bates, J. E., Pettit, G. S. (1990) . Mechanisms in the cycle of violence. *Science*, 250(4988), 1678-1683.
- Drapeau, M. (2005). Research on the processes involved in treating sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 17 (2), 117-125.
- Finkelhor, D. (1984). *Child Sexual Abuse*. New York: Free Press.
- Florsheim , P., Shotorbani, S., Guest-Warnick, G., Barratt, T., Hwang, W. (2000). Role of the working alliance in the treatment of delinquent boys in community-based programs. *Journal of Clinical Child Psychology*, 29(1), 94-107.
- Freeman-Longo, R. E. (2002). *Myths and Facts About Sex Offenders*. Center For Sex Offender Management. Sliver Spring, MD.
- Friedman, M. J., Keane, T. M., & Resick, P. A. (2007). *Handbooks of PTSD, Science and Practice*. New York: Guilford Press.

- Friedrich, W., & Sim, L. (2006). Attachment and Sexual Abuse. In R. E. Longo & D. S. Prescott, *Current perspectives: working with sexually aggressive youth and youth with sexual behavior problems* (369-382). Holyoke, MA: Neri Press.
- Frued, S.(1912). On the beginning of treatment: Further recommendation on the technique of psychoanalysis. In J. Strachey *The standard edition of the complete psychological works of Sigmund Freud* (122-144). London: Hogarth Press.
- Greenson, R. R. (1967). *Technique and practice of psychoanalysis*. New York: International University Press.
- Herman, J. (1992). *Trauma and Recovery*. New York: Basic Books.
- Holmqvist, R. Hill, T., and Lang, A. (2007). Treatment alliance in residential treatment of criminal adolescents. *Child Youth Care Forum*, 36, 163-178.
- Horvath, A. O., & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology*, 38, 139-149.
- Horvath, A. O. & Luborsky, J. (1993). The role of therapeutic alliance in psychotherapy. *Journal of consulting and clinical psychology*, 61(4), 561-573.
- Horwitz, L. (1974). *Clinical prediction in psychotherapy*. New York: Jason Aronson.
- Kirmayer, L. J., Lemelson, R., Barad, M. (2007). The Developmental Impact of Childhood Trauma. In *Understanding trauma: Integrating biological, clinical, and cultural perspectives* (224-241). New York: Cambridge University Press.
- Kokotovic, A. M., & Tracey, T. J. (1990). Working alliance in the early phase of counseling. *Journal of Counseling Psychology*, 37, 16-21.
- Lazar, S. W. (2005). Mindfulness Research. In C. K. Germer, R. D. Siegel, & P. R. Fulton, *Mindfulness in Psychotherapy* (220-237). New York: Guildford Press.
- Linehan, M. (1993). *Cognitive-behavioral therapy of borderline personality disorder*. New York: Guildford Press.
- Longo, R. E., & Prescott, D. S. (2006). *Current Perspectives: Working with sexually aggressive youth and youth with sexual behavior problems*. Holyoke, MA; Neri Press.
- Luborsky, L. (1976). Helping alliance in psychotherapy. In J.L. Cleghorn (Ed.), *Successful Psychotherapy*, 92-116. New York: Bruner/Mazel.
- Luborsky, L., Barber, J. P., Siqueland, L., Johnson, S., et al. (1996). The revised helping alliance questionnaire (HAQ-II): Psychometric properties. *Journal of Psychotherapy Practice and Research*, 5, 260-271.

- Luborsky, L., McLellan, A. T., Woody, G. E., O'Brien, C. P., & Auerbach, A. (1985). Therapist success and its determinants. *Achieves of General Psychiatry, 42*, 602-611.
- Lyddon, W. J., Bradford, E., & Nelson, J. P. (1993). Assessing adolescent and adult attachment: a review of current self report measures. *Journal of counseling and development, 71*, (4), 390-395.
- Main, M., & Soloman, J. (1986). The discovery of a new, insecure-disorganized/disoriented attachment pattern. In M. Yoqman & T.B. Brazelton (Eds), *Affective Development in Infancy*, (95-124). Norwood, NJ: Ablex.
- Marshal, W. L., Fernandez, Y. M., Serran, G. A., Mulloy, R., Thornton, D., Mann, R., & Anderson, D. (2003). Process issues in the treatment of sexual offenders: A reviews of the relevant literature. *Aggression and Violent Behavior, 8*, 205-243.
- Marziali, E., Marmar, C., & Krupnick, J. (1981). Therapeutic alliance scales: Development and relationship to psychotherapy outcome. *American Journal of Psychiatrist, 138*, 361-364.
- McMakin, R. A., Leisen, M., Cusack, J. F., LaFratta, J., & Litwin, P. (2002). The relationship of trauma exposure to sex offending behavior among male juvenile offenders. *Journal of Child Sexual Abuse, 11* (2), 25-40.
- Moras, K., & Strupp, H. H. (1982). Pretherapy interpersonal relations, patients' alliance and the outcome in brief therapy. *Archives of General Psychiatry, 405-409*.
- Mulloy, R. & Marshall, W. L. (1999). Social Functioning. In W. L. Marshall, D. Anderson, & Y. Fernandez (Eds), *Cognitive-behavioral treatment of sexual offenders* (93-109). Chichester, England: John Wiley & Sons.
- Newman, E. (2002). Assessment of PTSD and trauma exposure in adolescents. *Journal of Aggression, Maltreatment and Trauma, 6*, 59-77.
- Orlinsky, D. E., Ronnestad, M. H., Willutzki, U. (2003). Fifty years of psychotherapy process outcome research: Continuity and change. In M. J. Lambert (5th Eds.), *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change* (227-306). New York: Wiley.
- Piper, W. E., Azim, H. F., A., Joyce, A. S., McCallum, M., Nixon, G.W.H., & Segal, P.S. (1991). Quality of object relations vs. interpersonal functioning as a therapeutic alliance and psychotherapy outcome. *Journal of Nervous and Mental Disease, 179*, 432-438.
- Richards, I. and Sullivan, A. (1996). Psychotherapy for delinquents? *Journal of Adolescence, 19*, 63-73.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting and Clinical Psychology, 22*, 99-103.

- Ryan, G., & Lane, S. (1997). *Juvenile sexual offending: Causes, consequences, and correction* (2nd ed.). San Francisco: Jossey-Bass Inc. Publishers.
- Samuelson, M., Carmody, J., Kabat-Zinn, J., Bratt, B., A. (2008). Mindfulness-stress reduction in Massachusetts correctional facilities. *The Prison Journal*, (87) 2, 254-268.
- Serran, G., Fernandez, Y., Marshall, W. L., & Mann, R. E. (2003). Process issues in treatment: application to sexual offender programs. *Professional Psychology: Research and Practice*, 34(4), 368-374.
- Simon, K. J., Paternite, C. E., & Shore, C. (2001). Quality of parent/adolescent attachment and aggression in young adolescents. *Journal of early adolescence*, 21 (2), 182-203.
- Smallbone, S., & Dadds, M.R. (2000). Attachment and coercive sexual behavior. *Sexual Abuse*, 12(1), 3-15.
- Solomon, J., George, C., De Jong, A. (1995). Children classified as controlling at age six: Evidence of disorganized representational strategies and aggression at home and at school. *Development and Psychopathology*, 7(3), 447-463.
- Stern, D. N., (1985). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology*. New York: Basic Books.
- Sund, A. M., & Wichstrom, L. (2002). Insecure attachment as a risk factor for future depressive symptoms in early adolescence. *Journal of the American academy of child & adolescent psychiatry*, 41(12), 1478-1485.
- Teicher, M., Andersen, S., Polcari, A., Andersen, C., Navalta, C. (2002). Developmental neurobiology of childhood stress states and trauma. *Psychiatric Clinics of North America*, 25, 397-426.
- van der Kolk, B. A., (1987). *Psychological Trauma*. Washington, DC: American Psychiatric Press, Inc.
- van der Kolk, B. A., (2003). The neurobiology of childhood trauma and abuse. *Child and Adolescent Psychiatric Clinics of North America*, 12, 293-317.
- Wachtel, P. L., (1993). *Therapeutic communication: Knowing what to say when*. New York: Guilford.
- Watkins, B., & Bentovim, A. (1992). The sexual abuse of male children and adolescents: A review of the current research. *Journal of Child Psychology and Psychiatry*, 33, 197-248.
- Watts, F. (2000). Psychological research questions about yoga. *Mental Health, Religion, & Culture*, 3(1), 71-82.

- Webb, N. B. (2003). *Social Work Practice with Children*, (2nd ed.). New York: Guildford Press.
- Widom, C. S. (1998). Motivation and mechanisms in the 'cycle of violence'. In D. Hansen, Nebraska Symposium on Motivation: Vol. 46. *Motivation and child maltreatment* (1-37). Lincoln, NE: University of Nebraska Press.
- Wilson, J., Preston, K, Terence M. (1997). Assessing traumatic experiences in children. In Assessing psychological trauma and PTSD (91-348). New York: Guilford.
- Wolpaw., J. M, Ford., J. D., Newman, E., Davis, J. L., & Briere, J. (2005). Trauma Symptom Checklist for Children. In T. Grisso, G. Vincent, & D. Segrave, *Mental Health Screen and assessment in juvenile justice*. New York: Guildford Press.
- Worling, J. R. & Curwen, T. (2000). Adolescent sexual offender recidivism: Success of specialized treatment implication for risk prediction. *Child Abuse & Neglect*, 24 (7) 965-982.
- Yalom, I. D. (1980). *Existential Psychotherapy*. New York: Basic Books.

Appendix A

Table 1

Trauma Symptom Checklist Reliability

Subscales: Trauma Symptom Checklist	Chronbach's Alpha * (n=321)
Sleep Disturbance	.82
Dissociation	.78
Sexual Problems	.78
Depression	.74
Anxiety	.72
Sexual Abuse	.72

* Sorted by Alpha

Appendix B

Table 2

Inventory of Parent and Peer Attachment (IPPA) Reliability

IPPA Scales	Trust	Communication	Alienation
	Chronbach's Alpha	Chronbach's Alpha	Chronbach's Alpha
	(n=321)	(n=321)	(n=321)
Mother	.94	.90	.79
Father	.95	.92	.78
Peers	.88	.80	.24*

*Note: Peer alienation was not used in further analysis.

Appendix C

Table 3

Summary of Regression Analysis

Dependent Variable*	B	SE B	β	P
Peer Attachment (IPPA)	.293	.089	.239	.001
Communication with Father (IPPA)	.316	.108	.211	.004
Trauma based Anxiety (TSC)	-.714	.281	-.183	.012

*Sorted by p value significance.

Independent variable= Total Helping Alliance Score

Running Head: Juvenile Sex Offenders' Religion and Therapeutic Alliance

Juvenile Sex Offenders' Religion and Spirituality: The interaction between
religious importance and therapeutic alliance

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Abstract

Delinquency research frequently supports that adolescents' religion and spirituality serves as a protective factor, contributor to decreasing type and frequency of criminal behaviors, and as an enhancement to treatment. Religion and spirituality have been associated with therapeutic alliance and treatment outcome in psychotherapy. The present study extends this phenomena evaluating juvenile sex offenders' (n = 332) religion and spirituality with treatment alliance utilizing self report measures. The results indicate that the importance of religion increases significantly (pre and post arrest) which is significantly related to helping alliance. Also the importance of religion prior to arrest is negatively correlated to frequency of nonsexual crimes and is not related to sexual crime severity. Implications for research and clinical practice are discussed.

Literature Review

Religion and spirituality are fundamental aspects of the human experience (King & Furrow, 2008; Miller & Thoresen, 1999). Traditionally in many cultures, the role of a healer or consoler was both spiritual and psychological. In recent Western culture, the practice of healing and psychotherapy has largely been adapted to the medical-technological and science based or secular way of treating exclusively symptoms and problems; although, the majority of people continue to hold a belief in various forms of spirituality and religion (Miller & Thoresen, 1999; Gallup International Association, 1999). Spirituality and religion provide a framework for perceiving one's environment, themselves and others, and for creating meaning of past experiences and intentions for the future. These belief systems are the foundation to a person's construction of meaning which therefore constitutes the critical inclusion of religion and spirituality in psychotherapy and rehabilitation. There is a deep need for psychology to honor the whole person –including their spiritual self– instead of minimizing or marginalizing this component to healing (Miller & Thoresen, 1999).

In assisting clients with their therapeutic goals, incorporating their described religions and spiritual beliefs can reveal a breadth of awareness regarding their interpretation of the problem, the causes, and healing as well as contribute to the working relationship and alliance through the course of psychotherapy (Basham & O'Connor, 2005). Existential seeking and religious and spiritual beliefs may serve an even greater role in the context of some client populations. For example, incarceration may be a time of retrospection on past behaviors and developing aspirations towards one's future regarding recovery and healing. Currently, within psychological research the interactional dynamics of how religiosity affects delinquency in youth

development and behavior are relatively unexplored (Benson, Roehlkepartain & Rude, 2003). Critical research is required to more holistically conceptualize this interaction for adolescents (King & Furrow, 2008).

Specifically in the context of juvenile justice care, religion can serve a vital component to holistic interventions that could decrease recidivism rates. Holistic approaches to delinquency and sexual problem behavior seek to conceptualize the fullness of the young persons' experience individually and within the context of their environment (Morrison, 2006). Provided that family and contextual models have been successful interventions in sexually abusive youths treatment strategies (Borduin, et al., 1995), an integration of further holistic and systemic approaches could increase treatment effectiveness. Additionally, youths' individual and contextual variables contribute to delinquent, violent, and criminal behavior (Lerner & Galambos, 1998). Holistic perspectives and approaches embrace the complete person in regard into individual development and psychology and societal level influences.

Religion contributes to adolescent development (Regnerus, Smith, & Fritsch, 2003; Smith & Farris, 2003) and frequently promotes thriving prosocial values and behavior (Donahue & Benson, 1995; Dowling et al., 2004; Youniss, McLellan, & Yates, 1999). Specifically, several authors have indicated that religious youth have higher levels of positive self concept (Fegley, Seaton, & Gaskins, 2002) and personal meaning, (Furrow, King & White 2004) as well as more effective coping skills (Donelson, 1999; Mosher & Handal, 1997), than non religious youths. There seems to be an evident relationship between religion and moral development in adolescents (Hart & Fegley, 1995; King & Furrow, 2008; Nasir & Kirschner, 2003; Youniss, McLellan, & Yates, 1999).

Delinquency and Religion

Religion and spirituality are largely unexplored in research with delinquent youth (Kornuszko & Edward, 2004). Preliminary research illustrates a few primary areas of focus in religion and delinquency: first, religiosity as a protective factor from delinquency, second, how religion is associated with types and frequency of delinquent behavior, and lastly, how religion relates to treatment outcome. King and Furrow (2008) indicated that religious involvement was a catalyst for positive development among youth. Adolescents' religiosity has been shown to serve a protective factor from risk behaviors and delinquency (Donahue & Benson, 1995; Lerner & Galambos, 1998). Kornuszko & Edward (2004) found that delinquents were more religious than non-delinquents. Religion as a protective factor from criminal behavior may have more to do with the youth's community of peers: if the majority of the youth peers are religious, than not, then there tends to be less criminal behavior (Stark, 1984).

Research regarding the type and frequency of crime as related to religiosity has had minimal investigation. Sloane & Potvin's (1986) research results found that youth with higher rates of religious affiliation and church attendance had less delinquent behavior, in type and frequency, with the exception to truancy. A consistent finding supports that youths' religiousness is significantly related to alcohol use, other drug use, and delinquent behavior (Benda, Pope, & Kelleher, 2006).

Research focusing on the relationship of religion with treatment outcome has been explored in adult and juvenile justice settings. A recent pilot study assessed a faith-based in prison treatment option that appeared promising in influencing adult offenders' motivations and

behaviors (Armour, Windsor, Aguilar, & Tuab, 2008). It included a 14 week faith based group session interweaving Christian spirituality and teachings with moral, emotional, and cognitive dynamics for adult non-sexual offenders. The researchers found that the participants yielded higher empathy scores and perspective scores than the non participant indicating an increase in moral motivations. There is research evidence for spirituality serving a vital component to adult sex offender recovery (Price, 1995), as well as being correlated with well being for adult sex offenders in outpatient treatment (Geary, 2003).

Spirituality functions as a path of recovery from delinquent behavior (Blakeney, Frankel, & Charles, 2006). One study with adolescent sex offenders found spirituality instrumental in the recovery and identity development of those who did not re-offend (Franey, 2003). This initial research consisted of in-depth qualitative and quantitative interviewing regarding the adolescents' experience returning to society. As a result, spirituality transpired as a critical component to the youth's identity development and recovery process.

Provided the capacity for religion and spirituality to serve as an ongoing protective factor, contributor decreasing type and frequency of criminal behavior, and as enhancement to treatment effectiveness, the frequency to which it has been excluded in delinquency research is striking. A client's religion and spirituality has been associated with therapeutic alliance and treatment outcome in the general psychotherapy literature (Basham & O'Connor, 2005; Young, Dowdle, & Flowers, 2009). The therapeutic alliance has been found to be the most influential treatment variable in psychotherapy across theoretical orientation that affects outcomes success (Horvath & Symonds, 1994; Orlinsky, Ronnestad, & Willutzki, 2003).

Alliance

In contemporary psychotherapy, alliance serves a vital role in the therapeutic process evidenced in clinical theory (Bowlby, 1988; Fried, 1912; Greenson, 1965; Luborsky, 1976; & Rogers, 1957) and research (Horvath & Symonds, 1991; 1994; Luborsky, 1976; & Marziali, Marmar, & Krupnick; 1981). The conceptualization of alliance originated in psychoanalytic theory; however, currently is a transtheoretical phenomenon to describe the quality and efficacy of the rapport between client and therapist. Through alliance, mutual trust, efficacy, and objectives of treatment can be established (Horvath & Symonds, 1994). The therapeutic alliance creates the healing power (Yalom, 1980) which is a necessary foundation (Bordin, 1989) and may serve as the primary means to therapeutic success (Horwitz, 1974). Recent research indicates that therapeutic alliance is the strongest predictor of successful treatment outcome and the most critical change agent (Orlinsky, Ronnestad, & Willutzki, 2003).

Horvath and Luborsky (1993) hypothesized that strong alliance is a contributor to clients continuing treatment and to successful outcomes. Successful therapeutic outcome appears to be a function of the strength of the working alliance. The foundation and maintenance of a positive therapeutic alliance appears to be influential in treatment outcomes across different theoretically and treatment interventions (Bordin, 1979; and Horvath & Luborsky, 1993).

Most alliance studies assess the quality of alliance as related to therapeutic change and success (Horvath & Symonds, 1991). Numerous client and therapist variables affect the development of therapeutic alliance. In Horvath and Symonds's (1991) meta-analysis of alliance research, several themes of client variables appeared to impact alliance: intrapersonal dynamics, interpersonal skills, and the diagnostic features. Client variables vary significantly based on the

presenting issues and the treatment; therefore, further research is needed to investigate the variables that affect a beneficial alliance (Horvath & Luborsky, 1993) specific to context and population.

Alliance Research in Corrections

Alliance has begun to be assessed in the adult and juvenile corrections settings, and with sexual offenders. Researchers have investigated the role of the alliance variables in individual and group treatment outcome with adult sexual offenders and in the juvenile population. The investigation of alliance research seems in gestation with youth sex offender treatment (Holmqvist, Hill, & Lang, 2007; Prescott & Longo, 2006).

Research regarding individual treatments for adult sexual offenders indicates that therapeutic alliance accounts for over 40% of the variance of outcome effectiveness (Marshall et al 2003). In summarizing findings from a series of pilot studies evaluating the role of process variables in treating sexual offenders with CBT programs, Drapeau (2005) presents that effective alliance between therapist and clients is a primary factor in maximizing treatment benefits. As for research with group therapy interventions, the therapeutic cohesion between clients and leaders within the treatment group, appears to enhance treatment effectiveness (Beech & Hamilton-Giachristis, 2005).

In studies with juveniles stronger alliance was associated with better psychotherapeutic outcomes (Richards & Sullivan, 1996) and with less recidivism (Florsheim et al, 2000). Holmqvist, Hill, & Lang (2007) evaluated whether alliance was a major variable in determining treatment outcome with a criminal adolescent population. The researchers' analyses suggested no significant correlation between alliance scores when using the HAQ-I, and outcomes

measures. They elaborate that potentially aspects of alliance may be attributed to outcome; however, there may also be dimensions of alliance that negatively affect treatment outcomes.

Provided that treatment effectiveness is heavily influenced by the therapeutic alliance, client process variables that are specific to youth sex offenders that affect alliance need empirical support otherwise research and interventions will remain incomplete (Drapeau, 2005; Holmqvist, Hill, & Lang, 2007; Marshal et al., 2003; Prescott & Longo, 2006; Serran, Fernandez, Marshall, & Mann, 2003). The variables of religion and spirituality positively influence adolescent development (Regnerus, Smith, & Fritsch, 2003; Smith & Farris, 2003), and are an important contributor to the alliance relationship in psychotherapy (Basham & O'Connor, 2005; Young, Dowdle, & Flowers, 2009). Therefore, the present study seeks to explore the relationship between juvenile sex offender's religion and spirituality with treatment alliance while in corrections facilities.

Method

Participants

At the time of the initial data collection there was a sample of (N = 332) adjudicated male sexual offenders that participated. All subjects reported as U.S. citizens residing in Ohio at time of commitment, from urban and rural environments. Fifty percent of the juvenile sex offenders indicated their race as Caucasian (n = 156), 29% African American (n = 90), and 13% Other (n = 43). An additional 13% of respondents (n = 43) did not report race. The average age of the juvenile sexual offender sample (N = 332) was 16.70 years ($SD = 1.65$ years) ranging from 12 to

20 years. Participants were on average in the 9th grade ($SD = 1.63$ years) and ranged from sixth grade to college level academically. The incomplete assessments were not included for the analysis. Therefore participants for the present study consisted of 329 male juvenile sex offenders.

Measures

Religion.

Included in the assessment the following preliminary questions were addressed: “Before you were arrested how important was religion in your life?” and “After you were arrested how important was religion in your life?” in which the answer was selected on a five point Likert scale ranging from 1,- not very important, 3, neutral, and 5, very important.

Alliance.

The Penn helping alliance scales originated from a psychodynamic perspective through Luborsky’s formation of theorizing and researching alliance (Luborsky et al., 1985). Piloted research was conducted (Marziali, Marmar, & Krupnick, 1981) to create the formation of the initial *Helping Alliance Questionnaire* (HAQ-I) (Luborsky, McLellan, & Woody, 1985), which since has been modified and improved in the HAQ-II (Luborsky et al., 1996). The HAQ-I is a frequently used assessment of the alliance strength between client and therapist. The HAQ-II consists of 19 items rated on a six point Likert scale. The measure is self-report entailing versions for the client and therapist. The HAQ-II has good internal consistency and test-retest reliability in both versions. It also presented high convergent validity with the other frequently

used measure the CALPAS (Luborsky, et al., 1996). In the current study the measure shows good reliability (Chronbach's alpha = .88) for the total score.

Procedure

The data collection process entailed administering written surveys to youth in group settings in six juvenile facilities across Ohio in 2002. The survey consisted of multiple self report measures assessing static and psychological treatment variables. During collection youth were supervised by facility staff and assisted with questions as needed by volunteer social work students and professionals. As determined by youth's reading skill levels, some surveys were read aloud and the youth responded in writing.

Analyses

The statistical analysis consisted of running t-tests to evaluate the difference between pre and post religious importance scores and a Pearson Correlation to indicate the strength and direction of the linear relationship between religious importance and helping alliance.

Results

First, the importance of religion increases significantly ($t = 8.83$, $df = 328$, $p < .000$) from pre ($M = 2.78$ neutral/mixed ($SD = 1.41$)) and post ($M = 3.49$ neutral mixed/very important ($SD = 1.38$)) the juveniles' arrest. Second, the change in religious importance measure (post incarceration minus the pre incarceration) is significantly related to helping alliance ($r = .223$ ($DF = 285$) $p < .000$). Lastly, the importance of religion prior to arrest is negatively correlated to frequency of nonsexual crimes albeit with a small r value ($r = -.165$, $DF = 230$, $p < .004$).

However, the importance of religion prior to arrest is not related to sexual crime severity ($r = .02$, $DF = 269$, $p < .768$).

Discussion

The findings from this research are some of the first to evaluate the relationship between juvenile sex offenders' value of religious importance with treatment alliance. Regarding the relationship between religion with alliance and delinquent behavior, the results are predominately consistent with previous research. Some new findings were identified of an increase in religious importance post arrest and importance of religion not influencing severity of sexual crime, which is somewhat contradictory to previous studies.

First, the result of religion significantly changing between before arrest and after commitment is interesting in and of itself and in regard to the impetus and altered effects of the change. It is consistent with the research of delinquent youth being more religious than non-delinquent youth (Kornuszko & Edward, 2004). As stated, religion provides a framework for conceptualizing past experiences and for conceptualizing the future: it makes sense that post arrest there would be an increase in seeking understanding of existential questions and quest for meaning. There also tends to be a substantial loss of control and freedom, as well as an increase in isolation living in a corrections facility. There may be a psychological shift, from prior to arrest and once incarcerated, that occurs for the youth as a result of seeking to gain a sense of control, seeking understanding and hope, interest in connection, and reassurance. In speculation of this interpretation, the question is raised of why wasn't religion important initially prior to arrest or the delinquent behavior? Is it truly a deepening of religiosity interest or is it superficial assistance sought in a time of increased stress? The change in religious importance could also

be due more to contextual factors than intra-psychic dynamics. For example, there may be something specific to the context for these youth which is impetus of the change: such as, an increase religious activities, increase in accessibility, more positive associations than from their prior family and/or communities, or an increase in peer involvement in religious activities. As stated in the literature, religion as a protective factor from criminal behavior may have more to do with the youth's community of peers (Stern, 1984). Therefore if the youths' new peer system is religious that could affect the individuals change from their previous community to the current facility.

Secondly, the finding of juvenile sex offenders' change in importance of religion as having a significant impact on their alliance supports previous research. In the general psychotherapy literature, a client's religion and spirituality has been associated with therapeutic alliance and treatment outcome (Basham & O'Connor, 2005; Young, Dowdle, & Flowers, 2009). The result indicates that as a change in the religion score increases, the alliance score increase; therefore, if the youth's value of religion increases from before arrest to once incarcerated, then their ability to engage in a positive alliance improves. This implies that something within the client's intrapersonal dynamics changes between these time periods that could affect both their increased interest in religion and alliance. Client's intrapersonal dynamics impeding or fostering therapeutic alliance is also strongly validated in meta-analysis research (Horvath & Symonds, 1991). Perhaps internal psychological variables have altered that are the impetus for the change in both domains. For example, there is strong evidence supporting psychological responsivity factors, such as cognitive ability and learning style that contribute to correctional treatment effectiveness (Andrews, et al., 1990). It seems that these variables could have the ability to

simultaneously influence one's behavior to seek religious support and increase in their ability join in rapport with staff. It is unique that these two interworking dynamics, of religion and alliance, have revealed in the research with juvenile sex offenders as having a relationship that influences healing the individual through promoting healthy development and treatment outcome success.

The third finding from this research regarding religiosity prior to arrest affecting type and frequency of criminal behavior has mixed previous research support and raises new questions about sexual crimes. The result of the importance of religion prior to arrest negatively correlating to frequency of nonsexual crimes supports the previous findings of increased religion leading to less criminal behavior. This is reflective of the literature that higher rates of religious involvement decrease criminal and delinquent behavior (Benda, Pope, & Kelleher, 2006; Sloane & Potvin, 1986), as well as adolescents' religiosity serving as a protective factor from delinquency (Donahue & Benson, 1995; Lerner & Galambos, 1998). Provided the etiology of criminal behavior and adolescent sexual behavior is multifactorial in nature (Longo & Prescott, 2006; Ryan & Lane, 1997) the decrease in delinquent behavior may be more of a result of other factors that are also influenced by religion, such as family and community support. Simultaneously with this result, it was revealed in the analysis that importance of religion prior to arrest did not influence the frequency of sexual crimes. Clearly, this is contrary to the literature presented regarding the relationship between religion and delinquency. This leads to further questions about differentiating between the etiology and protective factors of both nonsexual crimes and sexual crimes. Why would religious involvement affect nonsexual but not sexual criminal behavior? Could this be a result of lack of inclusion of a range and type of

sexual morals in religion? Research has supported that for adolescents, there seems to be an evident relationship between religion and moral development (Hart & Fegley, 1995; King & Furrow, 2008; Nasir & Kirschner, 2003; Youniss, McLellan, & Yates, 1999). This result could also be attributed to the etiological differences between the behaviors of juvenile sex offenders and juvenile non-sex offenders.

Research Implications

This research is one of the first to assess juvenile sexual offenders' religion and spirituality and how that affects treatment alliance. Prior to this, religion and spirituality research was even largely unexplored in the broader scope of delinquent youth (Kornuszko & Edward, 2004). This study is beneficial to assist in understanding the role of religion, spirituality and alliance specific to the context of corrections facilities and the population of juvenile sex offenders. Previous research has found support for alliance decreasing juvenile recidivism (Florsheim et al., 2003) and increasing treatment success with youth (Richards & Sullivan, 1996) and adult sex offenders (Beech & Hamilton-Giachristis, 2005; Drapeau, 2005; Marshal et al., 2003). Since client variables vary significantly based on the presenting issues and the treatment, further research is needed to investigate the variables that affect a beneficial alliance (Horvath & Luborsky, 1993; Serran, Fernandez, Marshall, & Mann, 2003) specific to context and population. Continued research efforts are required to more holistically conceptualize the interaction and the clinical implications of alliance with juvenile sex offenders (Prescott & Longo, 2006) religion with adolescents (King & Furrow, 2008).

Clinical Implications

The primary result from this study implies important treatment implications in that a change in religion affects an increase in alliance between juvenile sex offenders and staff at a corrections facility; therefore, religion is not only important in terms of fostering methods of holistic practice to support the individual and environmental context (Morrison, 2006) but is also related to alliance –the most influential aspect of treatment success (Orlinsky, Ronnestad, & Willutzki, 2003). The clinical implications of religion and spirituality with delinquent youth offer vast opportunity for advancing rehabilitation and treatment success (Kornuszko & Edward, 2004).

Provided religion and spirituality foster multiple developmental benefits in adolescence and the lack of may contribute to deviant behavior, these religious resources could be incorporated into rehabilitation to promote healthy development and behavior. The finding of juvenile sex offenders' increase in religious importance while in facilities could contribute to positively influencing multiple developmental psychological factors. As initially stated in the review, religious involvement and commitment for youth has been noted to contribute to positive adolescent development (Regnerus, Smith, & Fritsch, 2003; Smith & Farris, 2003) promote thriving prosocial values and behavior (Donahue & Benson, 1995; Dowling et al., 2004; Youniss, McLellan, & Yates, 1999), higher levels of positive self concept (Fegley, Seaton, & Gaskins, 2002), personal meaning, (Furrow, King & White 2004), more effective coping skills (Donelson, 1999; Mosher & Handal, 1997), and moral development (Hart & Fegley, 1995; King & Furrow, 2008; Nasir & Kirschner, 2003; Youniss, McLellan, & Yates, 1999). Deficit in many of these

domains, such as low self-esteem, ineffective coping skills, and developmental delays may be contributed to sexually abusive behavior (Ryan & Lane, 1997).

Morrison (2006) stated that holistic perspectives and approaches embrace the complete person in regard to individual development and psychology and societal level influences. Simultaneously, youths' contextual variables contribute to delinquent, violent, and criminal behavior (Lerner & Galambos, 1998). In promoting holistic and environmental treatment practices for juvenile sex offenders, rehabilitation implications could also support the larger systems. Religious involvement has the extended capacity to foster community involvement and relationships. While in facility the community of staff and peers and once returning home the community of the neighborhoods and families. In facilities perhaps there could further inclusion of religious and spiritual beliefs in group therapy.

Gaining better understanding of alliance therapeutic process variables for juvenile sex offenders potentially may increase treatment effectiveness and lead to decreasing recidivism and re-offense rates. Since a client's religion and spirituality has been associated with therapeutic alliance and treatment outcome in the general psychotherapy literature (Basham & O'Connor, 2005; Young, Dowdle, & Flowers, 2009). Incorporating a conceptualization of how alliance is affected by the youth's religious orientation may lead to strengthening these outcomes measures while simultaneously developing holistic practice methods that embrace the individual and the context. Provided the beneficial effects of religiosity in adolescent development, the incorporation of religion and spirituality for juvenile youths could join in concert as a significant healing agent and community support in fostering holistic rehabilitation modalities. Religion and spirituality are frequently an important dimension for clients' and are related to health

(Miller & Thoresen, 1999). Miller (1999) elaborates on the multilayered aspects of spirituality that affect psychology and human nature: personality, development, relationships, and mental health. It's recommended that clinical training include religious and spirituality diversity education to assist with incorporating these aspects from assessment, to intervention, to completion of the therapeutic process.

Limitations

The primary limitation of the present study is the need for a more in-depth measure of religion and spirituality. The self-report measure clearly addresses the level of importance of religion although has minimal depth regarding what aspects of religious practice or beliefs have altered. Utilizing a measure that identified multiple variables and a range of religiosity and spirituality could enable better understanding about those client variables that contribute to the change in alliance and diminishing types of criminal behavior. This study suggests the importance of religion affects treatment during commitment as an influence when discussing client variables that affect alliance and in developing methods of holistic best practice. Further research exploration could examine the underlying variables that may mutually influence religion, alliance, and sexual offending. If these components were identified further specification of the treatment and evidenced based research could evolve.

References

- Alexander, M. (1999). Sexual offender treatment revisited. *Sexual Abuse: Journal of Research and Treatment, 11* (2), 101-116.
- Andrews, D. A., Zinger, I., Hoge, R.D., Bonta, J., Gendreau, P., & Cullen, F. T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology, 28*, 369-404.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders (4th ed., text rev.)*. Washington, DC. Author.
- Beech, A. R., & Hamilton-Giachrisis, C. E. (2005). Relationship between therapeutic climate and treatment outcome in group-based sexual offender treatment programs. *Sexual Abuse: A Journal of Research and Treatment, 17* (2), 127-140.
- Benda, B., Pope, K., Kelleher, K. J. (2006). Church attendance or religiousness: Their relationship to adolescents' use of alcohol, other drugs and delinquency. *Alcoholism Treatment Quarterly, 24*(1-2), 75-87.
- Benson, P. L., Roehlkepartain, E. C., & Rude, S. P. (2003). Spiritual development in childhood and adolescence: Toward a field of inquiry. *Applied Developmental Sciences, 7*, 204-212.
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research, and Practice, 16*(3), 252-260.
- Borduin, C. M., Henggeler, S. W., Blaske, D. M., & Stein, R. J. (1990). Multisystemic treatment of adolescent sexual offenders. *International Journal of Offender Therapy and Comparative Criminology, 34*, 105-113.
- Borduin, C. M., Henggeler, S. W., Blaske, D. M., & Stein, R. J. (1990). Multisystemic treatment of adolescent sexual offenders. *International Journal of Offender Therapy and Comparative Criminology, 34*, 105-113.
- Burton, D. L., & Smith-Darden, J. (2001). *North American survey of sexual abuser treatment and models; summary data 2000*. Brandon, VT: Safer Society Press.
- Donahue, M. J., & Benson, P. L., (1995). Religion and the well being of adolescents. *Journal of Social Issues, 51*, 145-160.
- Donelson, E. (1999). Psychology of religion and adolescents in the United States: Past to Present. *Journal of Adolescence, 22*, 187-204.

- Fegley, S., Seaton, G., & Gaskins, S. (2002, April). *The differential impact of spirituality and religion on adolescent psychosocial functioning and behavior*. Paper presented at the biennial meeting of the Society for Research in Child Development, Minneapolis, MN.
- Florsheim, P., Shotorbani, S., Guest-Warnick, G., Barratt, T., Hwang, W. (2000). Role of the working alliance in the treatment of delinquent boys in community-based programs. *Journal of Clinical Child Psychology, 29*(1), 94-107.
- Frued, S. (1912). On the beginning of treatment: Further recommendation on the technique of psychoanalysis. In J. Strachey *The standard edition of the complete psychological works of Sigmund Freud* (122-144). London: Hogarth Press.
- Furrow, J. L., King, P. E., & White, K. (2004). Religion and positive youth development: Identity, meaning, and prosocial concerns. *Applied Developmental Science, 8*, 17-26.
- Greenson, R. R. (1967). *Technique and practice of psychoanalysis*. New York: International University Press.
- Hart, D., & Fegley, S. (1995). Prosocial behavior and caring in adolescence: Relations to self-understanding and social judgment. *Child Development, 66*, 1346-1359.
- Holmqvist, R. Hill, T., and Lang, A. (2007). Treatment alliance in residential treatment of criminal adolescents. *Child Youth Care Forum, 36*, 163-178.
- Horvath, A. O., & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology, 38*, 139-149.
- Horvath, A. O. & Luborsky, J. (1993). The role of therapeutic alliance in psychotherapy. *Journal of consulting and clinical psychology, 61*(4), 561-573.
- King, P. E., & Furrow, J. L. (2008). Religion as a resource for positive youth development: Religion, social capital, and moral outcomes. *Psychology of Religion and Spirituality, 5*(1), 34-49.
- Kokotovic, A. M., & Tracey, T. J. (1990). Working alliance in the early phase of counseling. *Journal of Counseling Psychology, 37*, 16-21.
- Lerner, R. M., & Galambos, N. L. (1998). Adolescent development: Challenges and opportunities for research, programs, and policies. *Annual Review of Psychology, 49*, 413-446.
- Longo, R. E., & Prescott, D. S. (2006). *Current Perspectives: Working with sexually aggressive youth and youth with sexual behavior problems*. Holyoke, MA; Neari Press.
- Longo, R. E., & Prescott, D. S. (2006). *Current Perspectives: Working with sexually aggressive youth and youth with sexual behavior problems*. Holyoke, MA; Neari Press.

- Luborsky, L. (1976). Helping alliance in psychotherapy. In J.L. Cleghorn (Ed.), *Successful Psychotherapy*, 92-116. New York: Bruner/Mazel.
- Luborsky, L., Barber, J. P., Siqueland, L., Johnson, S., et al. (1996). The revised helping alliance questionnaire (HAQ-II): Psychometric properties. *Journal of Psychotherapy Practice and Research*, 5, 260-271.
- Luborsky, L., McLellan, A. T., Woody, G. E., O'Brien, C. P., & Auerbach, A. (1985). Therapist success and its determinants. *Achieves of General Psychiatry*, 42, 602-611.
- Marshal, W. L., Fernandez, Y. M., Serran, G. A., Mulloy, R., Thornton, D., Mann, R., & Anderson, D. (2003). Process issues in the treatment of sexual offenders: A reviews of the relevant literature. *Aggression and Violent Behavior*, 8, 205-243.
- Marziali, E., Marmar, C., & Krupnick, J. (1981). Therapeutic alliance scales: Development and relationship to psychotherapy outcome. *American Journal of Psychiatrist*, 138, 361-364.
- Miller, W. R. (1999). Diversity training in spiritual and religious issues. In Miller, W. R. (Ed): *Integrating spirituality into treatment: Resources for practitioners* (253-263). Washington, DC: American Psychological Association.
- Miller, W. R. & Thoresen, C.E. (1999). Spirituality and health. In Miller, W. R. (Ed): *Integrating spirituality into treatment: Resources for practitioners* (3-18). Washington, DC: American Psychological Association.
- Morrison, T. (2006). Building a holistic approach in the treatment of young people who sexually abuse. In R. E. Longo & D. S. Prescott, *Current perspectives: working with sexually aggressive youth and youth with sexual behavior problems* (349-368). Holyoke, MA: Neari Press.
- Mosher, J. P. & Handal, P. J. (1997). The relationship between religion and psychological distress in adolescents. *Journal of Psychology and Theology*, 25, 449-457.
- Nasir, N. S., & Kirschner, B. (2003). The cultural construction of moral and civic identities. *Applied Developmental Science*, 7, 138-147.
- Orlinsky, D. E., Ronnestad, M. H., Willutzki, U. (2003). Fifty years of psychotherapy process outcome research: Continuity and change. In M. J. Lambert (5th Eds.), *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change* (227-306). New York: Wiley.
- Piper, W. E., Azim, H. F., A., Joyce, A. S., McCallum, M., Nixon, G.W.H., & Segal, P.S. (1991). Quality of object relations vs. interpersonal functioning as a therapeutic alliance and psychotherapy outcome. *Journal of Nervous and Mental Disease*, 179, 432-438.

- Regnerus, M., Smith, C., & Fritsch, M. (2003). *Religion in the lives of American adolescents: A review of the literature*. Chapel Hill, NC: National Study of Youth and Religion.
- Richards, I. and Sullivan, A. (1996). Psychotherapy for delinquents? *Journal of Adolescence*, 19, 63-73.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting and Clinical Psychology*, 22, 99-103.
- Ryan, G., & Lane, S. (1997). *Juvenile sexual offending: Causes, consequences, and correction* (2nd ed.). San Francisco: Jossey-Bass Inc. Publishers.
- Serran, G., Fernandez, Y., Marshall, W. L., & Mann, R. E. (2003). Process issues in treatment: application to sexual offender programs. *Professional Psychology: Research and Practice*, 34(4), 368-374.
- Slaone, D. M., & Potvin, R. H. (1986). Religion and delinquency: Cutting through the maze. *Social Forces*, 65(1), 87-105.
- Smith, C., & Faris, R. (2003). *Religion and American adolescent delinquency, risk behaviors and constructive social activities*. Chapel Hill, NC: National Study of Youth and Religion.
- Stark, R. (1984). Religion and conformity: Reaffirming a sociology of religion. *Sociological Analysis*, 45, 273-282.
- Yalom, I. D. (1980). *Existential Psychotherapy*. New York: Basic Books.
- Youniss, J., McLellan, J. A., Su, Y., & Yates, M. (1999). The role of community service in identity development: Normative, unconventional, and deviant orientations. *Journal of Adolescent Research*, 14, 248-261.